Dementia Australia™
Research Foundation

2025 Dementia Grants Program

Research Translation Grants in Dementia Care[1]

LEAD INVESTIGATOR	PROJECT TITLE	INSTITUTION
Dr Stuart and Bonnie Bartle Research Translation Grant in Dementia Care		
Associate Professor Nathan D'Cunha	Dementia rehabilitation knowledge hub: a co-designed hub for the translation of evidence-based care to practice	University of Canberra
Dementia Australia Research Foundation Translation Grant in Dementia Care		
Dr Sharon Savage	Goal-oriented cognitive rehabilitation in early-stage dementia: a translation for primary progressive aphasia (GREAT for PPA)	The University of Newcastle

[1] Valued up to $460,000 over 2 to 3 years. Funding commences in 2026.

Post-Doctoral Fellowships

LEAD INVESTIGATOR	PROJECT TITLE	INSTITUTION
Race Against Dementia – Dementia Australia Research Foundation Post-Doctoral Fellowship		
Dr Francesca Alves[1]	Targeting bioenergetic failure in Alzheimer's disease: novel models, diagnostics and therapeutics	The Florey
Henry Brodaty Post-Doctoral Fellowship		
Dr Miia Rahja[2]	Turning evidence into action: guiding policy reform for equitable access to dementia rehabilitation	Flinders University
Maree Farrow Memorial Post-Doctoral Fellowship		
Dr Maddison Mellow[2]	Personalising the prescription of lifestyle interventions for dementia risk reduction using a precision medicine approach	Adelaide University
Dementia Australia Research Foundation Post-Doctoral Fellowship		
Dr Esteban Cruz[2]	Engineering next-generation antibodies to clear pathological tau in Alzheimer's disease	The University of Queensland
Dr Emily Willis[2]	Replacing microglia to combat Alzheimer's disease	The University of Queensland

[1] Valued up to $735,000 over 5 years. Funding commences in 2026.
[2] Valued at $451,000 over 3 years. Funding commences in 2026.

Mid-Career Research Fellowship[1]

LEAD INVESTIGATOR	PROJECT TITLE	INSTITUTION
Dementia Australia Research Foundation Mid-Career Research Fellowship		
Dr Helen Macpherson	Developing a digital solution for timely dementia diagnosis	Deakin University

[1] Valued at $410,000 over 2 years. Funding commences in 2026.

Project Grants[1]

LEAD INVESTIGATOR	PROJECT TITLE	INSTITUTION
AAG Research Trust – Dementia Australia Research Foundation RM Gibson Grant		
Dr Rhys Mantell[2]	ASCAPE at the margins: user evaluation of a game-based cognitive assessment for older marginalised Australians	University of New South Wales
AAG Research Trust – Dementia Australia Research Foundation Strategic Innovation Grant		
Dr Carolyn Murray[3]	Regional health professionals' attitudes toward social prescription of concurrent art and wellness programs for people with dementia and their caregivers	Adelaide University
Dementia Research Community Project Grant & Dementia Advocates Award		
Dr Oana Marian	Plasma glycolipids as biomarkers of white matter degeneration and disease progression in frontotemporal dementia	The University of Sydney
Dementia Australia Research Foundation Project Grant		
Dr Georgina Chelberg	parkrun as a social prescription to support quality of life for people living with dementia: a pilot feasibility study	University of Canberra
Dr Yasmine Doust	From mood to memory: how antidepressants impact on Alzheimer's disease progression	University of Tasmania
Mr Kye Kudo	Tracking α-synuclein nanoscale organisation in health and disease	The University of Queensland
Dr Michael Wheeler	Can acute exercise enhance the cognitive benefits of intranasal insulin in people with mild cognitive impairment? A pilot study	Deakin University
Dr Weihong Zhang	The safe steps program: developing a tailored falls prevention program for people living with cognitive impairment – a co-design and feasibility study	The University of Sydney
Hazel Hawke Research Grant in Dementia Care		
Dr Suzanne Dawson	Implementing Safewards: a restraint-reduction Program to improve care for people with dementia in hospital	Flinders University

[1] Unless otherwise indicated, valued up to $85,000 over 2 years. Funding commences in 2026.
[2] Valued up to $10,000 over 1.5 years. Funding commenced in 2025.
[3] Valued up to $25,000 over 1.5 years. Funding commenced in 2025.

