Dementia-friendly social support – checklist

May 2015

Acknowledgements

Consultancy service ||| www.rogerhastrich.com |||

For further information regarding the *Dementia-friendly social support – checklist* project please contact:
Teresa Roberts, Team Leader Western Region, Uniting AgeWell
troberts@unitingagewell.org

Table of contents:

Purpose

Living with dementia can be challenging at home and in other familiar environments. Participation in group activities, in unfamiliar surroundings with new people, can add to the person's disorientation, confusion and stress.

Dementia-friendly environments support the person's abilities by providing; memory prompts, sensual cues, space to move around and quiet areas as well as supporting orientation. Wayfinding[1] techniques will reduce disruptive information and stimulation.

This document is designed to assist social support groups to create more dementia-friendly environments and offer more effective programs.

The document has three sections:

Section one: purpose, how to use the document and checklist, background material about dementia, running social support groups and the use of the checklist

Section two, is the checklist, which provides practical assistance for assessing a dementia-friendly environment

Section three, provides two templates for planning change.

The checklist summarises the most effective ways of ensuring social support (Home and Community Care funded Planned Activity Groups) are dementia-friendly.

The purpose of the checklist is to:

- ⊡ Assist social support programs to compare current arrangements in your program with a broad range of best practice approaches.

- ⊡ Identify areas for improvement that will assist groups to deliver dementia friendly programs and operate in environments that support the person with dementia, carers and staff.

Social support programs support people's ability to remain living in the community by providing a range of enjoyable and meaningful activity, cognitive stimulation, good nutrition, emotional well being and social inclusion.

The location of each program is unique. The principles and advice on sound practice in the checklist can be adapted for any type of program in any setting- even when visiting other locations.

---

[1] Wayfinding helps people with dementia move independently from one spot to another. It refers to 'what people see what they think about and what they do when finding their way from one place to another' (Brawley 1997)

The checklist has been developed in four logical stages.

1 Promotion	2 Starting	3 Setting	4 Program
Let's check that the promotional information you present to clients and carers is enabling and engaging.	*Let's check* that the very first interaction you have with the client and their carers is supportive, positive and individualised.	*Let's check* that the spaces and places you use for social support programs are dementia friendly – signage, colours, wayfinding. . .	*Let's check* that the activities and programs you deliver support rather than confound each person.

How to use the checklist

This checklist summarises ideas from many information tools relating to dementia. Information regarding further reference materials, apps, websites and training opportunities is provided at each stage.

Organisations providing a social support program can work through this checklist, as a team, to celebrate current approaches consistent with best practice and also identify opportunities for improvement.

Ideas for improvement can be shaped into a plan based on the knowledge that your program is working towards best practice.

Your plan might include:

- ▣ Updating promotional and assessment paperwork
- ▣ Making changes to your facility
- ▣ Planning further training in areas such as communication.

What is the **experience** of dementia?

Dementia describes different characteristics around changes in the brain or cognitive capability. The most obvious is impairment of memory. Of the many usually progressive and permanent dementias, Alzheimer's disease is the most common. (Brawley 1997)

For people with dementia, their physical and social environments become more and more difficult with changes in cognitive capability. Dementia changes very much how people interpret what they see, hear, taste, feel and smell. (US National Institutes of Health 2002)

Anyone trying to create a dementia-friendly environment must first ask how people living with dementia experience their world. The *Making Design Dementia-Friendly* conference (Stewart and Page 1999) describes common features of living with dementia:

It impairs our memories:

We can forget where we put things.

We can forget what we have been doing even recently.

We can forget people's names, even people close to us.

We can forget we have done something and so repeat doing or saying things.

Our strongest memories may be for events from the past.

It impairs our reasoning:

We can find abstract notions like money and value confusing.

We can find the results of actions hard to predict.

We can misunderstand the pattern on the floor.

It impairs our ability to learn:

We can find new places disorienting.

We can have difficulty getting used to unfamiliar objects or routines.

We forget where basic things like the toilet are.

It raises our levels of stress:

We can find large groups difficult.

We can become anxious in situations we coped well in before.

Too much noise makes us confused.

It makes us very sensitive to built and social environments:

We can be very sensitive to the emotional atmosphere.

We benefit from calmness.

We need good lighting to give us as much information as possible about our surroundings.

