HELPING CARERS COPE

DEMENTIA HELP

ISSUE 6

In partnership with DementiaNet



Why walking can boost confidence and wellbeing

How just a few steps or simply being outside can improve your loved one's mood

Why taste buds change in a person with dementia

Make mealtimes more appealing

Easy-to-eat meals and snack ideas

What to do about wandering

Why it happens and how you can keep your loved one safe

No Lasting Power of Attorney?

Expert advice on what to do when it's too late to make one

Planning and choosing future care

Home care or care home – and who pays? Find out inside

The three stages of dementia

What to expect and how to cope as things change

Common health issues and how to spot them

Signs and symptoms you need to know about

Soothing strategies for dementia care

Simple ways to reduce stress and bring comfort

You shouldn't have to 'silently cope'

One of the things I hear time and again from families is how little support they received when their loved one was diagnosed with dementia. 'We were just given a leaflet and sent on our way,' is a phrase that comes up far too often and it was also my own experience. It's heartbreaking and it's something I've been determined to change since the beginning of Dementia Help.

When I first launched the platform, my main goal was to provide practical, trustworthy information to help carers navigate the challenges of dementia. But I quickly came to realise that information alone isn't enough. Carers also need emotional support. We all need to know we're not alone. Far too many carers feel isolated and overwhelmed, often silently coping with an incredibly tough role that has unpredictable challenges every day.

That's why I'm thrilled to welcome a new voice to our magazine. Lyndsey Mitchinson joins us as Contributing Editor. Having cared for her late father, she brings firsthand understanding, as well as a wealth of knowledge in her role as Content Manager at DementiaNet, our partner (without whom, this magazine wouldn't exist!). Lyndsey's perspective as a carer adds real depth to the content you'll read in this magazine.

In this issue, we're focusing on two important topics: nutrition and common health issues that can affect people living with dementia. From meal tips to medical red flags, we hope these articles offer both guidance and reassurance.

We also look at what to do if it's too late to prepare a Lasting Power of Attorney (page 40) and how to choose the right future care for your loved one (page 37).

As always, we're here to help. Please don't hesitate to share your thoughts or feedback with us – we love hearing from you.

Take care of yourself,

Christina x

Christina Collison
Editor
Dementia Help

christina@dementiahelpuk.com

Follow us
dementiahelpuk.com
facebook.com/dementiahelpuk



In partnership with DementiaNet

'Living with dementia is like living with a fog with some clear patches'
Alzheimer's Scotland

Issue 6



Editor
Christina Collison

Art Editor
Xavier Robleda

Sub-Editor
Claire Chamberlain

Contributing Editor
Lyndsey Mitchinson

Website Manager
Dave Collison

Sponsorship enquiries
Christina Collison
07957 360242

Cover photograph
Shutterstock

Published by
Healthy Content Ltd
© 2025

Photography: Shutterstock

The information in this magazine is not a substitute for medical advice.

Next issue out on 28/8/25

Our contributors have a wealth of knowledge and experience about dementia, as well as the help and support available to family carers



JILL ECKERSLEY

Jill is an author and journalist. Her book, *Coping with Early-Onset Dementia*, was published by Sheldon Press in 2011 and another title, *Helping Elderly Relatives*, was published in Sheldon Press' *Overcoming Common Problems* series. She also shared the care of her late mother, who had Alzheimer's and died in 2017, with her family.



MARY JORDAN

Mary is a carer to friends and relatives, and works with a dementia charity. Through her business, Adaptdementia Ltd, she supports people living with dementia and their carers. Mary is also known for her books, *The Essential Carer's Guide*, *The Fundholder's Handbook* and *End of Life: the Essential Guide to Caring*.



SCOTT MITCHELL

Widower of Dame Barbara Windsor, Scott is an ambassador for Alzheimer's Research UK. He has completed three marathons for Alzheimer's Research UK and is People's Champion of The Dame Barbara Windsor Dementia Goals Programme, the first of its kind for dementia with funding of £120 million.



LYNDSEY MITCHINSON

Lyndsey is our Contributing Editor and Content Manager at DementiaNet, a digital platform helping people manage life with dementia. She oversees the creation and delivery of web content, drawing on her own experience caring for her father. She is passionate about supporting dementia carers.



CAROLINE SAVAGE

Caroline is a professional carer providing care to the local community in North Devon. She cares for individuals within their own homes. She is trained to Level 3 in Adult Social Care and specialises in dementia care. She ran the London Marathon to fundraise for Alzheimer's Research UK.



JAYNE SIBLEY

Jayne is a co-founder and CEO of Sibstar, a flexible debit card and app. She was inspired to launch it after seeing her mother struggle to manage money. Jayne is an expert brand strategist and marketing professional with more than 20 years of experience. She has headed up teams in large corporations and run small businesses.



SUE STRACHAN

Sue was diagnosed with vascular dementia at the age of 56 and is keen to improve awareness and understanding of dementia and how it affects those living with the condition. She is an ambassador for Alzheimer's Research UK and a campaigner for more funding and support into research, with a view to finding a cure.



FRAN VANDELLI

Fran is a Dementia Lead for Bupa Care Services Richmond Villages. She has worked for Dementia Voice, The Dementia Care Trust and was an Alzheimer's Approved freelance trainer. She also previously worked for Bristol City Council as an Advanced Dementia Care Mapper, working in the Adult Social Care team.

In partnership with
DementiaNet
For more information,
visit DementiaNet.com

Contents

06



REGULARS

02 Editor's note
Christina explains why every carer should feel seen and supported

03 Meet the experts
The team behind the advice

05 Updates
The latest news and breakthroughs on dementia

06 Meet our new contributing editor
We're delighted to welcome Lyndsey Mitchinson from DementiaNet to our team

08 The big question
What are the different stages of dementia?

09 Eight less common dementia symptoms
Some of them may just surprise you

43 Dementia Care Directory
Where to find help and support when you need it

11
MOODS & BEHAVIOUR

12 Keeping your loved one calm
Practical advice for the different stages of dementia

16 Why does a person wander?
What causes wandering and how to deal with it

19 Company is key
Why your visits count more than you may realise

20 How MedicAlert is keeping people with dementia safe
Why your loved one should be on the Herbert Protocol register

23



22
HEALTH

23 Common health issues with dementia
What to look for and how to deal with problems

26 Spotting and treating signs of a UTI
The causes and treatments for urinary tract infections

30 Walking benefits for you and your loved one
Even a bit of movement each day is beneficial

32
NUTRITION

33 Why taste buds change
And what to do about it

34 Quick and healthy meals
Stimulate your loved one's appetite

36
PLANNING & FINANCIAL

37 Choosing the best future care
How to make the right choices

40 What if it's too late to make an LPA?
What happens if the person no longer has capacity?

40



Updates

The latest news, research breakthroughs and stories from the world of dementia care by **Lyndsey Mitchinson**



Time off to care for loved ones

If you're working and caring for someone with dementia, the Carer's Leave Act means you can now take up to five days of unpaid leave each year to help look after them. This flexible leave can be used for things such as doctor's appointments, sudden emergencies or simply just taking a breather when things get overwhelming. For more information on leave, visit www.gov.uk/carers-leave

NEW MEMOIR SHINES LIGHT ON LIFE WITH ALZHEIMER'S



Broadcaster **Fiona Phillips** has written a new memoir, *Remember When: My Life with Alzheimer's*, sharing her personal journey with early-onset Alzheimer's after caring for both her parents through the same illness. The book is due out in July and is a powerful reminder that life with dementia still holds value and meaning.



WHY KEEPING FIT HELPS YOUR MEMORY

Staying active throughout life could help protect against dementia, according to recent research from University College London. The study found that people who exercised regularly – especially before the age of 50 – had better memory and healthier brains in later life. The benefits were even stronger for women, showing just how important it is to keep moving, no matter your age.

A trip to the movies made easier

Many cinemas now offer dementia-friendly screenings, with softer volume, brighter lights and a more relaxed atmosphere. These showings make it easier for people with dementia and their families to enjoy a film together, without the usual stress. Check out your local cinemas to find out when their next dementia-friendly film will be showing.



DID YOU KNOW?



One in three people born in the UK today will develop dementia in their lifetime. A report in 2024, commissioned by Alzheimer's Society, showed that around a million people in the UK have a form of dementia. This is projected to rise to 1.4 million people by 2040.

Source: Alzheimer's Society

There are nearly **1 million** unpaid carers in the UK looking after someone with dementia.

Source: Dementia Carers Count

‘Dad never acknowledged anything was wrong’

Our new Contributing Editor, **Lyndsey Mitchinson**, also Content Manager at DementiaNet, shares her experiences of caring for her dad

Lyndsey cared for her late father, Bryan, who had dementia. He was 83 when diagnosed with Alzheimer’s and refused to accept anything was wrong. Lyndsey shares her experience about the challenges of being his carer and the changes she saw in his personality.

Tell us a bit about your dad.

LM: My dad was a good man, very traditional of his generation, always clean shaven and very smart. He was good at maths and solving problems – he started his career as an apprentice in the shipyards, before becoming a machine tools inspector at Rolls Royce. He completed his teacher training and became an engineering lecturer at South Shields Marine & Technical College, where he was highly respected by both colleagues and students.

He was always busy with DIY and car maintenance, and loved his garden and feeding the birds. He also loved the Lake District – he and my mam often went there. After she passed away, he continued to visit on his own. He was very fit and active.

‘While there was sadness when he got his diagnosis, it wasn’t a shock’



Picking pumpkins at Piglet’s Adventure Farm in October 2016

What were the early signs that something wasn’t quite right?

LM: Dad had always been very organised. But he started coming over for family get-togethers at the wrong time. While there was sadness when he got his diagnosis, it wasn’t really a shock.

How did your father cope with the diagnosis?

LM: He was in denial. He never acknowledged that anything was wrong. I think it was his way of coping. He didn’t like taking medication and lost interest in many of his hobbies.



Visiting Keswick in the Lake District, in March 2017

What support did he receive following diagnosis?

LM: He was prescribed Donepezil, but wasn’t offered any emotional support.

How did your role as a daughter evolve during his illness?

LM: Dad had always been very independent, but suddenly he wanted to spend lots of time with me.



Easter tea together in April 2014





Lyndsey's father enjoyed trips to cafés

I'd get home from work and within minutes, he'd be at my front door (he only lived on the next street). He started wanting to do things on weekends, which was new. We began going out together to the beach and local shops.

How did you take care of your own emotional wellbeing?

LM: I've always enjoyed swimming. I used to go for walks and spend time in nature, which helped. I wish I'd looked for emotional help by joining a group or online forum.

Were there any particular moments that really stand out in your memories?

LM: Trying to get him to eat was difficult. At the time, I didn't know food issues are common with dementia. On the upside, we had some good times. We went to a lot of cafés and he developed an interest in Elvis Presley. I recorded a TV special, and he came to my house and watched it repeatedly. I kept it on my TV planner for ages after he passed – I just couldn't delete it.

What did you learn about dementia?

LM: It's not just about memory loss – dementia touches every part of a person's life and identity. Behavioural issues are part of the illness, not the person being difficult. It also showed me how someone who was once so independent can slowly become reliant on others for even the simplest things.

'Dementia touches every part of a person's life and identity'

Did your experiences challenge any assumptions?

LM: I didn't realise the complexities of dementia and that many people can continue to live in their own homes with support.

Is there any information you want new carers to know?