Clinical Practice Post-Graduate Stipends[1]

LEAD INVESTIGATOR	PROJECT TITLE	INSTITUTION
Dementia Australia Research Foundation Clinical Practice Post-Graduate Stipend		
Dr Madeleine Healy	Improving dementia diagnosis in Down syndrome	Monash University
Ms Clare Stephenson	Co-design, implementation and evaluation of an at-home dementia rehabilitation program	University of Canberra

[1] Valued up to $30,000 over 1 to 2 years. Funding commences in 2026.

Travel Grants[1]

LEAD INVESTIGATOR	PROJECT TITLE	INSTITUTION
Dementia Australia Research Foundation Travel Grant		
Associate Professor Josefine Antoniades	Building global bridges for inclusive dementia prevention and risk reduction	La Trobe University
Dr Jessica Hazelton	Differentiating dementia from psychiatric disorders using brain-body interactions	The University of Sydney
Mr Alex Johnson	Generation of advanced human models of frontotemporal dementia	The University of Sydney
Dr Rachel Quigley	Implementing culturally informed dementia risk reduction strategies in First Nations communities	James Cook University

[1] Valued up to $15,000 over 1 year. Funding commences in 2026.

Research Translation Grants

DR STUART AND BONNIE BARTLE RESEARCH TRANSLATION GRANT IN DEMENTIA CARE

Associate Professor Nathan D'Cunha, University of Canberra

Dementia rehabilitation knowledge hub: a co-designed hub for the translation of evidence-based care to practice

What is the focus of the research?
Creating a free, online dementia rehabilitation knowledge hub, so people living with dementia, their families and health professionals can use evidence-based rehabilitation.

Why is this important?
Although dementia rehabilitation is proven to help people stay independent and live well, it is often hard to access. Information is scattered, pathways are unclear and many people aren't aware that rehabilitation is an option. This gap leads to avoidable loss of skills, increased hospitalisations and stress on families. Associate Professor D'Cunha and his team are aiming to turn existing evidence into everyday practice, improving the equity of access to rehabilitation resources nationwide. Co-designed with people who have a lived experience of dementia, this central hub will host practical tools, clear information and guidance for people at all stages of dementia.

What will it mean for people living with dementia?

- Easier access to clear, trustworthy rehabilitation information.
- More support to stay independent, active and engaged.
- Greater confidence to ask for the right services and support.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION TRANSLATION GRANT IN DEMENTIA CARE

Dr Sharon Savage, **The University of Newcastle**

Goal-oriented cognitive rehabilitation in early-stage dementia: a translation for primary progressive aphasia (GREAT for PPA)

What is the focus of the research?
Adapting an existing, evidence-based dementia rehabilitation program so that it is appropriate for people living with language-led dementias, known as primary progressive aphasia.

Why is this important?
People with primary progressive aphasia (PPA) experience progressive difficulties with understanding and using language, which impacts independence, relationships and quality of life. Due to a lack of language-based rehabilitation programs that are designed for people with language impairments, many people with PPA receive little or no rehabilitation support. Dr Savage aims to create more equitable access to care by adapting GREAT – a program that is successfully helping people living with Alzheimer's disease. Working with clinicians, researchers and people with lived experience, her team will redesign the program's materials and test whether the adapted version can be delivered effectively in the homes of people living with PPA.

What will it mean for people living with PPA?

- Access to a rehabilitation program adapted to their communication needs.
- Better support to maintain everyday skills, confidence and independence.
- Greater inclusion for people with language-led dementias.

Post-Doctoral Fellowships

RACE AGAINST DEMENTIA – DEMENTIA AUSTRALIA RESEARCH FOUNDATION POST-DOCTORAL FELLOWSHIP

Dr Francesca Alves, The Florey

Targeting bioenergetic failure in Alzheimer's disease: novel models, diagnostics and therapeutics

What is the focus of the research?
Investigating how impaired energy production contributes to brain cell damage and Alzheimer's disease progression.