It makes us more and more dependent on all our senses:

We may need to be able to smell, feel and see things.

We can get agitated if we get too hot.

We can get confused if there is not enough light. [2]

---

[2] http://www.health.vic.gov.au/dementia/index.htm

Here are the important dementia-friendly ways of working.

Person centred care; a wellness and enabling approach (the Active Service Model) [3]	▫ People wish to remain autonomous. ▫ People have the potential to improve their capacity. ▫ People's needs should be viewed in a holistic way. ▫ HACC services should be organised around the person and his or her carer, that is, the person should not be simply slotted into existing services. ▫ A person's needs are best met where there are strong partnerships and collaborative working relationships between the person, their carers and family, support workers and between service providers.
Major needs of people living with dementia [4]	▫ **Comfort** People living with dementia may have a sense of loss, causing anxiety and insecurity. They need an environment of comfort and empowerment. ▫ **Attachment** The need for attachment is strong in each of us, more than ever when we feel like a stranger in someone else's environment. People with dementia need to feel a sense of belonging. ▫ **Inclusion** People with dementia can find it hard to be included in situations where others do not have the same impairment. Individualised care and physical settings help people feel they are part of a group. ▫ **Occupation** Being occupied means being involved in everyday life. Carers and designers need to create conditions that support social involvement, drawing on people's experiences, strengths and abilities. ▫ **Identity** A person with dementia is unique. A person's life-story should be built into all interactions in the care setting. (Kitwood 1997)

---

[3] http://www.health.vic.gov.au/hacc/projects/asm_project.htm
[4] http://www.health.vic.gov.au/dementia/index.htm

Here are the important dementia-friendly ways of working. (continued)

The following guiding principles have been developed for residential settings and have been a reference for the checklist for social support programs.

Principles for creating dementia-friendly environments	Dementia Enabling Environment Principles
Department of Health and Human Services	Alzheimer's Australia

Dementia-friendly environments are created around the experience of dementia, a flexible approach to maximise people's freedom and involvement, and minimising regimentation (Nagy 2002) Principles for dementia-friendly environments are: 1. Keep health at the best possible level 2. Make up for reduced sensory, cognitive and motor ability 3. Support continuation of roles and lifestyles 4. Support abilities through meaningful daily living 5. Respect the right to freedom of choice and speech 6. Have valued settings of a home-like environment 7. Respect privacy, dignity and personal possessions 8. Give choice of activity and involvement 9. Provide safety and security while supporting independence. Refer: http://www.health.vic.gov.au/dementia/in	The Dementia Enabling Environment Principles are based on the work of Prof. Richard Fleming and Kirsty Bennett, University of Wollongong. These principles have an evidence base and have been constructed from reviewing the research literature of studies looking at maximising enablement and wellbeing for people living with dementia through physical design. 1. Unobtrusively reduce risks 2. Provide a human scale 3. Allow people to see and be seen 4. Reduce unhelpful stimulation 5. Optimise helpful stimulation 6. Support movement and engagement 7. Create a familiar space 8. Provide opportunities to be alone or with others 9. Provide links to the community 10. Respond to a vision for way of life. Refer: http://www.enablingenvironments.com.au/

dex.htm#principles   Principles.aspx

Social support groups play an important role in the lives of people who live at home with the effects of dementia.

The effects of dementia are variable and individual. A social support group may be a highly significant program in the life of a person. It provides an opportunity to enjoy an engaging and interactive environment whilst spending time with other people and re-discovering skills, memories, ideas and experiences.

In addition, social support programs assist carers by providing: information on caring, a change in the routine of caring and the knowledge that their loved one is engaged in a meaningful social program.

A well designed social support space and program supports the three major principles of enablement, dignity and individual choice:

Enablement	A well designed space is easy for people to navigate, understand and control: all barriers to participation are minimised. An individualised program builds on strengths because barriers to involvement are minimised.	An effective social support program pro-actively encourages participants to engage in their social and physical environment on their own terms.
Dignity	An effective social support program is based on positive assessment and care planning that focusses on the capacity and aspirations of each person.	Social support programs can identify and respond to those parts of our lives we value most.
Individual choice	An effective program provides individualised opportunities for involvement: when, how and where to participate in the activities / programs / meals available.	Making choices, however small, is life affirming: social support programs provide great opportunities to exercise choice.

