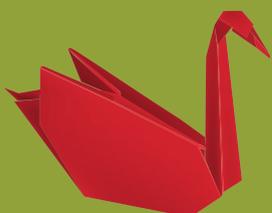




**A Practical Toolkit for Carers  
based on a Research Visit to Japan**



Angelika Welzel-Connolly

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## Acknowledgements

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## Obtaining the toolkit

This toolkit is available in three formats: Paper Copy, CD and electronic downloadable from [www.dementiadialogue.co.uk](http://www.dementiadialogue.co.uk)

To request a Paper copy or CD please contact Angelika Welzel-Connolly at [info@dementiadialogue.co.uk](mailto:info@dementiadialogue.co.uk) or Tel. 0771 672 0964

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## **How to use this toolkit**

On the CD each chapter can be navigated by pressing the required hypertext link (press Ctrl+left click), the links also make it possible to jump chapters. Checklists can also be accessed by clicking on the required number in the text.

Each section has got correspondent checklists, which can be found towards the back of the toolkit. The checklists offer practical suggestions, prompts and pointers.

## **Research Question**

'Research visit to gain insight into dementia care in Japan for a practical toolkit for UK carers'.

## **Credits**

I would like to thank the following for the art work:

Russell D'Avilar for designing the cover page.

The resident living at Kotoen for folding the origami crane.



## About this project

As our aging population rises, so is a need for further and new ways of accommodating older people's health, social and mental wellbeing. Japan is at the forefront of facing this challenge. With an aging rate of 24.1% it has the highest rate in the world; one in four people are aged 65 or over. The Japanese Ministry of Health estimate that there are over four million inhabitants with dementia as of June 2013.

To undertake this research a successful application was made to The Great Britain Sasakawa Foundation and they part funded my visit to Japan in October and November 2013. Visits were made to four residential home settings for older people and two Universities.

Each residential home setting visited is renowned for its unique facilities and ethos.

- Kotoen located in the suburbs of Tokyo, is renowned for its intergenerational relations. between the children from the nursery school attached within to the nursing home and the older people living in the home. This facility is not exclusively for people with dementia.
- Tenjinkai, located in Ofunato, facilities include 'small group homes' each group home is home for nine people with dementia the ethos is on creating a home like environment . An Ibasho – communal building has also been built for both old and young people to share social spaces such as meeting spaces, a library and a café.
- Tenjin-no-Mori, located in the suburbs of Kyoto, interior and exterior design are carefully thought of to enhance the quality of life of the residents. The facility houses six households, each is in turn home to ten people. The residents themselves choose the furniture and decorate the communal kitchen and living room with the help of staff. Consequently each household develops its own character and appearance which is an expression of its residents.
- Gojicara Mura Village, located in Nagoya, houses an extra care sheltered housing scheme and nursing care home, a community café and garden. It has a strong ethos on integration with the adjoining community and natural leafy environment, in the village there is an adjacent nursery and primary school. A strong community link is nurtured through projects such as gardening.

University visits: Professor Yoshihiko Kadoya Graduate School of Economics at Nagoya University and Professor Luo Zhiwei Graduate School of System Informatics at Kobe University.

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## Introduction

This toolkit is a result of my work as a Dementia Advocate for Advocacy for Older People in Greenwich, London and connections I made with Japanese professionals following my attendance at a lecture on 'The Challenges of an Ageing Society in Japan' at The Japan Foundation. My job as the dementia advocate consisted of two strands, one offering independent advocacy support to people with dementia and the other setting up and running reminiscence groups with people with dementia in local care homes. Whilst visiting people in care homes and running the reminiscence groups it became apparent that even though there are many care homes which provide good quality holistic care, there are others who said they would like to improve but needed some pointers. In addition the residents with dementia also spoke out and many said they would like to do things they enjoy doing and one of the most common appeals I heard was 'why do they not talk to me?' some elaborated 'why do they not talk to me when bringing me a cup of tea or washing me?' Here are people and professionals from different walks of life wanting the same but who need the opportunity to talk and listen to each other.

I felt that I had to be proactive in responding and offer something constructive, in the form of a practical toolkit, which could enhance the quality of life of people with dementia. Consequently a successful grant application to The Great Britain Sasakawa Foundation led to me being offered the opportunity to visit Japan and learn about their approach to dementia care. This toolkit is the result of these findings plus some of my work experiences and practices in England.

### Who is the toolkit for?

This toolkit is for those working in

- **Residential care**
- **Day care**
- **Older people's care services**

And for:

- **Relatives, especially Section 2 and 3 of this toolkit**
- **Those interested in a Japanese approach to dementia care**

This toolkit is for anyone who would like to expand their skills, ensure the wellbeing of people with dementia and gain some insight into a Japanese approach to

dementia care. The toolkit will provide some pointers, practical exercises and examples in how to improve communication and creativity in dementia care.

It is the author's view that there is no need to be an artist in order to be creative, as creativity comes in many forms and shapes. Here a creative approach to dementia care means free thinking, not striving for perfection but enjoying the process and seeing people's abilities not limitations. Most importantly is the need to look at things afresh and be challenged by new ideas particularly the Japanese dementia care practices demonstrated in this toolkit.

## Why a practical toolkit?

***'This is amazing, I have never heard this lady engaging in any other conversation, apart from her asking where her husband is and when he is coming to visit, he died a while ago. I have learnt something new about her today'*** a quote from an Activity co-ordinator who helped out in a reminiscence session. The lady in question told the reminiscence group about her working experience as a young women; this was prompted by smelling coal tar soap which had been passed around the group. This example is from one of the reminiscence groups I facilitated.

Whilst I was working in residential care homes facilitating reminiscence groups for people with dementia I witnessed several work practices that disturbed me. For example in most care homes care assistants were not allowed to take part in the 1.5 hour reminiscence sessions as they had to solely focus on their domestic/physical tasks. Activity co-ordinators participated in all sessions as this was one of the requirements our organisation had insisted upon. The aims of the reminiscence session were not only to interact with the residents in a stimulating way but also for care home staff to learn new things about the people with dementia, adopt any of the ideas introduced and incorporate or adapt them to their everyday working experiences.

What we offered was 'cost effective training for all staff', the sessions were free of charge. For this reason I found it was even more surprising that not more staff were able to be freed from their domestic tasks to take part in the sessions. Of course we are aware and understood that due to staff shortages it might not be possible for staff, to do so or be allowed to do so.

