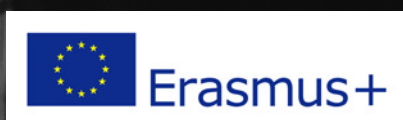


ERASMUS + Project 'USING CREATIVE DRAMA AND STORYTELLING IN DEMENTIA CARE'



INTELLECTUAL OUTPUT 4

Policy recommendation for creating dementia-friendly communities/ institutions in terms of raising awareness and integrating tools as creative arts in the care of persons with dementia.



Using drama and storytelling in dementia care

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I. INTRODUCTION

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WHAT IS DEMENTIA

The 21st century faces an important demographic ageing trend, due to an increase in life expectancy and declining fertility rates in most countries. According to the UN, the percentage of older people (65+) will increase from 9% in 2019 to 16% in 2050. At the European level, the trend of demographic ageing is even more pronounced, it is estimated that 28% of population will be aged 65 or over in 2050.

In the context of population ageing an increased prevalence of chronic diseases and multimorbidity is observed. Older people have an increased number of health problems, which raises the challenge to ensure quality health care and social support for them. One of the health problems with considerable impact at personal, community and societal level is dementia.

Dementia is a term used to describe any condition where a variety of different brain functions such as memory, attention, thinking, language and personality deteriorate over time. The impairment in cognitive function is commonly accompanied by changes in mood, social behaviour or motivation.

There are many different forms of dementia. Alzheimer's disease is the most common form of dementia (60–70% of all cases). Other forms include vascular dementia, dementia with Lewy bodies, Parkinson's disease dementia and frontotemporal dementia.

The signs and symptoms linked to dementia can be understood in three stages.

Early stage: Common symptoms include memory problems and space and time disorientation. This stage is often overlooked because the onset is gradual.

Middle stage: the symptoms become more disabling and include: memory problems related to recent events and people's names, difficulty with communication, behaviour changes including wandering, increased need of help with personal care.

Late stage: this is one of near total dependence and inactivity. Memory disturbances are serious and other signs and symptoms become more obvious. Symptoms include problems with recalling personal life history, difficulty recognizing relatives and friends, space and time disorientation, need for assisted self-care, behaviour changes including aggression and immobility.

Although dementia affects mainly older people, it is not a normal part of ageing. It is a disease of the brain, with deterioration in cognitive function beyond what might be expected from normal ageing.

At present there are available drugs to treat dementia and whilst these can treat some of the symptoms they do not provide a cure. Consequently, it becomes even more important to focus on providing support and care for persons living with dementia and their carers.

EPIDEMIOLOGY OF DEMENTIA

In 2018 it was estimated that 50 million people worldwide have dementia. The total number of people with dementia is projected to increase to 82 million in 2030 and 152 million in 2050. Every three seconds a person is diagnosed with dementia worldwide.

The incidence of dementia increases with increasing age, with the ageing population being the main driver for the projected increases. The incidence of dementia doubles with every 6.3 year increase in age, from 3.9 per 1000 person-years at age 60-64 to 104.8 per 1000 person-years at age 90+. The majority of people with dementia are older persons. The estimated proportion of the general population 60+ with dementia is between 5-8%.

Risk factors for dementia include age, genetic factors, medical conditions and diseases (such as diabetes, hypertension, blood pressure, obesity), depression, lifestyle factors (physical inactivity, smoking, unhealthy diet, excessive alcohol) and head injuries.

58% of all people with dementia live in low or middle income countries. The proportion of people with dementia living in these countries is estimated to increase to 63% in 2030 and 68% in 2050.

HOW IS DEMENTIA IMPACTING ON COMMUNITIES?

The impact of dementia can be understood at three inter-related levels: the individual with dementia, their family and friends, and the wider society.

Dementia affects the ability to perform everyday activities and is one of the major causes of disability and dependency among older people. Its greatest impact is upon quality of life both for individuals living with dementia, and for their family and carers. Dementia is typically associated with particularly intense care needs such as getting in and out of bed, dressing, toileting, bathing, managing incontinence and feeding. The need for support from a caregiver often starts early in the dementia journey, intensifies as the illness progresses and continues until death. Physical, emotional and financial pressures can cause great stress to families and carers, which need to be supported by the health, social, financial and legal systems.

There is an important impact of stigma for both people with dementia and their carers. They report loss of friends and social life post diagnosis as people avoid them or do not seek to interact with them. Consequently, people with dementia may choose, or be forced to withdraw from social situations and activities and this results in social isolation, a loss of self-identity and poor well-being.

DEMENTIA AND HUMAN RIGHTS

Of particular relevance to the situations experienced by persons with dementia are: dementia awareness and combating stigma, equality and non-discrimination, living independently and being included in the community, participation in public and political life liberty and security of the person and freedom from exploitation, violence and abuse.

The global costs of dementia have increased from US\$ 604 billion in 2010 to US\$ 818 billion in 2015. For 2015 the total costs represents 1.09% of global Gross Domestic Product (GDP) and direct costs account for 0.65% of global GDP. Direct medical care costs account for 20% of global dementia costs, while direct social sector costs and informal care costs each account for roughly 40%. Poorer countries have fewer economic and human professional resources to meet the health and social care needs of their rapidly growing older populations. The total cost as a proportion of GDP varied from 0.2% in low- and middle-income countries to 1.4% in high-income countries.

The care of older patients depends on the culture in each country. In Western European countries, the long-term support is provided by the state through paid service, while in the Eastern European countries it is mainly provided by informal/family carers. Weakening of traditional family support also contributes to decreased support for people with dementia.

Communities have to be prepared to provide a broad range of services for people with dementia and their carers. This includes diagnostic services, pharmacological and non-pharmacological interventions for patients, care services, social support, support for carers and prevention of burn out.

HOW TO CREATE A DEMENTIA-FRIENDLY COMMUNITY?

The emergence of dementia-friendly communities is a recognition that dementia is both a health and social issue. Acknowledging the responsibilities of the wider community to be inclusive of people with dementia and to respect their rights to services and activities is critical.

According to Alzheimer's Disease International, a dementia friendly community (DFC) can be defined as "a place or culture in which people with dementia and their carers are empowered, supported and included in society, understand their rights and recognise their full potential".

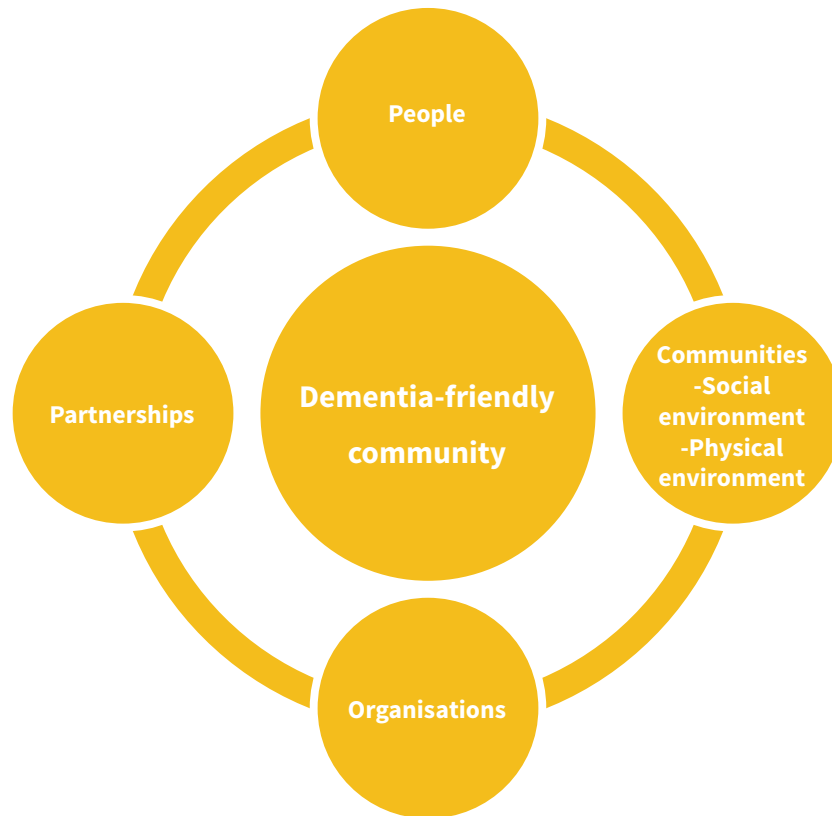
There are two different underlying objectives of dementia friendly communities:

- reducing stigma and increasing understanding of dementia by greater awareness and meaningful engagement

for people with dementia of all ages.

- empowering people with dementia by recognising their rights and capabilities so that they feel respected and, to the extent that they are able, empowered to take decisions about their lives.

Alzheimer's Disease International suggests that the four essential elements needed to support a dementia friendly-community are people, communities, organisations and partnerships.



Graphic 1: The four essential elements needed to support a dementia-friendly community

The **key outcomes** which ADI considers should be pursued within dementia-friendly communities include:

- a. Awareness: Increased awareness and understanding of dementia
- b. Social and cultural engagement: Increased social and cultural engagement for the person with dementia
- c. Human rights: Legal and other measures in place to empower people with dementia to protect their rights
- d. Capability building and access to dementia friendly services: Increased capability of health and care services to develop services that respond to the needs of people with dementia
- e. Physical environment: Actions to improve the physical environment whether in the home, residential care, hospitals or public places

A dementia-friendly initiative may refer to a local/national project of social care for people with dementia, a dementia awareness campaign, a legislative initiative, a national public policy on dementia, a national coalition

on dementia or a public-private partnership. Other examples might include an educational programme for health professionals, where they are introduced with art therapy in order to manage dementia symptoms, a creative arts programme supporting carers, a small scale initiative of introducing arts in care homes, or a dementia-friendly business.

Not about us, without us

Being dementia-friendly is less about being 'friendly' and more about accessible communities, empowerment and human rights. People with dementia need support and commitment from people without dementia in the same way that people living with other disabilities do. Participation in a Dementia-Friendly Communities enables people with dementia to remain engaged in the community, helps to maintain self-respect and decreases dependence on care partners.

Dementia-friendly initiatives often begin as organic "bottom-up" networks comprised by people with dementia and their carers engaging socially in their community. Initiatives may also result from a "top down approach" by governments and national organisations, such as social and healthcare organisations. The establishment of dementia friendly communities as a social action initiative needs cross-sectorial support and collective action. It is not an organisation's sole responsibility to effect change of this scale, therefore working in collaboration and partnership is essential.

NO 'ONE SIZE FITS ALL' SOLUTION

Although the broad principles should be the same, there is no 'one size fits all' solution that will work for every dementia friendly community programme. 'Dementia-friendly' can be shaped by the political, social, cultural, historical, economical and other factors and should address the needs of community members.