This checklist has been designed to assist all types of social support programs conducted in a wide range of locations; purpose built, meeting rooms, halls and so forth.

The **four stages** of the checklist

The checklist is divided into the four stages providing a 'pathway' for people finding out about and using your social support program. The stages are:

1 Promotion	2 Starting	3 Setting	4 Program
The written and other material you provide to people and their carers	The process of assessment and initial introduction of the person to the group	The physical environment: buildings, inside and outside	The activities that you present / provide to the group and each participant

Each stage of the checklist is presented with the following information / sections:

- ☐ A rationale – why is it so important to consider these issues for people with dementia?

- ☐ Headlines – critical 'big picture' information for each stage

- ☐ Best practice ideas – this is the checklist: compare your current approach / facilities with the best practice ideas

- ☐ Notes – the checklist provides a space to jot down your ideas

- ☐ Further resources – links and contacts for more extensive research and professional development.

Two planning tools are provided at the back of this document:

1. Map of current good practice: evidence for quality assessment – this list will assist you to record evidence where you are meeting the Community Care Common Standards, which will be useful during an audit – see template 1

2. Action plan for making positive change to program and environment – this plan compares the change you regard as necessary to the evidence of best practice provided in the checklist; this will help you make a positive case for change – see template 2.

Preparing to use the checklist

Step one:

Meet as a staff team to review this tool, current levels of awareness regarding dementia and your impressions of current practice. Arrange to complete the tool, presumably by reviewing one 'stage' at a time: Promotion, Starting etc. There are supports such as Alzheimer's Australia Victoria who may also assist you with this process.

Step two:

The primary purpose of this tool is to plan for improvements. The tool will generate many ideas that can be sorted into short / longer term – low/higher cost – urgent / less urgent. A completed plan can be used to advocate for changes within your program and facilities that will increase access, engagement and participation.

Intentional blank

1 Promotion

Rationale

Most people talk in real words. They do not use terms like PAG or HACC or even 'dementia-friendly'.

The way we promote our service is critical to people understanding WHY a service may meet their needs, WHAT they can expect from the service and HOW they will be involved.

The clarity and quality of your promotional information can affect access to your service.

To be dementia-friendly the promotional material must 'give permission' to the reader to (at least) find out more by making contact and calling in to look at your program.

Your promotional material must overcome barriers:

For example, some carers may think that the challenging behaviour of their loved one makes them ineligible for a social support program. Positive promotion will clarify both eligibility and opportunities to participate.

Another barrier may involve reluctance by a client to leave the familiar setting of home and participate in a group.

Headlines

If you assume that the reader has never heard of a 'social support' program, let alone a 'PAG'... the promotional material must outline the:

- Overall aim of a social support group

- How the group works and what you do together

- Benefits to people who participate, including benefits to carers

- How to find out more

The promotional material you publish in pamphlets and websites must be suitable for three audiences: the person with dementia, their carers and other service providers.

Don't focus on the negatives of loneliness, isolation and carer fatigue... promote the benefits of participation such as 'spending time with other people' and 'joining in with a small group' and 'provide a chance for carers to relax, knowing that their loved one is in good hands.'

Promote what your program does to support individual interests that will assist them to live well.
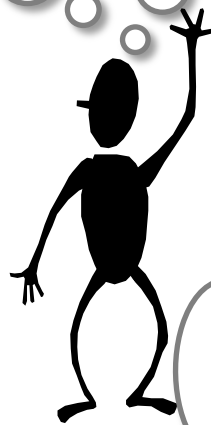
| 1 Promotion | 2 Starting | 3 Setting | 4 Program |

Before you work through the checklist...

Have you thought about the name of your program? It doesn't need to be called a Planned Activity Group.... Is there a clearer and more interactive name?

A social support program is a significant component of overall care... think about how your social support program links with other services for each client

How clearly do you promote your program with other HACC services who are delivering home care or nursing? Are they encouraging clients and carers to consider a social support group? Are they providing accurate information?

A picture can tell a story... however, be careful that photos from the internet don't look like a community centre in New York... please keep it real.