These unfortunate restrictions and lack of flexibility reminded me of Tom Kitwood's<sup>1</sup> statement that care practices which focus solely on attending to the physical needs of residents, are a warehouse model of care. "In order to ensure the wellbeing and quality of life of people with dementia not only their physical needs but also their

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<sup>1</sup> Kitwood, T., (1997) *Dementia Reconsidered: the person comes first*. Rethinking ageing series, Open University Press.

social and psychological needs need to be met. Some of these needs can be met through positive interaction.”

Therefore rather than producing an academic paper, this practical toolkit aims to provide interactive ideas and tips which strive to assist staff in developing a more creative approach to dementia care, based on the findings of the study visit to Japan.

## Why look at Japanese dementia care services?

Japan’s aging population is rapidly rising, at present 1 in 4 people is aged over 65. There are already 4.6 million people living with dementia in Japan, in Britain there are some 800,000. Japan has implemented various changes and adaptations to deal with the challenges of increased need and the cost of older people’s care, wellbeing, health services whilst seeking to ensure their quality of life is not compromised.

For example:

- Social care reform: in the year 2000 a new old age insurance scheme was introduced, the Long Term Care Insurance (LTCI). This scheme is widely supported and is a compulsory scheme. Everybody over the age of 40 is required to pay into the scheme and anyone over 65 who needs care will benefit regardless of their financial status, see Natasha Curry, Holly Holder and Linda Patterson’s report<sup>2</sup>.
- Health Science and Technology: In order to maintain good health and the quality of life of older people a multidisciplinary team of health scientists, system informatics and robotics technologists, engineers and business administrators, at Kobe University project leader Professor. Luo Zhiwei, are collaborating in a research project which aims to improve health and health care support for independent living. One focus is how to prevent falls, addressing why do people with dementia are more likely to have falls, and how can technology help.
- Rehabilitation, wellbeing and happiness of the older person: There is a strong emphasis on wellbeing, happiness, rehabilitation and a strong ethos of prevention rather than a cure model of care. Care homes and older people’s services offer a variety of activities and services, for example exercising with nursery school children, rehabilitation and adapted gyms for older people in a warm welcoming environment with trained staff. Human contact is encouraged and space made available for this, not just

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<sup>2</sup> Curry, N., Holder, H., and Patterson, L., (2013) *Caring for an ageing population: Points to consider from reform in Japan*. Nuffield Trust [www.nuffieldtrust.org.uk/publications](http://www.nuffieldtrust.org.uk/publications)

conversationally, but also physical and even intimacy. Older people are involved in decision making e.g., the appearance of communal areas through choosing the furniture.

- Staff training and support: In Japan a care worker has a higher status compared to the UK and is respected by wider society, as it is a highly skilled job with potential to climb the career ladder. A Japanese care worker can train to be one of three different skilled workers, “Assistant Nurse”, “Certified Care Worker” or “Trained Home-Helpers”. In Japan before anyone can work with older people in a care setting or role and in particular with people with dementia they are required to study and train for a significant number of hours; Assistant Nurse 1,890 hrs, Certified Care Worker 1,800hrs and Trained home-Helper 500hrs, after the training each have to sit a examination which unfortunately only approx. 50% of students pass, see Professor Yoshihiko Kadoya<sup>3</sup> report. The length of training for a certified care worker works out to be 3 years.

A Certified Care Worker’s job responsibilities appear to be the same as a care workers’/assistant in England.

The projects and care homes visited for this study stated that each of their care workers will also receive induction training which could last from one to three months depending on the care home setting.

Peer support is encouraged and personal wellbeing development, team bounding and conflict solving is part of team meetings and supervisions. As one of the home directors from Tenjin-no-Mori care home scheme said, if staff do not respect, trust and love each other how can they respect and love the people they are caring for and how can the older people respect, trust and love the carers?

Consequently, I feel it is Japan’s creativity and innovation to dementia care that is worthwhile for the UK to look at and learn from.

## Purpose of this toolkit

The purpose of this toolkit is to point out that quality dementia care not only depends on providing social interaction and physical care but also the design of the built environment.

Firstly the toolkit will provide suggestions to care home staff, not necessarily only care assistants but anyone who works in care homes including cleaners, managers,

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<sup>3</sup> Kadoya, Y. (2012) Ensuring the Service Quality of Long-Term Care provided through Competitive Markets: the experience of care workers training in Japan. The Institute of Social and Economic Research, Osaka University Japan.

admin staff, and chefs etc., to build on their existing skills and pick up ideas which could enhance their interaction with the residents.

- The ideas set out should contribute to putting the theory of a person-centred care approach into practice.
- Staff are guided to connect and engage with the person with dementia, so they can have a more mutual care relationship (recognising that we can learn from each other regardless of cognitive decline).
- Activities enhance communication skills with the person with dementia, both verbal and non-verbal.
- Opportunities to strengthen peer support are identified.

Secondly, this toolkit is providing some pointers and examples of accessible adapted and well thought out interior and exterior environments in residential care homes and their surrounding areas. Staff will learn to adopt new ideas of involving and listening to the person with dementia in the interior design of their home. They will

- Be encouraged to be creative when setting out a room.
- Be inclusive when designing the care home communal areas.
- Utilise outside spaces to maximise the wellbeing and happiness of the person with dementia.
- Welcome the local community into the homes and get them involved in further interaction.
- Listen and act upon the person with dementia own wishes, after all it is their home.

## Research approach

In order to obtain the data and information most beneficial to this research an ethnographic approach was applied. Ethnography draws on a wide range of sources of data using a qualitative inquiry. Data is collected by listening to what is said in general conversation and observing actions, asking questions using either formal (structured) and/or informal (unstructured) or a combination of the two (semi-structured) interview questions, the collection of documents and artefacts (Hammersley and Atkinson<sup>4</sup>).

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<sup>4</sup> Hammersley, M., and Atkinson, P. (2007) *Ethnography, Principles in practice*. Third edition, London, Routledge.

Applying a qualitative approach to this study meant focusing on gaining an insight into the social issues in question, rather than purely concentrating to obtain pure scientific evidence.

All data gathering for this ethnography was obtained from locations at:

- Four residential care homes/sheltered schemes, each one with its unique ethos and approach to its care provisions. Each care scheme was located in a different part of Japan.
- Two visits to different Universities, meeting Professors, one to obtain information on care staff training in Japan and its economic and social benefits, the other Professor to gain insight into the University's Research project on Health Science and Technology and the benefit to people with dementia.

During the six visits both non-structured and semi-structured interviews were conducted, some were tape recorded others were written up straight after the visits. Semi-structured interviews worked particularly well when interviewing small group home (care home) managers, care assistants and older residents. As Stanley and Wise<sup>5</sup> state, 'the best way to find out about people's lives is for people to give their own analytical accounts of their experiences'.