LM: There is a lot of advice out there, but we felt completely alone as a family. I had no idea that there was so much information available online and that support groups existed. DH



Lyndsey wants others to feel less alone

What are the different stages of dementia?

Knowing how a person's dementia is likely to progress may help you plan ahead and cope with the challenges

The pace at which dementia develops will vary from person to person, depending on age, health, lifestyle and the type of dementia. A healthy, active lifestyle may help manage symptoms and lead to a longer life. The World Health Organization breaks dementia into three stages: early, middle and late.

EARLY STAGE

In the early stage, memory issues, repetition and trouble following conversations are common. The person may struggle at work, misplace items, or forget what they have just read. Planning ahead can become harder, but many can still drive and live independently. They're often aware something is changing. This stage typically lasts around two years.

This is the key time to plan ahead – make or update a will, set up a Lasting Power of Attorney and discuss future care while the person still has capacity.

MIDDLE STAGE

This stage can last around four years. Mood changes, social withdrawal and confusion are common. The person may forget personal details and need help with daily tasks, such as cooking or dressing appropriately.

They may become restless, wander or experience sundowning – agitation later in the day when daylight fades. Hallucinations or paranoia may also occur sometimes. The person will definitely need support.

LATE STAGE

In the final stage, symptoms become severe. The person may not be able to speak clearly, recognise you or move independently. They will now be more vulnerable to infections like pneumonia and may sleep much of the time. They will need 24-hour care and may need to live in a nursing home. Sitting with them, holding their hand or playing music can offer comfort. Even if the person doesn't remember you, they may find you familiar and this can provide reassurance. DH



8 lesser-known dementia symptoms

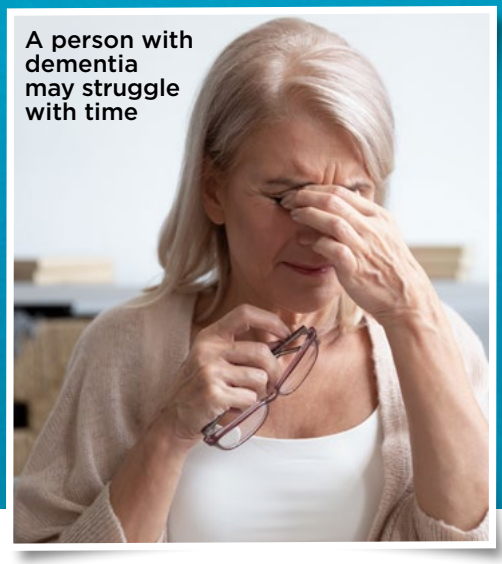
Dementia is about much more than memory loss. Understanding some of the other ways it could affect your loved one may help you cope with the challenges. Words: **Christina Collison**



While it's common to think of dementia as being mainly about memory loss, in reality, it's far more complex. Dementia can affect people in different ways and symptoms can be more noticeable on certain days. There may be times when your loved one seems more alert and happier, and other days where they seem more confused. Here are some of the lesser-known symptoms of dementia.

1. LOSING THE CONCEPT OF TIME

To a person with dementia, minutes can seem like hours, and the person may also become confused about what time of day it is. My mum used to ring me at 5am thinking it was 5pm. I also noticed that if I went to the shops for ten minutes, she'd be distressed when I got back, thinking that I'd been gone for hours.



A person with dementia may struggle with time

2. PERSONALITY CHANGES

Cells in the frontal lobes of the brain are responsible for our ability to focus and manage emotions. When they are damaged by dementia, a person may undergo a personality change.

'Personality changes can manifest in cold and insensitive statements, or blaming others for being cold and insensitive,' says Dr Henk Swanepoel, Consultant Neuropsychologist at Cygnet Health Care. 'This is because dementia is causing a lack of social insight or awareness. The person may have a lack of tact and can also be withdrawn.'

3. INAPPROPRIATE BEHAVIOUR

Your loved one may start saying or doing things that are inappropriate. They may lose their ability to edit their thoughts and might make unfavourable comments about someone's appearance.

'The person might make inappropriate jokes,' says Dr Henk. They might even make inappropriate sexual comments. Unfortunately, this is part of the condition. If this happens, it's important to recognise that it's the disease talking, not the person.


Spicy foods may become more appealing

4. SIGHT PROBLEMS AND DIFFICULTY IDENTIFYING OBJECTS

A person with dementia may have good eyesight, but the brain still has to process what we see. This means the person may have trouble recognising loved ones and identifying objects around the house. My mum used to confuse her remote control with her purse, for instance, and on occasions, she was unable to recognise herself in mirrors.

5. HALLUCINATING

Hallucinations can be common in Lewy body dementia but can also occur in other forms of dementia. Your loved one may see people or objects that aren't there or might hear noises that don't exist. When a person is hallucinating, try to keep them safe by removing objects that could cause injury, reassure them and distract them if you can.

6. CHANGE IN TASTE BUDS AND APPETITE

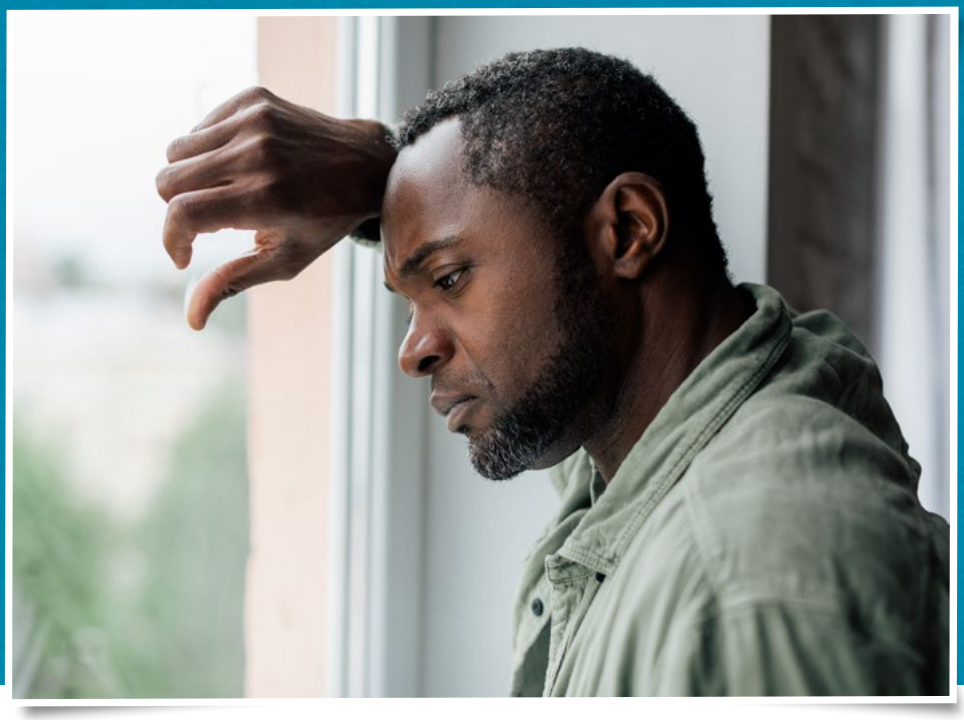
Your loved one may have a reduced or greater appetite and may develop cravings for sugary treats. Taste buds can be affected by dementia, so your loved one might even start liking foods they previously disliked. My mum disliked spicy foods until she had dementia, when she would happily eat spicy curries.

7. CHANGE IN MOVEMENT

Your loved one might be more prone to falls or issues with balance but may also lose their ability to judge gaps between items, such as furniture. Their gait may also change, and you might see the person shuffling instead of walking properly.

8. NEEDING YOU CONSTANTLY

The person with dementia may become more dependent on you emotionally. They may want to be with you all the time. Even if you're only in the next room doing housework, they may get distressed about where you are. Naturally, this might make you feel a bit suffocated, but it's often an unfortunate symptom of dementia. If this happens frequently, try reassuring the person you're still in the house and nearby if they need you, but you may need help at this stage. Having someone else in the house to keep them company, such as a relative or carer, while you carry out any tasks may be the best solution. DH



MOODS & BEHAVIOUR

MANAGING THE EMOTIONAL AND MENTAL HEALTH OF YOUR LOVED ONE

12 KEEPING YOUR LOVED ONE CALM

16 WHY DOES THE PERSON WANDER?

19 COMPANY IS SO IMPORTANT



'Kindness can transform someone's darkness with a blaze of light. You'll never know how much your caring matters'

GOOD TO KNOW

Encourage your loved one to be as independent as possible for as long as possible. While they will come to rely on you more in time, let them do as much as they can for themselves. Don't take over household tasks. Help by all means, but if the person is able to carry out domestic chores safely, then it should be encouraged. It will create a sense of accomplishment and improve the person's wellbeing and self-esteem.

Keeping your loved one calm

A person with dementia can become agitated or frustrated if they are feeling bored, restless or anxious. Here are some practical ways to keep them calm, courtesy of professional care worker and dementia expert, **Caroline Savage**



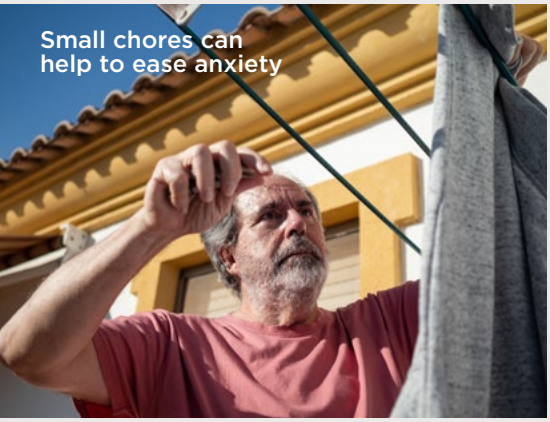
It's often said that dementia can cause changes in moods and behaviour, sometimes leading to anger or even aggression. But if you put yourself in the person's shoes, it's easy to see why. Imagine waking up every day not feeling sure about what you need to do or having to rely on others to prompt your memory or perform tasks.

As carers, we want to do our best to help our loved ones, but it's crucial to remember that a person with dementia will want a purpose and focus in life, just like everyone else. And we all need company and stimulation. Here are some ways to get your loved one more involved in activities, to help keep them stimulated.



WHAT ARE SOME COMMON SIGNS THAT A PERSON WITH DEMENTIA IS FEELING BORED, ANXIOUS OR FRUSTRATED?

Repetitive behaviour, anger or a change in emotions can all be due to the person feeling bored, frustrated or anxious. You may also find personality changes occur. Someone who has always been quiet and polite may now experience frequent outbursts, tearful moments or low mood. Alternatively, someone who has always been outgoing may become withdrawn or lose interest in activities that have previously been enjoyable for them. It may be difficult to engage with the person, and they can lose interest in food or start to overeat. You may also find the person is pacing, searching, asking the same question repeatedly, not sleeping well or wanting to sleep all day.



Small chores can help to ease anxiety

'Consider moving to another room that is bright or head outside into a garden'

WHAT ARE SOME EFFECTIVE WAYS TO KEEP A PERSON CALM AT HOME?

Ensuring the person feels safe, understood and reassured can help during moments of anxiety. Use a calm, gentle voice so that the person feels calmed by your presence. Consider moving to another room that is bright or head outside into a garden, as distraction can reduce anxiety.

Try putting some relaxing music on and singing with the person, or you could just start a simple conversation.

