

Results: MSNAP peer reviews of memory services reveal a national picture of challenges faced by memory services within the UK, as well as areas of best practice. These findings demonstrate where further support or resources may be needed within memory services in the UK. For example, the peer reviews have highlighted commonly unmet standards relating to the delivery of Cognitive Stimulation Therapy (CST) and conducting audits on the capacity to provide psychosocial interventions. Not all services are currently providing people with dementia with access to art/creative therapies.

Conclusion: MSNAP is a unique programme which is recognised globally as being robust and well established in supporting memory services to deliver best practice. The data collected from our MSNAP peer reviews provides a real-time comprehensive oversight that can shape future practices and influence national and local policies to ultimately benefit patients and carers.

FC17: Effects of the CarFreeMe driving cessation intervention to identify and improve transport and lifestyle issues for people with dementia: Participant feedback and satisfaction after program completion

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Objective: Without intensive practical and emotional support to plan for, and eventually, cease driving, people with dementia are at high risk for depression, anxiety, grief, social isolation, unsafe and unlicensed driving and injury. This study focused on evaluation of a 7-module intensive support program targeted at people living with dementia and their care partners to manage driving cessation ("CarFreeMe").

Methods: Our intervention was person-centered according to geographic location and needs of participants. Participants were encouraged to consider future transport arrangements, plan for lifestyle changes, form realistic expectations of life changes after driving cessation, practice using alternative transport, and supported in their emotional adjustment to the role loss. We collected program evaluation from PWD and care partners via survey, including open and closed questions. Participants reported their satisfaction with content and delivery on a scale of 1-10 (where 1 = not satisfied at all, 10 = extremely satisfied).

Results: We describe our program and report the results of evaluation from 41 participants (PWD = 54%) who completed the survey after program conclusion. There was overall satisfaction with the program, program Content was rated on average 8.6/10, program Presentation and Delivery was rated average 9.1/10. Content analysis identified 'personalized support', 'finding and trying out alternative transports', 'psychoeducation' and 'a safe space to discuss grief and loss' as most relevant and helpful to participants.

Conclusion: Findings indicated that PWD and care partners valued the individualized support for the cessation process, and highly valued the psychoeducation components and strategies to address the practical and emotional challenges. Additionally, feedback indicated that for PWD who had involuntarily retired from driving, more focused attention to coping with grief and loss was needed before moving on, accepting support, and finding alternative ways to get out and about.

FC18: Can rehabilitation improve functional independence of older people with dementia? A pragmatic randomized controlled trial (RCT) of the Interdisciplinary Home-based Reablement Program (I-HARP)

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Objective: The Interdisciplinary Home-based Reablement Program (I-HARP) integrates evidence-based rehabilitation strategies into a dementia-specific person-centred, time-limited, home-based, interdisciplinary rehabilitation package. I-HARP was a 4-month model of care, incorporated into community aged care services and hospital-based community geriatric services. I-HARP involved: 8-10 individually tailored home visits by occupational therapist and registered nurse; 2-4 optional other allied health sessions; up to A\$1,000 minor home modifications and/or assistive devices; and three individual carer support sessions. The aim of the study was to determine the effectiveness of I-HARP on the health and wellbeing of people living with dementia and their family carers.

Methods: A multi-centre pragmatic parallel-arm randomised controlled trial compared I-HARP to usual care in community-dwelling people with mild to moderate dementia and family carers in Sydney, Australia (2018-22). Assessments of the client's daily activities, mobility and health-related quality of life, caregiver burden and quality of life were conducted at baseline, 4- and 12-month follow-up. Changes from baseline were compared between groups.

Results: Of 260 recruited, 232 (116 dyads of clients and their carers, 58 dyads per group) completed the trial to 4-month follow-up (89% retention). Clients were: aged 60-97 years, 63% female, 57% with mild dementia and 43% with moderate dementia. The I-HARP group had somewhat better mean results for most outcome measures than usual care at both 4 and 12 months, but the only statistically significant difference was a reduction in home environment hazards at 4 months (reduction: 2.29 on Home Safety Self-Assessment Tool, 95% CI: 0.52, 4.08; $p=.01$, effect size [ES] 0.53). Post-hoc sub-group analysis of 66 clients with mild dementia found significantly better functional independence in the intervention group: 11.2 on Disability Assessment for Dementia (95% CI: 3.4, 19.1; $p=.005$; ES 0.69) at 4 months and 13.7 (95% CI: 3.7, 23.7; $p=.007$; ES 0.69) at 12 months.