Why is this important?
This project focuses on a largely overlooked problem in Alzheimer's disease: the failure of brain cells to produce enough energy to function and survive. Growing evidence suggests that disrupted energy production in brain cells plays a major role in cognitive decline. Unfortunately, there are no tools to directly measure this process in living brains and no therapies designed to restore energy at the cellular level. Current Alzheimer's disease treatments offer limited benefits and do not address the underlying causes of brain cell degeneration. Dr Alves aims to address a critical gap in dementia science by targeting this fundamental mechanism, in the hope that it will open the door to more effective diagnostic and treatment strategies.

What could it mean for dementia research?

- Methods to measure how much energy brain cells are producing in Alzheimer's disease.
- Better research models to understand why brain cells lose energy and die.
- New treatment approaches that restore energy in the brain.

HENRY BRODATY POST-DOCTORAL FELLOWSHIP

Dr Miia Rahja, Flinders University

Turning evidence into action: guiding policy reform for equitable access to dementia rehabilitation

What is the focus of the research?
Identifying how policies, funding models and service structures impact how people living with dementia access rehabilitation after serious health events.

Why is this important?
Rehabilitation after serious illness or injury is a vital part of healthcare. It helps people regain skills needed for daily life, such as walking, dressing and performing personal care tasks. Unfortunately, people living with dementia are often excluded from rehabilitation services. This can lead to hospital admissions, earlier entry into residential aged care, reduced independence and poorer

quality of life. Despite rehabilitation being recognised globally as a priority, there is little large-scale evidence explaining where the gaps in access occur, why they happen, or how health systems can fix them. Dr Rahja will compare large national health datasets from Australia and Sweden. By comparing the two health systems, she will develop strong, policy-relevant evidence about inequities in rehabilitation access and the real-world consequences for people living with dementia.

What will it mean for people living with dementia?

- Fairer access to rehabilitation to regain skills and maintain independence.
- Informed approaches to support health, reduce hospital presentations and delay entry into residential care.
- More inclusive care policies.

MAREE FARROW MEMORIAL POST-DOCTORAL FELLOWSHIP

Dr Maddison Mellow, Adelaide University

Personalising the prescription of lifestyle interventions for dementia risk reduction using a precision medicine approach

What is the focus of the research?

Creating personalised dementia-prevention programs that fit the individual needs, lifestyles and health histories of older adults.

Why is this important?

Almost half of dementia cases worldwide could potentially be prevented with healthy lifestyle habits, including eating well, getting regular exercise and keeping body weight in check. Unfortunately, many prevention programs fail to create lasting habits because they don't consider a person's individual circumstances. Instead of a "one-size-fits-all" approach, Dr Mellow will use advanced data analysis approaches and work with older adults to develop personalised strategies and practical tools that empower people to successfully enhance their physical activity, sleep and dietary choices in ways that are realistic, enjoyable and sustainable. This could significantly delay or prevent thousands of dementia diagnosis around Australia.

What could it mean for older Australians?

- Delay or prevent dementia and other lifestyle-related illnesses.
- Effective, personalised lifestyle guidance that suits daily routines and health needs.
- Easy-to-adopt tools that make it simpler to adopt and maintain healthy habits.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION POST-DOCTORAL FELLOWSHIP

Dr Esteban Cruz, The University of Queensland

Engineering next-generation antibodies to clear pathological tau in Alzheimer's disease

What is the focus of the research?
Targeting the toxic build-up of a protein that drives Alzheimer's disease by enabling antibody treatments to cross the blood-brain barrier and enter brain cells.

Why is this important?
Many promising Alzheimer's disease treatments fail because they cannot cross into the brain or reach the toxic build-up of the protein tau inside neurons. Overcoming these delivery barriers is one of the biggest challenges in developing more effective dementia treatments. This project combines two approaches: designing treatments that can better enter neurons and using focused ultrasound to temporarily open the brain's protective barrier, so these treatments can get where they are needed. If successful, the results could revolutionise the way researchers develop tau-targeting treatments for all dementias, while also opening the door to treating other brain diseases caused by toxic proteins building up inside brain cells.

