





## Table of contents

---

Acknowledgements.....	4
Executive summary.....	4
1. Introduction.....	8
1.1                      -friendly communities .....	<b>Error! Bookmark not defined.</b>
1.2 Skills for Care and Dementia Friendly Communities.....	<b>Error! Bookmark not defined.</b>
1.3 Introduction to the pilot sites	
2. Experience and outcomes: Key themes .....	10
2.1 What is a dementia-friendly community? .....	<b>Error! Bookmark not defined.</b>
2.2 Motivation and Engagement .....	<b>Error! Bookmark not defined.</b>
2.3 Working with the wider community .....	<b>Error! Bookmark not defined.</b>
2.4 Intergenerational aspects.....	<b>Error! Bookmark not defined.</b>
2.5 Engaging with GPs and the NHS .....	
2.6 Training and Development .....	
2.7 Impact and Outcomes	
3. Conclusions.....	29

## Acknowledgements

---

5. The pilot sites featured a mixture of provider organisations including supported housing providers; care homes; and domiciliary and personal and community support organisations. Four pilot sites were local authorities with responsibilities for commissioning care and support.
6. Section 2 presents an overview of the cross-cutting themes and issues identified across the sites. Understanding what a DFC means in practice was demystified by many of the projects who described it in familiar terms of being ordinary and enabling people to live normal lives through greater acceptance and kindness.
7. The language of DFCs, and related terms such as Dementia Action Alliances, Dementia Friends and Dementia Ambassadors, was identified by some projects as creating confusion and lack of clarity, or misleading people into believing that signing up would be more demanding than was actually the case.
8. The report highlights the importance of motivation and personal engagement as driving forces. Typically, the lead officers responsible for each project had a commitment and passion to dementia issues, and often this related to personal experience. Recognising the importance of personal connection is also an important finding in understanding how to reach the wider community audience; dementia has an interest in engaging. It was apparent in the experience of many of the pilot sites that difficulties with engagement often reflected public fear and the stigma which continues to surround dementia.
9. Most projects encountered difficulties to a greater or lesser extent in trying to work with the wider community in developing awareness and understanding of dementia. While this caused considerable frustration, projects persevered and generally found solutions or realised they needed to take a different approach in targeting their audience. Typically projects needed to take time in building contacts and developing relationships such as with businesses and retailers as a basis for looking at dementia awareness.
10. Some projects had been extremely successful in engaging with large numbers of people wanting to have Dementia Friends training. In some situations this success built on an established history of related work or a local dementia strategy.
11. Considerable innovation was in evidence and projects were proud of achievements which indicated the community was in some ways becoming more dementia aware and friendly. Adjustments that might appear small could in practice make an  
eir  
community once more.
12. A few of the projects were addressing intergenerational dimensions of dementia awareness and were working with schools, or were planning to develop such work. Again, building the links with schools and negotiating access took considerable time to develop and was not something that could be achieved overnight.



impact. Equipping people with the skills and understanding to respond to the needs of people with dementia has great potential to bring about transformational change and to enable genuine social inclusion.

# 1. Introduction

---

1.6

*-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that*

1.7

as set

out in Box 1, and summarised in the graphic below.

**Box 1**  
**10 Steps to Dementia-friendly Communities**

1. Involvement of people with dementia.
2. Challenge stigma and build understanding.
3. Accessible community activities.
4. Acknowledge potential.
5. Ensure an early diagnosis.
6. Practical support to enable engagement in community life.
7. Community-based solutions.
8. Consistent and reliable travel options.
9. Easy to navigate environments.
10. Respectful and responsive businesses and services.

Source: *Building dementia-friendly communities: A priority for everyone*, pp viii-ix.

**Figure 1: A Vision of Dementia-friendly Communities**



Source:  
everyone,

*Building dementia-friendly communities: A priority for*  
, p.x

- 1.8 The different stages are not sequential, and while ideally a Dementia Friendly Community (DFC) would address all elements, in practice many initiatives begin by focusing on one or two aspects.