Observations were also carried out in each care home to provide a more in depth understanding. In two care homes this included taking part in the activities. At a rehabilitation centre the visit included trying out the equipment and experiencing the physiotherapist's skills at first hand.

Throughout the dissemination of the data cultural differences have been taken into account.

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<sup>5</sup> Stanley, L., and Wise, S. (1983) *Breaking out: Feminist Consciousness and Feminist Research*, London, Routledge. P.67

## Section 1



### The person with dementia and the paid carer

In order to provide dementia care that enhances the quality of life of a person with dementia paid care workers also need support and recognition. The care needs of both carers and care receivers will be discussed.

#### Respecting and valuing the person with dementia

[Use with Checklist 1](#)

The basis of working with and for a person with dementia is to see and treat them as an individual human being with abilities, stories to share and as someone to learn from. This is what Tom Kitwood<sup>6</sup> describes as personhood: 'It is a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust'.

Recognising the uniqueness of a person, treating them as such, providing care and opportunities that promote the spiritual, physical and emotional well-being is at the heart of person-centred care.

However, I want to take this one step further. Rather than seeing the person with dementia as the sole care receiver, we should look at the person with dementia as someone who can also help the care giver. In this sense, the relationship between carer and care receiver becomes a partnership.

Starting the care relationship on an equal footing can be empowering to both the care receiver and the caregiver. Empowering someone is supporting them to do something for themselves, building on what they are able to do rather than focusing on their limitations.

In Tenjinkai, a social welfare foundation scheme, which also provides small group homes for people with dementia, the ethos is exactly this.

*In Tenjinkai the older residents with dementia teach the staff traditional crafts, survival methods, share their knowledge and are involved in the running of the home. The starting point of this approach is, this is the residents home and everyone has something to offer regardless of their abilities and limitations.*

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<sup>6</sup> Kitwood, T., (1997) *Dementia Reconsidered: the person comes first*. Rethinking Ageing Series, Berkshire: Open University Press, p. 8.

*For instance, one of the residents was a fisherman, so when they bought a whole tuna fish the fisherman demonstrated and taught the cook (in the kitchen) how to prepare the fish for cooking.*

*In Kotoen a lady, who I interviewed, made an origami (traditional Japanese paper folding craft) crane for me. When she started making it she said she was not very good at it, but she asked a care worker to help her. She gave the care worker instructions when she found it difficult to fold which the care worker then followed. The end result was a beautiful folded crane, not perfect, but beautiful. She was so proud of it and delighted to give it to me and I am very honoured to have it (there is a photo of it at the beginning of this section).*

*In Tenjin-no-Mori the person's individual taste is taken into account and encouraged. For example, each resident can bring their own crockery. The care home cooks even place the food in the requested bowls or plates provided by residents and stick name labels on each bowl to avoid mix ups when care staff serve the food.*

These examples show how the person with dementia is treated with respect; their ideas and input are valued and incorporated in the care provided.

## **The paid carer**

[Use with Checklist 2](#)

This toolkit is primarily for paid care workers, but it can be used by anyone working for or with people with dementia in the caring field.

Too often I have seen care workers struggling and feeling frustrated because they cannot give the person with dementia time that is not solely task orientated (i.e. personal care, feeding, cleaning etc.) In order to ensure a quality of life of a person with dementia their spiritual, mental, social and creative needs also need to be satisfied and met. However, to achieve this, the carer needs to feel that they have 'permission' by their management to incorporate this holistic approach into their work – we are so often restricted by health and safety rules.

Just small changes to a carers approach can contribute to the quality of life of a person with dementia, for example when bringing a resident a cup of tea, speak to them and linger a little. When washing somebody, talk to them, for example about what job they used to do. It is important to remember that even if somebody is not able to communicate verbally, they can still respond to you in many other ways; it is a fact that most communication is non-verbal (see Jiska Cohen-Mansfield<sup>7</sup>). However, Cohen-Mansfield argues that in order to maintain a quality of life of a

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<sup>7</sup> Cohen-Mansfield, J. (2010) The Language and Behaviour, in Downs, M., and Bowers, B., *Excellence in Dementia Care Research into in Practice*. Open University Press.

person with dementia their carer also needs in-depth professional communication training, so they can recognise a person's behaviour triggers. Unfortunately, there appears to be a shortage of in-depth training, formal qualifications and lack of on-the-job training for frontline care staff (see Anthea Innes<sup>8</sup>).

Often people say that we cannot expect much from care workers as they get paid so little, but how can we change the expectations and challenge the low wages? A care worker's job deserves more recognition from other professionals, society and better financially rewarded. However, the first step would be to develop a mandatory qualification for all care workers. Once qualified care workers would be entitled to a decent salary and job rewards.

Here are some examples from the training and support care workers receive in Japan:

Formal training: In Japan the job of a care worker is a respected profession with career prospects. This is because a care worker can only work if they have completed the compulsory training and passed the required examination. There are two types of care workers: a Certified Care Worker (who appears to have the same responsibilities as our care workers) and a Trained Home Helper.

To become a Certified Care Worker you need to complete 1,800 hours of training; this is the equivalent of about three years' education to degree level. To become a Trained Home Helper you need to complete 500 hours of training. After the extensive training an examination needs to be passed. Unfortunately, on average only 50% of students pass the examination. The training is self-funded. (See Professor Kadoya<sup>9</sup> research paper for further details).

In-house training and continual professional development: In addition to the formal training mentioned above, each residential care home visited provides an induction schedule. In some cases it is for 1 month, in others 2 months. A group home manager at Tenjinkai told me that only once he started working in the group home did he fully understand what person-centred approach means and how to apply it. The managers receive one week's in-house-training on this subject and care workers two weeks. This is in addition to their three year training.

Supervision and support: At Tenjin-no-Mori, a nursing home scheme, the philosophy of care is based on three values 'Respect, Love and Trust'. These three values not only form the basis for staff's delivery of care. Staff are also expected to use these values to establish and maintain their working relationship with their colleagues. I

<sup>8</sup> Innes, A., (2009) *Dementia Studies*. London: Sage.

<sup>9</sup> Kadoya, Y., (2012) *Ensuring the service quality of Long-Term Care provided through competitive Markets: The experience of care workers training in Japan*. The Institute of Social Economic Research, Osaka University Japan.

was told that if staff did not respect, love and trust each other, they would not be able to respect, love and trust the residents. In addition, if there is conflict or unhappiness between workers, they are required to have reconciliation meetings and supervisions addressing the issues of concern. Tenjin-no-Mori also offers flexible working shifts to support carers' work life balance life. This ensures high levels of staff retention and job satisfaction which in turn helps to create a positive environment for the residents.