What could it mean for dementia research?
- New ways to deliver antibody treatments directly into diseased brain cells.
- A treatment method that could adapted to treat other dementias.
- Exciting progress toward more effective, disease-modifying treatments.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION POST-DOCTORAL FELLOWSHIP

Dr Emily Willis, The University of Queensland

Replacing microglia to combat Alzheimer's disease

What is the focus of the research?
Exploring whether replacing faulty immune cells in the brain can prevent or reverse memory loss in Alzheimer's disease.

Why is this important?
In Alzheimer's disease, microglia, the brain's immune cells, malfunction and stop clearing away toxic proteins that contribute to memory loss and cognitive decline. Microglia are emerging as a key factor in disease progression, but unfortunately, there are no effective treatments. This project will take a two-pronged approach. First, it will test whether activating a key immune pathway in the brain, called gp130 signalling, can restore microglia function. Second, it will examine whether replacing diseased microglia with healthy ones can prevent or reverse cognitive decline in mice with Alzheimer's disease. Understanding how to reinvigorate the brain's immune cells could provide a completely new strategy to protect brain health and prevent memory loss in Alzheimer's disease.

What could it mean for dementia research?
- Evidence that restoring healthy microglia can prevent or reverse memory loss.
- A proof-of-concept for microglia transplantation as a future treatment approach.
- New avenues for treatments that support the brain's immune system to combat dementia.

Mid-Career Research Fellowship

DEMENTIA AUSTRALIA RESEARCH FOUNDATION MID-CAREER RESEARCH FELLOWSHIP

Dr Helen Macpherson, Deakin University

Developing a digital solution for timely dementia diagnosis

What is the focus of the research?
Validating Dementia Australia's free app BrainTrack to determine if it can accurately and reliably detect early changes in cognition.

Why is it important?
Early signs of dementia are often missed in GP appointments, meaning people are diagnosed later and miss out on early supports. Developed by Dementia Australia, BrainTrack is a free app that helps people monitor and understand changes in cognition over time through fun, travel-themed games. If people are concerned, they can download a report to begin a conversation with their GP. Dr Macpherson will now formally validate the app against established neuropsychological assessments. Her project addresses a critical gap, as less than 50 per cent of GPs routinely discuss brain health with patients over 50 years old. If BrainTrack is shown to be accurate, it could become a widely accessible tool for early screening. Due to the reach of BrainTrack, it may also provide crucial cognitive screening access to underserved populations, like those in rural and regional Australia.

What could this mean for people concerned about their brain health?

- Earlier conversations about cognition, leading to earlier diagnosis and support.
- More Australians staying independent and living well for longer.
- Reduced costs to families and the health system over time.

Project Grants

AAG RESEARCH TRUST – DEMENTIA AUSTRALIA RESEARCH FOUNDATION RM GIBSON GRANT

Dr Rhys Mantell, University of New South Wales

ASCAPE at the margins: user evaluation of a game-based cognitive assessment for older marginalised Australians

What is the focus of the research?
Validating a new, easy-to-use digital tool that checks memory and thinking skills in marginalised older Australians, such as those experiencing homelessness, substance use, or mental health challenges.

Why is it important?
Cognitive decline and dementia are often undiagnosed in disadvantaged older Australians. Existing screening tools are hard to access, not culturally appropriate, or unsuitable to their life circumstances. Without early identification, people miss out on support, care and planning. As an extension to his PhD work, Dr Mantell will test a table-based gaming tool that assesses cognition in an engaging and accessible way. He will focus on older people who are ageing at the margins of society, to determine whether the tool could be a viable, more inclusive and culturally safe screening approach that works in real-world community settings.

What could it mean for disadvantaged older Australians?

- Earlier identification of cognitive decline, leading to better support and care.
- More accessible and respectful screening.
- Fairer access to cognitive health services, reducing health inequities.

AAG RESEARCH TRUST – DEMENTIA AUSTRALIA RESEARCH FOUNDATION STRATEGIC INNOVATION GRANT

Dr Carolyn Murray, Adelaide University

Regional health professionals' attitudes toward social prescription of concurrent art and wellness programs for people with dementia and their caregivers

What is the focus of the research?
Exploring how health professionals feel about social prescribing – when a GP or other health professional refers or recommends community programs to support a person's health and wellbeing.