USEFUL ACTIVITIES TO TRY





Getting outdoors

Most of my clients love outdoor space, garden activities, growing plants, having a bird table and putting out birdseed. For those who cannot get outside, sitting by a window with a bird table to watch provides a sense of calm. Being able to sit in the garden and feel fresh air can bring a feeling of contentment.

A short trip

A trip out is something that can raise the mood and give the person a sense of still being included. My clients enjoy trips to garden centres with coffee and cake. Family visits, although tiring for people with dementia, provide contact and opportunities for new conversations.

Social groups

For those who can get out into the community, lunch clubs, social events and opportunities to still participate in a hobby are all ideal.

Activities at home

For those who are no longer able to participate in activities outside of the home, memory boxes, photo albums and personal items that give meaning are so valuable. Participating in arts and crafts will also provide interest and a sense of purpose. Fidget blankets, threading buttons on string and sorting old greeting cards all give the person something to do with their hands, which can help to reduce agitation.

Regular routines

Daily routines are such an important part of helping to reduce agitation. It helps the person to differentiate between the various parts of the day.

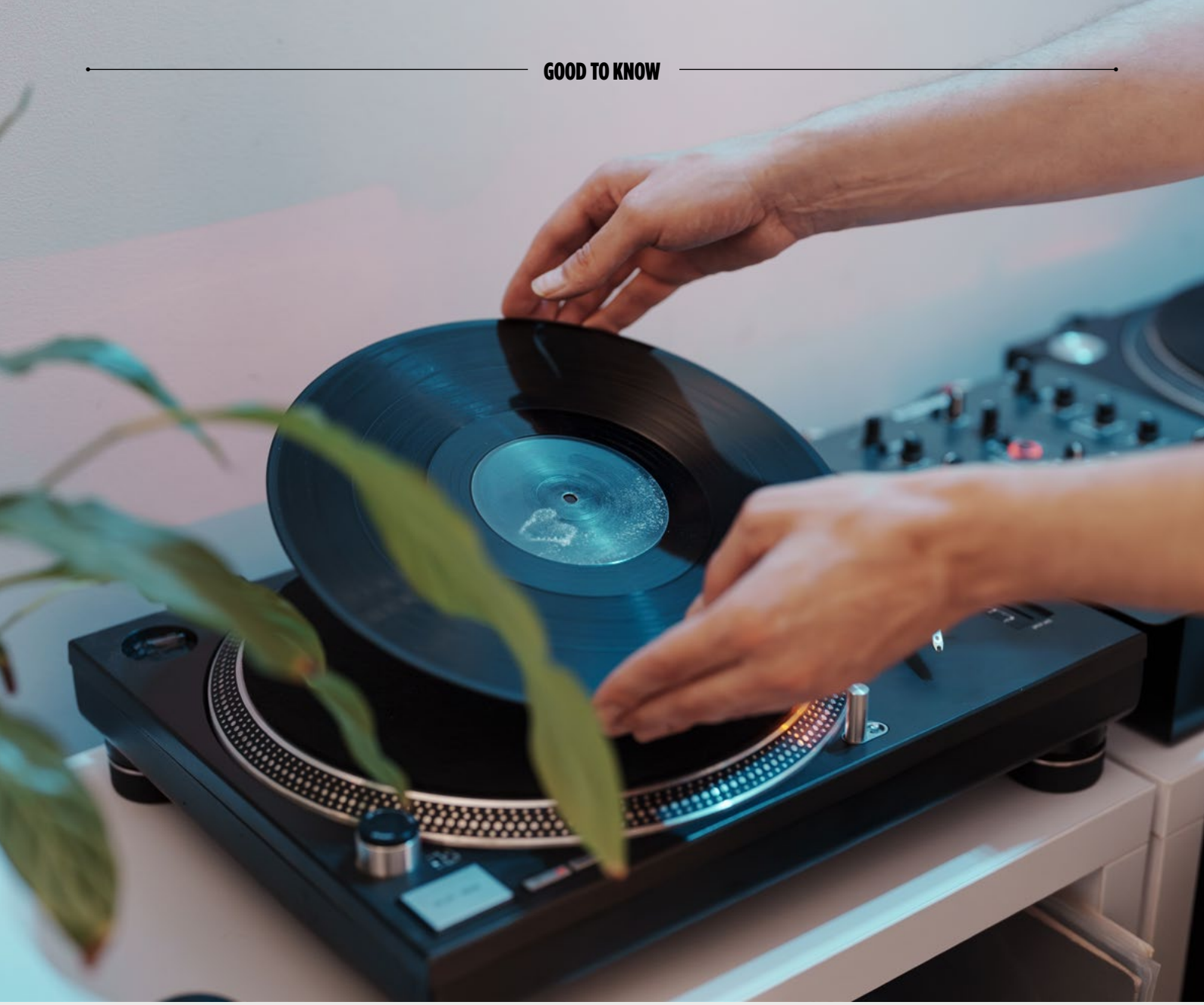
Perhaps take the person into the kitchen to make a cup of tea and change the environment. Make sure the setting is calm, as loud noise can cause anxiety. Ask them to help you with a small task, to take their mind away from other thoughts. Also, a structured environment helps a person feel safe. Routine and a feeling of familiarity can make a big difference.

'A structured environment helps a person feel safe. Routine and a feeling of familiarity really can help'

ARE THERE ANY SPECIFIC ACTIVITIES THAT YOU HAVE FOUND HELP REDUCE BOREDOM?

My clients like to be involved in tasks. I know this is not always going to apply to every situation, but they generally want to feel included and useful. I ask them to peel vegetables, butter bread or come and sit in the kitchen and chat while I cook their meal. I have a lady who loves to fold up tea towels and a gentleman who will happily pair up socks.

Listening to music is a wonderful way to interact. Most people have a favourite song and will respond well if they hear it.



'Music is a wonderful way to interact. Most people have a favourite song and will respond well if they hear it'

Music not only stimulates the mind but gives the person a feeling of belonging.

WHAT ELSE WORKS WITH YOUR CLIENTS?

Sensory activities are useful. I have clients who love to listen to music – it triggers memories and feelings, and some will even have a dance. Touch can be soothing, like hand massages or brushing their hair. One of my clients loves having his feet soaked in a vibrating massaging foot bath. My clients appreciate fresh flowers and an open window with the sound of birds chirping. Overall, anything that provides an opportunity for interaction is positive. Conversation is so important. A simple act like sitting down with a cup of tea and looking at old photographs together works well. DH



More information
Caroline Savage is a professional care worker based in North Devon, looking after people in their own homes. She is trained to Level 3 in Adult Social Care and specialises in dementia care.



What causes wandering?

Wandering can be common in a person with dementia, and it can be a real worry for carers, especially if it's a regular occurrence. **Christina Collison** has some advice on how to deal with it

Over 60 per cent of people with dementia will wander, according to Alzheimer's Association, and 70 per cent of those with dementia will go missing at least once, according to MedicAlert. Reasons for wandering can vary, and include feeling bored or restless, wanting to go home (even if the person is already at home), and looking for past friends or family.

For you as a carer it can be a real worry, especially if the person goes out and gets lost. I experienced it once with my mum, and things could have been much worse. Mum went out wandering at 10pm during the winter, not wearing a coat and holding a teacup. One of her neighbours found her and returned her to her home. At that point, I realised it wasn't safe for Mum to live on her own anymore.

I also witnessed it first hand in her care home. Every evening, at about 6pm, one of the other residents, who also had dementia, would stride purposefully over to the lift in the home and say she was going to the bus stop to meet her husband. Her husband had sadly passed away and she was thinking of a past event. But in her mind, it meant something, and she had to be somewhere.

When a person with dementia wanders, it's often referred to as 'wandering with purpose' and there's usually a reason behind it.

KEEP THE PERSON'S NEIGHBOURS INFORMED



If your loved one still lives at home, let neighbours know they tend to wander, so they can keep an eye out. Ask them to contact you or a family member if they see your loved one outside looking confused or dressed oddly, and make sure they have up-to-date contact details for you.

Consider signing the person up to MedicAlert's Safe & Found Programme. It helps locate people who go missing and uses the Herbert Protocol – a form the police use to speed up searches. The free programme stores useful information, such as the person's appearance, common places they go and past incidents of wandering. If they go missing, the police can quickly access and share these details, to help find them faster. MedicAlert also offers a range of ID jewellery. Visit www.medicalert.org.uk

Sometimes it can be caused by a need not being met.

ENSURING THEIR SAFETY

Of course, it can occur at night as well and doesn't necessarily mean the person will be wandering around outside. They may be up and about in the early hours.

Dementia expert and author, Mary Jordan, who wrote the book *The Essential Carer's Guide To Dementia*, recommends ensuring their safety by locking away anything harmful.

'Switch off kettles and ovens, lock windows and doors, and check there's nothing on the floor they can trip on,' she says.

Mary also recommends trying to find out what is causing the wandering, as you may be able to do something about it. See if it happens at a similar time each day (or night) and try to identify triggers, such as the person wandering at night after a particularly sedentary day. Here are some reasons why it may be happening:

> *'They might believe they need to be somewhere or meet someone, even if that person has passed away'*

- They may feel bored or restless and need stimulation.
- They might believe they need to be somewhere or meet someone, even if that person has passed away.
- They could set off with a goal in mind but forget what it was along the way.
- They may be confused about the time in their life, such as thinking they need to go to work, even if they're retired.



A person might be more prone to wandering after a particularly sedentary day



Simple gardening tasks can be enjoyable for a person with dementia, helping to ease restlessness

- They might confuse day and night, such as waking up early in the morning and believing it's evening.
- Difficulty sleeping can lead to night-time wandering, especially if they feel anxious or unsettled.
- Physical discomfort or pain may cause them to walk around, trying to escape how they feel.
- Environmental stressors, such as a room being too hot, cold, noisy or quiet, might prompt wandering.
- Overwhelm or emotional distress may lead them to leave an area, in an attempt to feel better.
- Lack of physical activity or mental stimulation during the day may contribute to restlessness and a need to move around.
- Pain or discomfort that the person is unable to explain to you might make them feel agitated, leading to wandering.

WHAT TO DO ABOUT WANDERING

If the person wanders around the house at night, you could cut back on drinks two hours before they go to bed, so they are less likely to get up to use the bathroom. If you suspect the person is bored or restless, try to encourage them to go out and walk with you during the day. This might help them sleep better at night.

Provide as much stimulation as you can, so they are less likely to be restless. Encourage the person to walk to the shops, take out rubbish or mow the lawn if it's safe for them to do so – anything stimulating will be good for them.

'Some people with dementia continue to enjoy gardening, particularly if this was a favourite hobby,' says Mary Jordan. 'Simple routine jobs, such as sweeping up leaves or mowing the lawn, can often be continued, but the person may lose their ability to distinguish between weeds and seedlings, or to tackle more complex jobs, such as pruning or planting out. This doesn't mean they won't enjoy their time in the garden, though.'

'Lack of physical activity or mental stimulation during the day may contribute to a need to move around'

If wandering continues, consider adding alerts at home. Devices such as door alarms, motion sensors and pressure mats by beds or chairs can notify you when the person is moving around. Keep car keys out of sight – even if the person no longer drives, they may forget and try to use them. DH



Keep car keys hidden away, as the person may attempt to drive even if they are no longer able

More information
Mary Jordan is the founder of Adapt Dementia, a private service that provides support, information and training for anyone wanting to know more about dementia. Visit www.adaptdementia.com

Why visits still matter

Even if the person doesn't remember the visit, your presence makes a difference. **Christina Collison** explains why



When my mum moved into a nursing home as her dementia became more advanced, I visited her every day. At first, we could chat, and she knew who I was. Over time, though, that changed. Some days she remembered me, others she didn't – but I kept going to see her anyway.