1 Promotion	2 Starting	3 Setting	4 Program

Best practice ideas	Action
Show your promotional material to a range of people who have nothing to do with your service and ask them to identify the key messages. Ask them to identify: ☐ **Who** is this service for? ☐ **How** does the service work? ☐ **Why** would anyone participate? ☐ **What** would someone do next?	
Review the **language** you use. Focus on 'enabling' words such as: wellness, active ageing, independence, participation, choice.	
Use the **plainest English** possible… 'join in' is preferable to 'participate'…'social group' is preferable to 'Planned Activity Group'…	
Ensure your language and images are also **'diversity friendly'**; be careful not to inadvertently imply that the program is only available to one type of person in the community.	
Consider your eligibility and assessment processes to ensure you are **clear** about dementia related issues and focus on supporting independence and capacity.	

1 Promotion (continued)

Notes: Record examples of good current practice; this can then be summarised in 'template 1' at the back of the document. Record all the ideas for change that can then be summarised in the 'template 2' in the back of this document.

What should we keep doing? What are we already doing well?	
Low or no cost ideas that can be implemented immediately	
Changes that will require planning and further resources	
Approaches to following up further training and information	
Notes	

1 Promotion	2 Starting	3 Setting	4 Program

Resources and contacts

The Department of Health HACC Active Service Model approach is documented at:

http://www.health.vic.gov.au/hacc/projects/asm_project.htm

A series of information and communication resources are available.

Refer to the Department of Health Dementia-Friendly Environments web site, specifically the section on 'Maintaining personal identity: respect and dignity'. Go to:

http://www.health.vic.gov.au/dementia/changes/personal-identity.htm

Alzheimer's Australia publishes a guide to positive language regarding dementia. This is a useful tool for wording your pamphlet and flyers. Go to:

https://fightdementia.org.au/sites/default/files/full%20language%20guidelines%20final.pdf

Rationale

The first steps in any new program can be daunting, possibly much more so for someone living with dementia.

If carers and the person are comfortable to take these first steps there is a higher likelihood of engagement and participation in the social support program.

Headlines

Individualised involvement in a social support program is reliant on:

- Getting to know the person as an individual with a history, memories, likes / dislikes and a view of the future

- Effective assessment by gathering information from a range of sources and identifying individual social interests

- Action-oriented care planning that identifies the nature and types of activities and interaction that are most important to that person.

Completing assessment and care planning will ensure you get to know the person as an individual, which will assist your staff to approach their participation with confidence.

Further information and tips regarding assessment and care planning is attached to this document.

The next key stage is to ensure that the first day in the program is positive and encourages further interaction.

Naturally, take the time to treat the person as an individual and support them to get used to the people, space and routine.

Our primary goal is to ensure access and participation is a positive experience from the very first contact with the program.

Is your assessment and care planning creating a link between the abilities and interests of the individual with the activities and programming of your service? Is each person's life-story built into interactions and the program?

Are you ensuring that the person living with dementia feels comfortable and secure with the members of the group, staff and the space?
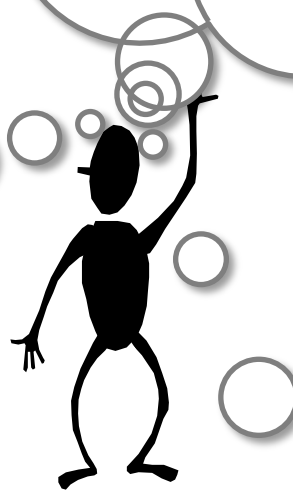
Is your program assisting each person to remember names, routines and memories?

2 Starting (continued)	
Best practice ideas	Action
Ensure your **assessment and care planning** involves asking about: ▣ The person as an individual – personal interests, including past interests ▣ What they would like to achieve both broader life and participating in the group. Identify "what makes a good day" in that person's life. Ensure that you focus on the strengths of the individual: not an illness or restriction – your goal is to maximise autonomy, not restrict the person. Where there are changes in behaviour look for the simplest solution that maintains individual dignity. Involve the person in identifying problems and solutions.	
Consider issues of **diversity** when undertaking assessment and care planning. Do not assume anything about the person based on appearances – ask first.	
Involve carers directly in the assessment and care planning process.	
Remain respectful of a **decision** made by the person, even if you disagree – the person has the right to make their own decisions.	
On the person's **first day of the program**, take time to: ▣ Introduce the person to the facility and the people involved ▣ Reinforce the key messages of choice and participation ▣ Identify the approaches to communication that work best ▣ Finish up the first session with positive statements: "See you next time…" "Thanks for contributing to the group…" and so forth.	