Why is it important?
Social prescribing can play a major role in helping people living with dementia and their caregivers stay connected, supported and engaged. Stronger referral pathways also lead to better program attendance, long-term funding and credibility. Unfortunately, health professionals often don't know about local programs or aren't confident enough in them to refer. Dr Murray will work with regional South Australian health professionals to understand their knowledge, confidence and motivation to refer people living with dementia and their caregivers to combined art and wellness programs. Her goal is to uncover what information professionals need, what helps or hinders referral and how referral pathways can be strengthened.

What could it mean for people living with dementia?

- Increased support for health professionals to use social prescribing to promote wellbeing.
- More inclusive programs that are relevant, trusted and culturally appropriate in regional communities.
- Improved access to social and wellbeing opportunities that reduce isolation, support caregivers and improve quality of life.

DEMENTIA RESEARCH COMMUNITY PROJECT GRANT & DEMENTIA ADVOCATES AWARD

Dr Oana Marian, The University of Sydney

Plasma glycolipids as biomarkers of white matter degeneration and disease progression in frontotemporal dementia

What is the focus of the research?
Developing a simple blood test that can help diagnose behavioural-variant frontotemporal dementia earlier and more accurately.

Why is this important?
Frontotemporal dementia is one of the most common types of dementia in people under 65. Symptoms vary widely, making it easy to misdiagnose. The brain's white matter is made up of fat molecules that are essential for brain function. Loss of white matter is a hallmark of frontotemporal dementia. Trace amounts of these fat molecules can be found in blood tests and Dr Marian's work has shown that they decrease along with white matter in people with behavioural-variant frontotemporal dementia. Dr Marian aims to develop a blood test that specifically identifies white matter degeneration, so clinicians can diagnose behavioural-variant frontotemporal dementia earlier, reducing uncertainty for families and allowing loved ones to receive better care.

What could it mean for dementia research?

- Earlier diagnosis and access to support.
- An accessible, inexpensive diagnostic tool.
- The potential for more targeted frontotemporal dementia treatments.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION PROJECT GRANT

Dr Georgina Chelberg, University of Canberra

parkrun as a social prescription to support quality of life for people living with dementia: a pilot feasibility study

What is the focus of the research?
Evaluating whether parkrun referrals by health professionals can enhance quality of life for people living with dementia.

Why is this important?
People living with dementia and their carers face significant barriers to engaging in community activities. This often leads to social isolation, physical inactivity and reduced overall wellbeing. parkrun is a free, community-led, five-kilometre event held weekly in parks and outdoor spaces worldwide. People can engage with parkrun events as volunteers, walkers, runners, or spectators. The parkrun Practice Initiative, led by parkrun Australia and the Royal Australian College of

General Practitioners, encourages GPs to prescribe parkrun to patients. The aim is to improve health and wellbeing, support personal empowerment and strengthen community connection. This type of non-medical prescription is called social prescribing and is designed to enhance wellbeing through engagement in meaningful, enjoyable activities. Dr Chelberg will generate real-world evidence on the impact of social prescribing for people living with dementia and how GPs and other health professionals can be better-equipped to strengthen community connection through referrals.

What could it mean for people living with dementia?

- Improved quality of life.
- More confidence, empowerment and social connections.
- Increased support for GPs and other health professionals to use social prescribing to promote wellbeing.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION PROJECT GRANT

Dr Yasmine Doust, University of Tasmania

From mood to memory: how antidepressants impact on Alzheimer's disease progression

What is the focus of the research?
Understanding how a common type of antidepressant, called selective serotonin reuptake inhibitors (SSRIs), affects the progression of Alzheimer's disease.

Why is this important?
Depression is common in people with Alzheimer's disease and can worsen memory loss, thinking and quality of life. SSRIs are considered safe and are frequently used to treat depression, but we do not fully understand whether they help, have no effect, or possibly make Alzheimer's disease worse. Dr Doust will analyse clinical data from people living with Alzheimer's disease to see how SSRIs impact outcomes such as memory and thinking, and blood-based biomarkers. She will also study their effects in the laboratory to understand what happens in the brain at a biological level. Understanding how SSRIs effect memory, brain structure and biological markers of disease may uncover patterns and possible disease mechanisms. Dr Doust's research will fill a critical gap in knowledge and provide evidence to guide safer and more effective treatment for people living with Alzheimer's disease.