II. PURPOSE OF THE POLICY RECOMMENDATION

- Objectives
- Key concepts of the policy recommendation
- Methodology used to elaborate the policy recommendations

OBJECTIVES

The current policy recommendation document has as main objective to support initiatives for creating dementia-friendly communities across the European Union, strengthening the efforts for social inclusion of people with dementia and enabling them to live a fulfilling life as long as possible. As dementia cannot currently be cured, it has proved crucial to allow people diagnosed with different forms of dementia to live in communities where they are not perceived as a 'problem', but as a resource and an opportunity for changing social mentalities and attitudes. On the other hand, research has proven that the arts can be very beneficial for people with dementia, in terms of cognitive stimulation, reducing severity of symptoms, and also enhancing the quality of life of the persons diagnosed (Creative Health: the arts for health and wellbeing, 2017). In this regard, other objectives of this paper are to deepen the knowledge and mapping regarding best-practice examples of dementia-friendly communities across the world, with a special focus on raising awareness and integrating tools such as creative arts in the care of persons with dementia, and also to offer some concrete recommendations about actions that could be taken by various stakeholders, such as public authorities, NGOs and civil society, businesses and other institutions in order to authentically work towards a common goal: to create the basis for communities where people with dementia can live autonomously as long as possible, using at fullest their potential and contributing to society.

KEY CONCEPTS OF THE POLICY RECOMMENDATION

Many studies and debates in recent years focused on the concept of age-friendly cities, and derived from this one, on creating dementia-friendly communities.

The WHO has explored and set up some principles for transforming cities and communities into age-friendly environments, allowing older people to maintain their independence and a high quality of life as long as possible. The WHO has focused on subjects such as: transportation, housing, social participation, outdoor spaces and buildings, social inclusion, community support and health services, civic participation and employment, communication and information (WHO, Global Age-friendly cities – a Guide, 2007).

Alzheimer's Disease International (ADI) has issued a series of key outcomes that should be aimed at while constructing dementia-friendly communities, and these are:

- Increased awareness and understanding of dementia;
- Increased social and cultural engagement for the person with dementia;
- Legal and other measures in place to empower people with dementia to protect their rights;
- Increased capability of health and care services to develop services that respond to the needs of people with dementia;
- Actions to improve the physical environment whether in the home, residential care, hospitals or public places.'

(Alzheimer's Disease International, Dementia Friendly Communities – Key Principles).

Following these lines, and with the aim of highlighting the potential of creative arts in developing dementia-friendly communities, this paper focuses on several themes as core aspects of dementia-friendly communities, such as:

- Public awareness and information access on dementia;
- Planning processes for creating dementia-friendly communities, including in terms of raising awareness and integrating tools as creative arts in the care of persons with dementia;
- The physical environment ;
- Access and consideration for dementia among local businesses and public services;
- Community-based innovation services through local action, integrating tools as creative arts in the care of persons with dementia;
- Access to transportation for people with dementia, in order to fully participate in community activities and benefit from care services.

METHODOLOGY USED TO ELABORATE THE POLICY RECOMMENDATIONS

The partnership has used a common template to collect best-practice examples of dementia-friendly communities in different countries, based on the six themes mentioned above, and also a template for organizing six consultative round tables in Romania, on the same six themes, gathering for debates representatives from different stakeholders such as public authorities, NGOs in the social and healthcare field, care homes. The two methodologies used can be found in [Annex 1](#) and [Annex 2](#).

III.

COUNTRY BEST PRACTICES

EXAMPLES OF DEMENTIA-FRIENDLY COMMUNITIES IN ERASMUS+ PARTNERS COUNTRIES OR IN EU, WITH FOCUS ON RAISING AWARENESS AND INTEGRATING TOOLS SUCH AS CREATIVE ARTS IN THE CARE OF PERSONS WITH AD.

- [Theme 1](#)
- [Theme 2](#)
- [Theme 3](#)
- [Theme 4](#)
- [Theme 5](#)
- [Theme 6](#)



The Story2Remember partnership identified several best practices initiatives from different EU countries and others from non-EU countries, which are all linked with the themes already introduced, and especially connected with the role of creative arts in these communities. These examples inform policy makers about the measures to be taken in order to create and support dementia-friendly environments and also provide insights regarding the role of different stakeholders in building up this kind of communities. The examples were classified into the same 6 main themes, and are the following:

THEME 1 - PUBLIC AWARENESS AND INFORMATION ACCESS ON DEMENTIA

1. DEMENTIA FRIENDS (click [here](#)).

COUNTRY: UK

Description of the initiative:

Dementia Friends is a programme used to raise awareness of dementia, developed by the Alzheimer's Society England, which has been delivered across the UK to diverse populations.

It aims to tackle the stigma and discrimination people with dementia can face globally by increasing the general public's understanding of dementia. Anyone can become a 'Dementia Friend', either by attending an awareness-raising session in their workplace or local community or by registering online, watching a short video in which a woman living with dementia talks about her life and experiences, and receiving an information pack through session covers five key messages about dementia: Dementia is not a natural part of ageing; Dementia is caused by diseases of the brain; It is not just about losing your memory; It is possible to live well with dementia; There's more to a person [with dementia] than the dementia; followed by individuals making a pledge to perform a dementia-friendly action. The Dementia Friends initiative has been successfully rolled out, being the UK's 'biggest ever initiative to change people's perceptions of dementia'.

The programme encourages the general population, large organisations and small business to become Dementia Friends (e.g. ambulance services, public transport services, shopping centres, etc.).

Benefits of the initiative:

Currently there is limited evidence about the benefits of the Dementia Friends initiative. However, the programme is due to be evaluated in the near future. Two studies have been conducted with student nurses and the evidence suggests that Dementia Friends improved self-reported knowledge about dementia and confidence in engaging people with dementia in student nurses (Baillie, Beecraft, & Woods, 2015; Mitchell et al., 2017). Another study looking at the success of Dementia Friends programme found that adolescents had generally positive opinions about the Dementia Friends initiative, particularly the interactive nature of the session. Whilst they felt that participating in Dementia Friends improved their attitudes and knowledge, they were often left wanting to learn more (Farina, 2020).

The Alzheimer's Society reported that there were 3 million Dementia Friends in the UK in 2019.

2.DIGITAL GRANDCHILD PROJECT.

COUNTRY: TURKEY.

Description of the initiative:

The Turkish Ministry of Education has started an initiative for high school students to support the memory, communication and motor skills of the older people, in order to keep them within the social life. The name of the initiative is “Go easy with AGE”. One high school decided to implement the project with Izmir Branch of Turkish Alzheimer’s Association and within the scope of this study, volunteer students from the school met regularly with people with Alzheimer’s. At the meetings, young and elderly people chatted, painted together and carried out activities to improve visual memory.

When the lock-down for age 65+ started and the elderly in the group at risk with the Covid-19 epidemic were restricted from going, the Association had to cease activities. The relatives of people with dementia reported that their loved ones were very bored at home and their discomfort progressed. At that point the project evolved and emerged with the title “Digital Grandchild”. In Izmir, people with Alzheimer’s who could not leave their homes during the epidemic period were contacted by high school students electronically and they established a bond of affection. Volunteer high school students called (by voice and/or video) the elderly people they used to visit every week, and thus transferred their conversations to electronic media. People with dementia were very happy to interact with the young people who they saw on the mobile phone screen and who took the place of their grandchildren.

Benefits of the initiative:

These meetings, which were held 1-2 times a week, made people with dementia very happy and were a type of “therapy” for the elderly. The project was also beneficial for young people because it contributed to the development of social responsibility awareness and served as a positive reference for the university and beyond. Young people were uneasy at first. However, after they witnessed the happiness of the people with dementia, they were also happy and motivated. In the interviews, they also informed the elderly about social media, shot videos explaining how to use technology and shared them with the elderly. This service was expanded to all regions of Turkey and even to Turks living abroad due to the positive effect it created, and for this reason, it was decided to contact institutions and organizations to search for further collaboration opportunities.

Creative arts for dementia-friendly community highlighted in this initiative:

The volunteers and the people with dementia painted together to improve visual memory. They also listened to music.

Key-messages for policy makers:

It's a simple scalable model that can be transferred globally with multiple benefits to all stakeholders. It engages the volunteers and instils sustainable social responsibility values while providing support to family members. It would be worthwhile to consider implementing the practice as part of a comprehensive national social service policy aimed at enhancing the generation dialogue and improving dementia awareness.

THEME 2 - PLANNING PROCESSES FOR CREATING DEMENTIA-FRIENDLY COMMUNITIES, INCLUDING IN TERMS OF RAISING AWARENESS AND INTEGRATING TOOLS AS CREATIVE ARTS IN THE CARE OF PERSONS WITH DEMENTIA

1. CHESTER BEATTY “AZURE PROJECT”.

COUNTRY: IRELAND.

Description of the initiative:

The Chester Beatty Library is situated in Dublin and offers people the opportunity to view world class exhibitions. At present, they are part of the “Azure” project that aims to provide ‘dementia-friendly’ access to arts collections. The once-monthly tour is for people who have various forms of dementia or Alzheimer’s Disease. It is part of the Azure Project, an international initiative within cultural organizations that began at the Museum of Modern Art in New York. The intention is to make galleries and museums more inclusive to a wider community of visitors. The Azure programme was originally initiated through collaboration between [Age & Opportunity](#), [The Alzheimer Society of Ireland](#), the [Butler Gallery](#), Kilkenny, and [IMMA](#) (Irish Museum of Modern Art).

The activity incorporates the elements of storytelling and creative arts. During the tour, groups of people with dementia and their care partners gather around an object and, led by facilitator, they reflect on the artistic values of that object (colors, theme, and cultural connotations). The conversations enable participants to explore other elements of their lives such as how the colors might remind them of their holiday trips, or childhood memories and events. The activities focus on placing people with dementia ‘in-the-moment’ and storytelling is a big part of this. Over the course of an hour, the guide facilitates the conversation and enables everyone to reflect and openly express themselves, through creating a safe environment for sharing and a sense of belonging and emotional connection.

Benefits of the initiative:

Feedback collected suggests the activities and the storytelling process facilitates people’s sense of (re)connection with life and the other people around them.

Key-messages for policy makers:

Whilst all of the interviewees advocated the use of creative approaches to promote the voices and human rights of people with dementia as well as their sense of social inclusion, they also discussed challenges for advancing this work within Ireland. These focused predominantly around the lack of funding and resources available. As such, they felt there was a need to raise societal awareness of the benefits of these approaches within the dementia care field and so encourage policy makers and practitioners to invest more time and resources. This would ensure they could continue to develop their work and provide long-term benefits for people with dementia, their care partners and wider society.

2. E.GRESS WITH COLLABORATION OF ALZHEIMER SOCIETY OF IRELAND.

COUNTRY: IRELAND.

Description of the initiative:

E.gress explores how individuals diagnosed with dementia find new ways to adjust to a changing world. Produced by artists following an intensive collaboration with the Alzheimer's Society of Ireland, the film had toured in Ireland and was supported by an Arts Council Touring Award.

E.gress is an audio-visual filmic artwork resulting from a regional and multi-sited collaborative project between artist Marie Brett, musician Kevin O'Shanahan and The Alzheimer Society of Ireland. Work took place in family homes and three care settings throughout County Cork during 2013. Production was supported by an advisory group and peer critique. The aim of the initiative was to break new ground and develop an alternative form of arts and health participatory practice in dementia care contexts.