Nurturing Family relationships: At Tenjin-no-Mori care staff work closely with residents to produce a quarterly newsletter for family and relatives and one for the local community.

## Summary

In order to ensure the wellbeing of a person with dementia, the need and wishes of both the person with dementia and the carers need to be met. The vital issue is to recognise that the carer can learn from the person with dementia and vice versa.

### Key issues discussed:

For the person with dementia – the carer should

- Respect their individuality
- Recognise uniqueness of the person
- Value as a human being with a history
- See the person before their dementia
- Value their input and contribution
- Listen to the person and speak up for them if they want you too
- Encourage involvement without taking over
- Assist rather than do it all for the person
- Provide informed choices

For the Carer - to expect and ask employer for

- Qualification courses
- Support and supervision
- Recognition
- In house training
- Professional development
- Rewards

## Section 2



### Meaningful Activities

This section can also be useful for unpaid carers, e.g. relatives, friends etc.

I have heard many times carers and home managers say '**oh we can't afford more activities**', but please note doing and engaging in activities does not need to be expensive and even in financial constraint times and with a limited budget all sorts of activities are possible. A further reason some people shy away from engaging in activities is that they feel they are not creative or artistic. However there are many ways of being creative and you do not need to be an expert in a certain field of art in order to interact with a person with dementia in a creative way. For example in her book *Chocolate Rain* Sarah Zoutewelle-Morris<sup>10</sup> lists six characteristics of a creative approach, these are:

- 'Beginner's mind'; maintain an open attitude free of judgement.
- Be 100% available to the person and give them your full attention.
- Approach each person from their potentials rather than their limitations.
- Be process- rather than goal-orientated.
- Authenticity rather than 'getting it right'.
- Tolerance for uncertainty.

Approaching activities this way can be less daunting for both participating parties. The base for successful fun activities is that imperfection does not matter; striving for perfection could actually hinder creativity, expression and interaction. This approach also encompasses Kitwood's<sup>11</sup> person centred approach to dementia care and positive person work. Positive person work in dementia care highlights the deeper meanings of interactions, interactions for example which encourages creativity and recognition.

Creativity and meaningful activities will be discussed and activity ideas on a budget will be presented in [Checklist 4](#).

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<sup>10</sup> Zoutewelle-Morris, S. (2011) *Chocolate Rain*, 100 ideas for a creative approach to activities in dementia care. Hawker Publications, London, p.24.

<sup>11</sup> Kitwood, T. (1997) *Dementia Reconsidered, the person comes first*. Rethinking aging series, The Open University Press, Berkshire.

## Creativity and meaningful activities

[Use with Checklist 3](#)

Creativity comes in many forms and shapes, there is no rule as to what creativity stands for, the only thing I would say is be open minded and flexible. Even though we talk about meaningful activities, of which some might be structured, you still can approach an activity creatively. As mentioned above focus on the person with dementia's abilities rather than their limitations, remember even if the person has limited cognitive capacity they can contribute and interact. Being creative is not about perfection but about having fun making something or doing something, there is no right or wrong way just the person's way. In order to make activities and interaction a positive experience for everyone, it is vital to treat each person as a unique human being with unique abilities, needs and wishes. Providing dementia care from this standpoint Kitwood<sup>12</sup> argues is being person-centred. An approach which satisfies the human social, psychological and spiritual needs of a person Kitwood calls positive person work. Positive person work recognises that several types of interactions exist in everyday life and Kitwood points out that this comprises twelve positive interactions.

Kitwood's twelve positive interactions include: recognition, negotiation, collaboration, play, stimulation, celebration, relaxation, validation, holding, facilitation, creation and giving (to get a detailed explanations of all interactions see Kitwood's (1997) *Dementia Reconsidered* book p.90-92).

However here the following positive interactions are most appropriate:

- 'validation' – accepting the person with dementia's reality and responding to a feeling rather than reality,
- 'facilitation' - providing the person with a space and items which enables them to do things they would like to do and otherwise would not be able to,
- 'creation' - that the person takes a lead on an activity using their own experiences,
- 'giving' - the person with dementia might want to help somebody else maybe a carer or another person with dementia for example walk them to the dining table.

Taking these interactions as a base for providing meaningful activities can make it a positive experience for everyone involved.

Here are some examples of meaningful activities from the projects visited in Japan.

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<sup>12</sup> Kitwood, T. (1997) *Dementia Reconsidered, the person comes first*. Rethinking aging series, The Open University Press, Berkshire.

In Kotoen the older people's exercise sessions are captivating and inspiring, not only do they take place outside in the yard but they are also joined by the children from the attached children's day-care centre. This interaction between generations is a very uplifting experience, exercises are beneficial for one's physical health but the vibrancy the young children bring to this activity satisfies some of the emotional needs, such as feeling important. The older people often lead the sessions in conjunction with the carers and the children will give the older people their attention. After the session the children greet each older person, give them a hug and sit on their laps. The children do not wear tops so as to make the contact more of a bonding experience for both, the care staff referred to this as "skinship." The children and the older people depart happy but most will see each other during the course of the day. When I asked one of the residents what she likes best about living there, she replied the morning exercises as they provide variety and a happy experience. She also enjoyed writing her life story in calligraphy, which was displayed on the wall. This activity combined traditional Japanese craft and unique personal experiences.

In Tenjinkai's small group homes the residents are as much involved in the running of the home as possible, as the ethos is it is the person with dementia's home. For example the cook and some residents baked Kamamochi (a local Japanese sweet) in the communal kitchen. Some other residents also sat at the kitchen table but were happy to watch and give advice. In another room a group of people were sewing led by a resident who was a tailor by profession. People in the group did sewing related activities according to their abilities, for example some were making simple cleaning cloths out of old fabric by folding them and hand sewing a straight line down the middle. Yet others were making patchwork cushions for the living room.

In Tenjin-no-mori apart from staff and residents leading on activities, volunteers from the local community held karaoke sessions and professional art and craft courses, for example Ikebana (Japanese flower arrangement), these are offered and run by external tutors. Participants need to pay for these courses.

