

Dementia care reimaged: The power of Namaste Care™

Presenters:

Dr Melissa Abela, Wicking Dementia Research and Education Centre,
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23 September 2026 – *Dementia Awareness Week*

School of Nursing – Wicking Dementia Research and Education Centre



What this webinar will cover

Overview of advanced dementia, its progression and its impact on communication, behaviour and engagement

Recognition of unmet non-medical needs and their influence on distress

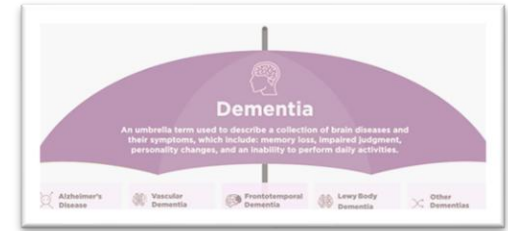
Introduction to sensory-based care and the role of environment in promoting comfort

Key principles of Namaste Care, philosophy, mission and education

Examples of simple, practical strategies that can be implemented in everyday care

How 'loving touch' and sensory care made it into the NHS

Classifying the progression of Dementia



Stages of Dementia

1

Mild Dementia

- Largely able to function independently
- Occasional forgetfulness, confusion, and lapse in judgement, and

2

Moderate Dementia

- May require assistance with daily activities
- Greater extent of memory loss and other symptoms, including sundowning

3

Severe Dementia

- Round-the-clock care required
- Loss of mobility and difficulty performing functions such as swallowing

7 Stage Model of Dementia – Reisberg Scale

Stage	Description	Examples from Neurocognitive Domains
No impairment	No obvious signs	Normal cognition, Goes about daily living as familiar with.
Mild Cognitive Impairment	Early stage where symptoms are noticeable but do not significantly impact daily life.	Attention: Occasional lapses in focus. Memory: Forgetting recent events or conversations. Language: Difficulty finding the right words.
Mild Dementia	Symptoms start to interfere with daily activities.	Executive Function: Trouble with planning and organizing. Learning and Memory: Increased forgetfulness, misplacing items. Social Cognition: Difficulty understanding social cues.
Moderate Dementia	Symptoms become more pronounced and impact daily life more significantly.	Attention: Difficulty concentrating for extended periods. Perceptual-Motor Function: Problems with spatial awareness, getting lost in familiar places. Language: Struggling to follow conversations.
Moderately Severe Dementia	Severe cognitive decline, requiring assistance with daily activities.	Executive Function: Inability to manage finances or medications. Learning and Memory: Forgetting personal history, confusion about time and place. Social Cognition: Reduced empathy, inappropriate social behaviour.
Severe Dementia	Extensive cognitive decline, requiring full-time care.	Attention: Severe difficulty focusing on any task. Perceptual-Motor Function: Difficulty with basic motor skills, such as dressing. Language: Limited to simple phrases or words.
Very Severe Dementia	Loss of ability to respond to the environment, communicate, or control movement.	Executive Function: Complete dependence on others for daily activities. Learning and Memory: Inability to recognize close family members. Social Cognition: Loss of social interaction abilities.

Advanced Dementia Symptoms



Pain – common in advanced dementia and associated with related complications such as falls, aspiration, pneumonia, contractures and pressure ulcers



Progressive Immobility – bed or chair bound. Increased stiffness/rigidity in upper and lower limbs, pressure ulcers/sores – Increased risk of pain, infection and constipation



Incontinence of bladder and bowel – require greater awareness of skin integrity and infection, cleanliness and frequency of use of bladder and bowel function



Infections – urinary tract infections, poor hygiene, skin breakdown, respiratory, delirium