A key artistic goal was to creatively explore, through the making of an artwork, how Ambiguous Loss Theory and the concept of 'absence/presence' relates to the condition and experience of Alzheimer's Disease. The project was regional and multi-sited, based in Cork city and county and involved working creatively within a dementia care community of interest. Participatory work was 1:1 or in small groups and took place in family's homes, [Alzheimer Society of Ireland](#) daycare settings and a specialist residential nursing home.

E.gress was exhibited at [The Crawford Art Gallery](#) and at the [West Cork Arts Centre](#) in 2013. An accompanying catalogue was published including photographic images and four contextual essays. Two videos were produced that document each contextual event accompanying the artwork's exhibition/screening.

Benefits of the initiative:

The principal findings indicated that:

- E.gress did break new ground, in terms of the ambition, risk and vision of the project;

- For the artists, the collaboration consolidated their respective practices and approach to participatory work, with a trust and ambition to push the work and their ideas, and to challenge and attune their motives and priorities to safeguard the artwork amid numerous ethical concerns inherent in the participatory process;
- Ethical dilemmas in relation to how to possibly present someone in a work, when the person lacks the full capacity to consent to participation, emerged as a key challenge throughout the project. An important finding of the evaluation suggested that there are no simple definitive answers to such a complex ethical question. A feature of E.gress is the taking of risks in good faith, where the dignity of those involved was respected, while honoring the responsibility of ensuring the artwork spoke from a place of honesty.

Comments from family members:

'Thank you, as a carer it is so helpful, and good to see it from the inside out. Your work is so professional and so moving. Humanity oozes from the screen.'

'Excellent but maybe perspective of artists too dominant for widely showing to those seeking more information on Alzheimer's.' (Mary)

This last comment on perspectives and questions of power within the collaborative relationship also impacted on the artists' practice during and subsequent to the project.

Comments from healthcare staff:

'The artwork opens up questions – like silence and how we use it, how we relate to silence. There needed to be reflective silence within the work, a companionable silence and this has been achieved.' - Jon Hinchliffe, Alzheimer Society of Ireland, Manager Bessboro Daycare Care Centre.

'From my perspective E.gress opened doors for individuals irrespective of their health status and it allowed clients to connect with the artists, which was beneficial in terms of social connection. Meaningful collaboration with the artists facilitated a move beyond a preoccupation with the symptoms of dementia by reaching into the subjective reality of the person who remains behind the disease.' - Jo Calnan, Alzheimer's Society of Ireland, Outreach Day Care Manager.

3. DIGITAL TEA PARTIES.

COUNTRY: TURKEY.

Description of the initiative:

Wednesdays had been the "ACTION" days since the first Day Care Centre in Turkey was initiated in 2011. On the first Wednesday of every month, a medical expert presented information about the disease and the related care issues; while on the third Wednesdays an expert psychologist offered a group therapy session to caregivers. The second and fourth Wednesdays were "Fun Days" and people with dementia and their caregivers get together for a party with live music and they enjoyed singing and dancing together, regardless whether they are members of the Centre

or not. These activities were called “Tea Parties”, because after each one the attendants were served tea, cakes, cookies, etc.

Since the break of the pandemic, “Digital Tea Parties” were started and performed every Thursday afternoon, to which “anybody” can participate unconditionally.

On Thursdays, a meeting is organized online, announced on all digital channels and for each meeting a “guest speaker/performer” is invited based on the theme of the week. Examples of guest participants are a nurse, a social worker, a music therapist (with all participants singing and dancing), a psychologist (a group therapy on caregivers’ self-care), a neurologist, a physical trainer (with live exercising). This week psychodrama is going to be exercised with people with dementia and their caregivers, “Art Therapy at Home” is planned for the following Thursday. In order to amplify participation, information on how to participate in online meetings are accommodated by colourful posters prepared and published frequently on social media.

Benefits of the initiative:

The feedback and experience indicates that this type of functions needs to be continued no matter of the present extraordinary circumstances. First of all, distances are beaten because one doesn’t need to be in the same building, city or country to join. Additionally, time limitations are overcome since the links to the video recordings of the meetings are disseminated instantly. Last but not least, the meetings become public property and anyone can participate anonymously. This initiative uses singing, dancing and psychodrama to benefit people with dementia.

4. DEMENTIA-FRIENDLY ARCHITECTURE SESSION – ROMANIAN ALZHEIMER CONFERENCE 2019.

COUNTRY: ROMANIA.

Description of the initiative:

The Dementia-Friendly Architecture section was an event organized by Romanian Alzheimer Society during Romanian Alzheimer Conference 2019 (Bucharest, 20-23/02/2019).

The session was an invitation to dialogue about theory and practice, principles and tools, strategy and action in a society that faces demographic aging and a parallel increase in the number of elderly people with dementia. Specialists from various fields, academics, media, decision-makers, public institutions representatives, policy makers, professional associations and NGOs were invited to participate in this dialogue. Dementia-Friendly Architecture emphasizes the importance of space in managing the elderly patient with neurocognitive disorders, adopting a synergistic, interdisciplinary approach.

Benefits of the initiative:

The role of architecture as the main transformer of the built environment is recognized as one of the key factors contributing to the construction of an environment adapted to all ages. The built environment is a discrete and non-invasive therapeutic tool for persons with neurocognitive disorders. Sensory experiences play a central role for these persons. As a person's cognitive abilities start to decline and the memory of recent events fades away, what remains are direct sensations. As the cognitive decline progresses, these sensations become increasingly important.

Architecture through the use of shape, materials, light, colour and acoustics communicates elementary sensory experiences and equally appeals both to people with normal or reduced cognitive abilities. The aesthetics approach represents an important aspect of dementia-friendly architecture.

Key-messages for policy makers:

- Be aware of the importance of built environment in increasing the quality of life in people with dementia!
- Wellness does not request memory but requires good design!
- Use architecture as therapeutic tool in dementia! Use architectural tools-light, shape, colour, form, texture and sound as dementia friendly architecture tools!

5. VEDER METHOD (CLICK [HERE](#))

COUNTRY: NETHERLANDS

Description of the initiative:

The Veder Method can be brought into institutions in two different ways: as an activity (theatre in living rooms of care homes as well as in traditional theatre setting) or as a contact method in everyday care.

Theatre Veder produces and performs theatre in living rooms of care homes as well as in traditional theatre settings. These performances are designed for people living with dementia. The goal of these interactive performances is to establish reciprocal contact and invite people to engage through theatre, music and poetry. Theatre Veder has developed a professional training and coaching programme for this purpose, that addresses the caregivers and on a later stage for using elements of the method in everyday care.

The Veder Method as activity. This is an implementation process in which health care professionals learn to apply the Veder Method and perform their own living room performances. They follow a programme of watching living room performances by Veder actors, participating in training and receiving coaching on the job when they start performing themselves. Once they have successfully completed the course, they receive a Veder certificate and are able to perform living room performances using the Veder Method in their organization.

In 2006 the foundation gave its first living room performances - these are interactive performances in which people with memory problems are seduced into contact. During these performances, it became clear that not only theatre and music are very effective in starting communication, but also poetry. That is why Foundation Theater Veder organized the poetry project Festival of the Lost Word in 2007. Veder Foundation found three competing Amsterdam care organizations in Amsterdam (Amsta, Cordaan and OsiraGroep) prepared to jointly organize performances for their 150 care locations in total. The Festival of the Lost Word was a great success, for residents, carers and for the cooperating umbrella organizations.

The Veder Method could be professionalized and an extensive training program could be developed with which the method could be transferred to care institutions and carers.

Since 2006, the Veder Method was introduced as an activity in over 500 locations of care institutions through performances and training.

Veder now consists of a team of professional players, trainers and coaches, almost all of whom have a background in healthcare.

Benefits of the initiative:

a. Professional caregivers' experiences with applying the Veder Method: influence of executing the method on their job satisfaction, work experience and self-esteem (method used: focus groups)

In all focus groups it was brought up that the method provides good tools for making contact with clients in the 24-hour care. The professionals state that their job satisfaction is positively influenced by the execution of the Veder Method, because of, amongst others, the positive reactions of the clients, contact with colleagues and the humour and lightness in the communication with clients. The Veder Method also seems to positively influence work experience. Professionals say they communicate more consciously and more emotion oriented. Moreover, the Veder Method gives them an anchor in communication with clients and therefore provides flexibility for a more varied and creative way of communicating with clients. Moreover, professional who apply the Veder Method report that their self-esteem is increased by using the Veder Method, amongst others since they feel validated in their job and the way in which they make contact with clients.

b. effects of a living room theatre activity according to the Veder Method on behavior, mood and quality of life of people with dementia

(based on a study that took place in 22 psychogeriatric wards from 13th Dutch nursing home).

This study shows that living room theatre according to the Veder Method has a positive effect on behavior and mood of people with dementia, if professional actors are performing. People with dementia who participated in living room theatre activities offered by professional actors laughed more and were less confused in comparison with subjects of the control group. Also, people with dementia showed higher scores on positive

affect, feeling at home, mood (happiness, enjoyment), cooperating and (care) relationship than subjects. A striking result is furthermore that they also regained more memories and showed less socially isolated behaviour two to four hours after the living room theatre.

These results show that a living room theatre activity according to the Veder Method has a surplus value compared to a regular reminiscence group activity and that an increasing experience with executing the method seems a condition to establish effects.

The Veder Method integrates existing psychosocial care methods for people with dementia such as reminiscence, Validation, Neurolinguistic Programming (NLP) and (integrated) emotion-oriented care methods and combines these methods with theatrical stimuli, such as impersonating characters with a background story (including costumes), using props, reciting poetry and singing songs. Important in the Veder Method is the reciprocity in communication between people with dementia and professional caregivers.

6. VEDER CONTACT METHOD (click [here](#))

COUNTRY: NETHERLANDS

Description of the initiative:

Veder Contact Method (VCM) is developed in response to research on the original Veder Method, which has been developed as a “Living-room theatre performance”, an interactive theatre play for people with dementia living in nursing homes performed by professional actors or trained caregivers.

Both VCM and the original Veder method as “living-room theatre performance” provide tools to improve communication in order to achieve reciprocity in contact and to promote feelings of well-being, identity and self-esteem for people with dementia (Van Dijk et al., 2012).

The Veder Contact Method was developed as a response to the limits of the Veder Method - ‘the living-room theatre performance’ (E.g. It proved difficult for the trained caregivers to perform the theatre play with the same quality and intensity as professional actors, it proved difficult for caregivers to perform a whole theatre play, high work pressure, limited support from the management, lack of funding), In addition, caregivers and managers indicated that elements of the Veder method as ‘living-room theatre performance’ seem to be very suitable for application in daily 24-hour care (Van Haeften-Van Dijk et al., 2015). Following this, Foundation Theatre Veder developed VCM with an additional methodology and training program for caregivers in long-term care facilities on how to use VCM in daily dementia care (Boersma et al., 2017). Both the Veder Method as “living room theatre performance” and VCM for daily care were developed by the director of Foundation Theatre Veder (being an actor as well as an experienced nurse in providing care to people with dementia she recognised how theatre could be integrated in

the care of person with dementia).