In Gojicara Mura Village the ritual of taking a Japanese bath (onsen) has been extended beyond the traditional single sex only to include the option of a mixed sex onsen. This is to provide the opportunity for natural close contact between the sexes. The staff say just because someone has dementia, why should they not enjoy the frisson of proximity with the opposite sex if they want to. The care home in Gojicara village also has a beautiful roof garden where vegetables are grown by the residents with the help of local people; the produce is shared amongst everyone.

These are wonderful examples of meaningful activities, activities that are gender, age and culturally suited to the person. What all of these activities have in common is that they have a positive outcome and the person can gain a sense of achievement and involvement. I also like the idea of using traditions and adapting them to improve the quality of life of a person with dementia. The strong community bond, involvement and inclusiveness also appeared to work well.

## Purpose and benefits of meaningful activities

Doing activities that are meaningful or useful to the person with dementia can improve their quality of life. Some activities can also strengthen their family relationships or friendships, for example “Life Story” work. Cooking, baking and growing vegetables for other people can provide a sense of self worth.

A meaningful activity can meet and satisfy a person with dementia social, psychological and spiritual needs. For example: sense of achievement, being involved in decision making, receiving and giving attention, feeling included, teaching others, being useful.

As we have seen from the Japanese examples various forms of activities exist. Here I will list a few and their benefits, which I have used to communicate and interact with people with dementia.

- Reminiscence group sessions - reminiscing is talking about the past to communicate in the present. Reminiscence is a good way of communicating and engaging with people with dementia and providing them with an opportunity to get to know each other and share stories. It also helps detect if there are any problems people want or need help with.
- Collage work – group sessions – at the end of the eight week reminiscence group programme we collectively record the journey in a single piece of art. This work is done using various mediums photographs, postcards, drawing and short stories.
- Life story work – one to one – the purpose of which is to get to know a person, help them to hold on to their identity, give them undivided attention, learn from the person and pass on information for others to learn. Life story work can be a useful tool to prompt conversations between people.

Interacting with a person with dementia through these activities can encourage communication both with them and by them. Meaningful activities therefore provide an opportunity for people with dementia to express themselves not only verbally but also non-verbally, such as facial expression, gesture, eye contact and touch (Allan and Killick<sup>13</sup>).

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<sup>13</sup> Allan, K. and Killick, J. (2008) Communication and relationships: an inclusive social world, in Downs, M. and Bowers, B., *Excellence in Dementia Care, Research into Practice* .Berkshire, Open University Press.

**Summary:**

In order to engage and offer a person with dementia in activities that are meaningful and useful to them the following points should to be considered:

- Are the activities suited to their age, gender and culture.
- Is it something the person enjoys doing.
- Do not push them to do something they feel uncomfortable with.
- Look at and build on their abilities rather than their limitations.
- Be open minded and flexible to new ideas.
- Enjoy the process of the activity with the person and do not get distracted by striving for perfection.
- Make sure the activity is safe but do not restrict creativity.
- Show the person what the outcome would/could be if possible.
- Be aware and sensitive to the person's creativity and take a lead from them.
- Provide appropriate equipment, space, attention and support.
- Use activities as an opportunity to communicate, interact and connect with one another.

## Section 3



Some of these ideas could also be useful for family carers.

### Dementia care and the social and physical environments

Moving into a residential care home can be quite a distressing experience not only for the person with dementia but also for their relatives. This is especially so if the person with dementia requires but does not want to accept that they do need more assistance than a family carer can give (Fossey<sup>14</sup>). It may take the person some time to adapt to a new living and caring environment, unfamiliar surroundings, care practices, rules, terminology etc. All of this can feel overwhelming and alienating. For a person with dementia this experience is most likely to cause confusion and stress so it is even more vital to be sensitive to their feelings and needs. Therefore person centred dementia care principles are a vital base for acknowledging this and providing high quality care (Kitwood<sup>15</sup>). These person centred care principles include:

- Valuing the person and their family
- Treating the person as an individual
- Taking the perspective of the person when planning and providing care
- Ensuring that a positive social environment exists in which the person can experience relative well-being (Brooker<sup>16</sup>)

In this section the benefits of dementia friendly design of environments (in care homes) will be discussed, this includes the physical environment, inside and outside spaces (the natural environment including enclosed gardens) and social-environment i.e. spaces for interaction.

#### Well-being and the social environment

[Use with Checklist 5](#)

A residential care home, is home for the older person living there, yes they are also the working places for care home staff, but fundamentally the home and the space around is the person's who lives there, they should feel that it is their home. 'Home, as Darke<sup>17</sup> says, 'is the repository of memories, the place we literally represent our private selves through photographs, ornaments and possessions.'" These elements

<sup>14</sup> Fossey, J. (2008) *Care Homes*, in Downs, M. and Bowers, B. *Excellence in Dementia Care, Research into Practice*, Berkshire: Open University Press.

<sup>15</sup> Kitwood, T., (1997) *Dementia Reconsidered: The Person Comes First*. Berkshire: Open University Press.

<sup>16</sup> Brooker, D. (2007) *Person-centred Dementia care: Making Services Better*. University of Bradford. London: Jessica Kingsley.

<sup>17</sup> Drake, J. (1994) Women and the meaning of home. In: R. Gilroy and R. Woods (eds) *Housing Women*. London: Routledge: pp. 11-30

are also part of our identity. Since people with dementia's cognitive skills are progressively declining the concept of identity is vital. Respecting a person with dementia's identity is crucial for their quality of life and well-being. Various psychosocial approaches to care, such as reminiscence and life story work, can help to maintain and affirm the person's identity (Fossey<sup>18</sup>). Reminiscence is an activity that encourages people to talk about the past to communicate in the present, during which care staff can gain insight into their past and their identity. Reminiscence involves using photographs, sensory stimulation and objects to prompt memories. A popular way of using the information gathered is for the carer and the resident to create memory boxes which tells the person's story; these can then be used as conversation starters and they can be displayed around the home.

Another important aspect of the person with dementia's well-being is to foster their family relationship and friendships. Encouraging family involvement in the care home can be very beneficial to the person with dementia and even the staff of the care home. It is also good practice to involve family in the development and review of the person's care plan' (Gaugler et al.<sup>19</sup>) apart from this the family can be involved in activities and so indeed can the local community. Utilising the social-environment by inviting local people in to make use of communal spaces can add to person centred care.

Here are some examples of active family and community involvement from the care homes visited in Japan:

In Tenjin-no-Mori care home in Kyoto the family members were encouraged, once a month and on a rota, to come into each household and cook food in the communal kitchen for their relatives and other residents. In this way the family hosted a communal meal to everyone's benefit but especially in terms of fostering interaction between their own relative and other residents.