One day, a staff member pulled me to one side and thanked me for visiting. She told me how rare daily visits from families and relatives were and said how much my visits lifted Mum's mood – even when she didn't realise I'd been there. That moment stayed with me.

Some people give up on visiting loved ones if the person doesn't remember them visiting. After all, it's easy to think, 'What's the point if they don't remember me being there?' However, while dementia may affect memory, emotions remain. According to Alzheimer's Society, 64 per cent of people with dementia feel isolated. Your visits will help ease that loneliness.

AN EMOTIONAL MEMORY

According to the website, LiveWell, a person with dementia still has an emotional memory, so going to see them will make them feel better. Even if conversation is hard, you can connect in other ways: play music, bring photo albums, or just sit and watch a show together. When my mum lived at home on her own, I'd often visit after work and make us dinner. We'd eat together and watch TV for a few hours. She relished the company, telling me more than once it was lovely to have someone to eat with. I realised then it didn't have to be about conversations or activities. Company was often enough.

'It didn't have to be about conversations or activities. Company was often enough'

In the later stages of her dementia, when conversations were hard, we'd look at pictures together or flick through fashion magazines and pick outfits. It's not about what the person remembers. It's about how you make them feel. DH



The partnership keeping people living with dementia safe

MedicAlert are supported by police forces across the UK – because when a person living with dementia goes missing, every second counts

Does someone you love have dementia? If so, you will likely be familiar with key symptoms, such as confusion, memory loss and difficulties with spatial navigation – all of which can lead to the person becoming disorientated and lost more easily as the illness progresses. In fact, instances of wandering are common, with research from the University of East Anglia suggesting that 70 per cent of people living with dementia will experience at least one 'missing' incident. However, as distressing as this thought can be, there are things you can do to help. A key initiative is to create and store a Herbert Protocol with MedicAlert.

WHAT IS A HERBERT PROTOCOL?

A Herbert Protocol is a proven tool in safeguarding those living with dementia. The completed form is stored centrally in the MedicAlert emergency service database, so that if the worst happens and your loved one goes missing, police and emergency services can quickly access all the essential information that can aid with a search. This can significantly reduce search times and increase the chances of bringing the person living with dementia home safely and quickly.

SUPPORT FROM POLICE FORCES ACROSS THE UK

The Herbert Protocol is supported by police forces across the UK, including the Met, Thames Valley, North Yorkshire Police and many more. As speed is so important when someone living with dementia goes missing, having your loved one's personal details readily available to police is of vital importance and greatly increases the chances of them being found quickly.

'The Met's partnering with MedicAlert is a fantastic development, which will contribute to London becoming a more dementia-safe city,' says Detective Inspector Chris Minnighan of the Metropolitan Police. 'We want to empower London's communities to plan for and help prevent missing incidents and minimise opportunity for harmful



outcomes. The Herbert Protocol can assist the police response with access to accurate information only when necessary.'

EVERY SECOND COUNTS

The first hour after someone goes missing is a crucial window of time, as responding quickly is key to ensuring the person living with dementia is found. Registering a Herbert Protocol with MedicAlert will ensure your loved one's most up-to-date information is instantly available to your local police force and other emergency responders, ensuring a faster and more efficient search effort can get underway.

'Having your loved one's personal details readily available to police is of vital importance and greatly increases the chances of them being found quickly'

To ensure greater peace of mind, both now and in the future, visit www.herbertprotocol.com today. There, you can complete and store the Herbert Protocol for the person living with dementia, taking the first step in keeping them as safe as possible if they get lost. DH

Further information
MedicAlert UK provides life-saving support to people with medical conditions, including dementia. It is the first and only medical ID charity and has been providing this service in the UK for more than 60 years. Through its comprehensive database and medical ID system, along with support from police forces across the UK, MedicAlert UK ensures medical details and key information are available when needed most, such as if a loved one living with dementia goes missing. Visit herbertprotocol.com to complete your Herbert Protocol, email herbertprotocol@medicalert.org.uk or call 01908 951045 for further details.

MedicAlert® A Registered Charity

HERBERT PROTOCOL Provided by MedicAlert

METROPOLITAN POLICE

HEALTH

KEEPING YOUR LOVED ONE HEALTHIER FOR LONGER

23 COPING WITH COMMON HEALTH ISSUES

26 SPOTTING AND TREATING SIGNS OF A UTI

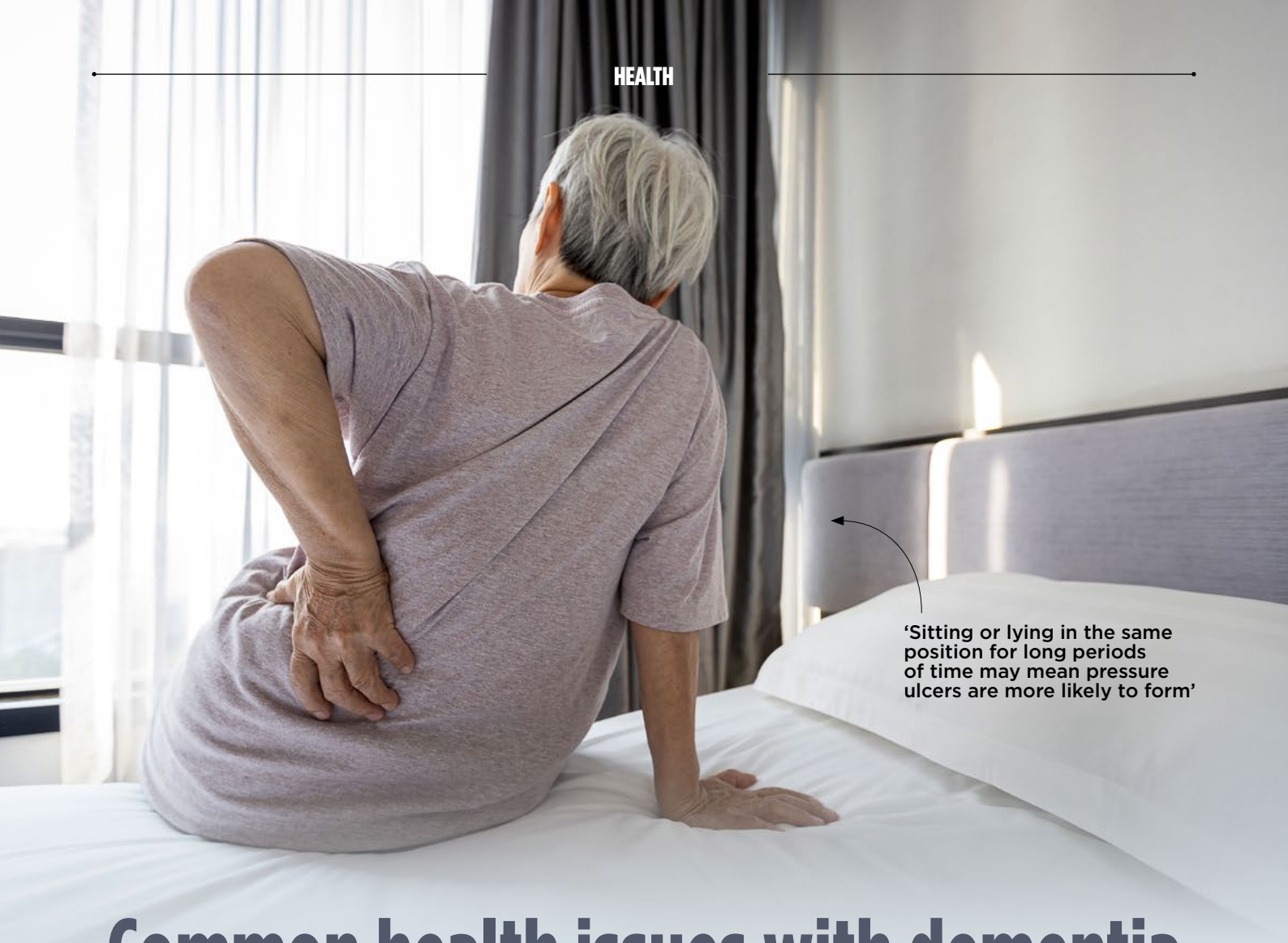
30 THE BENEFITS OF WALKING AND EXERCISE

'If you can, stick to a consistent daily routine, to reduce confusion for your loved one'



GOOD TO KNOW

Did you know that listening to music, having objects to hold and being around pets can benefit a person with dementia? Your loved one may find the company of an animal stimulating and reassuring. With a dog or a cat, there's no need to have conversations or answer questions. Animals will love a person unconditionally.



'Sitting or lying in the same position for long periods of time may mean pressure ulcers are more likely to form'

Common health issues with dementia

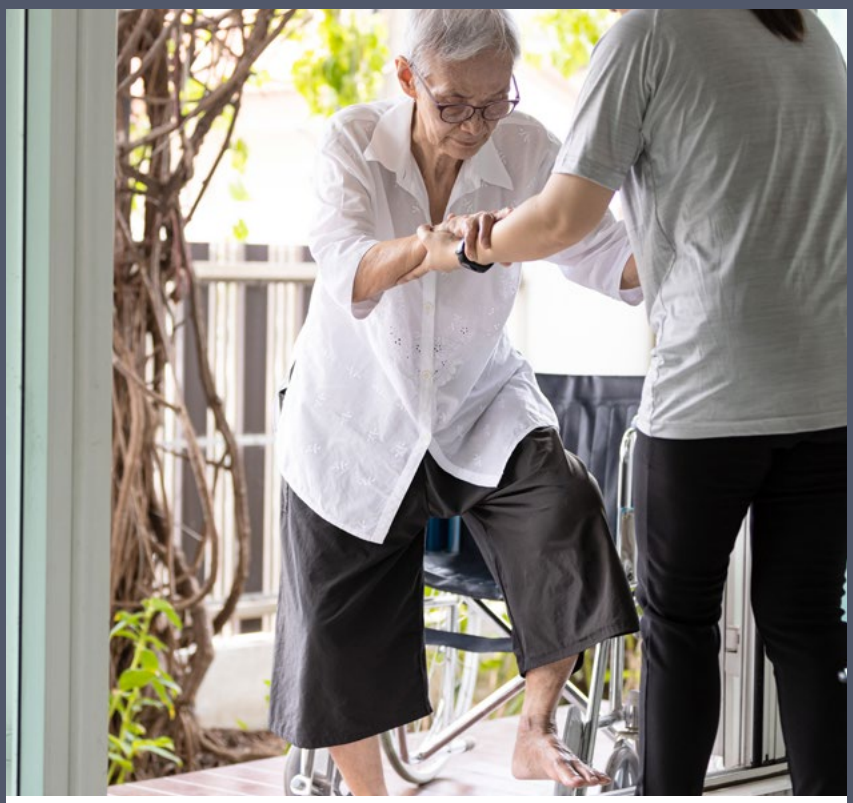
It's natural to focus on the impact that dementia has on your loved one, but keeping an eye on the wider picture of their general health is also important. Fran Vandelli, Dementia Lead from Bupa Care Services, reveals some common health problems that could occur

The health needs of a person with dementia are the same as those of anyone else in their age group. The issue for people with dementia is that if their verbal skills are impaired, they may not be able to communicate pain or feeling unwell. This could mean health problems are instead communicated by changes in behaviour, mood and functioning. Lewy body dementia commonly causes changes in mobility, so moving or walking unaided become more difficult. This can increase the risk of falls.