1.9 Skills for Care in con

Society developed a small programme of work during 2013/14 supporting 12 pilot sites (in 11 organisations) to address two major objectives:

To support the development of wider community understand8(t)00440051300470003>24100574

Organisation	Type	Objectives
	provider of care, housing and community services.	Cambridgeshire district, a rural and sparsely populated area. Concern to develop community resilience to support people with dementia at home.
Wren Hall nursing home	Wren Hall has been a nursing home since 1989, and a specialist dementia home for five years.	Developing excellence in caring for people living with dementia, and working with the local community to develop understanding of dementia.
Cherish Care	A rural home care company in West Sussex, supporting people to live independently.	Aim to identify local businesses and services and work with them to develop understanding of dementia.

City of London

Organisation	Type	Objectives
		communities.
Making Space	UK wide charity providing care, support and enablement to people in the community.	Working with local partners to promote dementia friendly community awareness, and to develop local Dementia Action Alliance.
Home Instead Senior Care	Companionship-based care provided for people in their own homes.	Focusing on two local communities and running dementia friends information session to increase awareness, as well as addressing awareness with own staff.
Surrey County Council	health services.	Developing a dementia friendly community strategy in east and mid-surrey.
Gloucestershire County Council	County Council and Forest of Dean District Council, working with Crossroads Care.	Working across the community with faith groups, schools, lunch clubs, businesses etc to develop dementia friendly community, and workforce.

1.12 Section 2 turns to explore the experience and achievements of the projects and to draw out the wider lessons from the programme.

## 2. Key findings from the research

---

*more work than it is. I think the whole Dementia Friendly Communities programme as a*

*Dementia Friends. It becomes quite confusing, the different ways that people can get involved. We understand where Dementia Friends fit in. And when we go to approach businesses*

2.5

those

<sup>3</sup> Nonetheless, the

*communities to be part of an officially recognised group working towards becoming dementia friendly. It is also essential that they are all working towards common evidence-based standards that will truly change the things that matter to people affected by*

2.6 The experience of the Skills for Care DFC pilot projects overall would seem to suggest that DFCs can and do develop both with and without such formalisation.

2.7 Time and again, discussions with project leaders revealed that the key to success and momentum could often be attributed to personal passion and commitment. People were generous in sharing their personal experiences and insights into what drove them to improve support for people with dementia, and often this was based on direct personal experience of dementia. The following comments are typical of many that were made; they are not attributed to any projects because of their personal nature.

*my Nana had*

---

<sup>3</sup> Response to the consultation on the recognition process for dementia friendly communities. P.2





*all the stigma that goes around people [with dementia]. Because the general public*

2.21 Cherish Care had developed a leaflet to give out to local

getting staff to be more familiar and comfortable with scenarios:

*E*

*got a bit*

2.22 Some of the projects had been strikingly successful in engaging with parts of the wider community. Home Instead, for example, had delivered Dementia Friends sessions to

also been slow to get started, but had then built steadily. Particular barriers were encountered as in several of the projects where people had no prior knowledge or experience of dementia and did not think it was relevant to them, and engaging this wider community continued to be a matter of frustration. The project had focused on two



2.28 Finally, Gloucestershire had also developed work with schools as part of a wider (and not directly as part of the Skills for Care funding):

*Dementia Challenge, we were a pilot site to introduce dementia awareness in schools. secondary level, year eight (..) and the year eights were empowered and enthusiastic and trained up to go and work with primary schools. So then they have done sessions for primary school children. And then the other spin- ying to put care homes in touch with [Gloucestershire/Forest of Dean]*

2.29 For several of the projects, working with local partners included engaging with GPs and the health service. Some of the project leads commented on the difficulties of getting GPs to take a more positive approach to dementia, as the following comments highlight:

*I do think there is a big problem with GPs because most people who have a diagnosis of dementia tell me that they had an issue getting through the GP in the first place to get a diagnosis. Because GPs kind of write people off with dementia almost, so you know the*

*a gentleman just diagnosed, and we were running a*

*GP*

*other GPs and*

And

*someone with dementia*

[Coventry City Council]

2.31 In the Coventry project there had been an increase in new referrals of people with a primary diagnosis of dementia which was believed to be largely due to the work that had