Inadequate nutrition – thirsty or hungry

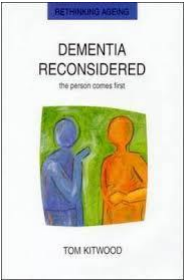


Temperature regulation – hot or cold

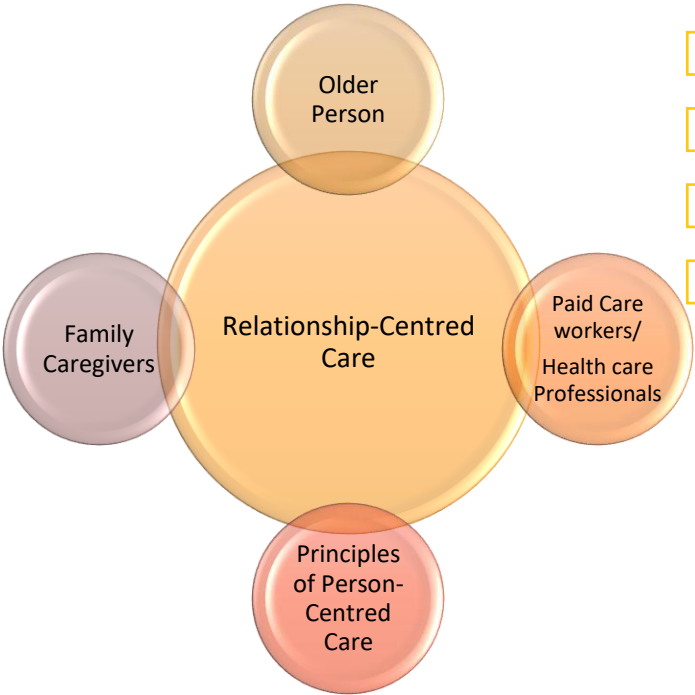


Difficulties with Communication

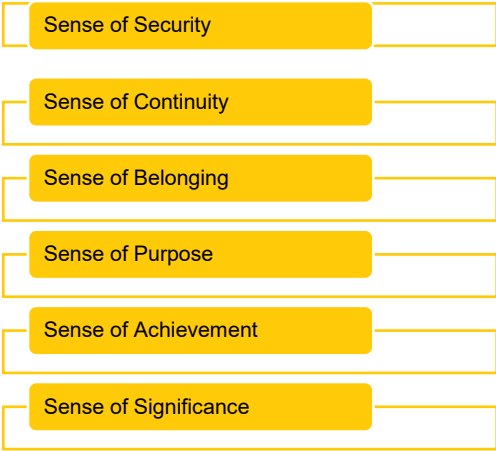
Person Centred Care and Relationship Centred Care



Kitwoods Flower Model



Senses Framework (Nolan et al., 2006)



Communication changes BUT the need to communicate does not!

Behaviour/Sign	Possible Unmet (nonmedical)Need	What the person may be communicating
Anger/Aggression	Need for reassurance, comfort, security or reduced stimulation	"I feel frightened, overwhelmed or confused"
Anxiety/Agitation	Need for familiarity, predictability, connection or a calm environment	"I do not feel safe or settled"
Hallucinations/Delusions	Need for reassurance, validation and emotional support	"My experience feels real to me and I need comfort"
Repetition	Need for connection, reassurance, purpose or engagement	"I need comfort, familiarity or someone to listen"
Restlessness	Need for meaningful activity, movement, sensory stimulation, companionship, personal care	"I am uncomfortable, bored, lonely or trying to express a need"
Disinhibition	Need for dignity, understanding, social connection or support with communication	"I may be unable to regulate or communicate my needs effectively"
Depression/Apathy	Need for meaningful engagement, belonging, purpose, affection or sensory stimulation	"I feel disconnected from people and activities around me"

PRACTICAL SOLUTIONS FOR AGED CARE

By 2050, the proportion of the population aged 65 and over will jump from around 14 per cent to around 23 per cent. While there are currently five working-age Australians for every citizen over 65, by 2050 there will be just 2.7.