In some cases, the person may be unable to walk, so instead may need to use a wheelchair or spend their days in bed. If mobility becomes an issue, sitting or lying in the same position for long periods of time may mean pressure ulcers are more likely to form. Tackling bedsores at the earlier stages is the best way to treat them, because if they go unnoticed for a while, they're more prone to becoming infected and painful. It's therefore important to regularly check for any changes to the colour or appearance of the skin and to use furnishings recommended by a health professional, to help alleviate the pressure.

KEEP THE PERSON MOVING

Staying in the same position for a long time will also leave the person prone to blood clots and infections.



HOW TO REDUCE THE RISK OF FALLS

Falls can be common in a person with dementia, due to both physical and psychological factors. Muscle weakness and balance can be affected by dementia, and some medications can lead to changes in alertness, dizziness and blood pressure, meaning falling or fainting can become more likely. If your loved one isn't eating or drinking as much, they may be feeling weaker than usual and are more likely to fall or lose their balance.

The ability to remember where things are and navigation skills can lessen with dementia. If the person is unable to understand their environment or share what's worrying them about their surroundings, they may not be able to alert others to what they need to help prevent a fall.

Watch out for any environments that make your loved one seem stressed, restless or agitated. These can also increase their risk of falls. The person may become unsteady on their feet. Consider footwear that will give the person maximum support. Slip-on shoes may be easier to put on, but if they don't fit well, they can increase the risk of falls.

You may also find it useful to request a free home assessment via an occupational therapist, to decide whether any changes or equipment are needed to help with your loved one's everyday life. Speech and language therapists may also be able to help with eating, drinking and communication.

It's vital to work with a health professional to find safe ways for your loved one to move.

Due to the nature of dementia symptoms, urinary tract infection (UTI) symptoms may be confused with delirium. If your loved one isn't drinking and using the toilet enough, they may have developed a UTI but can't tell you about their symptoms. Help them maintain their daily routine by encouraging them to stay hydrated, especially in hot weather.

'If someone with dementia has recently lost weight, you may need to help them review their medication'

WHEN EATING HABITS CHANGE

As dementia advances, there may be changes in eating and toileting habits. Eating or swallowing may become more difficult, leading to reduced appetite and weight loss.

If swallowing becomes an issue, the risk of choking and chest infections can increase. It's also important to remember that medication and oral health can have an impact on a person's appetite, as well as their willingness to eat. It's worth reviewing medication and oral health before assuming symptoms are caused by dementia. Bladder and bowel incontinence can also become more common in advanced dementia.

MAINTAIN HEALTHY HABITS

Try to encourage your loved one to develop and maintain healthy habits, and make sure you react promptly to sudden changes in behaviour. Act quickly and speak to a health professional before making assumptions. For example, if someone with dementia has recently lost weight, you may need to help them review their medication, as some dosages are dependent on a person's weight.

Friends and carers know the person better than most and will be more adept at noticing when a loved one isn't themselves. Input from friends and carers is very important, as it can help inform a health professional's diagnosis and treatment plan.

SIGNS OF PAIN OR INFECTION

Your loved one may show signs of restlessness or become increasingly disorientated. You might also spot they're not sleeping as well, or they're experiencing mood swings. It can be worth offering them pain relief, food, drink and toilet access, to ensure they're not dealing with any immediate, preventable pain.



'Friends and carers know the person better than most and will be more adept at noticing when a loved one isn't themselves'

SIGNS OF CONSTIPATION OR UTI

Dehydration can lead to constipation, skin changes (becoming less flexible) and dry eyes. Urine colour changes during dehydration, too – it becomes dark and concentrated. If someone has a urinary tract infection (UTI), the smell of their urine will noticeably change, especially if they're also experiencing delirium.

If someone is constipated, they may have irregular or infrequent bowel movements, alongside abdominal pain. When they do have a bowel movement, stools may be hard and small. If they need a laxative, it's important to work with a health professional to choose the right one, as some laxatives increase the risk of developing dehydration. DH

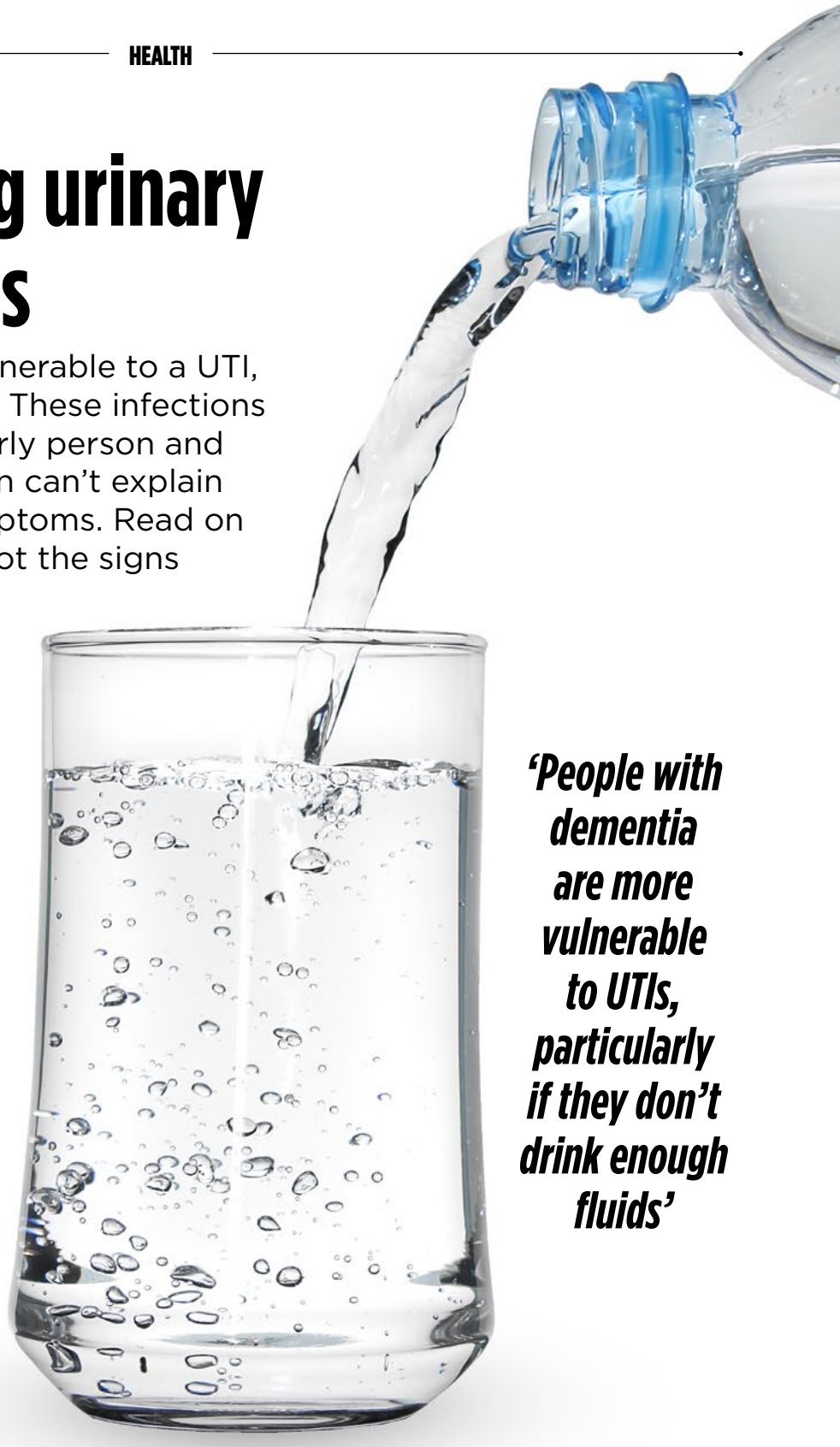


More information

Fran Vandelli (pictured left) is a Dementia Lead for Bupa Care Services Richmond Villages and works to support services to deliver person-centred dementia care. She has worked for Dementia Voice (then the DSDC for the South West), The Dementia Care Trust (as a service manager) and was an Alzheimer's Approved freelance trainer. Before joining Bupa, Fran worked for Bristol City Council as an Advanced Dementia Care Mapper working in the Adult Social Care team. Find out more about Bupa at www.bupa.co.uk/care-services/what-type-of-care-do-i-need/dementia-care

Understanding urinary tract infections

Your loved one may be vulnerable to a UTI, especially if they are older. These infections can be common in an elderly person and harder to spot if the person can't explain they are experiencing symptoms. Read on for guidance on how to spot the signs



Caring for a loved one with dementia means watching out for many health concerns that can be harder to spot – one of which is a urinary tract infection (UTI). These infections are common, especially in older people, and they can be tricky to detect in someone who may not be able to explain what's wrong. This article will help you understand what to look for, how to help and when to seek medical advice.

'People with dementia are more vulnerable to UTIs, particularly if they don't drink enough fluids'

WHAT IS A UTI?

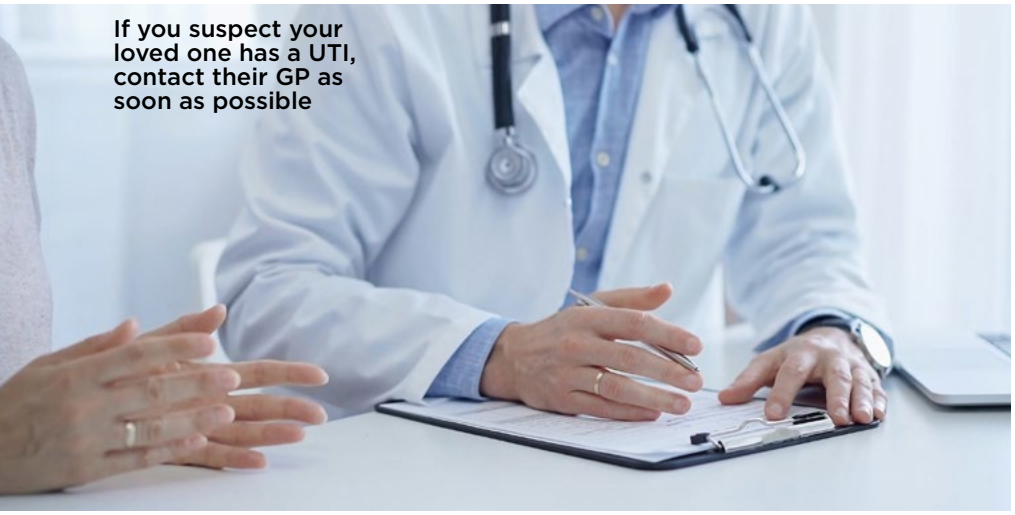
A urinary tract infection (UTI) happens when bacteria gets into parts of the urinary system, such as the bladder, kidneys or the urethra (the tube that carries urine out of the body). Once a bacterial infection enters, it can spread fast, causing discomfort or more serious illness if not treated quickly.

People with dementia are more vulnerable to UTIs, particularly if they don't drink enough fluids or struggle with hygiene. Also, they might not be able to tell you what's wrong, so it's important to know the signs.