Notes: Record examples of good current practice; this can then be summarised in 'template 1' at the back of the document. Record all the ideas for change that can then be summarised in the 'template 2' in the back of this document.

What should we keep doing? What are we already doing well?	
Low or no cost ideas that can be implemented immediately	
Changes that will require planning and further resources	
Approaches to following up further training and information	
Other ideas	

Resources and contacts

The Department of Health has published a dementia specific guide to assessment and care planning. Go to:

http://www.health.vic.gov.au/hacc/downloads/pdf/dementia_guidelines.pdf

Section B provides information on approaches to communication and planning.

The Goal Directed Care Planning Toolkit: Practical strategies to support effective goal setting and care planning with HACC clients, (Kate Pascale 2013;). A Microsoft word version of the goal directed care planning template is available on the Inner East PCP website:

http://www.iepcp.org.au/active-service-model-emr-hacc-alliance

Alzheimer's Australia operates a website "Fight Dementia". The help sheets at the web address below provide practical advice on many areas, including communication.

https://vic.fightdementia.org.au/

The Department of Health Guidelines for Planned Activity Groups contains further guidance on service specific assessment and care planning. Go to:

http://docs.health.vic.gov.au/docs/doc/2C47D3CA0B4EC551CA257D3100271886/$FILE/Planned%20activity%20group%20information%20bulletin%202014.pdf

The Wimmera PCP have published a tool called "Information about me", which is a handbook to write down key information about the client. Go to:

www.wimmerapcp.org.au

3 Setting

Rationale

Dementia affects perception of physical spaces.

Colours, lighting, signage and layout can either confound or comfort.

Your task is to assess your current facilities (and the places you visit as a group) against known design approaches that increase participation and engagement and reduce stress.

Headlines

There is extensive information relating to dementia-friendly physical environments; mainly relating to acute and residential aged care.

Some broad hints that relate to spaces for social support programs include:

- ☐ Colours and tones that contrast can be 'read' more easily because they don't 'blend in' together for the person – contrast is your most effective tool

- ☐ Bright, glaring light is unhelpful and shadows can be interpreted as objects; ample and even light is best

- ☐ Signage, pictures and objects should be placed quite low to compensate for stooping which is common in older people

- ☐ Clutter, chaos, noise, and patterns (in floor and furnishings) are all unhelpful because they are distracting

- ☐ Maintaining a 'line of sight' in areas (including gardens) assists with wayfinding – particularly to places like the toilet

- ☐ Furniture, fittings and objects should be familiar to the 20 or 30 year old version of your participants

- ☐ Freedom of movement and the chance to choose where and how a person gets around the space is useful.

You have little control of the environment away from your facility. The best practice ideas below can be used to assess appropriate (and inappropriate) locations to visit with your group.

3 Setting (continued)	
Best practice ideas	Action
The best practice ideas listed below have been sorted into a simple order based on entering a building, moving around, using the main spaces and visiting other places.	
One: Entering the building	
Signage and wayfinding needs to be clear. Did you accurately describe where to enter the building? Is it clear which part of the building to go to and enter?	
Signage needs to be in **contrasting colours** and displayed at a height that a stooping person could still read. Check that the signage is not cluttered or unclear.	
Entrance **pathways** with contrasting coloured edges help to define the walking space.	
When entering the foyer it should be clear that the carer / person either needs to speak with reception or proceed in a certain direction or even wait to be met. This **'next step'** needs to be clear to make people welcome.	
Review your **reception area** for any unnecessary and dis-orientating signage, posters, pamphlet racks and other clutter.	

3 Setting (continued)	
Best practice ideas	Action
Two: Moving around	
Throughout the building, the **floor** should be a consistent (unpatterned) colour but a different colour / tone from the walls as people with dementia will find this easier to navigate.	
Areas that are for **staff only** can be camouflaged by painting doors and walls the same colour or. . . *This door panel doesn't 'read' as a door to the staff space but it is.*	
Keep spaces **uncluttered** both visually and without excess furniture so that the person can identify the way around the space.	
Spaces should be of a **'domestic scale'**. Keep corridors short. Avoid cavernous 'hall' spaces.	
Signs to different parts of the building need to be low enough for a person who is stooping: contrasting in colour / tone and within eye line. The toilet area should be in eye line from the main sections of the space, at the very least signs to the toilet should be in eye line.	

