



Namaste Care for people with advanced dementia living in care homes

Early findings from a realist review

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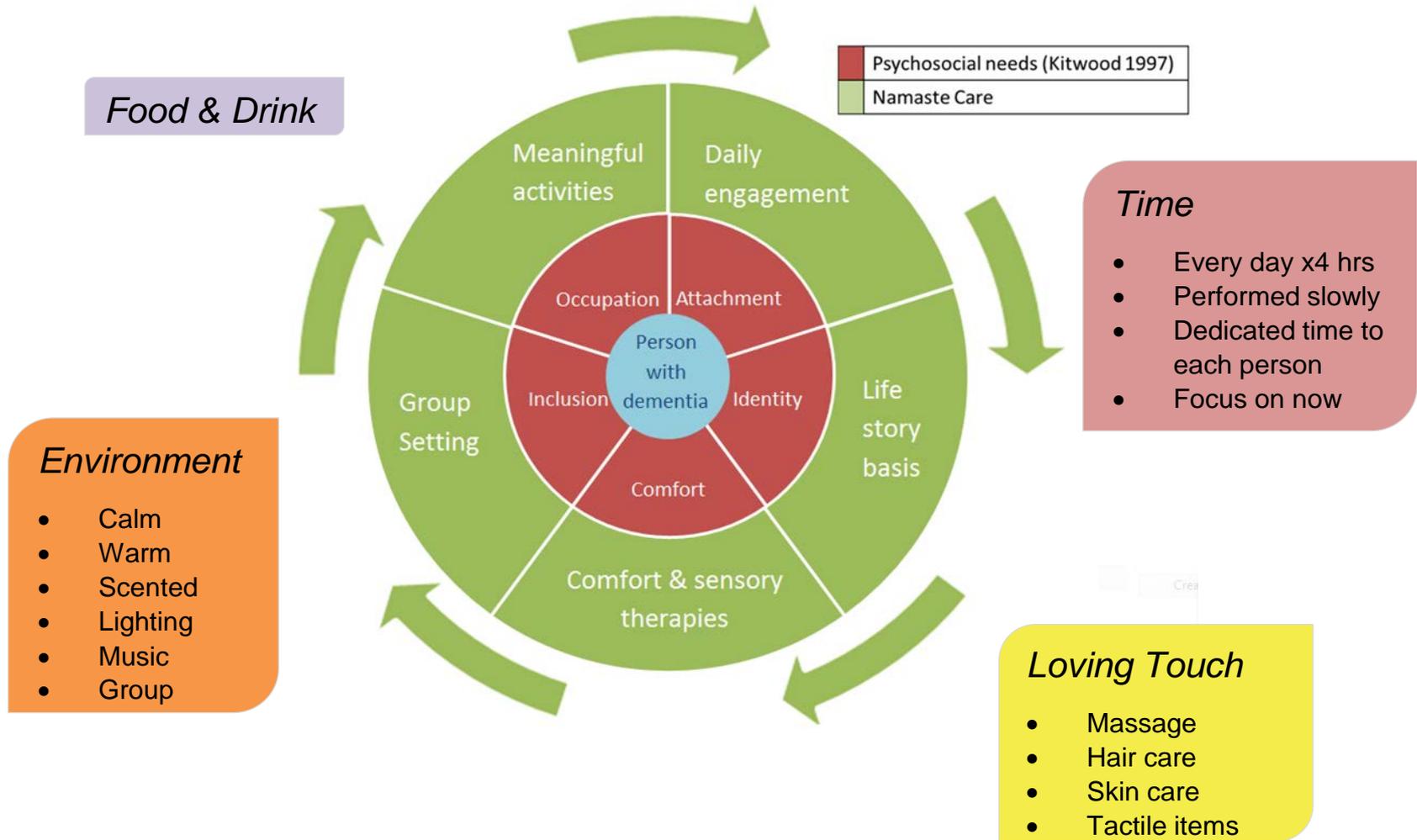
Rachel Sharpe (University of Hertfordshire)