What could it mean for people living with dementia?

- Better-informed treatment decisions for managing depression.
- Clearer guidance for doctors on which antidepressants are safest and most effective.
- Improved quality of life through safer, evidence-based care.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION PROJECT GRANT

Mr Kye Kudo, The University of Queensland

Tracking α-synuclein nanoscale organisation in health and disease

What is the focus of the research?
Understanding how a key brain protein is enriched at the synapse between neurons to help them communicate, and how Parkinson's disease mutations impact that enrichment.

Why is this important?
In healthy brains, the protein α-synuclein helps neurons communicate. In Parkinson's disease, it misfolds and forms clumps that cluster and damage neurons. By the time α-synuclein clumps are visible in people's brains, significant and often irreversible damage has occurred. Using advanced microscopy, this project will track α-synuclein molecules in synapses and examine how Parkinson's-related mutations change their clustering behaviour. Understanding how α-synuclein transitions from functional to disease-causing could identify the first molecular events in Parkinson's disease. This knowledge is crucial for developing treatments that prevent clumping before damage occurs. It also contributes to the broader understanding of other neurodegenerative diseases caused by protein misfolding, including dementia.

What could it mean for dementia research?
- Improves understanding of how α-synuclein works in neurons.
- Opens potential pathways for treatments targeting α-synuclein.
- Potential to help identify and treat people at risk of brain diseases earlier.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION PROJECT GRANT

Dr Michael Wheeler, Deakin University

Can acute exercise enhance the cognitive benefits of intranasal insulin in people with mild cognitive impairment? A pilot study

What is the focus of the research?
Investigating whether a short walk before using an insulin nasal spray can improve memory in people with mild cognitive impairment.

Why is this important?
Mild cognitive impairment is a high-risk stage for dementia, with around one in 10 people developing dementia each year. Treatments to slow memory decline at this stage are urgently needed. Insulin plays an important role in brain health and a nasal spray formulation allows it to reach the brain with minimal impact on blood sugar.
Earlier studies suggested intranasal insulin could improve memory, but a large trial showed no benefit, likely because insufficient insulin reached the brain. Dr Wheeler will investigate whether a short bout of exercise before administering the nasal spray can improve blood flow and enhance the brain's responsiveness to insulin in people with mild cognitive impairment. If successful, this approach could strengthen existing physical activity guidelines and support a simple, low-cost strategy to slow cognitive decline.

What could it mean for people with mild cognitive impairment?

- A simple daily routine combining walking and a nasal spray to support memory.
- A low-cost, accessible approach that could be done at home.
- The potential to slow memory decline and delay the onset of dementia.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION PROJECT GRANT

Dr Weihong Zhang, The University of Sydney

The safe steps program: developing a tailored falls prevention program for people living with cognitive impairment – a co-design and feasibility study

What is the focus of the research?
Developing a falls prevention intervention program for people living with cognitive impairment and dementia.

Why is this important?
One-third of older people experience falls each year, resulting in injury and loss of independence. People living with cognitive impairment are at even higher risk of falling and often experience more serious injuries. Existing prevention programs are designed for people without cognitive challenges and exclude those with memory or thinking difficulties. As a result, people living with cognitive impairment are often excluded from falls prevention support. Dr Zhang aims to address this gap by combining dementia-specific strategies with evidence-based falls prevention approaches to create the Safe Steps Program. If successful, this may become a scalable program that reduces falls and related injuries, improves quality of life and supports independence for people living with cognitive impairment or dementia.

What could it mean for people with mild cognitive impairment?

- Increased engagement and participation in safe, evidence-based activities.
- Reduced risk of falls and related injuries and hospitalisations.
- Maintained or improved independence, everyday functioning, and quality of life.

