‘Making communities work for the most vulnerable: What can Age-friendly Communities learn from the dementia friendly movement?’

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Introduction
“It is often said that, “a dementia friendly community is age-friendly, but an age-friendly community is not necessarily dementia friendly.” In fact, neither one wholly encompasses the other.”

Turner, N and Morken L, (AARP, 2016), Better Together: A comparative Analysis of Age-friendly and Dementia Friendly Communities
Why is it important?

46.8 million

People in 2015 living with dementia worldwide
This is set to double by 2030, and then triple by 2050

52%

Of people aged 60 and over..
named Alzheimer’s their greatest fear
(compare to 39% in younger age groups)

$1 Trillion

Global $ cost of Alzheimer’s
But cost is also human, most often caregivers are themselves older
How have we got to where we are?

- History
- WHO framework
- Issues around engaging and reaching ALL older people
- Differences in leadership and stakeholders
Age-friendly Communities: History and definitions

- WHO framework most understood and far reaching
- Underpinning documents (guide and checklist, 2007)
- Scaled globally through Global Network of Age-friendly Cities and Communities (2010)
- Remained relatively uniform and recognisable

- No single definition but WHO’s commonly cited one is that it “encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.”
Dementia friendly Communities: History and definitions

- Taken hold *globally* more recently (though efforts in Japan and Scotland for over a decade)
- G7, 2013 Dementia Summit helped promote, now initiatives across England, Australia, Canada, Germany, USA and further afield
- No single dominant framework though there are significant national models and broader typologies beginning to emerge
- Even greater variation in definitions though common to all is *an emphasis on the social over the medical, increasing awareness and challenging stigma.*
How do the frameworks align?
World Health Organisation: 8 Domains

Key Elements:

- Political commitment
- Multi Sector Partnerships
- Ownership by older people
- Equity
Dementia Friendly America: 10 Sectors

- Health and long-term care that promotes early diagnosis and specialized care and support throughout the care continuum
- Specialized residential options offering memory loss supports and services
- Welcoming and engaging communities of faith
- Dementia-aware and responsive legal and financial planning
- Businesses that foster customer service and environments that support customers with dementia and employee caregivers
- Transportation, housing, and public spaces
- Understanding and supportive neighbors and community members
- Options that maximize independent living and sustain meaningful community engagement
- Dementia-informed local government emergency planning and first response

Source: www.dfamerica.org
2015
Alzheimer’s Disease International: 5 Principles

Source: https://www.alz.co.uk/dementia-friendly-communities/principles
Innovations in Dementia: 4 Cornerstones

Place
How do public spaces, housing, transport and written information affect people with dementia?

People
How well are people with dementia supported by those around them?
What can be done to raise awareness?

Resources
How can resources be targeted towards a community-based approach?
How are community resources supported and encouraged to be accessible?

Networks
How well do distinct community sectors work together to support people with dementia e.g., local Dementia Alliance?
Are there other ways to network?

Source: Imogen Blood & Associates Ltd and Innovations in Dementia, 2017
What do Age-friendly and Dementia Friendly Communities have in Common?

- Both have a focus on helping people remain independent and included in their own community, for as long as possible
- Both put people with lived experience at centre
- Both emphasise the social AND physical environment
- Both engage a broad set of multi-sector stakeholders
How do they differ?

- ‘disease-specific’ lens: dementia friendly is by definition focused on disability
- Combating stigma and raising awareness: front and centre in dementia friendly
- Timetable and Political commitment: Age-friendly requires it, dementia friendly does not
- Specific Actions and stakeholders: Dementia friendly can be more prescriptive about who to engage to meet needs of people with dementia
- Focus on prevention: Age-friendly more grounded in public health principles
- Engagement of Caregivers: Much more central to dementia friendly
Some specific areas of focus
Challenging Stigma and Raising Awareness

- For people living with dementia, the **attitudes of staff** can often be higher priority than the physical attributes of local amenities.

- One of the key ways an age-friendly community can improve the lives of people living with dementia is by making **people who are living well with the disease** much more visible.

- Examples of work:
  
  - Dementia Friends Initiatives
  
  - Training for transport providers
Inclusion of people living with dementia (and caregivers)

- ‘Nothing about us without us’ – not including people with dementia reinforces stigma
- People living with dementia and their caregivers have the expertise needed

Examples:
- Dementia Advisory Groups
- Dementia Friendly America guidance explicitly consider caregivers in each sector
Physical Environment (Dementia Friendly Design)

Good design can help mitigate issues affecting people living with dementia, in ways that are often above and beyond those addressed within age-friendly plans.

Examples:
- Signs
- Clearly contrasting surfaces
- Familiarity /ease of use
- Dementia friendly home adaptations
- Outside spaces
Case Study: Dementia Friendly Theatre from West Yorkshire Playhouse (UK)

- Grew out of a decade long programme with older people.

- Adaptations include:
  - altering sound and lighting levels,
  - Adapting stage actions so storylines are easier to follow
  - engaging with audience before and after to aid familiarity
  - Consult with people living with dementia e.g. to ‘give notes’ on dress rehearsals
  - Choosing shows carefully and thinking about language.

- Allowing space for positive portrayal of people living with dementia have opened conversations and connections between the ‘mainstream’ ageing work.
Next Steps
What steps can Age-friendly Communities take next?

- Ensure that people living with dementia and their caregivers are included in all steps of the AFC process (e.g. through dementia advisory group)
- Include dementia focused stakeholders on steering groups and work groups
- Align staffing resources from start (or take steps to coordinate if both are already well established)
- The 8 domains can act as a useful guide to adapt action plans to meet the needs of people with dementia (use guidance in models such as those in above)
- Consider developing a dementia friendly community initiative as an additional AFC domain
- Initiate a dementia awareness raising program such as dementia friends
Resources


- Dementia Friendly America, Toolkits and Sector Guides [http://www.dfamerica.org/](http://www.dfamerica.org/)