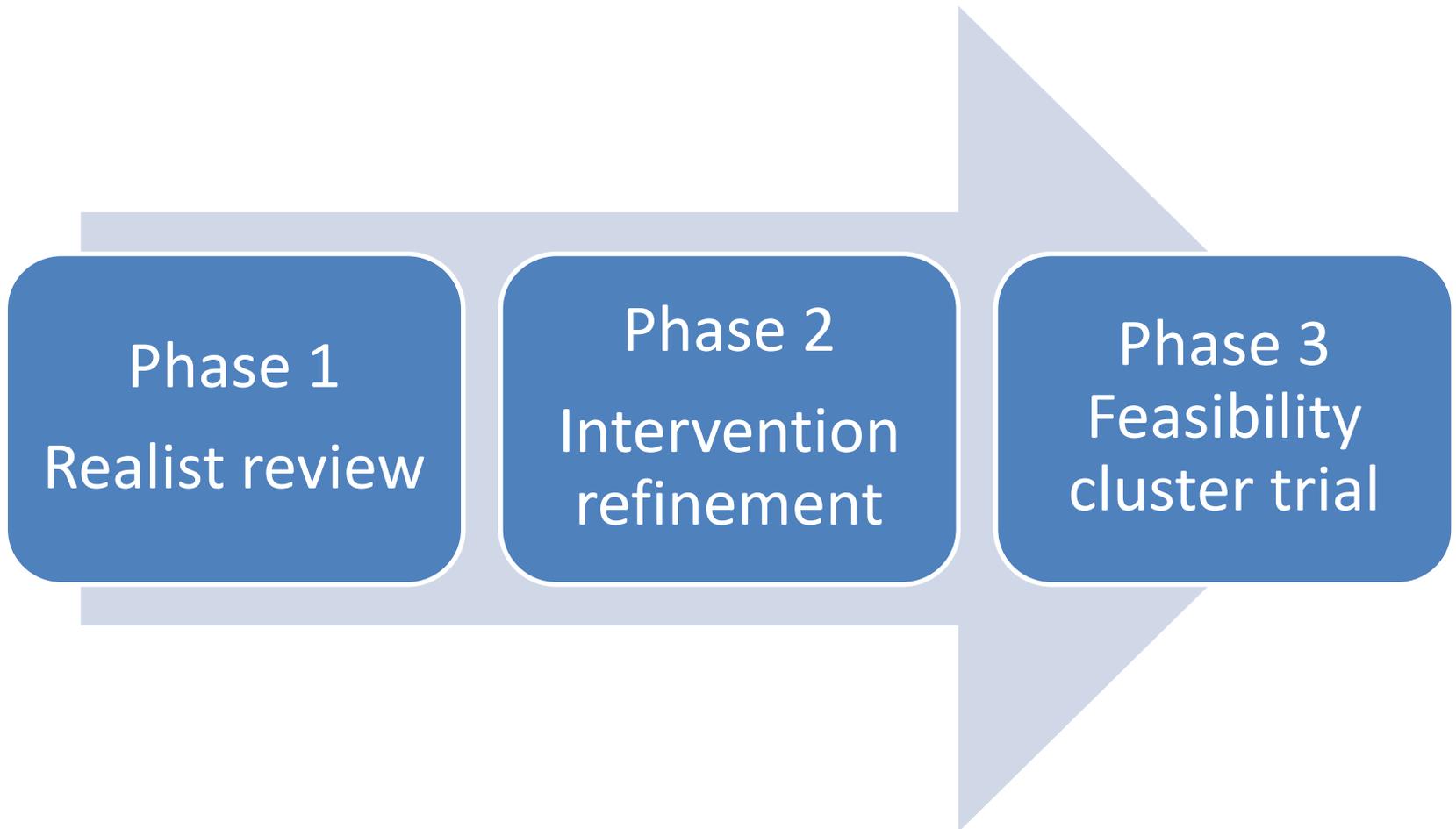
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Namaste care intervention





Phase 1 Realist Review



Aims

- To develop a theory driven explanation of how the Namaste Care intervention might work, in what circumstances and for whom.
- To guide the next stage of the review, which is refining and developing an evidence based Namaste Care intervention specification and training package.

Realist approach

Pawson, R. & Tilley, N. (2004) *Realist Evaluation*



- Theory driven evaluation to ‘unpack’ the black box of social programmes to understand how effects are produced
- Programmes want to achieve change, but they **cannot be kept constant**, always affected by their contexts.
- Asks how a programme is supposed to work – is it, **plausible, durable, practical** and, above all, **valid**?
- Realist evaluation **NOT** about, ‘*Does this work?*’ instead.....

‘For whom does this work, in what circumstances and in what respects, and how?’



Phase 1: Realist review methods



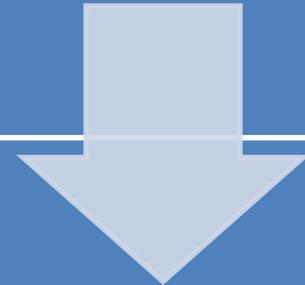
Stage 1 Define scope of review

Research team consultation

Scope literature (n=68, included=19)

Interviews with key stakeholders (n=10)

Consultation Workshop (1)



Stage 2 Realist review

Retrieval

Review

Synthesis

Consultation Workshop (2)

Reported outcomes *for residents*



Responses to Namaste activities 'in the moment' that are sustained included smiling, sudden speech, reaching/gripping, eye contact