SIGNS AND SYMPTOMS

Your loved one might have a UTI if you notice:

- Them needing to go to the toilet more often than usual
- Pain or a burning feeling when they pee
- Blood in their urine
- Pain in their lower back or side
- Pelvic discomfort (especially in women)
- Feeling or being sick
- Shivering or chills



If you suspect your loved one has a UTI, contact their GP as soon as possible

- Wetting themselves more than usual (especially if they're already incontinent)

In someone with dementia, a UTI can also lead to sudden changes in behaviour. This might look like:

- Sudden confusion or disorientation
- Mood swings or becoming unusually agitated
- Hallucinations
- Extreme tiredness or sleepiness

If your loved one becomes very confused or aggressive, or experiences a sudden change in mood, it's important to seek medical help as soon as possible.

WHAT CAN CAUSE A UTI?

There are a few common causes, including:

- Bacteria from the bowel entering the urinary tract
- Not drinking enough fluids
- Hormonal changes (such as menopause)
- Poor personal hygiene
- Incontinence or not changing clothes regularly

WHAT YOU CAN DO

UTIs should be treated quickly – especially in older people – as they can become serious if left untreated...

- If you think your loved one might have a UTI, contact their GP. UTIs are usually treated with antibiotics
- Make sure they drink plenty of water (six to eight glasses a day if possible) to help flush out the infection
- A warm heat pad on the tummy can help to ease any discomfort they may be feeling
- Even if they start to feel better quickly, they should complete the full course of antibiotics

PREVENTING FUTURE INFECTIONS

You can help reduce the risk of another UTI by:

- Encouraging your loved one to drink enough fluids each day
- Offering water-rich foods, such as fruit or soup, if they don't like plain water
- Limiting alcohol
- Helping or reminding them to go to the toilet regularly
- Assisting with personal hygiene, or prompting them to wash or shower as needed

By staying alert to the signs of a UTI and acting quickly, you're helping your loved one stay comfortable and well. DH



INCREASED CONFUSION AND MOOD CHANGES

A person with dementia with a UTI can become more confused than usual, and it may be a real concern for you if you don't realise what's happening. If you notice very sudden changes in moods or behaviour, speak to the person's GP without delay. 'You should suspect a UTI or other infection in someone who otherwise appears well and who shows a sudden increase in confusion and agitation, or who starts to experience hallucinations,' says dementia expert and author Mary Jordan, in her book, *The Essential Carers Guide To Dementia*. 'Doctors may refer to this as "acute confusional state" or "delirium" and it can develop over one or two days. Always seek medical help if you see a sudden change in behaviour.'



Caring in a ‘click-first’ world

Angela Walton, co-founder of valuable online resource, DementiaNet, talks about the invisible struggle faced by carers



I’ve met so many incredible carers over the years – people who, without training or pay, take on the full-time job of supporting a loved one through dementia. In researching and developing DementiaNet, I spoke to many people and heard a similar story from the majority of them. My conversation with a lady called Kath stuck with me. She’s been caring for her husband, John, for eight years. He was a proud, funny and capable man who had worked and been a keen cyclist for most of his life. Now, Kath told me, he couldn’t always remember how to get from the kitchen to the living room.

We talked about the fact that most days were now a battle – meals, medication, reassurance, calming the confusion that came out of the blue. Yet, it wasn’t just the care itself that left her in floods of tears on several occasions: ‘It’s the online stuff that breaks me,’ she told me.

In the digital landscape we now live in, having to head online to deal with practical and official matters created new feelings of inadequacy for Kath – and she’s not alone.

THE INVISIBLE LOAD

The move to digital services was meant to make life simpler. And for some, it has.

HOW DEMENTIANET IS MAKING A DIFFERENCE

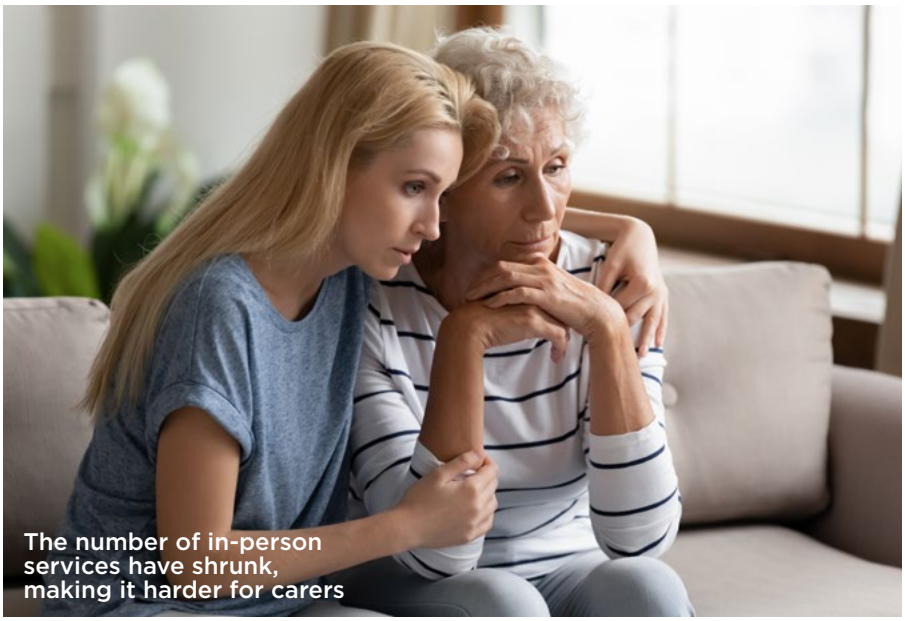


DementiaNet is a new digital platform designed with carers, for carers – especially those who are supporting someone newly diagnosed with dementia. We've built it to be:

- Simple – clear, concise language, no jargon and no endless menus.
- Personalised – resources and information tailored more to your situation.
- Connected – local services, community groups and information in one place.
- Supportive – there's a unique planning tool for everything you need to tackle and store, at your own pace.

'We don't want carers to feel like they've failed if they don't understand a website or they get lost,' says Angela Walton. 'We want them to feel seen, supported and empowered.'

Visit dementianet.com to learn more and tell us what you think.



The number of in-person services have shrunk, making it harder for carers

But for carers – especially those over 60, those without regular tech support, those managing every hour of every day – it's become yet another maze to navigate.

Everything – from ordering prescriptions, applying for attendance allowance, arranging respite care or even just getting up-to-date advice – has shifted online. And along the way, we have lost something essential: human connection.

The number of in-person services has shrunk, many local advice drop-ins have closed and helplines are under pressure, so carers like Kath find themselves at home, late at night, scrolling through tabs, wondering what they've missed – and blaming themselves when things go wrong. This isn't just an inconvenience – it's a real challenge for carers and at DementiaNet, we're keen to build something that helps. Nothing replaces real help from a real person, but we can at least make what's online easier. We don't want people to feel they are failing – it's the myriad links, rabbit warrens of websites and poor-quality information that's failing people.

'Nothing replaces real help from a real person, but we can at least make what's online easier'

CREATING A BETTER WAY FORWARD

That's why we created DementiaNet. It's not just a digital tool, but a human-led response to a human need. Because behind every login is a person like Kath. A person who's already doing everything they can, and we believe they deserve better. DH

The benefits of walking

Walking is a simple way to help someone with dementia feel better, both physically and emotionally. It's something you can do together and it could even form part of your daily routine. Words: **Christina Collison**

My mum used to enjoy walking and the fresh air that came with a leisurely stroll around the block. I'd suggest a walk if I felt she was about to get agitated, and it would always lift her mood.

Walking also benefits the brain. The National Institutes of Health found walking can stabilise cognitive function in a person with Alzheimer's. Walking has been linked to improved brain function and may even have the potential to slow down the progression of dementia.

WHY WALKING HELPS

There are many benefits of walking, including the physical health benefits, such as reducing the person's blood pressure and improving heart health, which is especially important for a person with vascular dementia. It may also help to prevent boredom.

Some of the mental health benefits of walking include...

- It helps to boost mood and reduce stress
- It helps prevent boredom and restlessness
- It improves sleep
- It increases confidence and self-esteem
- It improves balance and strength, which can reduce the risk of falls
- It encourages social interaction – my mum lived in a village and would often bump into neighbours who would stop for a quick chat.





This helped to make her feel less isolated.

- It helps reduce sundowning (when a person becomes confused or upset later in the day when daylight fades).

WALK TOGETHER

Exercise can help you manage your own stress levels, too. A good walk or jog can clear your head and boost your mood. You may feel nervous about leaving your loved one alone, so walking is an activity you can share together. When you walk, you're doing it as companions, rather than being in the carer-patient relationship.

If your loved one isn't able to walk for long, a short stroll around the block or even the garden can make a difference.

'There is a point to short walks, as you're getting your cardiovascular system working,' says Nicola Booton, Dementia Adviser from Alzheimer's Society in Warwickshire. 'You're using your muscles. It might be a five-minute walk at a slow pace with a stick, but five minutes is better than no minutes.'

So, even a short daily walk is great. If it's a longer walk some days and shorter on others, that's fine, too.

Walking also gives you both something to focus on, which means there's less pressure to make conversation.

MAKING WALKS SAFE

Start small: try short walks at first and see how the person copes.

Be prepared: bring any medications (such as an inhaler), carry water and encourage the person to wear layers, so they can remove clothing if they get too hot. It's also worth taking a jacket, in case the weather changes, as well as an umbrella.

Choose the right shoes: make sure the person is wearing comfortable footwear, but not flip flops or sandals that could cause them to trip.

Pick easy routes: stick to flat, even paths, rather than steep, bumpy or uneven ones.

Go at their pace and look for hazards: walk slowly and let the person lead the speed. Dementia can affect a person's spatial awareness and ability to judge gaps between objects, so help them avoid any obstacles like tree branches.

Be flexible: although walking is beneficial for health, don't try to force the issue. A person with dementia will have good days and bad days. If they're not feeling up to it, let it go and ask again later.

Enjoy it together: walking can be a lovely, shared experience for both of you. DH



'Bring any medications (such as an inhaler), carry water and encourage the person to wear layers'

COPING WHEN MOBILITY CHANGES



Over time, a person with dementia will experience reduced mobility and be prone to balance problems. When walking, it's important to make sure the person's balance is stable enough to cope – encourage them to use a walking aid if need be. In the later stages of dementia, they may not be able to walk much and will eventually lose mobility. However, they will still benefit from fresh air. It's worth taking the person out to enjoy the sunshine when we get it, even if it's having them sit in the garden.

NUTRITION

MAKING MEALS EASIER TO MANAGE AND COPING WITH EATING ISSUES

33 WHY TASTE BUDS AND APPETITE CAN CHANGE

34 QUICK, HEALTHY, TASTY MEALS TO PREPARE

'Caregiving often calls us to lean into love we didn't know possible'

Tia Walker



GOOD TO KNOW

Ensure your loved one remains hydrated, as this can help to reduce the risk of a urinary tract infection and help manage dementia symptoms. If the person doesn't like plain water, serve juices, cordials, herbal teas and fruits such as watermelon, peaches and strawberries.



Taste bud changes can see a person with dementia liking foods they previously rejected

Why taste buds change

You might have noticed your loved one eating different foods or disliking meals they used to enjoy. **Dionne McEwan**, home manager at MHA in Lauriston, explains why this can happen

Taste buds can change significantly in a person with dementia, as the illness can impair the part of the brain responsible for the ability to process smell and taste. Sometimes a person's tastes are reversed. For example, they might start to like fish when it was something that wouldn't have been palatable to them before. The person may also start to dislike food they used to love.