VCM seeks to improve the contact between the caregiver and the person with dementia within the time available during the daily care events such as washing, eating, having tea/coffee, living-room activities or going to bed. Compared to the Veder Method, VCM has several advantages for caregivers: they can use the method continuously in their daily contact moments, without setting up a more difficult and time-consuming theatre performance, caregivers do not need to have “a talent for acting”, easily transferred to new employees during daily care activities. On the other hand, although caregivers do not need the skills of professional actors to set up a theatre performance, they do need essential training and motivation to learn how to use theatrical, poetic and musical communication.

Benefits of the initiative:

The Veder Contact Method combines elements from existing psychosocial interventions, e.g. reminiscence, validation, and neuro-linguistic-programming with theatrical, poetic and musical communication, and applies this into daily care.

Caregivers can do much to improve the behaviour, mood and eventually the quality of life in people with dementia, for instance by using person centred care intervention with specific attention to personal preference, needs and life-style of the people with dementia.

Person-centred care interventions are aimed at fulfilling the (unmet) needs of people with dementia living in nursing homes (e.g. lack of pleasant daytime activities, company, adequate support when feeling psychologically distressed, preservation of self-esteem, being accepted for who you are, feeling attached, being understood and having social contact with family and professionals caregivers etc).

Veder method and Veder contact method are more recent person-centred care methods that proved their positive results in improving communication in order to achieve reciprocity in contact and to promote feelings of well-being, identity and self-esteem for people with dementia.

Key-messages for policy makers:

Despite the positive impact regarding VCM reported by managers and caregivers on the quality of life of people with dementia and the fact that the method is easy to apply and does not require extra time, still for a successful long-term implementation the following factors have a great impact: including VCM (other person-centred care intervention) in regular business processes, anchoring VCM hierarchically within the organisation, involving senior management in sustainable implementation, funds for training the professionals in this methods or doing follow up from time to time. With other words, for a long-term sustainability it is important to be included as part of the standard care.

1. SENSE-GARDEN: VIRTUAL AND MEMORY ADAPTABLE SPACES CREATING STIMULI FOR THE SENSES IN AGEING PEOPLE WITH DEMENTIA

COUNTRY: ROMANIA AND OTHER 4 COUNTRIES

Description of the initiative:

Sense Garden is a European project in the area of ambient-assisted living. The aim of the project was to create multisensory spaces, virtual and automatically adaptable to personal memories. SENSE-GARDEN was developed with the scope of improving the well-being and the quality of life of its users.

Sense Garden developed a new IT-based technology and a new intervention methodology for personalised reminiscence therapy and multisensory stimulation for people with dementia. The project created four SENSE-GARDENS in Belgium, Norway, Portugal and Romania, where images, videos, music and scents strengthen the awareness of people with dementia by providing stimuli to the different senses, such as sight, touch, hearing, balance and smell. Users are provided with familiar music, videos and photos from known places and people. The intervention is realized in an environment that provides an immersive space personalized to each visitor, creating a connection to the most preserved areas of the memory.

Sense Gardens includes 7 different experiences. *Memory Lane* - a medium-sized touchscreen dedicated to showing personal media such as photos and videos of family, friends, or hobbies. *Reality Wall* immerses the individual in a familiar environment through panoramic display. *Scent to Memories* - a system delivers pleasant scents in the room to enhance the connection with nature; alternatively, scents with personal meaning for the person with dementia are used. *Sounds Surround Me* - a surround sound system, providing an immersive sound experience based on the life history of the person with dementia; nature sounds, favourite music, or songs which hold personally significant meaning to the user can be used. *Move to Improve* - balance training exercises are connected with all of the other senses. *Life Road* - a film is projected in front of a stationary bicycle and will start when the user begins to pedal; this experience promotes physical well-being, as well as cognitive activity. *Films of My Life* - a collection of classic film excerpts meaningful to the individual, as well as movies with families or friends.

Benefits of the initiative:

Using photos, videos, music, scents and storytelling can provide personalized experiences that increase quality of life and promote well-being of persons with dementia. Such experiences may have an effect on strengthening personal identity and help to recover the sense of self. Digital technologies can be used in creating individualized, meaningful activities for people living with dementia, with increased accessibility and also market potential.

Key-messages for policy makers:

Sensory experiences combined with meaningful memories can increase the self-identity and well-being of persons with dementia.

2. DEMENTIA VILLAGE, HOGEWYK

COUNTRY: NETHERLANDS

Description of the initiative:

The first ideas for the village came about in 1992, and after a series of research and brainstorming sessions in 1993, the outcome was that normality should prevail in all kind of aspect of nursing home care. This vision was called “*normalized small scale living for people with dementia*”.

The Hogeweyk facility was opened in December 2009 on four acres of land.

The café–restaurant is also open to the public and the theatre is hired by local businesses, both of which help with running costs.

Benefits of the initiative:

Hogeweyk’s view on care is founded in day to day life in society. In normal society living means having your own space to live and managing your own household. People live together with other people sharing the same ideas and values in life. This makes the place where one lives a home. Hogeweyk residents have already lived a life where they shaped their own life, where they made choices about their own household and standards. The fact that a resident cannot function “normally” in certain areas, does not mean that they no longer have a valid opinion on their day to day life and surroundings. The residents’ opinion on life, housing, values and standards determine their “lifestyle”. There are 7 lifestyles defined in Hogeweyk: urban, artisan, Indonesian, homey, Goois, cultural and Christian. Every Hogeweyk home houses six to eight people with the same lifestyle. This lifestyle can be seen in the decor and layout of the house, the interaction in the group and with the members of staff, day to day activity and the way these activities are carried out. Every house manages its own household with a permanent staff. Another aspect of normal living is being able to move freely inside the house AND outside. A normal house in a normal village in a safe environment gives the residents of Hogeweyk this freedom in safety.

THEME 4 – ACCESS AND CONSIDERATION FOR DEMENTIA AMONG LOCAL BUSINESSES AND PUBLIC SERVICES

1. BUILDING COUNSELING SERVICES NETWORK FOR DEMENTIA WITHIN MUNICIPALITIES ALL OVER GREECE

(click [here](#))

Description of the initiative:

There are currently 200,000 people living with dementia in Greece and 400,000 family carers looking after them. Although there is a [National Action Plan for dementia and Alzheimer’s disease](#) in place and there are Memory Clinics and Day Care Centers for people with dementia in the large cities of Greece, compared to existing needs, services are woefully inadequate. Large areas of the country are not covered by any specialized facilities.

Athens Alzheimer Association, which is a member of [Panhellenic Federation of Alzheimer's Disease and Related Disorders](#) in collaboration with the

Network of Healthy Municipalities and Alzheimer Hellas has developed a project called “Building Counseling Services network for Dementia within municipalities all over Greece” which aims to provide care to people with dementia and education and support to their carers in the local communities.

THE PROJECT IS IMPLEMENTED IN TWO PHASES:

PHASE A: April-November 2018: 133 health and social care professionals from the 55 municipalities from all over Greece participated in online synchronous and asynchronous training via virtual specially developed training platform. Training consisted of eight 2-hour classes, followed by practical on the job training at the Day Care Centers of Alzheimer Associations in Athens and Thessaloniki.

PHASE B: January 2019: 55 Dementia Counseling Centers are fully operating in participating municipalities staffed by their already trained personnel, offering:

- Programs for people with dementia: Memory Clinic (early diagnosis and effective follow-up), integrated non-pharmacological interventions
- Support groups, psychoeducational interventions and counseling services for carers

THE OBJECTIVES OF THE PROJECT ARE:

- To raise awareness and promote prevention of dementia in the public
- To decrease the stigma of the disease and organize dementia action groups in local communities
- To foster independence and autonomy of people with dementia with the use of new technologies

Greek Alzheimer Associations have committed to support the municipal Dementia Counseling Centers with regular visits of experienced health professionals, printed material, seminars and events for the first two years of operation.

Overall, the core aim of the project is to lay the foundations for the creation of dementia-friendly communities in Greece. The inspiration of a dementia-friendly community is a space including friends, neighbors, lay people, shops and businesses, children and young adults and all involved stakeholders that understand and appreciate the condition. It is a place where people with dementia will live as independently as possible and they will be valued, understood and respected.

Benefits of the initiative:

A key factor in developing dementia friendly communities is raising awareness and offering training regarding dementia-related issues within organizations. For this purpose, the Athens Alzheimer Association is running an educational program specifically designed for employees in Public Services, transportation means, banks, supermarkets etc. in order to make these places dementia-friendly.

THE MAIN PILLARS OF THE PROGRAM ARE:

- Encouraging organizations to establish dementia-friendly approaches and to implement strategies that help people with dementia;
- Training employees to recognize the person with dementia and behave accordingly;
- Building physical environments, accessible and easy to navigate for people with dementia;
- Raising awareness amongst employees to prevent dementia and eliminate stigma;
- Supporting employees/colleagues who care for a person with dementia.

2. ART WORKSHOP

COUNTRY: SLOVENIA

Description of the initiative:

Once a month, representatives of the National Art Gallery visit homes for the elderly with dementia in various cities across the country. Various works by Slovenian artists are presented, names and works are remembered, and people with dementia are encouraged to paint with whatever materials are available at hand.

On 26th August 2020, in the town of Shishka, the painting “Drinking coffee” by the famous Slovenian artist Ivana Kobilica was exhibited. During the session, the feelings that the picture evokes were discussed. The cup of coffee was carefully examined. After the discussion, plastic cups were decorated by the participants with natural materials according to the model of the cup from the art masterpiece.

Benefits of the initiative:

The Art Workshop program uses art techniques to help people with dementia be part of the community. More than 50 people, accommodated in different homes throughout Slovenia, have already gone through this program. The program helps to overcome the discrimination towards people with dementia and the elderly by establishing contact and relations with the staff of the National Art Gallery of Slovenia.

It uses fine arts, and also creating own works and decoration.

Key-messages for policy makers:

There is the need for financing various programs for overcoming the stigma and for dialogue between the different generations, in the field of dementia.

3. WORKSHOP WITH HERBS

COUNTRY: SLOVENIA

Description of the initiative:

Herbs are valuable for our health and general well-being. At the same time, herbs can activate our senses in

different ways - sight, smell, taste, touch. They can activate the memory by recalling knowledge from the past and to learn new things about herbs.

During the Workshop, the participants smell different herbs and are helped to remember their names, thus awakening receptors in the brain. A professional herbalist who works with Spomincica - Alzheimer Slovenia, tells stories and parables about various herbs. Each participant plants his own plant, which they take home. The contact with the soil calms. Each participant can make drinks from different herbs to share with the others.

Benefits of the initiative:

People with dementia are planting and caring for useful plants. Also, the use of storytelling in telling stories about herbs is stimulating the persons with dementia and enhancing their well-being.

Key-messages for policy makers:

There is the need for financial support for various professionals to share their experience with people with dementia and their families.