This obviously presents many different economic and social challenges, but nowhere will they be felt more than in the healthcare sector, as our desire to not only extend but to improve the quality of life for our elderly creates ever-higher expectations for treatment and care. But with those higher expectations also comes greater cost – which with the demographic bubble, may become harder and harder to meet.

Recognising the difficulties ahead, Australian governments are now focusing attention on research into some of the most pressing health problems facing the aged, such as dementia and Alzheimer's disease, and models of aged care provision. According to statistics from the Australian Institute of Health and Welfare, dementia affects 24 per cent of people aged over 85, with the annual healthcare costs for people with dementia estimated to be \$1.4 billion (2003 figures).

New research underway at the College of Health and Science at UWS hopes to contribute to practical solutions through applied research in the prevention and treatment of dementia and other age-related cognitive decline, and how life can be made more comfortable for sufferers.

Photo: Namaste Care program at Metchenbury



First research study: Avoiding “high tech” through “high touch” in end-stage dementia: Protocol for care at the end of life.
Funded in 2010 under the Local Palliative Care Grants Program by the Australian Government Department Health & Ageing.

Transformative Namaste Care: An Intervention Study Enhancing Quality of Life for People Living With Advanced Dementia

Sara Karacsony¹ , Sharon Andrews¹ , Melissa Abela² , Maryam Rouhi³  and Thi Thuy Ha Dinh⁴ 

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BMJ Open Exploring the impact of Namaste Care for individuals with advanced dementia: a systematic review of costs, effects and benefits

Tereza Parks ¹, Jana Soukopová ¹, Dominika Tóthová ¹,
Hanneke J A Smaling ^{2,3}, Aileen Murphy ⁴, Lucie Vidovičová ¹,
Jakub Hlavka ¹

SPECIAL ISSUE DISCURSIVE PAPER

Journal of
Clinical Nursing WILEY

Stimulating sense memories for people living with dementia using the Namaste Care programme: What works, how and why?

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Abstract

Background: Sensory-based program for people with advanced dementia aim to address unmet needs and to improve behaviours, mood or cognition. Pleasurable, involuntary sense memories stimulated by sensory-based program are difficult to evaluate because it is not possible to ask what people with dementia remember about their past, or what sense memories are being evoked. Notwithstanding the challenges in identifying what sense memories people with dementia experience, nurses and carers should recognise the potential value of sense memories for pleasure and happiness and provide optimum conditions to stimulate the senses.



UK/Europe and the rest of the world



Mapping Namaste Care Training for Staff in Long-Term Care Settings: A Scoping Review

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Abstract

Namaste Care is a person-centered intervention for people with dementia in long-term care, particularly those in advanced stages. However, evidence on how staff are trained and supported to deliver Namaste Care remains fragmented. This scoping review aimed to map training content, delivery formats and support, and training-related outcomes. Following Joanna Briggs Institute methodology, eight databases were searched from inception to May 2024, with additional website and citation searches. Data were synthesized descriptively, and training-related outcomes were mapped against the Kirkpatrick Four-Level Training Evaluation Model. Eleven studies were included. Training commonly addressed core Namaste Care principles and activities, and several programs also included knowledge of dementia and palliative care, as well as communication and relational care skills. Face-to-face workshops and in-service sessions were the most common delivery formats, with some programs also incorporating experiential learning. Follow-up support and practical resources were frequently reported, and family involvement was incorporated into several programs. Staff reactions were generally positive. Learning-related outcomes included greater understanding of the purpose and delivery of Namaste Care and reported improvements in



INTRODUCING NAMASTE CARE

Bringing compassionate
dementia care to your
organisation or community

Philosophy Statement

We believe that the spirit in each person lives regardless of their physical and cognitive status and that it is possible to nurture this spirit in each individual through loving touch and meaningful activities. This spirit thrives when people are in the presence of others in a calm environment.