Making meal times calm can help your loved one enjoy their food. You might want to try serving foods in a buffet style, so your loved one can try different tastes and textures. For instance, at MHA care homes, we offer tasting sessions of food and fruit platters where people with dementia can eat in a calm environment. We find that sensory lights and soft music can help. Our staff support and encourage people to try different tastes and textures. This enables us to understand and support the person more effectively.

DIETARY CHANGES

Swallowing problems in the later stages of dementia can mean you need to adapt the person's diet. The person may need softer textured foods, but this can sometimes cause them to stop eating, as food may seem bland. Try to make food look as appetising as possible. The person may try to overcompensate with spices and salt to add flavour.

Smell and taste are closely linked to dementia, so consider your environment and avoid spraying heavily scented air fresheners and other strong odours around mealtimes. DH

More information

MHA has 76 care homes, 59 retirement living schemes and 43 community hubs, and is the country's largest charitable care provider. Visit mha.org.uk

Eating well with dementia



You may have noticed your loved one's appetite has changed or they don't want to eat quite so much. **Lyndsey Mitchinson** suggests how to make food more appealing

Dementia can affect a person's appetite and lead to unpredictable eating habits. You might notice your loved one has a smaller appetite than usual, which can make big meals seem overwhelming.

MAKING MEALS EASIER AND MORE ENJOYABLE

Aim for soft and easy-to-chew options. Keeping the colours and textures varied can make food more appealing, helping to stimulate appetite. Offer foods the person genuinely enjoys – even if that means serving the same favourites often. Familiar, comforting meals can make eating a more reassuring experience. Even small changes can be too much.

Involve the person where possible. If your loved one is able, let them help with small tasks, such as stirring a pot or setting the table. This can give a sense of purpose and involvement.

Create a calm eating environment. Try to keep the eating area peaceful by limiting background noise or distractions. A calm setting can help them focus on eating and feel more relaxed.

Adapt to changing needs. If they find cutlery difficult to manage, try cutting up food beforehand, or offering finger foods that are easier to hold.

Understand sugar cravings. Many people with dementia find sweet flavours more appealing. This may be due to changes in taste, comfort-seeking behaviours, or even a reduced ability to recognise when they're full. While the occasional treat is fine, try offering naturally sweet options, such as fruit, yoghurt, or milk-based desserts, to keep snacks healthier while still satisfying those cravings.



Getting your loved one to help prepare food can give them a sense of purpose

EASY-TO-EAT MEAL AND SNACK IDEAS

Here are some healthy ideas that are tasty, easy to manage and full of goodness...

Finger food platters. Mini cheese cubes, crackers, halved cherry tomatoes, cucumber slices and a little pot of hummus for dipping.
Mini protein portions. Think small and satisfying – try cooked chicken pieces, cocktail sausages, falafel bites, or halved boiled eggs.
Mini jacket potatoes. Roast baby new potatoes and serve with soft toppings like mashed avocado or cream cheese.
Sandwich triangles. Wholemeal bread with soft fillings, like egg mayonnaise, tuna or mashed banana, makes a familiar and easy-to-eat option.
Fish fingers. A simple hot meal – serve with mashed potato and peas for a comforting favourite.
Omelette. Soft, nutritious and adaptable – fill with cheese, ham or gently cooked vegetables, such as mushrooms and tomatoes.
Fruit slices or skewers. Bite-sized pieces of banana, peeled apple, melon or soft berries make a naturally sweet treat.
Jelly or Angel Delight. Soft and easy to eat – serve in small portions as an occasional pudding.
Smoothies. Blend banana, berries, oats and yoghurt or milk. Add protein powder if weight gain is a goal.
Rice pudding or porridge pots. Warm and comforting – make with full-fat milk and flavour with cinnamon, stewed fruit or mashed banana. DH


Omelettes are soft and nutritious


If your loved one has a favourite meal, serve it regularly


Fish fingers can be comforting and familiar

'Keeping the colours and textures varied can make food more appealing, helping to stimulate appetite'




Jacket potatoes with soft fillings work well

PLANNING & FINANCIAL

GET PREPARED FOR CHANGES AND PROTECT YOUR LOVED ONE'S FINANCES

37 PLANNING THE FUTURE CARE FOR YOUR LOVED ONE

40 IS IT TOO LATE FOR A LASTING POWER OF ATTORNEY?



'We remember their love when they can no longer remember'

GOOD TO KNOW

Why an advance decision matters

Has your loved one made an advance decision? This is a document that sets out a person's wishes for future medical treatment and care. Also known as an advance directive, this document allows them to refuse certain medical treatments ahead of time, giving them control over their future care while they still have capacity. Find out more on the Dementia Help website.

Choosing the right care for the future

Dementia is a progressive condition, so your loved one's needs will increase over time. Realistically, you may not be able to care for them in future without help. Here's how to choose wisely.

Words: **Christina Collison**

As a carer, one of the hardest decisions you'll make is choosing the right care for your loved one. Whether it's bringing in support at home or making the transition to residential care, it's natural to feel overwhelmed. But with research, planning and advice, you can make informed choices that ensure the best possible quality of life for your loved one.

The first key thing to do is to arrange for your loved one to have a care needs assessment. Get in touch with the person's local council to request this. A social care professional will visit the person to see how they are coping, considering their health as well as what they can and can't do. Other healthcare professionals, such as the person's doctor, may also get involved.

WHO PAYS FOR CARE?

If it's decided that your loved one needs to go into a care home, if their total assets are worth less than £23,250 in England or £50,000 in Wales, they might be able to obtain financial assistance. If the person has assets more than £23,250, they are considered a self-funder and will have to pay their own care home fees but may still be eligible for other support. For information on paying for care, visit the Age UK website.



The person may also be eligible for Attendance Allowance to help with daily tasks and personal care. Visit Carers UK for further information.



HOW TO CHOOSE A GOOD HOME CARE AGENCY

Choosing a home care agency can make a huge difference to your loved one's well-being. Here's what to consider...

Do your research

Don't settle for the first agency you find. Interview at least two or three agencies, to compare what they offer. It's also important to check their Care Quality Commission (CQC) report online at www.cqc.org.uk. The CQC is an independent regulator of health and social care, and assesses providers on safety, care, effectiveness, responsiveness and leadership.

'Interview at least two or three agencies, to compare what they offer'

Think about your loved one's needs

Make a list of what your loved one needs help with and bear in mind their requirements may change over time. Think ahead about how their needs might change and ask the home care agency if they can adapt their package of care as the situation evolves.

Ask questions

You're entitled to ask as many questions as you need. How does the agency recruit and vet staff? Will your loved one have a consistent care worker? What happens if the carer is off sick or doesn't get on with your loved one? And what protocols are in place in case of an emergency?

Check the carer's dementia training and experience

It's vital the carer has specific training and experience in dementia care. Ask how often their training is updated and how well they understand the progression of the condition. It's hugely important that your loved one has a good rapport with the person providing care for them.



Make a financial plan

Home care comes at a cost, so make sure you understand the financial implications.

HOW TO CHOOSE A GOOD CARE HOME

If home care is no longer a suitable option, moving your loved one into a care home might be the next step.



This is a big decision, but early research can make it much less stressful when the time comes. Age UK has a detailed guide on its website called a 'Care Home Checklist', which lists questions to ask when you visit a care home. It suggests you consider the following when viewing a care home...

- Is it easily accessible for you to get to?
- Is there enough parking?
- Are there shops and facilities nearby, so that you can take your loved one out?
- Does it have good wheelchair access?

Find out from the care home if their staff have experience of caring for people with dementia.
Knowledge and experience of dementia is crucial, as it will improve a carer's ability to cope. It will also help to ensure your loved one's safety. Think about safety in relation to your loved one's current situation. My mum started off in a luxury care home, but it wasn't suitable for her needs, and she had several falls. She then moved to a smaller nursing home where her room and bed were catered to her reduced mobility, and she also received better care.

'Ask prospective homes how they handle increasing care needs'

Think about the difference in support provided by care homes. Residential homes are homes with staff who help with personal care. Care homes with dementia care or care homes with nursing (also called nursing homes) offer 24-hour assistance from nurses in addition to personal care.

Start early and prepare
When it became clear my mum wouldn't be safe at home for much longer, I was relieved I'd already done my research. I'd visited several homes, asked about fees and had a home in mind. As I was prepared, there was no panic and I wasn't making a rushed decision.

Think about the care required
Ask prospective homes how they handle increasing care needs. This helps ensure your loved one can stay in the same place as their dementia progresses. A move might be stressful for them later on.

Seek professional advice
Consult your GP or district nurse – they often have experience of local care homes and can recommend places they trust. Their insight can be invaluable.

Read the CQC report
Every care home is inspected by the Care Quality Commission. Read their latest report to check the home's performance in five key areas: safety, effectiveness, care, responsiveness and leadership. Look for homes rated positively across all areas at www.cqc.org.uk.

Aim for quality of life
Don't just think about safety and care – think about how the home will improve your loved one's quality of life. Does it offer opportunities for socialising, activities or community engagement? A good care home will help your loved one receive the best possible care. DH

Too late for a Lasting Power of Attorney?

It's crucial for your loved one to make a Lasting Power of Attorney, but what if it might already be too late? **Christina Collison** and estate planner **Steve Bish** explain the process

If your loved one has recently been diagnosed with dementia, or they were diagnosed a while back but haven't yet organised Lasting Power of Attorney, it's essential to get it sorted quickly. The person will need to hand over responsibility to you or another member of your family when they are no longer able to manage their own affairs. The sooner the person can do this, the better – otherwise, it may be too late. According to the government's website, it usually takes about eight to ten weeks to register a Lasting Power of Attorney.

TWO TYPES OF LASTING POWER OF ATTORNEY (LPA)

People don't always realise there are two types of Lasting Power of Attorney:

- **Property & Financial**

This gives the Attorney the authority to deal with and make decisions about finances, which includes things like investing money, paying the mortgage, paying bills, arranging repairs to the person's property, collecting pensions and benefits, and selling the person's home.

- **Health & Welfare**

This means the Attorney can make decisions about the person's medical care, where they should live, who they should have contact with and also make decisions about life-saving treatment. However, a person can have a Health & Welfare Power of Attorney that doesn't include instructions about life-saving treatment if they would prefer not to give instructions on this.

MAKING AN LPA WHEN A PERSON HAS DEMENTIA

Contrary to popular belief, a person with dementia can still make an LPA if they are deemed to have capacity. If your loved one uses a solicitor, their solicitor must feel confident they understand what they are signing. That's why it's crucial for them to make one as early as possible.



MANAGING PAPERWORK WHILE AWAITING A DEPUTYSHIP APPLICATION



While awaiting a deputyship application, you can apply for an urgent interim order if an immediate decision is needed but the person is not in immediate danger. You can apply to the Court of Protection to get an emergency court order in certain circumstances, for example, when someone's life or welfare is at risk and a decision has to be made without delay. The order must be for a specific one-off decision that needs to be made without delay, for example to withdraw money from the person's bank account to pay outstanding nursing home fees. There's no fee for an urgent interim order application.

If you have already submitted your application to become someone's deputy, you need to submit an application notice COP9, with an explanation of why the decision is urgent and cannot wait.

While the person doesn't have to use a solicitor, it's advisable they do, as the solicitor can ensure the document is correct and that you, as the donor, understand your rights and obligations.

WHAT IF IT'S TOO LATE?

But what if your loved one has already lost capacity? Steve Bish from S Bish Estate Planning, explains the process. Steve writes...