4. BE A FRIEND TO A PERSON WITH DEMENTIA

COUNTRY: BULGARIA

Description of the initiative:

The [Alzheimer Bulgaria](#) project supports the education of young people in a volunteer culture and sensitivity to human rights violations. The project enhances public pressure, through the media, to improve the work and coordination between systems designed to care for the elderly and people with dementia. The direct interaction of young people with people with dementia in care homes helps to overcome the stigma and negative attitudes in the professional communities. The exchange of information between generations is beneficial to both sides, especially to people with dementia.

The emphasis was placed on the current [Dementia Friends](#) initiative, which aims to spread a new model of treatment and communication with people with dementia.

Benefits of the initiative:

Following information sessions with undergraduate and Masters students from Psychology and Social work disciplines, as well as professionals from various backgrounds, the following outcomes have been achieved: more than 3 general information sessions with students were held raising awareness on dementia; more than 141 friends of dementia are added and 20 of them also completed 6 months of volunteering as dementia befrienders in two care homes in Bulgaria.

The ombudsman of the Republic of Bulgaria is among the Dementia friends.

This initiative uses creative arts for people with dementia, such as dancing, looking through family albums and telling stories about family history.

Key-messages for policy makers:

It is essential to have a National plan for prevention, early diagnosis, treatment and long-term care for people with dementia and their families. The recommendations from the annual report of the ombudsman of the Republic of Bulgaria, who is one of the Dementia friends, are: to implement new residential services, sheltered lodgings and family-type accommodation centers in accordance with the needs of society.

5. INDEED - Innovation for Dementia in the Danube Region**COUNTRY: ROMANIA AND OTHER 9 COUNTRIES FROM THE DANUBE REGION****Description of the initiative:**

Although dementia is a growing societal challenge in the Danube region, the quality of dementia care lags behind European standards. The main objective of INDEED is to improve dementia care in the Danube region and contribute to the implementation of national dementia strategies with the scope of enhancing the quality of life of people with dementia and their carers. INDEED creates an information and skill-building intervention for institutions involved in dementia care and their members or employees. Partners from 10 Danube region countries are involved in the project.

INDEED intervention comprises 3 training modules: CAMPUS – an interdisciplinary training on dementia, CONNECT – a networking tool, and COACH – a business consulting service. INDEED enhances the competences of multiple professions that engage in dementia care, supports collaboration and coordination and foster the development of innovative care facilities and business models.

Benefits of the initiative:

Blended learning is the educational format of INDEED.

The COACH module is one of the 3 training modules and has as target groups small and medium enterprises and start-ups, public authorities and policy makers. COACH provides know-how on essential business topics and motivates learners to further develop a project idea in the field of dementia. It consists of nine topics, each requires 20 to 60 minutes of study. The educational format is precisely focused, with compact information, clear messages, using interactive approach and practical issues. COACH also provides videos with good practice examples of dementia care services in the Danube region.

Developing creative arts programmes for persons with dementia requires specific knowledge about business and management. This knowledge should also be adapted to the particularities of dementia care.

The area of specialized services for dementia has a major business potential. Community-based services are

promising business areas in the management of dementia in the Danube region.

Key-messages for policy makers:

- The area of specialized services for dementia has a major business potential.
- Quality education in the entrepreneurial and business sector is an important need in the management of dementia care services.
- Business and entrepreneurial know how is essential to develop creative arts services for persons with dementia.

6. THE DEMENTIA-FRIENDLY COMMUNITIES ALZHEIMER'S SOCIETY INITIATIVE

COUNTRY: UK

Description of the initiative:

Dementia-Friendly Communities programme aims to meet the targets outlined by the Prime Minister's Challenge on Dementia 2020 in order to create communities around the UK which make daily living and activities easier and more accessible to people living with dementia.

Example: Wimborne Dementia Friendly Community.

Wimborne Dementia-Friendly Community exists to address the four key priorities identified at a National level but tailored to meet the needs of local communities:

- To raise the awareness of dementia in the local community
- Commit to Action Plans
- Sign up to a National Dementia Declaration
- Create Dementia Friendly Communities

The aim of this initiative has been to identify and address as many of the barriers that people living with dementia face when out and about in Wimborne, a market town in Dorset in the south of the UK. It has been found that 47% of people living with dementia in the UK no longer felt part of their community. The aim of the initiative is to improve on this figure for both local residents and those who choose to holiday in this popular tourist area.

The overall objective is to make Wimborne a more Dementia-Friendly environment.

In order to achieve this objective, the following actions have been identified:

- Speak to local businesses and encourage them to complete an Action Plan showing how their business can become more dementia-friendly. These are then uploaded to the DAA website, which shows which businesses have signed up to the local alliance. Whilst actively encouraging additional businesses to join the campaign;
- Consultation with local people living with dementia and their carers serves to identify barriers which make life more difficult for them and enables us to implement improvements;

- As many people as possible are encouraged to attend free dementia awareness sessions and become Dementia Friends (see Dementia Friends programme reviewed in Theme 1 above), possibly going further to become Dementia Champions. This is a National campaign and sessions are regularly held;
- A regular Memory Cafe, an allotment gardening club “Step Outside” have been set up, and in conjunction with others a Singing for the Brain event and Reminiscence sessions. They have also arranged Dementia Friendly church services on a quarterly basis at St Michaels, Colehill;
- Further projects being implemented include “Slow Shopping” days at local supermarkets, the “Use our Loo” scheme and buddying for bowls and golf fans.

Benefits of the initiative:

The project founders suggested that there is a demonstrable awareness in the Town of the needs of people living with dementia and their carer partners. They have gained the Alzheimer’s Society National Recognition for Wimborne and have been awarded the “working towards becoming dementia friendly” logo. The program uses creative arts for dementia-friendly community such as: regular singing and choir group, dancing events and a film club.

7. THE CUSTOMER IS ALWAYS RIGHT (click [here](#))

Country: Belgium

Description of the initiative:

‘The customer is always right’ is a short film showing how having people trained in dementia awareness who work in local businesses such as shops, pharmacists and hairdressers, can make a big difference to the lives of people living with dementia. The traders show kindness and patience in prompting someone as to what day of the week it is, and recognize the things that the customer with dementia may not know, such as the word for newspaper or how to get home again – recognizing the need for some guidance and gentle prompting.

The video was made by Foton with funding from EFID and the cooperation of Family Care West-Vlaanderen, an autonomous and integrated home care service, working in West Flanders and in the border areas of East Flanders (website, click [here](#)).

The film is set in Bruges and it wishes to inspire other communities in Belgium, Europe and worldwide.

Foton Bruges was an EFID award winner in 2012.

Benefits of the initiative and Key messages for stakeholders:

Raising awareness about dementia in communities, challenging stigma associated with it, and providing information, education and training to achieve these goals contributes to building a strong dementia-friendly community.

THEME 5 – COMMUNITY-BASED INNOVATION SERVICES THROUGH LOCAL ACTION, INTEGRATING TOOLS AS CREATIVE ARTS IN THE CARE OF PERSONS WITH DEMENTIA

1. CREATED OUT OF MIND

COUNTRY: UK

Description of the initiative:

Created Out of Mind is an interdisciplinary project, comprised of individuals from arts, social sciences, music, biomedical sciences, humanities and operational disciplines. Their aim is to explore, challenge and shape perceptions and understanding of dementias through science and the creative arts. The team explores what dementia means to us all, challenge traditional definitions and common misconceptions, and unlock what we can learn about art, consciousness and the brain from the experiences of people with dementia.

THE PROJECT AIMS ARE THREEFOLD:

- (i) Develop methods and toolkits for evaluating the experience of people with dementia involved in artistic activities and the quality of those artistic activities;
- (ii) Improve our understanding of the brain through the changing artistic experiences of those living with dementia;
- (iii) Shape public and professional perceptions of dementia through integrated artistic and scientific investigation of less recognised symptoms associated with typical and rare dementias.

These aims are explored using two project themes:

i). People and Perceptions: Exploring the experiences of people living with a diagnosis of dementia and their support network of family, friends, and care staff. Projects under the People and Perceptions theme aim to capture the narratives, questions, emotions and experiences of people affected by different forms of dementia, and to consider and respond to their representation across different media (traditional, social) and art forms (music, visual arts, etc). Through three-way conversations between people living with dementia, scientists and artists, the intention is to use scientific analysis and creative experimentation to empower people with dementia, open up new perspectives, and better inform representations of what it means to live with dementia.

ii). In the Moment: Exploring the experiences of people living with a diagnosis of dementia and their support network before, during, and after engaging in a creative activity. In the Moment projects are directed towards the development of methods and toolkits to evaluate the experience and impact of dementia-focussed arts activities. The projects will explore how people, with and without dementia, respond to different experiences such as seeing art and exhibitions, painting, handling objects or hearing music, participating in choral singing.

Benefits of the initiative:

Creative arts were an integral part of this initiative.

Paintings produced by people with dementia have been powerful tools for communicating different experiences of the dementias to diverse audiences, ranging from neuroscientists to the general public.

The authors put an emphasis on artistic creative process rather than on creative outcomes. They suggested that a shift away from pre and post measurements is needed. The authors report that there is a need to emphasise the process over the outcomes. In that way there is less emphasis and demand on production and end point measurement. Then more attention is being paid to encouraging enjoyment, collaboration, exploratory trial and error and discovering what is possible, rather than establishing what is not.

The group recognise the risk of working in ‘a bubble’ and that reaching diverse audiences (including people living with dementia) across age, ethnicity, location, belief systems, cultures, genders and socio-economic backgrounds, should be a key consideration in the engagement strategy.

The project was disseminated in series of events, press engagement, digital communications and campaigns. A film “Do I see what you see” about dementia was created. Participated in 17 public engagement events including creative activities, discussion, performances and exhibitions. Produced 9 media and broadcast pieces. Delivered 28 talks and workshops at national and international conferences (click [here](#)).

THEME 6 - ACCESS TO TRANSPORTATION FOR PEOPLE WITH DEMENTIA, IN ORDER TO FULLY PARTICIPATE IN COMMUNITY ACTIVITIES AND BENEFIT FROM CARE SERVICES**1. TRACY PROJECT - TRANSPORT NEEDS FOR AN AGEING SOCIETY****COUNTRY: GERMANY AND OTHER EU COUNTRIES****Description of the initiative:**

TRACY was a project funded by the European Commission’s Seventh Framework Programme. The project’s main aim was to develop an action plan that can help tackle the challenges of providing transport in an ageing society at European level.

THE PROJECT HAD THREE MAIN AIMS:

- To provide a systematic review of policies and programmes that address the mobility related needs of older people in the 27 EU states, associated countries and in Japan, Australia, New Zealand and the USA;
- To analyse the extent to which this ‘state of the art’ is fit for purpose in addressing transport needs in an ageing society;
- To identify research gaps and contribute towards a strategy capable of tackling these needs.

TRACY undertook a comprehensive study of transportation in Europe for an ageing society, identified research gaps and analysed the current state of provision within the EU and beyond. The conclusions contributed towards the development of an European action plan. Transport is considered only one of a number of means of securing access to life opportunities for older people, and as such TRACY approach is firmly linked to other policy sectors.