HAZEL HAWKE RESEARCH GRANT IN DEMENTIA CARE

Dr Suzanne Dawson, Flinders University

Implementing Safewards – a restraint-reduction program to improve care for people with dementia in hospital

What is the focus of the research?
Reducing the use of restrictive practices in hospital-based aged care wards when people living with dementia experience changed behaviours.

Why is this important?
Changes in mood and behaviour are common in dementia, but hospitals are not always equipped with the skills or resources needed to support people compassionately. As a result, restrictive practices, such as physically restraining a person or giving medication to control behaviour, are often used. This is a major human rights issue with serious consequences for patients, staff and families. Dr Dawson will adapt, implement and assess Safewards, an evidence-based program that has been successful in acute mental health settings. Her project will trial Safewards across two hospital dementia care wards, examining how staff use the model in practice and measure whether

it leads to safer, more person-centred care. If successful, it could provide hospitals with a practical, scalable solution that improves safety, protects dignity and supports better outcomes without relying on medication or physical restraint.

What could it mean for people living with dementia?

- Person-centred care that prioritises dignity and autonomy.
- Fewer restrictive practices.
- Hospital environments that are calmer, safer and more responsive to individual needs.

Clinical Practice Post-Graduate Stipends

DEMENTIA AUSTRALIA RESEARCH FOUNDATION CLINCIAL PRACTICE POST-GRADUATE STIPEND

Dr Madeleine Healy, Monash University/Monash Health

Improving dementia diagnosis in Down syndrome

What is the focus of the research?

Establishing a specialised memory clinic for people with Down syndrome to assess and monitor cognitive changes and dementia. The clinic will provide personalised brain health plans, early diagnosis where needed and referrals to post-diagnostic services**.**

Why is it important?

More than 95 per cent of people with Down syndrome will develop Alzheimer's disease, at a much younger age than the general population. It is estimated that 13,000-15,000 Australians have Down syndrome. Unfortunately, there are no specialist services to assess dementia in this group, meaning diagnoses are often late. Late diagnosis can prevent timely support, treatment and planning, and can reduce quality of life. By piloting a specialised memory clinic and evaluating its feasibility and accessibility, Dr Healy's project will address a major gap in care and knowledge, providing evidence for the value of specialised memory services.

What could it mean for people with Down syndrome?

- Earlier and more accurate detection of cognitive changes and dementia.
- Access to personalised brain health plans and post-diagnostic supports.
- Improved education, awareness and engagement for people, families and healthcare providers.
- A stronger foundation for long-term services and research.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION CLINCIAL PRACTICE POST-GRADUATE STIPEND

Ms Clare Stephenson, University of Canberra

Co-design, implementation and evaluation of an at-home dementia rehabilitation program

What is the focus of the research?
Trialling a personalised, home-based rehabilitation program for people living with dementia.

Why is this important?
Many people living with dementia want to remain independent and continue living at home for as long as possible. Unfortunately, rehabilitation programs that help people regain or maintain the skills needed for daily life are often hard to access. Dementia care guidelines recommend personalised, goal-directed rehabilitation, but this is not widely available in the community. Through this PhD project, Clare Stephenson aims to close that gap in a practical and affordable way. She will trial a co-designed rehabilitation program tailored to each person's goals and needs across both public and private healthcare settings. The program will be delivered at home by trained allied health assistants, with support from occupational therapists and physiotherapists. If successful, it could reduce hospitalisations and falls and help people living with dementia feel more supported to live well at home for longer.

What will it mean for people living with dementia?

- Better access to at-home personalised rehabilitation.
- Support to stay independent, safe and engaged in daily life for longer.
- More equitable care for people without a care partner or the ability to attend group programs.

Travel Grants

DEMENTIA AUSTRALIA RESEARCH FOUNDATION TRAVEL GRANT

Associate Professor Josefine Antoniades, La Trobe University

Building global bridges for inclusive dementia prevention and risk reduction

What is the focus of the research?
Developing culturally appropriate dementia education that raises awareness of modifiable risk factors across a person's life.

