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Namaste Care Education Project
A case study for co-production

Nicola Jacobson-Wright (pictured below) describes how an online Namaste care training course was developed and co-produced, involving people with lived experience of dementia. **Sue Beeson**, who lives with dementia and has also been a family carer, discusses her experience of helping to co-produce the course.

Background

In care settings, people with advanced dementia, particularly those with restricted mobility and limited speech, have reduced access to emotional, social and psychological support because of difficulties engaging with routinely offered social activities (Smit *et al.*, 2017). Namaste Care, developed in the USA by Joyce Simard (2022), is a multi-component sensory intervention for people with advanced dementia and at end of life. It takes a strengths-based approach to the difficulties experienced by people with advanced dementia, recognising that even in the late stages people can:

- make and respond to eye contact;
- respond to sensory stimuli such as sight, sound, smell, taste, touch and movement;
- feel and express a wide range of emotions;
- have the desire for human contact and connection.

Namaste Care is person-centred, relationship-based care that combines elements of best practice dementia care with best practice palliative care. People are brought together in a room or space that is specifically designed to stimulate each of the five senses through music and nature sounds, visual stimuli, food and drink treats, intentional touch, life-story and reminiscence work, alongside pain assessment and management, family involvement and end-of-life planning. These, along with the intentional presence of a Namaste Care worker, are the core elements of the care programme. Namaste Care is an integral part of daily care delivery rather than an add-on activity. It does not require additional staff, but does require an understanding of the approach and information on how to implement it (Bray *et al,*, 2021).

In 2017 the Association for Dementia Studies (ADS) at the University of Worcester led an implementation project, 'Namaste Care Intervention

Summary

People with advanced dementia, especially those with limited mobility and speech, often struggle to access emotional and social support in care settings. Namaste Care, created by Joyce Simard, is a sensory-based, strengths-focused approach designed to meet these needs as part of everyday care rather than as an add-on activity. An implementation project led by the Association for Dementia Studies (ADS) in UK care homes, showed that Namaste Care reduced agitation and improved quality of life at the end of life.

To share this approach more widely, ADS and the Namaste Care Education and Resources (NEAR) charity developed and evaluated an online Namaste Care course, funded by the Marie Curie Research Impact Fund. The course aimed to help care practitioners apply evidence-based Namaste Care practices in their workplace. To ensure specialist input in co-developing the course, ADS collaborated with care practitioners, NEAR colleagues, and people with lived experience, including Sue Beeson, who contributed a dual perspective as both a person living with dementia and a former carer.

Because online meetings were challenging for Sue, a tailored involvement process was created using phone calls, emails, and a dedicated facilitator. This ensured she could fully participate and maintain connection with the wider project team. Her contributions highlighted the individuality of dementia experiences, the importance of calm sensory environments, and the value of lived‑experience voices in training. Sue described the project as affirming and meaningful, noting that it helped her process her own dementia journey while contributing to future care improvements.

Sue Beeson is a retired educator and the third generation in her family to have Alzheimer's dementia.
Nicola Jacobson-Wright is a Dementia Practice Development Coach, working across teaching and research at the University of Worcester.

Interview with Sue Beeson

(pictured right)

What was your experience of being involved with the Namaste Care Education Project?
I found it to be very interesting, thought-provoking and affirming to be part of this work. Most importantly, everyone on the team made me feel a part of the team. My views were listened to and responded to.

What do you feel you were able to share towards the project?
As a person with dementia, and having experienced dementia with several of my family members and a few friends, I felt I had some insights into the impact that living with dementia has on those who have dementia and their carers. The two-way online [email] conversations as the project evolved brought some of my experiences into sharper focus, making it easier for me to share them and sometimes to process them.