Benefits of the initiative:

The TRACY project provided a final report that addresses 5 areas: Transport and ageing – what needs to be considered; Driving and travelling by car; Travelling by public transport; Walking and cycling; The role of reducing the need for transport. The project also proposed a catalogue of the important properties and characteristics that mobility and transport systems must have so that they are capable of meeting the barriers, opportunities and travel patterns -and therefore corresponding needs- typically associated with older people.

The report underlined that older people may not have transport needs as such, rather they have needs that are met through the transport system. Hence the transport system is an important mean to meet these needs. Nevertheless these needs may not be universal and may differ due to the heterogeneous nature of older people.

TRACY proposed a list of characteristics and properties of an age-friendly mobility and transport system. The project acknowledges the various level of cognitive impairment that older persons may present and makes according recommendations for policy makers. By acknowledging the diversity of needs of older people and the importance of cognitive abilities in addressing the transport system, the project makes an important step to implement a dementia-friendly transportation system at European level.

A quality transport system for older persons with various disabilities, including cognitive disabilities, is an important prerequisite for participation of older persons with dementia in creative arts activities. The TRACY project provides a framework to address transportation needs at of an ageing society, taking into consideration the particular needs of persons with cognitive decline.

Key-messages for policy makers:

- Transport is a key component in the maintenance of mobility and participation of older people;
- Older people as a group are not homogeneous, and as such transport policies need to take into account the needs of different groups of older people, including people with cognitive decline.

An elderly couple is shown from the back, embracing each other in a field. The man is on the left, wearing a grey jacket, and the woman is on the right, wearing a dark blue jacket. They are both smiling and looking towards a green, hilly landscape in the background. The image is framed by a thin white border.

IV. FINDINGS FROM THE 6 CONSULTATIVE ROUND TABLES ORGANIZED WITH STAKEHOLDERS IN ROMANIA

- [Theme 1](#)
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- [Theme 5](#)
- [Theme 6](#)

In Romania, the professionals working in the care field of older people come from many different domains of expertise and working in the public and private sector as NGOs, providing services for older people and people with dementia.

The areas of intervention of these professionals are:

- Homes ;
- Hospitals;
- Day centers ;
- Long-term care centers;
- Older people clubs;
- Other dedicated institutions for older people.

More than 24 professionals participated in the six consultative round tables organized in Romania where they shared their experience and the way they envisage the development and professionalization of their work in the future. The main findings from these meetings are summarized below, following the same established themes:

THEME 1 - PUBLIC AWARENESS AND INFORMATION ACCESS ON DEMENTIA

The participants highlighted that there are currently no measures, no public policy and no procedures about how to deal with people with dementia in Romania. There are political decision makers, working in the health commissions at the Romanian Parliament, Ministry of Education, National Council of the Older People, pensioners associations, seniors clubs, General Directions of Social Assistance, the National House of Medical Insurance of the Bucharest municipality and from counties, Public Health, but there is a lack of interest of the decision-making level in this area.

There are professionals working with people with dementia such as: doctors, social workers, psychologists, pharmacists, psychiatrists. Regarding the creative activities, there is no regulation for using, for example, storytelling in the activities with the older people. Also, the participants stated national awareness raising campaigns for dementia should be implemented, with the involvement of personalities that are famous in order to create change in society.

The participants expressed dissatisfaction that there are also barriers at the societal level such as:

- lack of locations to create adapted spaces for people with dementia in the community;
- the number of volunteers is very low;
- there are no awareness campaigns organized by civil society / by public institutions;

- lack of funds;
- lack of trained specialists;
- there is stigma for people with dementia.

THEME 2 - PLANNING PROCESSES FOR CREATING DEMENTIA-FRIENDLY COMMUNITIES, INCLUDING IN TERMS OF RAISING AWARENESS AND INTEGRATING TOOLS AS CREATIVE ARTS IN THE CARE OF PERSONS WITH DEMENTIA

The participants at the round table noted that there are no individual activities in the community centers for people with dementia in which to integrate tools as creative arts.

The Ministry of Labor, the Pension Houses, the pensioners' associations, the County Unemployment Agencies, the NGOs do not offer information and real support for people with dementia. In the Romanian society there are no awareness programs regarding the disease, its early diagnosis, treatment and various activities for the people with dementia and their families.

The participants said that there were no training programs for professionals who would be needed in the field, for using creative arts, such as: worker through combined arts, animator.

It lacks a good communication between public and private institutions (NGOs), the networking and exchange of good practices.

All participants considered that there are professionals in the medical, social, rehabilitation fields, but there was also a need for professionals to work on the artistic part, in the music field, animators, occupational therapists and also we need to develop education for creative arts:

- From school - educating young people about aging
- Changing standards in care of older people – creating intergenerational centers

Regarding the dedicated care institutions, the participants debated the need for care centers, the necessity to create pilot centers for people with dementia and then to develop them at a national level.

THEME 3 - THE PHYSICAL ENVIRONMENT

The participants noted that there are very few day care centers for people with dementia in Romania, there are no adaptations of access roads for people with dementia and therefore the people with dementia must always be accompanied.

Also, the institutions' staff are not trained in the field of dementia on how to address people with dementia.

Also, in public institutions it would be necessary to have separate counters, light signals, writing to be seen clearly, and audio signals, for people with dementia to be able to have autonomy.

The participants said that regarding the public transportation for people with dementia - people with dementia need priority seats, and the stations to be announced, in order to be able to orient them in a correct and safe manner.

The participants mentioned that people with dementia also need to continue to have cultural activities, so we have to adapt the activity and the staff in the cultural institutions (e.g. libraries, museums), such as:

- guides / routes for people with dementia
- visual / auditory signals
- employees trained in dementia field.

Regarding the architecture, in the community it is necessary to have an adapted dementia-friendly design: simple, warm, images that induce positive emotions, familiar paintings, without objects that can hurt them, round edges, gardens.

THEME 4 – ACCESS AND CONSIDERATION FOR DEMENTIA AMONG LOCAL BUSINESSES AND PUBLIC SERVICES

In Romania there are currently no available measures in the community for people with dementia, and the existing facilities in the communities are also not known by people with dementia in order to use them.

The participants mentioned that it is extremely necessary to have accessible local businesses and public services, such as: access ramps, toilets.

It is very important that family doctors are aware of the disease and everything involved, providing brochures regarding dementia and its implications to the families. Also, there is the need to create professional networks: the family doctor who can communicate with other specialists online and send the information to other doctors: neurologists, psychiatrists etc.

In the community, there is the need for more efficient community assistance, well trained human resources to provide community assistance at the public institutions such as City Halls.

The participants highlighted the need for media involvement in involving local businesses and public services in creating dementia-friendly communities:

- Raising awareness by broadcasting radio spots, by organizing information campaigns on having as subject dementia
- TV series with older people characters, sitcoms, TV programs for raising awareness on this issue
- Theaters involved in raising awareness on dementia

The participants talked about the fact that in the actual society technology penetrates into people's lives, and digitalization is an important tool we have today. People with dementia therefore need applications on the mobile phones, offering them the possibility to request help, to communicate, to call someone, and not feeling alone and helpless.

In the society there is also a lack of community services, of possibilities to socialize, to facilitate the feeling of belonging.

THEME 5 – COMMUNITY-BASED INNOVATION SERVICES THROUGH LOCAL ACTION, INTEGRATING TOOLS AS CREATIVE ARTS IN THE CARE OF PERSONS WITH DEMENTIA

The participants said that in all societies there is the need of working professionals in innovative services, such as: combined arts worker, social worker, psychologist trained to work with older people with dementia, in order to be able to provide prevention, intervention, support services.

Examples of innovative projects are:

- **In the home care services** – the social worker, psychologist could implement the creative arts and storytelling, and the model of the S2R project could be implemented successfully
- **The Photo Voice Method** - 4 Change Association used this creative method in a community development project in the rural area - Giurgiu, Buzau, Bacau counties based on the community facilitation.
- **Use of digital storytelling** – ANBPR used this method for creating 1600 digital stories in public libraries in Romania on various issues;

There is a need to popularize the idea, to create a pilot project in certain areas and then expand it nationally.

The participants talked about the fact that in the implementation of this type of projects the potential barriers could be:

- lack of specialists (combined arts therapists, psychologists);
- lack of training
- reluctance of public authorities
- lack of an adapted social care
- lack of funds

THEME 6 - ACCESS TO TRANSPORTATION FOR PEOPLE WITH DEMENTIA, IN ORDER TO FULLY PARTICIPATE IN COMMUNITY ACTIVITIES AND BENEFIT FROM CARE SERVICES

The participants mentioned the fact that it is very important for people with dementia to maintain daily activities.

Transportation is therefore a very important necessity. They highlighted that there are no measures to facilitate the transport of people with dementia in Romania, and consequently they have to ensure themselves the transportation. Sometimes, there are NGOs that have free ambulances for various patients, self-financed, like Beard Brothers, but they are not especially for people with dementia, but for people with physical disabilities.

The participants had a lot of proposals at local level:

- Accessibility of transportation: audio-visual traffic lights adapted for dementia;
- Institutions that already provide day centers services should be supported;
- The Local Councils to provide subsidies for an adapted transportation and to provide free transportation for people with dementia.

The participants list a series of barriers in Romanian society identified in the discussions:

- Lack of funds;
- Lack of involvement of public institutions and local authorities;
- Lack of collaboration between institutions;
- Lack of information about dementia;
- No interest for the creation and development of institutions for dementia;
- Stigma of persons with dementia.

Other relevant findings

- During all round tables, the participants mentioned the following themes as essential:
- Respecting the right to diagnosis and care for people with dementia;
- Fighting against stigma and discrimination of people with dementia;
- Finding ways to inform and support the families of people with dementia;
- Creating types of projects in order to use creative drama and storytelling in the daily activities of people with dementia;
- Encouraging the public and private providers and families to use this type of creative methods in their work with people with dementia;
- Training the professionals in the field of dementia, with a curriculum adapted to the learning needs of specific professionals .



V. CONCLUSIONS

- [Theme 1](#)
- [Theme 2](#)
- [Theme 3](#)
- [Theme 4](#)
- [Theme 5](#)
- [Theme 6](#)

There is no predefined model on how to create dementia-friendly communities. This depends on the specific characteristics of the community itself (be it urban / rural, small / large, demographic structure, etc.), on the needs of the people with dementia and on the existence and type of the services for dementia already existing in community and how they could be changed or improved.

Although the social, educational, institutional, economic and political contexts in the countries of the partner institutions can be significantly different, based on the best practices examples from the partner countries, and on the consultative round tables organized in Romania, a series of recommendations for decision-makers or other community stakeholders can be made for creating dementia-friendly communities with focus on creative arts, such as:

THEME 1 - PUBLIC AWARENESS AND INFORMATION ACCESS ON DEMENTIA

- **Implementing national awareness campaigns regarding dementia, involving TV channels and radios stations;**
- Implementing educational and awareness programs for the local community and staff of public institutions / local business regarding dementia;
- Integrating the creation of dementia-friendly communities into wider strategies, such as National Plans for Dementia, creating a general framework for implementation;
- Addressing the specific needs of the people with dementia, and also taking into consideration the needs of the local community;
- Involve people with dementia in exploring the accessibility of existing services;
- Creating networks, for collaboration into creating dementia-friendly communities, between public authorities, family doctors, services providers, NGOs, business representatives and persons who could be advocates for change in the communities (personalities involved in community causes);
- Providing training programs on dementia issues to different stakeholders in the community (such as professionals working with people with dementia, business representatives, volunteers or staff from public institutions);
- Education of the younger generations in the field of aging and dementia, since early school years.