If your loved one has lost capacity and you don't have a valid Lasting Power of Attorney, you may need to apply to the Court of Protection to be appointed as the person's deputy. Making a Lasting Power of Attorney early on in your loved one's dementia diagnosis is crucial. Applying to the Court of Protection is a lengthy and costly process.

WHAT IS THE COURT OF PROTECTION?

The Court of Protection is a specialised court established under the Mental Capacity Act 2005. It handles cases involving people who lack mental capacity to make decisions, including on property, finance and health. The court also decides whether someone has capacity – that is, whether they're able to make decisions for themselves because they can understand the choices and the impact. The courts can make decisions for that person or appoint a deputy to do so.

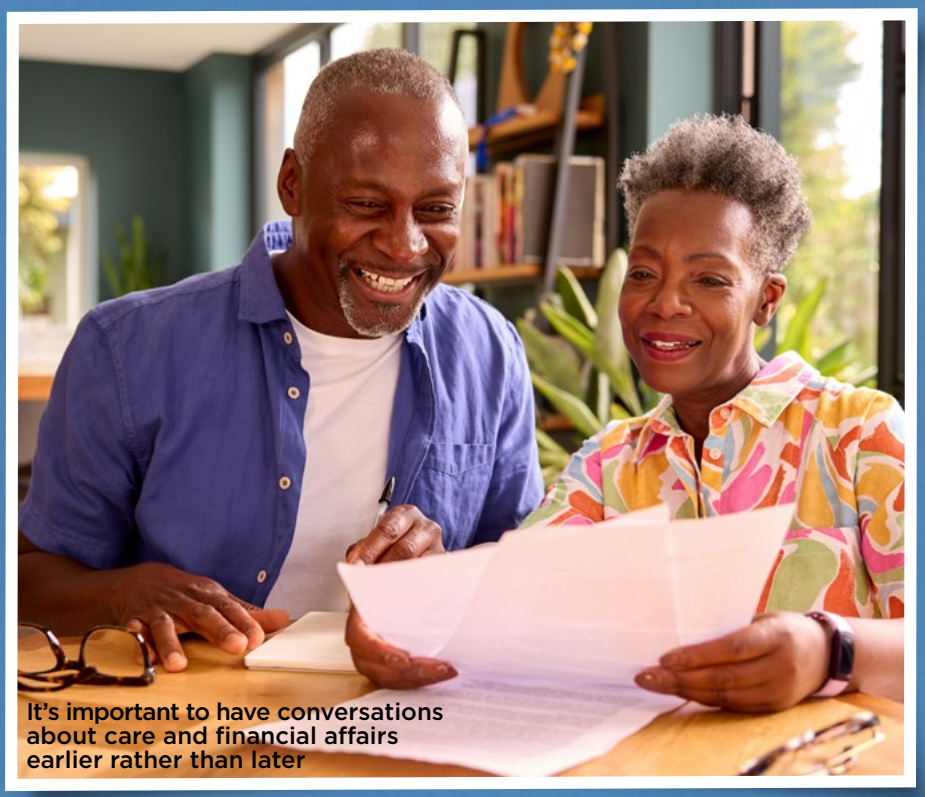
A deputy has similar responsibilities to an attorney



IF YOU'RE APPOINTED AS DEPUTY, WHAT CAN YOU DO?

A deputy has similar responsibilities to an attorney. They can only act within the authority set out by the Court and they have a duty to act in good faith. They must follow the same principles as attorneys, to ensure any decisions they make on the person's behalf are in their best interests. Being a deputy is a big responsibility, so if you're asked to take on the role, you should consider carefully whether you're comfortable doing it.

'Being a deputy involves a lot of responsibility, so anyone asked to take on the role should consider it carefully'


It's important to have conversations about care and financial affairs earlier rather than later

HOW DOES A DEPUTYSHIP ORDER DIFFER FROM AN LPA?

A deputyship order grants a person legal authority to make decisions on behalf of someone who has lost mental capacity, while a Lasting Power of Attorney (LPA) allows someone to choose who will make decisions for them before they lose that capacity. A deputyship is a court-appointed mechanism, used when an LPA is not in place or has become ineffective.

There are two types of deputy. One is property and financial affairs deputy. In this case, you can do things such as pay the person's bills or organise their pension. There is also a personal welfare deputy. In this instance, you'll make decisions about medical treatment and how someone is looked after.

WHAT DOES THE PROCESS OF APPLYING FOR DEPUTYSHIP INVOLVE?

You can apply to be just one type of deputy or both. If you're appointed, you'll get a court order stating what you can and can't do. When you become a deputy, you must send an annual deputy report to the Office of the Public Guardian (OPG) each year, explaining the decisions you've made.

'A deputyship is a court-appointed mechanism used when an LPA is not in place or has become ineffective'

You'll continue to be a deputy until your court order is cancelled or expires. The application process is different depending on whether you're applying to be a personal welfare deputy or financial affairs deputy. You must pay an initial £421 application fee, but the total cost often runs into thousands of pounds. The process can take many months and it's not unheard of for cases to drag on for two or more years.

CAN YOU MANAGE A PERSON'S AFFAIRS WITHOUT AN LPA?

Having an LPA in place prevents a great deal of stress and uncertainty when it comes to making difficult decisions. Very often, people try to muddle through and just hope things will be OK. However, this rarely ends well and simply creates a bigger problem for those left behind. Instead, it's better to have important conversations about care and financial affairs with loved ones and to get things put on a sound legal footing sooner rather than later, even though it may be a difficult conversation to have. DH

More information
For info on making an LPA, visit the government's website or speak to S BIsh Estate Planning. Visit https://www.sbishestateplanning.co.uk/



Helpful directory

Do you feel isolated in your caring role? There is help and support available, if you need to talk to someone who understands or you need advice...

AGE UK
A charity dedicated to helping older people.
ageuk.org.uk

ALZHEIMER'S RESEARCH UK
A charity conducting research into finding treatments for dementia.
Infoline: 0300 111 5555
alzheimersresearchuk.org

ALZHEIMER'S SOCIETY
Help and support.
Support: 0333 150 3456
alzheimers.org.uk

CARERS UK
Information and advice on caring, connecting carers and campaigning with carers for change. Carers UK offers advice on benefits and financial support, plus your rights as a carer in the workplace.
Helpline: 0808 808 7777
carersuk.org

DEMENTIA CARERS COUNT
Free online learning about dementia.
Support line: 0800 652 1102
dementiacarers.org.uk

DEMENTIA HELP
Our own website, with articles and free guides on coping with being a carer for your loved one, as well as free resources you can download to make you better informed about dementia, including guides on challenging behaviour and nutrition.
dementiahelpuk.com
Email: christina@dementiahelpuk.com

DEMENTIANET
Our partners, providing a new website offering comprehensive information and support tailored to your personal circumstances. It will enable you to store essential information about your loved one in a secure online portal, ask questions, access helpful advice and make a personal plan to support your day-to-day life as a carer.
dementianet.com

DEMENTIA UK
Specialist support for advice and information on dementia.
Helpline: 0800 888 6678
dementiauk.org

DEMENTIA TALKING POINT
A free online community available 24 hours a day run by Alzheimer's Society.
alzheimers.org.uk/get-support/dementia-talking-point-our-online-community

YOUNG DEMENTIA NETWORK
A community of people keen to improve the lives of those who are affected by young onset dementia.
youngdementianetwork.org
Email: youngdementianetwork@dementiauk.org

DementiaNet

dementianet.com

Want to help us build a supportive community for carers?

At DementiaNet, we know that the people who understand best are the ones who've been there

If you've ever found yourself juggling care information with tricky websites, confusing forms or the feeling that you're doing it all alone – we'd love to hear from you.

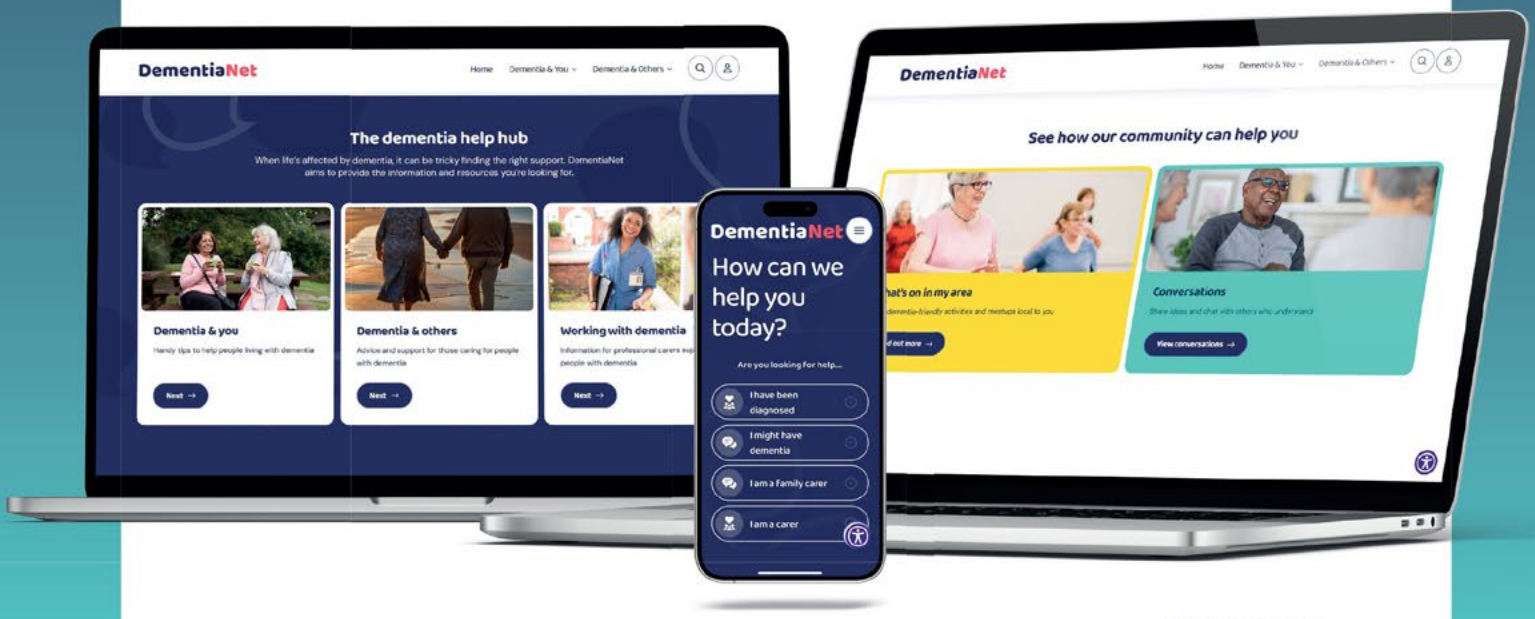
We're building an online community shaped by carers, for carers – a place to share stories, swap tips and make sure no one has to figure this out on their own. You can get involved by:

- Sharing your experience – your story could be the lifeline someone else needs
- Helping us improve – try out new features and tell us what actually works
- Connecting with others – meet people who truly understand what you're going through

Whether you've got five minutes or five years of experience, you can make a difference by offering a response to someone else's question. If you can help, it's free to create an account and we'd love to see you in the active conversations.

Together, we can build something that makes life a little clearer, a little easier and a lot less lonely...

Visit dementianet.com



DementiaNet is a supporter of DEMENTIA HELP HELPING CARERS COPE