How does living with dementia and having cared for family with dementia, give you insights to contribute?
I first witnessed the effects and impact of dementia when my grandparents, then my father and his brother, and then my mother, all developed it. Most were in their early sixties when they were given their diagnosis, but my maternal grandmother had dementia too, but this was not diagnosed until she was in her late 80s. She lived to the age of 88. Alzheimer's was identified as the cause of my father's, grandfather's and uncle's dementia. My uncle died in his early 60s, my father in his 70s and my grandfather in his 80s. My brother who is 83, five years older than I am, has no sign of dementia at all! One of the abiding effects of having so many family members with dementia was that it made me very conscious of the importance of early testing at the first signs of memory loss. I asked for my first memory test when I was in my early 50s, when I felt my memory was becoming unreliable. The test showed I was within the "normal parameters of memory for my age" but I was told to return if it got worse. I believe that without this first test, my diagnosis a few years later might not have been given.

What is the value of having the voice of people with lived experience of dementia in education and training like Namaste Care?
I believe the fundamental value of listening to 'lived experience voices' is the realisation that no two people are the same, **and,** there are no formulaic solutions to the issues that arise when people live with dementia**.** Until developing dementia, I thought I knew a lot about it. Living with it has created a completely different landscape in which I now live my life. I can only speak for myself because I don't know how dementia affects others. After all, we humans are all individuals.
From my experience with my family members, all of whom, before they had dementia, had been gregarious, outgoing people who loved a good party (most had performed on the amateur and professional stage) they too indicated that they now wanted a calm environment. The exception was my Dad who loved watching old musicals like Seven Brides for Seven Brothers over and over again. Personally, I've experienced a real difference in how I respond to life around me. I too was quite outgoing and gregarious, but I now find places like restaurants, pubs, supermarkets, shopping centres, concert halls, etc. are too overwhelming. I assume it's because my diminishing brain can't process so much sensory information bombarding it all at once. These days my perfect indoor environment includes quiet, preferably classical, music, soft acoustics, a small number of people [maximum of four] and, if possible, a calm dog to sit with me. Outdoors the sound of trickling water, a gentle breeze blowing leaves on trees and birds singing is also perfection. Visually these things are also important. However, I can only speak for myself. In addition to my wish for calm visual and aural stimulation, I've noticed that I'm losing my sense of taste and smell which is diminishing my appetite.
I don't know if this is a common feature of dementia, but it is something that might need to be taken into account in care settings. Another field for investigation? I now understand how easy it was for three of my grandparents and my mother, and Wendy Mitchell to starve themselves to death. I find that knowledge comforting and have made it clear to my family that if I choose to do that, they will not [stop me] and won't allow medics to intervene.

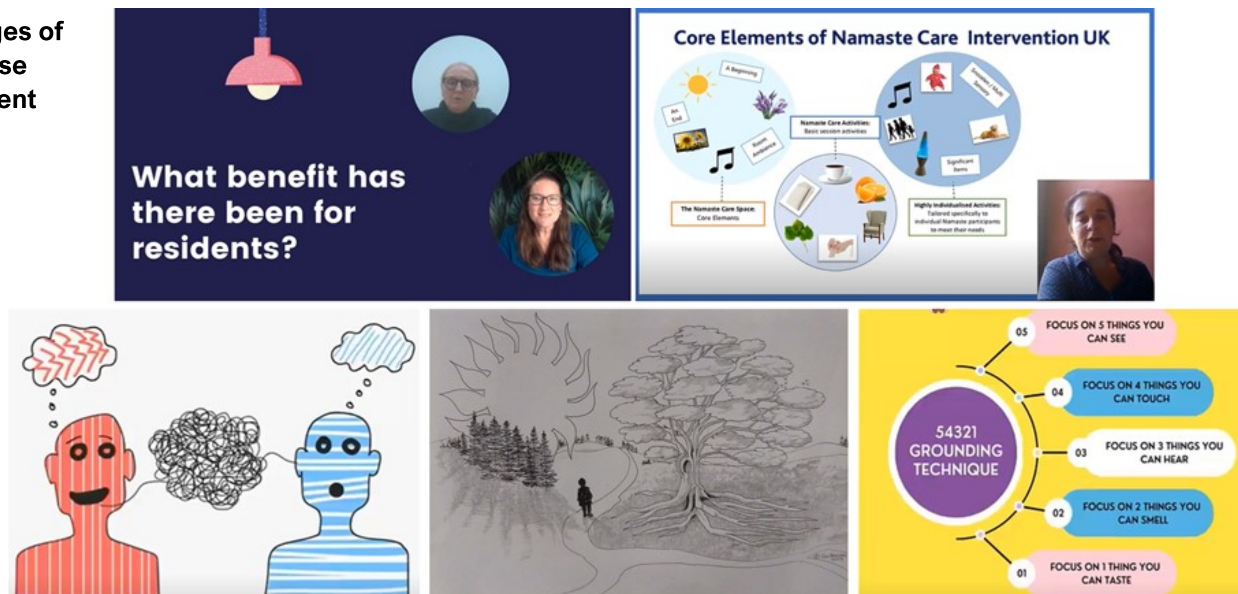
What did you get back from being involved with the project?
I found the responses from the Namaste Team, to my comments and observations about life with dementia were encouraging and affirming. Being sent materials to read and respond to, kept my brain working, but also helped me to process many of the issues that I was having to get to grips with as my dementia progressed.