THEME 2 - PLANNING PROCESSES FOR CREATING DEMENTIA-FRIENDLY COMMUNITIES, INCLUDING IN TERMS OF RAISING AWARENESS AND INTEGRATING TOOLS AS CREATIVE ARTS IN THE CARE OF PERSONS WITH DEMENTIA

- Starting by small actions / activities that can raise awareness on the dementia issue (such as setting up Memory Cafes in communities or Dementia Friends Initiatives), where people can invite one another and engage in meaningful activities, while also getting informed about dementia;
- Encouraging volunteer actions in community, in NGOs and public facilities for people with dementia, but also for persons with dementia as volunteers, which can increase their social inclusion and respond to their actual needs;
- Creation and implementation of an action plan in the community, with achievable, measurable goals for change, regardless of whether that change is small and specific or big and systemic. The design and specificity of these action plans will depend on the people that create them and the stakeholders that support them. There may be a focus on the physical environment, on transportation, on using creative tools in the work with people with dementia in different community settings, on the change or increase local services, on the education or awareness training, or on including dementia into policies and strategic planning;
- Engaging cultural institutions (such as libraries or museums) to take up initiatives for dementia, implementing activities aimed at people living with dementia in the community, facilitating their participation and leisure activities;
- Engaging services providers in facilitating access to creative activities for people with dementia, which will enable them to maintain their capacities, enrich their creative potential, contribute to their physical and mental wellbeing, while keeping them learning new things, including in care homes (such as theatre or storytelling);
- Engaging NGOs in taking up more activities and programs for people with dementia, engaging their members and volunteers (including older persons who volunteer) to support in the community of people with dementia, and to take part in creative activities (such as theatre or storytelling);
- Involvement of the central authorities in the field of culture, in order to promote this kind of initiatives
- Implementing adequate training programs and awareness raising programs for staff of: local businesses (such as supermarkets or banks), public institutions, cultural institutions, in order to ensure proper communication with people with dementia and also guidance and support in community;
- Training professionals that work in the field of creative arts in working with dementia and in adapting / creating activities for people with dementia / their families, including online training programs;
- Implementing National Registers for Dementia.

THEME 3 - THE PHYSICAL ENVIRONMENT

- Adapting the physical environment for people with dementia, in order to ensure their orientation, access, autonomy and avoid confusion, always in direct consultation with people with dementia, who are the most entitled to speak for themselves and offer their opinion on how to adapt the environment and spaces for their accessibility;
- Adapting the public institutions for people with dementia, in access spaces and toilets: to have separate counters, light signals, writing to be seen clearly, contrasting colours, and audio signals for people with dementia to be able to have autonomy;
- Using a dementia-friendly architecture in the community design, for care facilities / day centres, meaning, for example: simple, warm, images that induce positive emotions, familiar paintings, without objects that can hurt them, round edges, good lightening, in activity rooms, meals rooms and toilets;
- Creating green spaces and gardens adapted for people with dementia, such as sensory gardens which could stimulate their senses, revive their memories, enable them to go out for walking and spending nice time, and could also be a starting point for creative arts activities for them;
- Using clear designs for furniture (such as for chairs), for avoiding confusions.

THEME 4 - ACCESS AND CONSIDERATION FOR DEMENTIA AMONG LOCAL BUSINESSES AND PUBLIC SERVICES

- Consulting people with dementia and their carers on how to plan and design urban spaces for their wellbeing and inclusion;
- Including in community planning and design principles for a better access for dementia in different institutions;
- Institutions such as libraries or museums to include into their planning and activities also people with dementia needs and particularities;
- Encouraging organizations to establish dementia friendly approaches and implement strategies that help people with dementia;
- Training employees of local businesses and public institutions to recognize the person with dementia and behave accordingly, offering support, using also arts (such as movies) which can have a more powerful and long-term impact;
- Building physical environments, accessible and easy to navigate for people with dementia, in these locations;
- Raising awareness amongst employees to prevent dementia and eliminate stigma;
- Supporting employees/colleagues who care for a person with dementia;
- Implementing creative arts workshops and activities in the living environment of persons with dementia, for a

- better promotion of their wellbeing and health (such as in care residential facilities or community centers);
- Creating networks including small and medium enterprises and start-ups, public authorities, cultural institutions, schools, church and policy makers in order to transform communities into more dementia-friendly ones;
- Existence of a National Plan for Dementia in order to ensure these activities and funding, which would allow prevention, early diagnosis and interventions, specialized care services, family support, support for the professionals and raising the life expectancy for people with dementia.

THEME 5 – COMMUNITY-BASED INNOVATION SERVICES THROUGH LOCAL ACTION, INTEGRATING TOOLS AS CREATIVE ARTS IN THE CARE OF PERSONS WITH DEMENTIA

- Including innovation services / products in the care process of people with dementia, by using new technologies, for ensuring their safety at home and living autonomously as long as possible;
- Involving theatres and community theatres in social causes such as dementia awareness;
- Training socio-medical and care staff to use creative arts as tools in the care of people with dementia;
- Promoting at a larger scale the use of creative arts in the care of people with dementia, in different care settings (such as hospitals, day care centers, pharmacies etc.);
- Story2Remember training program for professionals and the toolkit for improving communication targeting family carers could be used as innovative programs in different care facilities for improving the quality of life of people with dementia and their carers;
- Empowering people with dementia to experiment creative activities (such as storytelling, seeing art and exhibitions, painting, handling objects or hearing music, participating in choral singing etc.) and analysing the impact of arts-focused activities in dementia.

THEME 6 - ACCESS TO TRANSPORTATION FOR PEOPLE WITH DEMENTIA, IN ORDER TO FULLY PARTICIPATE IN COMMUNITY ACTIVITIES AND BENEFIT FROM CARE SERVICES

- Provide access to public transportation for people with dementia, including clear signage about the services offered and also adapted design and stops;
- Stops should be also announced in an audio manner;
- Providing priority seats for people with dementia in public transportation means;
- Training of transportation staff for optimal support and communication with people with dementia;
- Training taxi drivers for optimal support and communication with people with dementia;
- Including volunteers to support people with dementia in transportation where they need to go;
- Creating community transportation routes which could take people with dementia from their homes to the institutions/services they need, by partnering between different institutions.

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ANNEX 1:

METHODOLOGY OF BEST PRACTICES IDENTIFICATION WITHIN PARTNER COUNTRIES

TEMPLATE FOR BEST PRACTICES OF DEMENTIA FRIENDLY COMMUNITIES IN PARTNER COUNTRIES

-ELABORATED BY ASOCIATIA HABILITAS – CENTRU DE RESURSE SI FORMARE PROFESIONALA-

INTRODUCTION

According to Alzheimer's Disease International (ADI, 2017), a dementia friendly community (DFC) can be defined as "a place or culture in which people with dementia and their carers are empowered, supported and included in society, understand their rights and recognise their full potential".

- The key outcomes which ADI considers should be pursued within dementia friendly communities include:
- Awareness: Increased awareness and understanding of dementia
- Social and cultural engagement: Increased social and cultural engagement for the person with dementia
- Human rights: Legal and other measures in place to empower people with dementia to protect their rights
- Capability building and access to dementia friendly services: Increased capability of health and care services to develop services that respond to the needs of people with dementia
- Physical environment: Actions to improve the physical environment whether in the home, residential care, hospitals or public places

PURPOSE OF THE DOCUMENT

The purpose of this document is to provide best practice examples of developing dementia-friendly communities in Story2Remember project partner countries or, if there are no examples available in the country, from the EU. These best practice examples will be used to develop Policy recommendation for creating dementia-friendly communities/institutions to raise awareness and integrate tools such as creative arts in the care of persons with Alzheimer`s Dementia.

The document should contain representative DFC initiatives that can serve as a model for actual and potential stakeholders of dementia-friendly communities.

An initiative is a broad term and may refer to a local/national project of social care for AD patients, a dementia awareness campaign, a legislative initiative, a national public policy on dementia, a national coalition on dementia or a public-private partnership. Other examples might include an educational programme for health professionals which introduces creative arts programme to support people with AD, formal and informal carers of people with

AD, a small scale initiative introducing creative arts in care homes or a dementia-friendly business.

Most of the presented initiatives should include creative arts. **DFC Initiatives should be described from project partners' own country or, if there are no examples available in the country, from the EU.**

Multiple examples of DFC initiatives can be found here:

- <https://www.alz.co.uk/dementia-friendly-communities/case-studies>
- <https://www.alz.co.uk/adi/pdf/dfc-developments.pdf>

STRUCTURE OF THE REPORT FOR DFC INITIATIVES

Please briefly describe each initiative using the following 6 item structure (*max. 500 words/initiative*).

The information should be relevant to the best practice presented.

1. Name of the initiative

2. Description of the initiative

This includes information such as:

- Relevant contextual information
- Problem addressed by the initiative
- Objectives of the initiative
- Target groups

3. Evaluation

It should focus on obtained instead of intended results. Key aspects of the process might be relevant to policy makers. The innovative modality to deliver a service is an important aspect to emphasize.

Evaluation of the best practice is specific to the type of initiative presented and might include:

- Outputs
- Outcomes
- Process evaluation
- Public policy analysis methods
- Indicators (quantitative/qualitative)

4. Creative arts for dementia-friendly community

This section should address the following information:

- How did this initiative address creative arts?
- Barriers: what were the barriers, regarding the use of creative arts in this initiative? How were these barriers overcome?
- What were the benefits to address creative arts for people with dementia in this initiative?
- Other relevant information regarding the use of creative arts for DFC

5. Key-messages for policy makers

What are the key-messages for policy makers about DFC development and the use of creative arts regarding this initiative?

6. References

References for the presented information (including website of the initiative)

The provided examples for best practice initiatives should address the following areas. A minimum of 4 initiatives/partner should be described.

Areas:

- Public awareness and accessibility of information about dementia
- Planning processes for creating dementia-friendly communities to raise awareness and integrate tools such as creative arts in the care of persons with dementia
- The physical environment
- Access and consideration for dementia among local businesses and public services
- Community-based innovation services through local action, integrating tools such as creative arts in the care of persons with dementia
- Access to transportation for people with dementia, to fully participate in community activities and care services

References:

- Alzheimer's Disease International: Dementia Friendly Communities - Key Principles
- <https://www.alz.co.uk/adi/pdf/dfc-principles.pdf>

SECTION TO BE FILLED BY PARTNERS

Synthetic table of presented best practices for dementia friendly communities

Name of initiative	Area of the best practice
	<ol style="list-style-type: none">1. Public awareness and accessibility of information about dementia;2. Planning processes for creating dementia-friendly communities to raise awareness and integrate tools such as creative arts in the care of persons with dementia;3. The physical environment;4. Access and consideration for dementia among local businesses and public services5. Community-based innovation services through local action, integrating tools such as creative arts in the care of persons with dementia;6. Access to transportation for people with dementia, to fully participate in community activities and care services.