In Gojicara Mura village care home members of the local community were to come into the home and use the roof garden for growing food that they could either eat themselves or donate to the home. In addition local artists could use the walls of the care home to exhibit their work for the enjoyment of both residents and external visitors. The village complex also had a restaurant where local people and residents could dine together.

These examples illustrate how spaces formerly assigned only for caring can become social and communal in use.

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<sup>18</sup> Fossey, J. (2008) Care Homes, in Downs, M. and Bowers, B. *Excellence in Dementia Care, Research into Practice*, Berkshire: Open University Press.

<sup>19</sup> Gaugler, J.E., Anderson, K.A., Zarit, S.H. and Pearlin, L.L. (2004) Family involvement in nursing homes: effects on stress and well-being. *Ageing and Mental Health*, 8:65-75.

## The physical environment

[Use with Checklist 6](#)

What we mean by physical environment is the built and natural environment.

The built environment is that created by human activity i.e. construction, refurbishment, interior design and decoration etc. The natural environment includes the outside spaces such as gardens, woods, forests and parks. The designs of the built and natural environment are just as important to the quality of life of people with dementia as the social environment. An inspirational example of dementia-friendly design is the purpose-built Iris Murdoch Building at the University of Stirling. Dementia-friendly design provides an environment that compensates for the disabilities of dementia:

- impaired memory
- impaired learning
- impaired reasoning
- high levels of stress
- difficulty adjusting to the sensory/mobility impairment of normal ageing

(The Dementia Services Development Centre<sup>20</sup>).

In order to provide such environments many factors need to be addressed and adjusted. The main points to remember are that design should be inclusive and accessible to all regardless of their disabilities and contribute to people being as independent as possible.

There is evidence indicating that the design of a home can improve the person's living experiences, reduce stress and enhance wellbeing. 'A review of the design of therapeutic environments for people with dementia recommended that they be small in size and have separate facilities for people with cognitive impairment and those without, be non-institutionalised in décor and provide some environmental stimulation such as ornaments, plants and varied furnishings' (Fossey<sup>21</sup>). Environmental stimulation should be achieved if possible through including familiar and recognisable items such as, fixtures and fittings, furniture and objects.

Older people need approximately two to three times more light to see than younger people, colour perception and depth perception are affected and glare can be irritating and confusing. Therefore letting natural light into a building by the way of

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<sup>20</sup> The Dementia Services Development Centre, University of Stirling, [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk)

<sup>21</sup> Fossey, J. (2008) Care Homes, in Downs, M. and Bowers, B. *Excellence in Dementia Care, Research into Practice*, Berkshire: Open University Press. p.346

large windows is essential. Fitting translucent lampshades to reduce glare and light coloured walls and floors influence inter-reflected light (Fossey<sup>22</sup>). Contrasting colour schemes between features such as doorframes and floors can improve visibility. Clear signage helps people to orientate themselves to bathrooms, bedrooms and communal spaces (Day et al<sup>23</sup>).

The natural environment is just as important as the built environment to the well-being of a person with dementia. The introduction of plants, pets and dementia-friendly designed gardens have been reported to reduce stress, decrease medication use, infection rate and pressure ulcers (Thomas<sup>24</sup>). The design of the outside spaces is also vital for the physical well-being of the person, for example having a accessible garden with no steps leading into the garden. The provision of seating to encourage socialising, sweet smelling flowers and herbs, the opportunity of hearing birdsong and obtaining fresh air can all arouse the senses.

Below are some examples of dementia-friendly design from the projects visited in Japan.

There was the absence of three main irritating sensations in all four care homes, these were: no overpowering noise from TV, no stifling central heating (whilst maintaining a comfortable temperature) and no smell of urine or bleach. The furniture was not institutionalised but instead seemed to reflect individual or communal choices.

In Kotoen the design was based upon a concept of “no walls” (in communal areas) in which spaces took on a diversity of functions e.g. the seats facing the TV were in “V” shape so that there was the option of either watching the screen or sitting close enough to talk without being affected by the noise from the set.

In Tenjinkai the cooking took place in an open kitchen fronting on to the communal spaces so that the residents could observe the cooking and enjoy the smells, or indeed join in the cooking.

In Tenjin-no-Mori the question the managers constantly asked themselves was, “Would you like this in your home?” In response the answers they arrived at led to sensitivity in the micro management of environments and spaces. The staff changed the pictures in the home to reflect the seasons and positioned them at a low height so that they could be easily seen by residents in wheelchairs. Obtrusively large signs were avoided especially emergency signs as these would not be present in a person’s own home. The cleaners did not use a trolley to do their cleaning round but

<sup>22</sup> Fossey, J. (2008) Care Homes, in Downs, M. and Bowers, B. *Excellence in Dementia Care, Research into Practice*, Berkshire: Open University Press.

<sup>23</sup> Day, K., Carreon, and Stump, C. (2000) Therapeutic design of environments for people with dementia: a review of the empirical research. *The Gerontologist*, 40: 397-416.

<sup>24</sup> Thomas, W. (1996) *Life Worth Living*, MA: Vanderwyk & Burnham.

instead used a cloth bag that contained the cleaning materials in order to be more discreet. The care of residents close to death was not seen as simply the preserve of hospices. The relatives could opt to hire a family room so that the family could be present for end of life stages.

In Gojikara Mura Village the emphasis was on being seen or being able to see the outside world. Large windows with no net curtains allowed residents to see passers by. Roof top gardens and a bridge between buildings similarly avoided residents becoming invisible or the surrounds being unavailable for them to look at. The micro management of the environment extended to the shape of corridors. Long straight circulation spaces of the type seen in hospitals were replaced by ones that incorporated curves; this allowed residents to have privacy from the normal total surveillance exercised by staff. Both the look and feel of spaces were important. Throughout the village the focus was on the health dividend from having warm feet but a cool head and so warm air was pumped from geothermal sources and circulated using natural ventilation to achieve a constant but modest temperature. Even sexuality was considered and seen as a life giving force that was to be sustained or at least the residents were to be reminded of it. The design of the village's main building incorporated a beam supporting the roof in the shape of a large wooden phallus and there were many more to be seen in different parts of the communal areas - perhaps to prompt sexual banter or flirting.

## Summary

Japan's care settings seem to exhibit a markedly different approach to design than that seen in UK care settings. In Japan there is a focus on the micro level and an appreciation that the sum of the experience of living in residential care is made up of many small sensations derived from interactions with the environment.