Knowing that so much work is going into dementia studies gives me hope for the future; not mine, but the future of my children and grandchildren who may also have inherited this Big D gene, and the futures of all the others on what I call the "Dementia Adventure".

The Namaste Care Project has become part of what I think of as my Big D Tapestry that's made up of all the encounters, experiences and encounters that I'm having on this journey. It's been a real privilege to work with you.

Thank you for including me in your important work.
I wish you all the best in your futures.

If you would like to find out more about the Namaste Care Educations Project or even join the course that Sue contributed to developing, you can find the full report, free guidance resources, films and course booking details here: https://adsdementiablog.wordpress.com/namaste/



Images of course content

UK', funded by the Alzheimer's Society, involving the use of Namaste Care in care homes in the UK. The study results showed a significant decrease in levels of agitation and an increased quality of life at the end of life (Latham *et al.*, 2020).

The education project

In 2024 ADS and the Namaste Care Education and Resources (NEAR) charity obtained funding from the Marie Curie Research Impact Fund to develop, pilot and evaluate an online Namaste Care course. The course was aimed at care practitioners wanting to implement an evidence-based approach in care settings for people with advanced dementia. The course was designed to enable the results of previous research to be replicated in more care settings.

During the COVID-19 pandemic, Namaste Care was one of many interventions to fall prey to the instability of the care home environment (Department of Health and Social Care, 2022). Throughout the pandemic, with in-person training being less practical, ADS developed a range of in-depth online training and education packages for anyone working with people affected by dementia. in a variety of settings. These followed the existing understanding and evidence base for effective dementia education (Surr *et al.*, 2023). These have proved successful, allowing care practitioners to access training at a time that is convenient for them, with opportunities for peer discussion during regular live online sessions and encouraging reflective practice whilst implementing learning. This approach formed the underpinning structure when developing the Namaste Care course.

To ensure there was specialist contribution on topics within Namaste Care delivery, ADS collaborated with a range of professionals and people with lived experience. Colleagues from the NEAR charity are focused on supporting the sustainability of Namaste Care, and collaboration with ADS ensured access to ongoing support and resources to complement the online course. Gaining insight into the lived experience of advanced dementia was naturally more challenging. However, the opportunity to involve family carers of people with advanced dementia alongside someone who had a dual perspective of both living with dementia and having cared for family members throughout their dementia journey, provided an invaluable contribution.