Best practice ideas	Action
Three: Using the main spaces	
Corridors should lead somewhere, with a distinctive feature (painting, seating, window) placed at the end to assist with direction.	
A **large area** should be broken up into distinctive 'zones' based on the activities that can happen in each space: eg a cluster of lounge chairs for resting, small tables for social eating, a larger table for group activities.	
As part of creating an interactive and varied environment, create a **'reminiscence space'** with furniture and objects. People with dementia are likely to be most familiar with elements from when they were in their 20s and 30s. This can be a quiet space and could be changed from time to time to create surprises and interaction.	
In general, use colour to **differentiate surfaces, places and objects**. Tables should be different colours than chairs, which should be a different colour again to the floor and walls. It sounds boring but chairs should probably be the same colour, or with only minor variation.	
Ensure plenty of **natural light** as people with dementia require more light to see clearly. However, avoid glaring light sources (like spot lights or windows with beaming north sun) and dark shadows (which can appear as objects) as these create uneven contrasts. Use artificial light to 'even out' the lighting.	

3 Setting (continued)	
Best practice ideas	Action
Three: Using the main spaces... continued	
Areas for **eating** should resemble domestic dining spaces as this can trigger the response for appetite.	
Allow space between table settings as this will avoid distractions from other people and their meals. If you are using named place settings remember to use a 60 point font.	
Appetite is triggered by smells. A person with dementia may have difficulty 'reading' a plate with food as food but may respond to the smell.	
Smaller, bite sized food can be more easily eaten and may not even require the use of awkward cutlery.	
Again, contrasting colours can be useful. A **placemat** (which is a different colour to the table) can be contrasted with the crockery to assist with recognition. Which option works best?	

1 Promotion	2 Starting	**3 Setting**	4 Program

3 Setting (continued)

Best practice ideas	Action
Three: Using the main spaces... continued	
Mix up the range of **eating spaces**. Larger / smaller group and even individual seating options encourage choice in how people eat their meal.	
A **large clock** that displays time and day / date helps with temporal orientation.	
Provide a **calendar that outlines key dates** for the social support program, other dates and daily routine, which helps to maintain orientation.	
Chairs need to be a height that enables maximum independence to get up and down. They need to be comfortable and upholstered in non-patterned colour that contrasts with the floor / table.	
A mix of seating is required: chairs and tables need to support active involvement in activities and meals. Encouraging relaxed conversation can be achieved by clustering a group of lounge chairs; providing opportunities for quiet time.	
To promote **independence and continence the bathroom** needs to be viewed from main areas	
The bathroom can be a confusing space for people with dementia. Use **fixtures** that are more familiar to the person with dementia, such as cross-head taps rather than fancy mixer taps.	

1 Promotion	2 Starting	**3 Setting**	4 Program

3 Setting (continued)	
Best practice ideas	Action
Three: Using the main spaces... continued	
A contrasting colour for the **toilet seat** and benches will stand out and cause less confusion.	
Avoid distinctive **patterns** on bathroom tiles as these can appear as objects.	
Provide **views** to any available gardens or open space. This will enable a person to 'read' the time of day and aids orientation.	
A **sensory garden** which includes plants, smells and objects reminiscent of the past will increase interaction.	
Garden beds and features at raised height increase engagement.	
Seating that encourages views of the building aids orientation. Seating in clusters aids conversation and interaction.	
Garden pathways should 'loop' and lead back to the building, rather than wind up in 'dead ends' that can be confusing.	
In a larger gardens seating should be located no more than 10-15 metres apart, allowing for 'stop off' points that encourage rambling and yet provide a resting point.	