Further changes over time included improved mood, increased communication, improved appetite, less marginalisation

Measurable outcomes included decreased behavioural symptoms, pain & occupational disruptiveness; improved depression scores, improved sleep and increased calorie intake

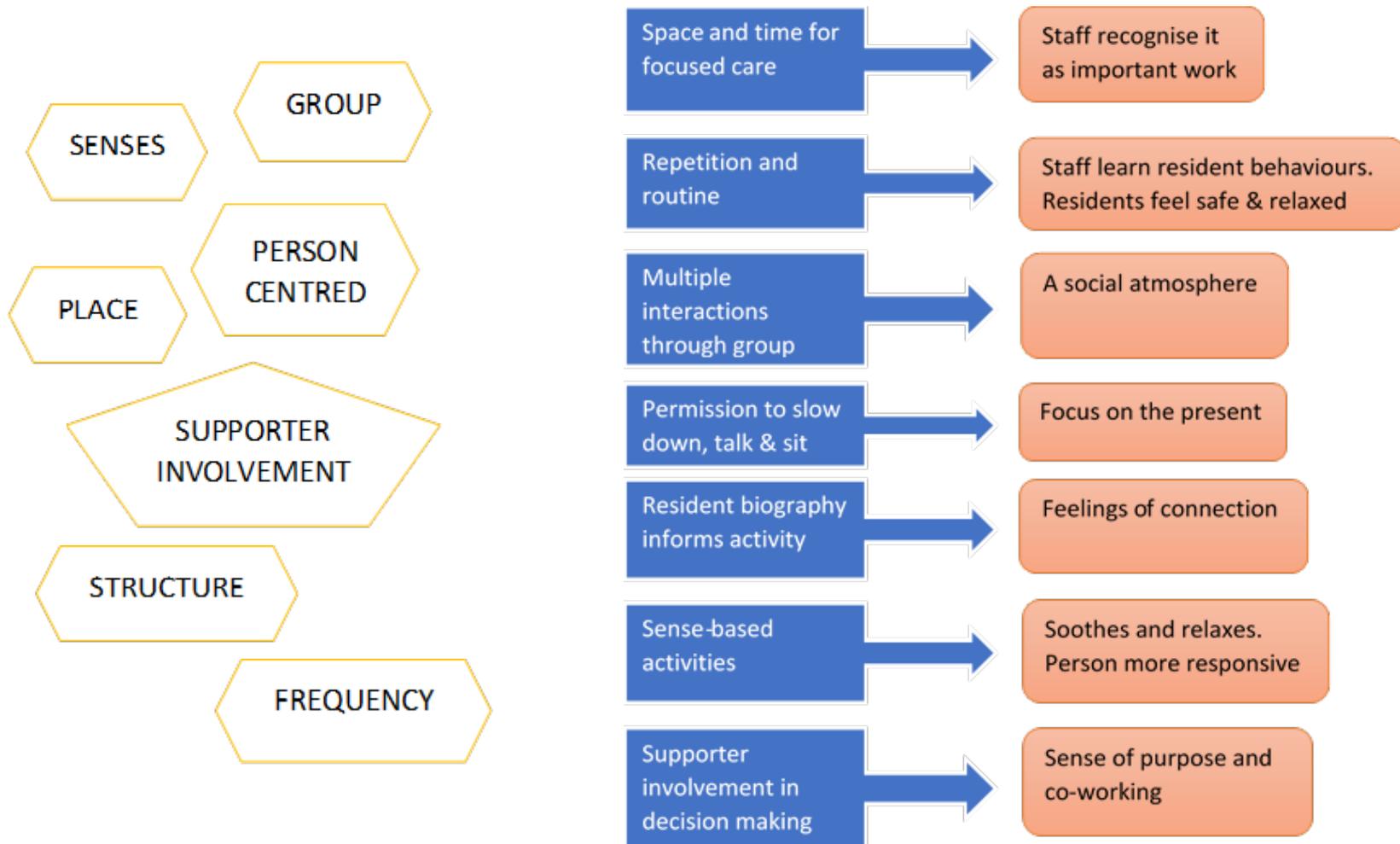
Identifying programme theory



- To develop a set of *plausible hypotheses*: – **‘if...then’** statements about what might work, for whom, how, why and in what circumstances

If Namaste is delivered with intentional presence and through meaningful activities that adhere to the key principles of loving touch and a special environment, then residents feel valued and cared for. Moments of connection will be created between carers and residents – such as attempts to reach out, reciprocate touch or make eye contact – that reflect a sense of ‘being with’ rather than ‘doing for’ the person with advanced dementia.

Revealing mechanisms



Acknowledgments



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The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health



*National Institute for
Health Research*