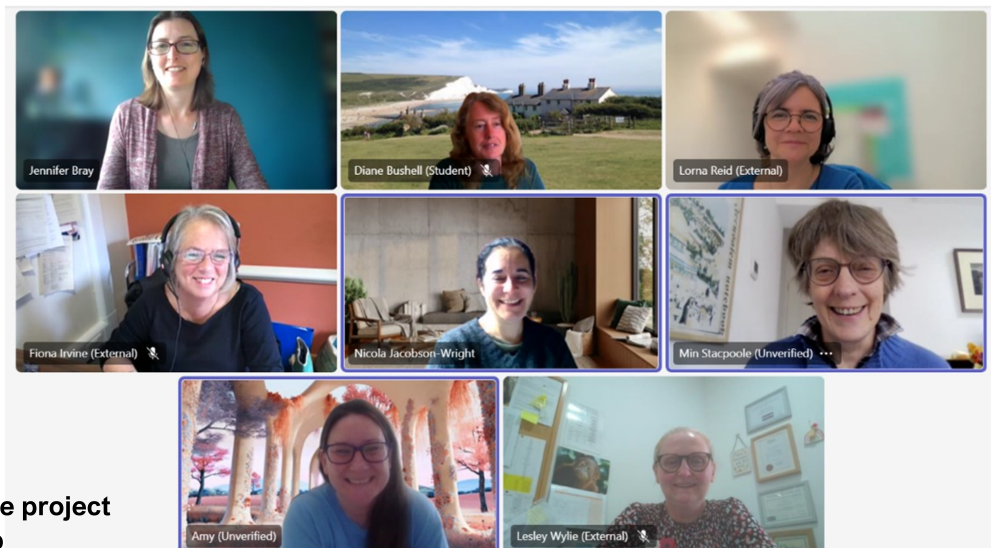
Co-production experiences

This article focuses on the experiences of Sue Beeson, a member of the project team with a dual perspective, about her involvement in this work to develop the online course. This focus was inspired in part by the recently created 'Smarties Guide to Co-Production' (Donaldson *et al.*, 2025), and with the hope of exploring this process as a case study in more depth.

One of the first recommendations in the Smarties Guide to Co-Production, is to "discuss our needs as individuals" (Donaldson et al., 2025, p.3). When exploring with Sue whether the Namaste Care course development was a project she would be interested in joining, she expressed concerns and fears regarding practicalities around how she would be involved, while also offering a possible solution:

"My biggest issue at this stage of my own dementia is that of using IT. Online meetings get me stressed before we're even online as our local signal is erratic and my computer doesn't always want to play with me. My regular 'glitches' with IT send me into a very uncomfortable place. I'd be happy to read anything you might want me to and to write to you in any amount of detail about my experiences when overseeing the care of my parents in the later stages of their dementia – so far word processing and using emails and the phone is still OK for me*."*

In response, a process was agreed to enable Sue to be fully involved that ran parallel to the wider project activities. Phone calls and emails with one key team member ('facilitator') were arranged with Sue between the monthly online group project meetings, offering a clear and consistent "structure and process" (Donaldson *et al.*, 2025, p.6). Each month the agenda and meeting notes were shared to ensure Sue had full knowledge of what had been covered, and some lively and often emotional discussions



Members of the project steering group

were facilitated between Sue and other project team members, via email. Having this clear process ensured Sue's ability to engage with the wider project team, aligning with guidance to "focus on relationships" (Donaldson *et al*., 2025, p.7).

The cost of renumeration for including people with lived experience was built into the project funding, enabling us to offer payment as "a token of appreciation for… time and contribution" (Donaldson *et al*., 2025, p.12). Following the conclusion of the project, to obtain "feedback" and provide an "end to the project" (*ibid,* p.13) Sue agreed to a written interview about her experiences, as detailed on p/31.

Links

ADS, Worcester: https://www.worcester.ac.uk/about/academic-schools/school-of-health-and-wellbeing/health-and-wellbeing-research/association-for-dementia-studies/

Marie Curie Research Impact Fund: https://www.mariecurie.org.uk/research-and-policy/research/research-impact-fund

Namaste Care Education and Resources (NEAR): https://www.namastecare-near.org/

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Key points

- This article is relevant to anyone supporting someone with advanced dementia, thinking about their future support needs and end of life care, and those interested in approaches to co-produced training and education involving people with lived experience of dementia.
- Namaste Care is a multi-sensory intervention to support physical, emotional and social needs of people with advanced dementia.
- An interactive online training course has been developed to share the Namaste Care approach more widely.
- The course was successfully co-produced with people living with dementia and family carers.
- Gaining understanding into the lived experience of advanced dementia is challenging, but invaluable insights for the course were provided by including someone with the perspective of living with dementia as well as having cared for family members with dementia.
- To co-produce the course a process was carefully developed and followed to enable the person with the dual carer and lived experience perspective to engage and contribute in a meaningful and positive way.
- People with lived experience of dementia who helped co-produce the course identified personal benefits they got from being involved in the process.