1 Promotion	2 Starting	**3 Setting**	4 Program

3 Setting (continued)	
Best practice ideas	Action
Four: Visiting other places	
When you visit **other places** with members of the social support group be aware that all of the issues relating to dementia-friendly design apply. Try to choose venues that are calm, have soothing natural light, engage without overstimulation. Think laterally... earplugs may help someone in a busy shopping centre...	
Venues for visits should be **linked to the interests** of group members as they are an integral part of the program	
Arrangements for **travel** should consider: ▣ Orientating people to the idea of the trip ▣ Assisting people on and off the vehicle ▣ Allowing enough room to avoid cramming ▣ Communicating with everyone during the journey ▣ Monitoring of temperature control ▣ Minimising potential problems with chaotic noise ▣ Scheduling toilet stops along the journey and at the destination ▣ Responding to travel sickness. Your organisation should already have policies, procedures and risk assessment processes that include first aid, driver qualifications and heat wave guidelines for example.	

Notes: Record examples of good current practice; this can then be summarised in 'template 1' at the back of the document. Record all the ideas for change that can then be summarised in the 'template 2' in the back of this document.

What should we keep doing? What are we already doing well?	
Low or no cost ideas that can be implemented immediately	
Changes that will require planning and further resources	
Approaches to following up further training and information	
Other ideas	

Resources and contacts
A primary resource used in this best practice overview is the website "Dementia-Friendly Environments" by the Department of Health. Go to: http://www.health.vic.gov.au/dementia/
Alzheimer's Australia publishes a very visual guide to dementia friendly design on the web site: http://www.enablingenvironments.com.au/ Illustrations of rooms and areas are used to highlight sound design principles in homes, residential setting and gardens.
The University of Wollongong has an app called Built Environment Assessment Tool: Dementia (BEAT – D). The free app can be downloaded at: https://itunes.apple.com/au/app/beat-d-built-environment-assessment/id527112326?mt=8 This detailed app is a formal audit tool for residential care but many design principles are suitable for facilities involving social support groups.

Rationale	Dementia-friendly activities encourage engagement and participation.
	Choice of activity and opportunities for single, shared or group activity reinforce a person's capacity, not their illness.
	Dementia-friendly activities will support all participants in your program and assist staff to engage with each individual.

Headlines	Activities that relate to a wide range of aspects of a person's life are most meaningful – this is true of people with or without dementia.
	Broadly, dementia-friendly approaches include:
	• Encouraging the use of skills familiar to people
	• Drawing on people's positive past experiences
	• Creating and encouraging a sense of belonging
	• Focussing on existing strengths
	• Checking that spaces and objects encourage interaction and engagement
	• Supporting activities that increase physical activity, as this can lift mood and reduce stress
	• Remembering to ensure that materials and equipment used in your program involve contrasting colours so that they stand out.
	Some broad hints to assist with communication include:
	• Communicate in clear, shorter sentences and direct questions
	• Listen and allow the person to respond in their own time
	• Use open and positive body language
	• Be realistic about conversation, taking into account loss of memory.
	People with dementia are often more capable than they or their care providers realise.

Even though interaction with each person is limited to just a few hours per week our job is to know enough about that individual to provide activities, experiences and sensations that are meaningful to them.

Is your program making the most of the interests shared within the group?

Is your program taking into account nutritional needs – particularly for people who may rely on your session to get a good healthy meal?

Does your program encourage people to move around and make choices about the way they interact with the space and other people?

4 Program (continued)		4 Program
Best practice ideas		Action
Create activities that link to **positive past experiences**. Rummaging boxes, craft materials, life stories, art work, familiar furniture and music add to a positive sense of environment.		
Provide choices wherever possible: ▣ Choices of food (what to eat, who to eat with, where to eat) ▣ Choices of activity (what to do, who to do it with, where to do it. ▣ Choices to participate or sit back and watch. These are all real choices for people with dementia.		
As part of our thinking about choice . . . encourage **freedom of movement** around the social support space.		
Tasks with purpose are preferred to diversionary activities. If an activity links back to a past experience and leads to a sense of accomplishment this will mean more to a person with dementia.		
Think about activities that are **'failure free'** and do not result in frustration at being unable to complete an activity.		
Identify approaches to **communication** that work best with each individual, including: • Taking your time, allow the person to respond in their own time • Using images, music symbols and other aids to get to know one another		