Key issues discussed:

To improve the social environment:

- invite family members to enjoy any entertainment provided for the residents.
- invite family members to organise outings and activities.
- use the care home as a exhibit space for local artists to show their work.
- invite local people from the neighbourhood to do gardening project or exhibit their flowers.
- involve residents in creating their own memory boxes.
- display residents art work in celebration of their creativity and uniqueness.

To improve the physical environment:

- allow residents to bring in to the home a possession/s that enables them to make the space more personal.
- make soft furnishings with the residents for the home, for both personal and communal use.
- rearrange communal seating areas to provide some intimate spaces.
- replace carpets with more natural materials.
- increase levels of natural light.
- provide residents with easy access and use of gardens or outdoor spaces.
- enhance natural ventilation for example by having windows open at different levels.
- display signs (Health and Safety signs for staff) clear but discreet.

## Conclusion

This toolkit offers some practical pointers to paid and unpaid carers working with or for people with dementia, based on a research visit to Japan. As Japan's aging population is rapidly rising the need for social care reform became necessary, a new compulsory Long Term Care Insurance (LTCI) was introduced to cope with this trend and to support the continuation of quality health and care services for older people including people with dementia.

The findings of this research visit were that the use of a creative approach incorporating person-centred care offered possibly world class examples of how to provide quality dementia care. The first stage of successful dementia care is the emphasis on training and professionalism. A care worker has to study 1800 hours before she/he can work as a care worker in a care home setting, their job title then is certified care worker. Observing the care workers engagement skills with people with dementia and the knowledge, understanding and sensitivity displayed confirmed for me the benefit of their extensive training.

The strong underpinning philosophies of each care home I visited served to emphasise the importance of person centred values and some care homes took this approach and used it to recast the power dynamic between staff and residents. These pioneering homes sought to achieve as equal as possible relationship with the person with dementia, recognising and accepting that the person with dementia can contribute to the running of the home and that the carer can learn from the person; may this be practical skills such as preparing a tuna fish for cooking, sewing, to learning traditional Japanese crafts. These skills can also be incorporated in running meaningful activities; thus at this point everybody's creativity will then be accepted and utilised. Strong core values also influence the relationship between the care workers themselves. Collaboration and mutual respect for different staff member's contributions is seen as essential to quality and success in care home management. In addition a strong emphasis is put on respecting the care home as the resident's home and not only the care workers place of work.

Each care homes illustrated the importance of the design of both the physical as well as the social environment in creating a dementia friendly environment, these design principles are incorporated and carefully considered when designing and providing dementia care facilities even in very small spaces. For example communal gardening areas attract the involvement of neighbouring residents and breakdown the separation of the care home from its adjoining community.

Without these foundations it is difficult to ensure the quality of life of people with dementia and their well-being. Even though quality of life is difficult to measure or explain it is commonly believed to include physical, social and psychological

elements of a person's experience (Gerritson et al<sup>25</sup>). Frequently, quality of life is the consequence of the interaction of all three of these elements. To conclude, I feel that the Japanese care examples presented in this toolkit make a major contribution to improving the quality of life of people with dementia. It is a contribution that is worthy of being copied elsewhere.

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<sup>25</sup> Gerritson, D.,L., Stevernik, N., Ooms, M.E. and Ribbe, M.W. (2004) Finding a useful conceptual basis for enhancing the quality of life of nursing home residents. *Quality of Life Research*, 13: 611-24.

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Thomas, W. (1996) *Life Worth Living*, MA: Vanderwyk & Burnham.

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## Some useful resources:

Bruce, E., Hodgson, S. and Schweitzer, P. (1999) *Reminiscing with People with Dementia, a Handbook for Carers*. London: Age Exchange for the European Reminiscence Network.

Dynes, R. (2011) *writing Life History, A guide for use in caring environments*. Milton Keynes: Speechmark

Macmillan, A. (2010) *A Little, Aloud, An anthology of prose and poetry for reading aloud to someone you care for*. London: Chatto and Windus.

Patten, M. (2004) *Post-war Kitchen, Nostalgic food and facts from 1945-1954*. London: Hamlyn.

Zoutewelle-Morris, S. (2011) *Chocolate Rain, 100 Ideas for a creative approach to activities in dementia care*. London: Hawker Publications.



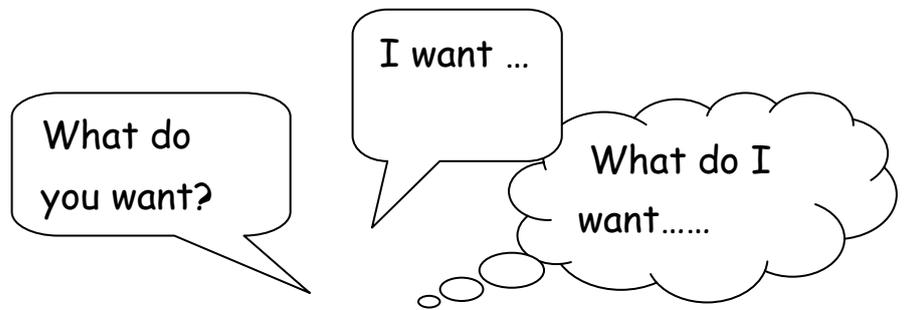
## Checklist 1

### Recognising abilities, limitations and adaptations needed

Fill in to ensure each person you work with/for gets the maximum enjoyment out of activities. You can add information to tailor it to each person's support needs.

Name of person \_\_\_\_\_ Date \_\_\_\_\_

Support Needs	Ability	Limitation	Adaptation
<b>Mobility</b>			
<b>Dexterity</b>	Likes drawing  <i>Example</i>	Difficulty holding pen, brush, crayon	Find out there are funds either from care home, family or self to purchase a touch screen PC tablet
<b>Movement</b>			
<b>Personal care</b>			
<b>Sensory</b>			



## Checklist 2

### Paid care worker and activity lead reflection list

Think about the training and support you want.

How long have you worked with this company? \_\_\_\_\_

You could take this list to your 1to1 supervision meeting.

Support and Training	Reflections	How could this change for the better?
<b>Do you get 1 to 1 Supervision meetings</b>	Who with? How often? Are the meetings helpful? If not why?	
<b>Peer support</b>	Is Peer support encouraged? Do you meet with your colleagues regularly at work to discuss work related issues? If not why? Are conflict resolution meetings offered?	
<b>Team meetings</b>	How often do you have team meetings? Would you like them more often? Are they productive? If not why?	