A philosophy is what you believe, the mission statement is what you do

Mission Statement:

- *provided by an interdisciplinary team of compassionate and knowledgeable health care professionals as well as families, volunteers and friends*
- *A holistic approach*
- *Pain assessments are performed to ensure that each person is comfortable*
- *Every effort is made so that quality-of-life experiences are offered throughout a person's time in Namaste Care*
- *The team will also strive to make the person's final stage of life peaceful*

Even When Words Become Difficult, Connection Continues to Matter

Comfort

Creating calm and reassuring experiences that recognise and honour each person.

Sensory connection

Using touch, music, aroma and other sensory experiences to encourage comfort and engagement.

Meaningful moments

Seeing, valuing and connecting with the person through every interaction.

Dignity

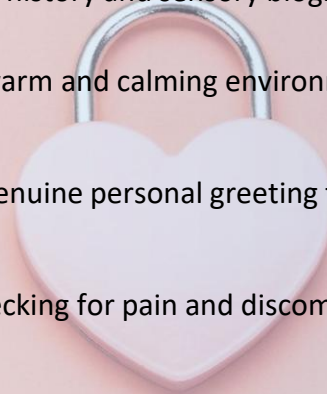
Supporting wellbeing and quality of life through compassionate presence and person-centred care.



Key Elements of Namaste Care

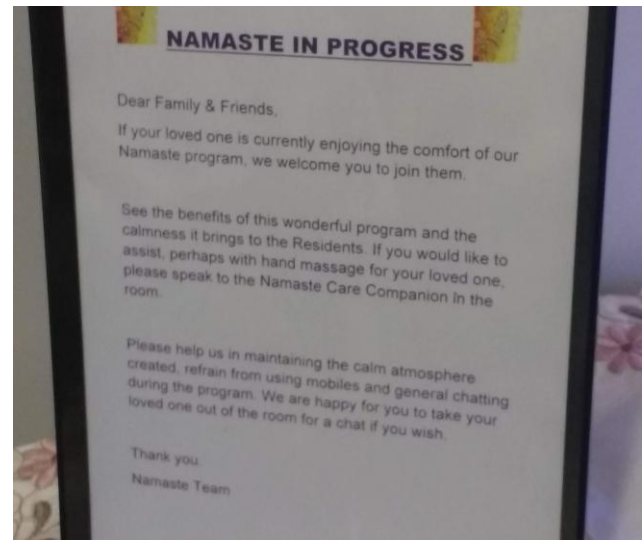


- ✓ Life history and sensory biography information for each person
- ✓ A warm and calming environment
- ✓ A genuine personal greeting for each person
- ✓ Checking for pain and discomfort
- ✓ Frequent drinks and snacks
- ✓ Simple, sensory based activities



Namaste Care™ is part of the Care UK end-of-life strategy







Namaste Care in the National Health Service (NHS) UK

Emily Brown
Namaste Care Practitioner
emily.brown46@nhs.net

Masterclass Preview

Educating Staff in Practical, Sensory-Based Dementia Care: Applying Namaste Care in Aged Care and Hospital Settings

The subsequent masterclass will expand on this foundation and include:

- 1 Detailed exploration of dementia illness progression and care needs
- 2 In-depth sensory care techniques and simulation-based learning
- 3 Full implementation of Namaste Care pillars and structured sessions
- 4 Practical skill development in high-touch, relationship-based care to apply in practice



LEARNING OUTCOMES

By the end of the workshop, participants will be able to:



Understand the principles

Understand the philosophy, principles and evidence base underpinning Namaste Care.



Recognise the benefits

Recognise how comfort, connection and sensory engagement can enhance wellbeing and quality of life.



Apply it in practice

Identify opportunities to incorporate Namaste Care principles into everyday care, support and activity provision.



LEARNING OUTCOMES

By the end of the course, participants will be able to:

Describe the key principles

Describe the key principles and philosophy of Namaste Care.

Enhance comfort and connection

Recognise opportunities to enhance comfort, connection and wellbeing through everyday interactions.