4 Program (continued)	
Best practice ideas	Action
The use of **life stories** can be a positive activity for people with dementia and their carers.	
Some programs make **name tags** for participants and staff. If this works for your program remember to use a 60 point font.	
Alzheimer's Australia has developed an approach to prioritise response to individual circumstances. In other words, rather than thinking about the effects of dementia first... try this: **Communication**: Is the person understanding what is happening and are they able to tell you what they need at this time? **Activity**: Is the activity engaging the person or are they disengaged? **Unmet need / unwell**: Have you checked if there are simple unmet needs such as being hungry, needing to go to the toilet and so forth? **Story**: Is this situation connected in some way to the life story? Can you find a solution to a problem from knowing their life story? **Environment**: Is there something in the environment that is causing distress? *dementia: Is this situation a direct consequence of dementia?* This is known by the acronym "CAUSE(d)" and the principle is to explore the non-dementia related options before leaping to a conclusion that a difficulty is the result of dementia. Have you considered training in this tool, which is provided by Alzheimer's Australia?	

4 Program (continued)

Notes: Record examples of good current practice; this can then be summarised in 'template 1' at the back of the document. Record all the ideas for change that can then be summarised in the 'template 2' in the back of this document.

What should we keep doing? What are we already doing well?	
Low or no cost ideas that can be implemented immediately	
Changes that will require planning and further resources	
Approaches to following up further training and information	
Other ideas	

Resources and contacts

A primary resource used in this best practice overview is the website "Dementia-Friendly Environments" by the Department of Health.

http://www.health.vic.gov.au/dementia/

Under ''Changes you can make" (left side) see 'Personal enjoyment' and 'Maintaining personal identity' for a range of ideas and approaches to meaningful programming.

The Department of Health has published a dementia specific guide to assessment and care planning. Go to:

http://www.health.vic.gov.au/hacc/downloads/pdf/dementia_guidelines.pdf

Section B provides information on approaches to communication and planning.

Alzheimer's Australia operates a website "Fight Dementia". The help sheets at the web address below provide practical advice on many areas, including communication.

https://vic.fightdementia.org.au/

Also, Alzheimer's Australia publishes material on the Montessori Resource: Relate, Motivate, Appreciate. This tool contains a range of ideas and tools for interactive programming.

Refer to the training calendar on the Alzheimer's Australia Victoria website for a training calendar of practical and extensive training opportunities.

The Museum of Victoria has "Reminiscences Kits" for hire. There are eight topics to choose from such as dance Hall Days and In the Shed. Go to:

http://museumvictoria.com.au/education/reminiscing-kits/

Dementia Care Australia provide tools called the "Spark of Life" based on emphasising positives, not negatives; connecting with compassion and being the best you can. Go to:

http://www.dementiacareaustralia.com/index.php?option=com_content&task=view&id=294&Itemid=81

Golden Carers is a website providing activity ideas for carers and professionals and has useful resources for an annual subscription fee.

Go to:

www.goldencarers.com

Template 1

Map of current good practice: evidence for quality assessment

Review the notes page at the end of each section and document the practice you have noted that demonstrates compliance with the Community Care Common Standards. For further information on the three standards refer to:

http://www.health.vic.gov.au/hacc/quality_frmwrk/common_standards.htm

Checklist section	What we are doing well - demonstration of compliance	Standard (1 ,2 or 3)	Expected Outcome
Eg: Starting	Assessment and care planning tools fully compliant with Active Service model, Diversity Planning and consumer / carer involvement. Assessment and care planning relates to area of personal interest and life story. Preferences are included in activity program.	2 Appropriate Access & Service Delivery	2.2 Assessment – the service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity
		2 Appropriate Access & Service Delivery	2.2 Assessment – the service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity

Action plan for making positive change to program and environment

Review the notes page at the end of each section which identified the "Low cost / no cost", "Changes that will require planning…" and "Approaches to follow up further training…" Discuss the priority actions that will make a difference for your program and clients. This page is to record the priority actions, in a logical order, so that you and the team know 'who will do what by when'. Remember the checklist provides you with the evidence of sound practice that will help you make a positive case for real change.

Checklist section	*Change required for our program to better meet best practice*	*Best practice from checklist – the evidence for change*	*Action required (who will do what by when)*
Eg: Setting	Completely new signage: on the front of the building, next to entrance doorway and within the reception area – currently absent or unclear	Signage and wayfinding needs to be clear Signage needs to be in contrasting colours and displayed at a height that a stooping person can still read	PAG Coordinator to draft design signage and seek a quote for installation via Building and Maintenance Dept. PAG Coordinator to seek allocation for costs from Manager / CEO