

The Contribution of Physical Activity to Social Connectivity and Wellbeing in Older Adults Living with Dementia

Dr. Rebecca Hadley, Dr Elspeth Mathie, Prof Claire Goodman, Prof Elizabeth Pike
 Marion Cowe, Sue Marks and Rosemary Phillips (Public Involvement (PIRG))
 University of Hertfordshire, e.j.mathie@herts.ac.uk

1. The challenge

Improving **access** to and the **inclusiveness** of physical activity for people living with dementia and their family supporters

Benefits of physical activity

- Delay/prevent dementia
- Connect with community
- Improve mood
- Aids sleep
- Social connections
- Mental Stimulation
- Reduce isolation and loneliness

Barriers to physical activity

- Personalised support
- Stigma, worries, confidence
- Expertise, skills of provider
- Lack of information
- Access – i.e. transport
- Range of symptoms: mobility, cognitive, balance, visual

2. The project aims

To understand the experiences, benefits, and constraints on provision, of physical activity provision for adults living with dementia in Dementia Friendly Communities (DFCs).

Public involvement

People living with dementia, family supporters were involved in shaping, designing the project, data analysis and dissemination.



Gardening

Outcomes

Resource of Dementia Friendly Physical Activities in Collaboration with Stevenage Borough Council

In progress

Report on experiences of people living with dementia

Best practice **guidelines** for providers and DFCs

Innovation through evidence

- Challenge **age-stereotyping** and **stigma**
- Achieve changes in **social norms**
- Include the voice of people affected by dementia

Impact

- Resources available to the community beyond the project time frame
- Local Authority Dementia working group formed → route for implementing research findings

Wide scope

- 850,000 people in the UK living with dementia
- 1 million by 2025 and 2 million by 2050
- Over 300 communities working towards being dementia friendly

3. Data Collected (n=96)

- 31 DFC lead survey responses → types of physical activities on offer in community and adaptations due to Covid
- Three DFCs selected
- 49 interviews with activity providers
- 16 people living with dementia and their family supporters



Walking



Cricket

4. Findings

- Physical activity:** continue activity post-diagnosis, use adaptations (chair-based, modified equipment, i.e bikes, tri-cycles), include gardening, walking, household chores.
- Dementia inclusive** provision of physical activities as well as dementia specific activities.
- Social side** of physical activity is very important to reduce social isolation.
- Physical activities: require **adaptions/flexibility** as dementia progresses (different symptoms)
- Environment:** take physical activities to place of residence (care homes & out to community)
- Local Authorities** key in funding, co-ordinating, signposting facilitating physical activity in DFCs

Policy Implications

- At diagnosis link people to local physical activities (dementia inclusive & specific)
- Collaborative DFC organisations ('anchor' such as local authority) are key to enable, co-ordinate, resource, facilitate inclusive physical activity
- Physical activity providers to access dementia training on adapting activities (& share successes)