Create meaningful experiences

Use practical sensory and person-centred approaches to create meaningful experiences.

Personalise Namaste Care

Apply life-story and personal-preference information to support individualised Namaste Care.

Embed the approach

Identify actions they can take to embed Namaste Care principles within their own role and care setting.

Find out more

NAMASTE CARE TRAIN-THE-TRAINER CERTIFICATION PROGRAMME

Learn to Lead and Inspire

Following the Awareness and Foundation learning, participants can progress to Namaste Care International's internationally recognised Train-the-Trainer Programme.

The programme equips participants to champion and teach the Namaste Care™ approach while protecting the quality and integrity of the philosophy.

For information about the Train-the-Trainer Programme, contact:

info@namastecareinternational.co.uk



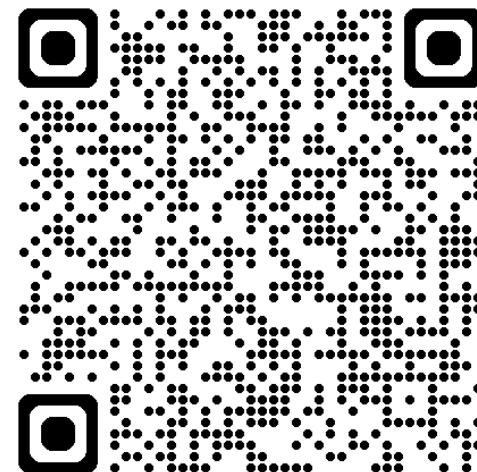
Namaste Care International Conference 2026

Date: Wednesday 23rd September (Tonight)

Location: BMA House, London

Time: 9am – 5pm

Theme: Intergenerational Care, Shared Purpose and Belonging



Professor Joyce Simard
Founder of Namaste Care
International



Sam Dondi-Smith
National Dementia Care
Accreditation Scheme
Key Speaker



Rishi Jawaheer
Co-Founder of Namaste Care
International



Helen Rochford-Brennan
Global Dementia Ambassador



Dr Isabelle Latham
Researcher in Residence



Beverley Wilson
Artist and Sign Language
Interpreter



Rebekka Ingadóttir
Director of Hrafnista Skógarbæ



Prof David Sheard
Professor of
Emotional Intelligence in Care
Key Speaker



Dr Karan Jutla
Dementia Care & Inclusion
Key Speaker



Vicki de Klerk
Validation Training Institute



Chris Maddocks
Ambassador at Alzheimer's Society



Charli Morgan
Dementia Care Manager



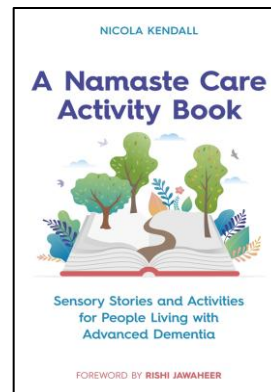
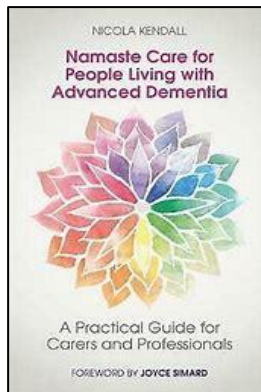
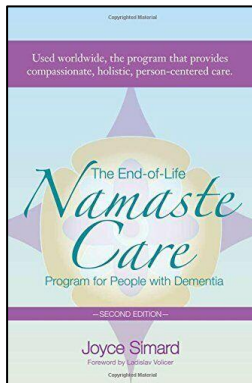
Kate Thubron
Director at Mindful Care
Training



Sunnefa Lindudóttir
Nursing Department Manager

Helpful Resources

- <https://namastecareinternational.co.uk/>
- <https://www.playlistforlife.org.uk/>
- <https://www.musicfordementia.org.uk/>
- <https://www.alzint.org/>



Get in Touch



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