What will this travel grant achieve?
As an emerging leader in multicultural health equity and dementia prevention, Associate Professor Antoniades brings specialist expertise in how cultural beliefs and lived experience shape attitudes and behaviours around brain health. By working alongside culturally and linguistically diverse (CALD) communities, she ensures that dementia prevention messages are meaningful, respectful and accessible. Associate Professor Antoniades will travel internationally to build global partnerships, share Australian insights and learn from world-leading dementia prevention initiatives. Strengthening these connections will help create more inclusive approaches to dementia risk reduction, ensuring CALD communities are not left behind in prevention efforts.

What could this mean for CALD people living with dementia?

- Strengthened culturally informed research methods.
- Faster sharing and implementation of best-practice prevention tools.
- Greater visibility and representation of their communities in dementia research.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION TRAVEL GRANT

Dr Jessica Hazelton, The University of Sydney

Differentiating dementia from psychiatric disorders using brain-body interactions

What is the focus of the research?
Identifying ways to better distinguish frontotemporal dementia (FTD) from psychiatric conditions such as depression or anxiety.

What will this travel grant achieve?
FTD can be difficult to diagnose. It presents in different ways and symptoms often overlap with psychiatric disorders. Emerging evidence suggests that FTD may affect not only the brain, but also the body – and how the two communicate. Dr Hazelton will investigate whether these physical changes can help tell the conditions apart, using detailed clinical, neuroimaging and physiological measures. Dr Hazelton will visit Alzheimer's Centre Amsterdam, a world-leading clinic for early onset dementia and neuropsychiatric conditions. Here, she will be given access to a unique, well-characterised cohort of patients, hands-on experience with data and mentorship from an internationally recognised leader in FTD. Her research will lead to a high-quality publication and establish new markers that can help clinicians accurately differentiate FTD from psychiatric disorders, ensuring people receive early and appropriate care.

What could it mean for people living with dementia?

- Faster and more accurate diagnosis of FTD.
- Earlier access to tailored care and support.
- Reduced incidents of misdiagnosis.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION TRAVEL GRANT

Mr Alex Johnson, The University of Sydney

Generation of advanced human models of frontotemporal dementia

What is the focus of the research?
Developing better, more accurate mouse models of frontotemporal dementia (FTD) that could be used to test new treatments and pave the way to clinical trials.

What will the travel grant achieve?
Efforts to model frontotemporal dementia in the lab are slow because current methods fall short in their similarity to the human brain and often don't mimic the disease closely enough. By implanting donor-derived human cells into mouse brains, this project aims to create a disease model with symptoms closer to the real disease. The goal is to develop and test treatments more effectively before they reach clinical trials on people. As part of his PhD project, Alex Johnson will undergo a placement at Sweden's Lund University to learn advanced cell-implantation techniques from a world leader in this field. He will also attend major neuroscience conference to present his ideas, receive expert feedback and build global collaborations.

What could it mean for dementia research?

- More accurate FTD models to test potential therapies.
- Faster progress toward treatments that can move into clinical trials.
- Stronger international collaboration and knowledge sharing.

DEMENTIA AUSTRALIA RESEARCH FOUNDATION TRAVEL GRANT

Dr Rachel Quigley, James Cook University

Implementing culturally informed dementia risk reduction strategies in First Nations communities

What is the focus of the research?
Developing a culturally appropriate "ageing well" framework to reduce the risk of dementia in First Nations communities in the Torres Strait.

What will the travel grant achieve?
First Nations Australians are 3-5 times more likely to develop dementia and at an earlier age than the general population. Yet there aren't any prevention strategies or models of care specific to their communities. Dr Quigley is working with Elders, families and community to strengthen culturally grounded models of healthy ageing, dementia prevention and dementia care in First Nations communities. Dr Quigley will strengthen her global First Nations research network by building partnerships with collaborators in North America who also work in Indigenous dementia research. She will also visit a world-renowned "dementia village" to gain insights into person-centred, community-led dementia care options relevant to remote communities. Dr Quigley will present her work in Amsterdam, gain feedback and learn from leading global researchers in healthy ageing and dementia risk reduction.

What could it mean for First Nations communities?

- Better, more culturally aligned dementia care models.
- Stronger research that reflects community priorities.
- Improved dementia prevention and healthy ageing strategies grounded in local cultural contexts and community voices.