<p><b>Qualification and Training</b></p>	<p>What Qualifications do you have? Before you started and since</p> <p>Have you had induction training? If yes, how long? If no, what was the reason?</p> <p>Do you get In-house training? Is it beneficial?</p> <p>Have you ever suggested any training you would like to receive? Was your suggestion taken up?</p> <p>Do you get the opportunity to go on any external training courses? If no, why?</p> <p>Does your employer encourage and support your career development? If no, why?</p>	
<p><b>Job satisfaction</b></p>	<p>What do you like about your job and why?</p> <p>What do you think would make your job more enjoyable?</p>	

**Career plans**

What would you like to do in the future and how could your employer help you achieve this?

**Notes:**

## Checklist 3



### Valuing memories, skills and knowledge

*Fill in with the person with dementia and/or a family member. This information can be useful for producing Life story books, help run activities and the home. Encourage and support the person with dementia to get involved and share their knowledge with others.*

Name of person: \_\_\_\_\_ Date: \_\_\_\_\_

Questions	Where/when can this information be used	How will you support the person to use their skills/interests (this only is relevant to some Q.)
Where were you born?		
Where did you go to school?		
What did you like about school?		
What did you not like about school?		
What were your favourite games?		
What are your favourite past times?		

<p><b>What did you like doing/hobbies?</b></p>		
<p><b>What was your job/occupation? (include housewife)</b></p> <p><b>Did you have more than one job?</b></p> <p><b>If so what was your favourite?</b></p> <p><b>What did you like about your job?</b></p> <p><b>What did you not like about your job?</b></p>		

Notes:

## Checklist 4

### Doing activities on a small budget

*Doing activities does not have to cost a lot of money, with some imagination, time and creativity most activities are possible.*

*You can add variety to your activities by using and introducing seasonal items e.g. leaves, flowers, herbs.*

*Here are some examples:*

What kind of activity	Items, objects needed	Where to get them	Have you got them already
<b>Life story books</b>	Empty scrap book, A4 hardback cover notebook or A4 plastic pocket folder	Pound shop, stationery shop, some supermarkets	
	Plain and coloured paper		
	Photographs of the person if possible	From the person themselves, family and friends	
	Pictures that resemble and complement the person's stories	Cut out from magazines and newspapers, drawings the person did, postcards, posters, images from Internet, photocopies from books	
	Clue		
	Pens, different colours		
	<u>Old fashioned toys</u>	Second hand shops and markets,	

<b>Reminiscence</b>		gift shops, colleagues, friends, family, and make your own like hopscotch, French skipping elastic, peg dolls.	
	<u>Old time School days</u> equipment		
	Small chalkboards	Pound shops	
	Chalk	Pound shop	
	Ink	Newsagents	
	Ink pen		
	Paper	Discount art/craft shops	
	Classic story books	Family, friends, charity shops	
	Old school reports	The participant or family member	
	<u>Work</u> objects that remind people of their jobs	Charity shops, second hand markets, family friends, magazines, images from internet, photocopies from books	
Photographs, pictures			
<u>Special days occasions</u>			
Make cards	Cardboard, pens, cut out old greeting card images and stick on, drawing, painting,		

	<p>Make jewellery</p> <p>Accessorise clothes by sewing on beads, sequance etc.</p>	<p>Get beads from old necklaces, old buttons, nylon string from craft or bead shop</p> <p>Make beads out of papier-mâché (see YouTube for ideas)</p>	
<p><b>Collage</b></p> <p><b>Either individual representing life story or a group collage with a theme e.g. holidays</b></p>	<p>A3 or A2 (depending on individual or group) plain card</p> <p>Pens – felt tips different colours, marker pens</p> <p>Glue</p> <p>Photographs of the person/people themselves and/or others e.g. family friends</p> <p>Postcards representing the theme of collage</p> <p>Photocopies from books representing the theme or interest</p> <p>Images from internet representing the theme</p> <p>Drawings participants have done cut out and stick on or ask</p>	<p>Discount art/craft shops, from an old picture frame, unfolded cardboard box (shoebox etc)</p> <p>Discount art/craft shop</p> <p>Take photos, ask the person, family and friends</p> <p>Reuse old postcards, souvenir shops</p>	

	people to draw straight onto the card.		
<b>Add some seasonal spice to your activities</b>	<p><u>Autumn</u> Leaves, Pine cones, Conkers, Herbs, Apples</p> <p><u>Winter</u> Holly, Mistletoe, Fir Christmas tree(real), Cinnamon, Cloves, Oranges</p> <p><u>Spring</u> Daffodils, snowdrops, tulips, tree blossoms, birdsong</p> <p><u>Summer</u> Berries, sunflowers, roses, lavender, ice-cream</p>	Most can be found in the garden, park, kitchen, woods, or along the street	

**Notes:**

Please note: when purchasing item from second hand shops and markets make sure they are in good condition to ensure safety.



## Checklist 5

### Community and Family involvement

*How could the local community and family member's involvement contribute to the happiness and well-being of a person with dementia?*

Here are some ideas and room to add your own ideas.

Activity	Community Involvement	Family members Involvement	How can they contribute	Possible benefits to the person with dementia
Gardening				
Cooking				
Music				
Running a café for local community				
Art				
External Entertainment				

## Checklist 6

### Design of the physical environment

*In order to make a residential home dementia friendly their interior and exterior environments have to be adapted accordingly. These could also help improve and encourage interaction between relatives, staff and residents and residents with each other.*

*Below are some examples that might be beneficial. Add your own ideas in the spaces provided.*

Where / what	How	Why	Possible benefits for person with dementia
<b>Communal kitchen area</b>	Easy accessible for residents (who are able to) and visitors to use	Encourage socialising	
<b>Communal seating areas</b>	Homely furniture, quiet or low music, of their choice.	Can contribute to Calm and peaceful atmosphere	
<b>Communal TV lounge</b>	Try to change seating arrangement, for example in a "V" shape	So people at the point of the "V" can listen to TV others further away watch or just rest	
<b>Communal art</b>	Change pictures and other artefacts regularly in accordance with the seasons, Hang pictures using adjustable string	Stay in touch with seasons Stimulating  Everyone can look at pictures including wheelchair users.	
<b>Communal dining areas</b>	Homely		

<b>Floor coverings</b>		Easy washable	
<b>Residents private room/flat</b>	Bring own crockery, furniture, pictures, soft furnishings		
<b>Relatives/visitors room</b>			
<b>Garden</b>	Easy accessible throughout the day, sensory and tactile.	Stimulating	
<b>Light</b>	Large windows, preferably with no net curtains in the communal areas, if preferred.		
<b>Signs</b>	Large contrasting clear writing, maybe matching with décor		

Notes



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