2.34 For several of the projects, working with local partners included engaging with GPs and the health service. Some of the project leads commented on the difficulties of getting GPs to take a more positive approach to dementia, as the following comments highlight:

*I do think there is a big problem with GPs because most people who have a diagnosis of dementia te*



2.42 Gloucestershire County Council similarly described an approach to dementia awareness training that extends across all staff as a minimum, with some more intensive training for certain groups or for those who wish to advance. This integrated workforce development strategy pre-dates the Skills for Care work but provided an invaluable platform from which it could develop further:

*-learning and then a dementia awareness half day and then a*

- 2.44 As noted previously, all of the pilot projects provided brief outcomes reports to Skills for Care at 6 month and 12 month intervals. The reports were completed using a template from Skills for Care and for the most part these accounts described activity and process (i.e. essentially what the projects were doing or intending to do). The question of what difference the activity made is more difficult to address, particularly within a short time frame and without significant resources dedicated to monitoring or evaluation. Nonetheless, most of the projects recognised the importance of being able to demonstrate impact and some had made significant progress in doing so.
- 2.45 The broad objectives of the programme (supporting greater awareness and understanding of dementia in the community) are in many ways quite intangible. Most

*submissions, but*

[Coventry City

Council]

2.48 Other projects pointed to qualitative and anecdotal evidence that they accumulated such as feedback from people who had participated in training, or people with dementia and their families who had experienced improvements in being able to use their

the imp

edge to evaluation. Sanctuary Housing, for example thought that there might be opportunities through Public Health:

*ementia-related admissions or dementia-related pick-ups by the ambulance service or something like that. Ideally*

2.49 This tracking might monitor dimensions such as prevalence and diagnosis, and examine whether greater dementia awareness among health and care professionals was leading to greater early diagnosis of cases. In the City of London concern about under-diagnosis led to targeting dementia awareness work with the sole GP practice in the area:

*work and started our work with the practice and the CCG (...) to have seven new referrals is, I think, quite significant within one year within this team given that i*

2.50 Surrey County Council reflected on the importance of being able to demonstrate impact, and particularly to co-project has made a change to their life Public Health colleagues had also been involved in Surrey in surveying public attitudes and knowledge around dementia:

2.52

was acknowledged that it was important to commit time and resources to capturing case  
were stretched.

## 3. Conclusions

---

- 3.1 This report has provided an overview of the eleven pilot projects supported by Skills for Care in developing Dementia Friendly Communities. As the report has highlighted, the projects were diverse and distinctive, but as well as having specific experiences many shared similar issues and identified similar barriers and opportunities to achievement.

- 3.5 It was apparent that although there is a major challenge in working with communities to develop a wide understanding and awareness of dementia, and to enable people living with dementia to more easily access services, there is a similar challenge in working with care and support services that may have relatively little understanding of dementia despite the nature of their professional work. Several projects described their experience in working with providers to improve awareness through education and training, and the value of doing so was clear. One project (Gloucestershire) had located responsibility for the work within their HR department and had approached dementia as a key aspect of workforce development and was considering how best to support people in the workforce who have had a diagnosis of dementia.
- 3.6 The support from Skills for Care to this programme of work was modest in financial terms, but enabled projects room to innovate (for example using funding to arrange room hire and refreshments when working with the public). Several project leaders expressed their wish to have known more about other projects that were active and to have had opportunities for sharing of ideas and experience.
- 3.7 Dementia has achieved a higher profile in recent times, not least in the wake of the and will remain work in progress rather than something that can be judged to have been achieved in a short time. Changing hearts and minds and organisational cultures takes time, but can have a major and lasting impact. In many ways recruiting others to become Dementia Friends and Dementia Ambassadors is a powerful method for passing the baton throughout communities and ensuring that the message continues to spread and multiply, rather than it being seen as the responsibility and remit of a given department or officer. Equipping people with the necessary skills and understanding has the greatest potential to bring about transformational change and to enable genuine social inclusion for people living with dementia.

Skills for Care  
West Gate  
6 Grace Street  
Leeds  
LS1 2RP

Telephone: 0113 245 1716  
Email: [info@skillsforcare.org.uk](mailto:info@skillsforcare.org.uk)  
Web: [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)