Please briefly describe each initiative using the following 6 item structure (max. 500 words/initiative):

1. Best practice of dementia friendly community in the area of:

- Public awareness and accessibility of information about dementia;
- Name of initiative;
- Description of the initiative;
- Evaluation;
- Creative arts for dementia-friendly community;
- Key-messages for policy makers;
- References;

2. Best practice of dementia friendly community in the area of:

Planning processes for creating dementia-friendly communities to raise awareness and integrate tools such as creative arts in the care of persons with dementia.

- Name of initiative;
- Description of the initiative;
- Evaluation;
- Creative arts for dementia-friendly community;
- Key-messages for policy makers;
- References;

3. Best practice of dementia friendly community in the area of:

The physical environment

- Name of initiative;
- Description of the initiative;
- Evaluation;
- Creative arts for dementia-friendly community;
- Key-messages for policy makers;
- References.

4. Best practice of dementia friendly community in the area of:

Access and consideration for dementia among local businesses and public services

- Name of initiative;
- Description of the initiative;
- Evaluation;
- Creative arts for dementia-friendly community;
- Key-messages for policy makers;
- References;

5. Best practice of dementia friendly community in the area of:

Community-based innovation services through local action, integrating tools such as creative arts in the care of persons with dementia.

- Name of initiative;
- Description of the initiative;
- Evaluation;
- Creative arts for dementia-friendly community;
- Key-messages for policy makers;
- References.

6. Best practice of dementia friendly community in the area of:

Access to transportation for people with dementia, to fully participate in community activities and care services.

- Name of initiative;
- Description of the initiative;
- Evaluation;
- Creative arts for dementia-friendly community;
- Key-messages for policy makers;
- References.

ANNEX 2: METHODOLOGY OF THE 6 CONSULTATIVE ROUND TABLES ORGANIZED WITH STAKEHOLDERS IN ROMANIA, ON THE FOLLOWING THEMES

METHODOLOGY FOR CONSULTATIVE ROUND TABLES ORGANIZED IN ROMANIA BY ASOCIATIA HABILITAS CRFP

Authors:

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DESCRIPTION OF CONSULTATIVE ROUND TABLES

1st Consultative Round Table	
Number of meetings	1
Duration of each meeting:	1 – 1.5 hours
Period:	July – August 2020
Number of participants:	4-6
Deliverables:	<ul style="list-style-type: none">• Attendance sheet;• Final report for the consultative round tables;
Theme:	Public awareness and accessibility of information about dementia
Sub-themes:	<ul style="list-style-type: none">• Are people in communities aware of what dementia is?• How are people informed on dementia issues?• What opportunities to participate in community activities are there for people with dementia? What about participation in creative activities?• Is the issue of dementia stigma acknowledged in the community? What about ageism?• Are people aware about the needs of persons with dementia?• Are the services available for Persons with dementia well known by family carers?• What is the potential of creative arts to sustain dementia-friendly communities?

Questions to be raised during discussions:

- What are the measures currently available in order to enhance public awareness and access information about dementia?
- What measures/initiatives need to be created / improved in order for people with dementia to participate in community activities, and moreover in creative activities?
- What is missing from current practice in this field?
- Which institutions should be involved?
- Which professionals should be involved?
- What are the best implementation strategies for the newly designed or updated methods?
- What are the methods to monitor and evaluate their efficacy?
- What are the budgeting/resources that could be used?
- Possible barriers
- Possible solutions
- What are the benefits of using creative arts to increase awareness about dementia friendly-communities?
- How can creative arts be implemented to support the development of dementia friendly-communities? Who should be involved (professionals, institutions)? Who should do the training?
- What are the types of policies that could be formulated and adopted?

2nd Consultative Round Table

Number of meetings 1

Duration of each meeting: 1 – 1.5 hours

Period: July – August 2020

Number of participants: 4-6

Deliverables:

- Attendance sheet;
- Final report for the consultative round tables.

Theme: Planning processes for creating dementia-friendly communities to raise awareness and integrate tools such as creative arts in the care of persons with dementia.

Sub-themes:

- Identifying the institutions that should be involved in creating dementia-friendly communities, to raise awareness and integrate tools such as creative arts in the care of persons with dementia:
 - At local levels;
 - At national levels;
 - At European levels .
- How to create partnerships between institutions to create dementia-friendly communities, to raise awareness and integrate tools such as creative arts in the care of persons with dementia;
- Steps and measures to be taken in this process;
- Developing education about creative arts in the field of dementia;
- Potential barriers in the planning of processes in achieving this goal;
- Solutions.

Questions to be asked

- What are the measures currently available;
- What measures need to be created / improved;
- What is missing from current practices in this field;
- Which professionals should be involved;
- Which institutions should be involved;
- What are the best implementation strategies for the newly designed or updated methods;
- What are the methods to monitor and evaluate their efficacy;
- What are the budgeting/resources that could be used;
- Possible barriers;
- Possible solutions;
- How can creative arts be implemented to support the development of dementia friendly-communities? Who should be involved (professionals, institutions)? Who should do the training?
- What are the types of policies that could be formulated and adopted.

3rd Consultative Round Table

Number of meetings 1

Duration of each meeting: 1 – 1.5 hours

Period: July – August 2020

Number of participants: 4-6

Deliverables:

- Attendance sheet;
- Final report for the consultative round tables.

Theme: The physical environment.
HOW TO CREATE A PHYSICAL ENVIRONMENT ADAPTED TO PEOPLE WITH DEMENTIA?

Sub-themes:

- An integrated approach: using dementia-friendly design, age-friendly design and universal design;
- Adaptation of the physical environment, indoor and outdoor, for people with dementia to continue to access everyday activities such as shopping, banking or using public transport to attend community activities;
- Adaptation of the physical environment, indoor and outdoor for people with dementia to improve the access of care and support services;
- Adaptation of services in public and private institutions; (hospitals, administration, local/central, pension offices etc.);
- Adaptation of electronic/online services;
- Providing best practice design for domestic and residential dementia care;
- Adaptation of the physical environment for people with dementia to participate in creative/ arts institutions and services (such as art galleries, libraries, nursing homes, day care centers etc.);
- Adaptation of service delivery processes in public and private institutions for people with dementia to promote participation in creative/ arts institutions.

Questions to be asked

- What are the measures currently available?
- What measures need to be created / improved?
- What is missing from current practice in this field?
- Which institutions should be involved?
- Which professionals should be involved?
- Who should do the training?
- What are the best implementation strategies for the newly designed or updated methods?
- What are the methods to monitor and evaluate their efficacy?
- What are the budgeting/resources that could be used?
- Possible barriers;
- Possible solutions;

3rd Consultative Round Table

Questions to be asked

- How can creative arts be implemented to support the development of dementia friendly-communities? Who should be involved (professionals, institutions)? Who should do the training?
 - What are the types of policies that could be formulated and adopted?
-

4th Consultative Round Table

Number of meetings 1

Duration of each meeting: 1 – 1.5 hours

Period: July – August 2020

Number of participants: 4-6

Deliverables:

- Attendance sheet;
- Final report for the consultative round tables.

Theme: Access and consideration for dementia among local businesses and public services.

Sub-themes:

- Supporting employees with dementia;
- Supporting employees who are caring for someone with dementia;
- Support for customers with dementia;
- Adaptation of physical environment in shops, public institutions etc. for people with dementia;
- Potential benefits of creative arts for business and services development in the field of dementia;
- Use of creative arts to train employees and adapt places for people with dementia;
- The potential market for creative arts in the field of dementia.

Questions to be asked

- What are the measures currently available?
- What measures need to be created / improved?
- What is missing from current practice in this field?
- Which professionals should be involved?
- Which institutions should be involved?
- What are the best implementation strategies for the newly designed or updated methods?
- What are the methods to monitor and evaluate their efficacy?
- What are the budgeting/resources that could be used?
- Possible barriers;
- Possible solutions ;
- What are the benefits of using creative arts in this topic of dementia friendly-communities?
- How can creative arts be implemented to support the development of dementia friendly-communities? Who should be involved (professionals, institutions)? Who should do the training?
- What are the types of policies that could be formulated and adopted?

5th Consultative Round Table

Number of meetings 1

Duration of each meeting: 1 – 1.5 hours

Period: July – August 2020

Number of participants: 4-6

Deliverables:

- Attendance sheet;
- Final report for the consultative round tables.

Theme:

Community-based innovation services through local action, integrating tools such as creative arts in the care of persons with dementia.

Sub-themes:

- Existence of such community-based innovation services (integrating tools such as creative arts in the care of persons with dementia), from various points of view:
 - Organization type;
 - Financing;
 - Ease/method of contact and reply time;
 - Target population;
 - Services provided, including what kind of creative tools are in use;
 - Territorial reach.
- Encouraging and fostering the use of innovative creative tools in the care services for people with dementia:
 - Training of professionals in dementia care field in using these tools;
 - Means of information dissemination about these tools in the community of professionals in dementia care field ;
 - Sharing relevant information within the community of professionals in dementia care field (research, best practices, resources).
- Long term management for the professional community
 - form of organization;
 - management;
 - meetings / events;
 - projects;
 - peer support;
- Barriers in the use of innovative creative tools in the care services for people with dementia;
- Solutions.

Questions to be asked

- What are the measures currently available?
- What measures need to be created / improved?
- What is missing from current practice in this field?
- Which professionals should be involved?
- Which institutions should be involved?
- What are the best implementation strategies for the newly designed or updated methods?
- What are the methods to monitor and evaluate their efficacy?
- What are the budgeting/resources that could be used?
- Possible barriers
- Possible solutions
- What are the benefits of using creative arts in this topic of dementia friendly-communities?
- How can creative arts be implemented to support the development of dementia friendly-communities? Who should be involved (professionals, institutions)? Who should do the training?
- What are the types of policies that could be formulated and adopted?

6th Consultative Round Table

Number of meetings 1

Duration of each meeting: 1 – 1.5 hours

Period: July – August 2020

Number of participants: 4-6

Deliverables:

- Attendance sheet;
- Final report for the consultative round tables.

Theme: Access to transportation for people with dementia, to fully participate in community activities and care services.

Sub-themes:

- improving accessibility;
- using dementia-friendly signage;
- training of staff on dementia issues;
- particularities of transportation to creative activities for people with dementia and their carers.

Questions to be asked

- What are the measures currently available;
- What measures need to be created / improved;
- What is missing from current practice in this field;
- Which professionals should be involved;
- Which institutions should be involved;
- What are the best implementation strategies for the newly designed or updated methods;
- What are the methods to monitor and evaluate their efficacy;
- What are the budgeting/resources that could be used;
- Possible barriers;
- Possible solutions;
- How transportation access can be implemented to increase access to creative arts in the field of dementia? Who should be involved (professions, institutions)? Who should do the training?
- What are the types of policies that could be formulated and adopted.



STORY 2
Remember