

## Summary of the 33 Alzheimer Café Quality Control Criteria

(based on the 2009-2010 AC UK, Voluntary AC self-evaluation form, by GMM Jones – for the Alzheimer Café UK Charity, 17 Sept, 2010)

QCC Item	Description
<b>Part A</b>	<i>Definition of AC purpose</i>
	The Alzheimer Café is a safe, low-threshold, pleasant environment, for people with dementia, their family/carers, friends or neighbours to attend - in the presence of a variety of health care professionals, volunteers and members of the local Alzheimer's [and related dementia] support group. It offers support, information [related to dementia], opportunities to socialize, and works towards achieving more openness about dementia
<b>Part B</b>	<i>The Guests</i>
1	A minimum of 5% of those present at an AC are people with dementia.
2	People with dementia and their family/carers participate noticeably during AC gatherings.
3	Those present at an AC also include local, care-giving professionals, who have a variety of backgrounds (a minimum of 3 types). They also have local-regional area knowledge and psycho-social knowledge about the impact of dementia.
4	Care-giving professionals who participate at an AC, answer questions and respond to the issues raised by people with dementia and their family/carers present.
<b>Part C</b>	<i>Leadership for the themed discussions and interviews</i>
5	The themed discussions/ interviews are in the hands of a consistent Coordinator MC / Interviewer (or 'duo' pair); to ensure familiarity and continuity for the guests.
6	The themed discussions/interviews demonstrate multi-disciplinary knowledge about dementia and dementia care.
7	The themed discussions/interviews demonstrate practical experience in interacting with and guiding people with dementia and their family/carers.
8	The themed discussions/interviews role-model how to interact with and communicate with people with dementia.
<b>Part D</b>	<i>Content of the annual AC programme</i>
9	The annual AC programme is already set out, in large measure, at the start of each new year.
10	The programme follows a yearly cycle wherein the themes chosen, broadly reflect the course of the dementia process (i.e. obtaining the diagnosis, learning about dementia, getting assistance, learning how to live with it and making ongoing adaptations, including communication and care for later stages).
11	During AC meetings, 'psycho-social aspects' of dementia are given more attention than the 'medical aspects'.
12	The 'psychological education' part of the AC, takes place primarily in the form of interviews and interactive discussions - with professionals, carers and people with dementia (led by the interviewer/discussion leader).
13	The discussion of the evening is usually divided into half-hour blocks. <ul style="list-style-type: none"> <li>- half hour socialization with the AC guests</li> <li>- half hour interview or interactive talk</li> <li>- half hour interlude with music</li> <li>- half hour session for further questions/ comments from the guests</li> <li>- half hour further socialization</li> </ul>
14	At least 70% of the professionals who are used as AC guest-speakers must work in the local region.

<b>Part E</b>	<b><i>Organization of AC meetings</i></b>
15	An AC has a minimum of 10 yearly meetings.
16	The meetings are held on a fixed day of each month; e.g. 1 <sup>st</sup> Tues. of month.
17	There is a good sound-system in the room with microphones for the discussion leader, the person being interviewed, and others in the room in the event they wish to ask questions.
18	During the 'non-discussion parts' of the evening there is music playing.
19	An 'Information Table' is present in the room, with a wide assortment of printed information and material [from the Alzheimer Society and other reputable, known sources], aimed at the average person who would attend an AC.
20	The Information Table is [usually] manned by a volunteer from the Alzheimer's Society or other local dementia support group.
21	The room chosen to hold an AC in, is in an environment which is as non-threatening as possible (low threshold) for people in the beginning stages of dementia. (Residential and Nursing homes are not the most appropriate venue.)
22	Attending an AC is free-of-charge for guests. No donations are asked for during the AC.
23	Volunteers greet and attend to guests on arrival, on leaving, and if they are sad, restless, or don't know what to do with the information communicated.
24	An AC is organized together with the local branch/division of the Alzheimer's Society (or other local Alzheimer support group), and volunteers from a minimum of 3 different professional sectors (e.g. care assistants, nurses, supportive family carers, pastoral care workers, carer support workers, social workers, OTs, physiotherapists, other therapists, psychologists, doctors).
25	An AC is organized by a steering committee or workgroup, at which all the people [specified in point 24], can actively participate. This group comprises of a fixed number of people who organize the AC meetings/gatherings.
26	A designated contact person at the Alzheimer Society Branch (or local Alzheimer support group), will be responsible to appoint a fixed contact person, local to an AC, on behalf of the group, to the steering committee.
27	The steering committee of an AC is responsible for the quality of an AC and accepts responsibility for maintaining the QCC.
28	The logo of the Alzheimer's group [Society] or other dementia group that supports the AC is clearly visible in all information about the AC, Public Relations events, in the annual AC programme, and in general.
29	The steering committee undertakes at least 2 activities per year to attract regional press publicity to promote the AC.
30	Guests at an AC are always invited to evaluate the AC in verbal or written form [e.g. in a Comments Book].
31	An estimate of the numbers of guests is made at each meeting [persons with dementia, family members, friends, caregivers, others]
32	An AC steering committee evaluates the atmosphere, content, discussions and Information Table at the AC, at least once every two or three years.
33	The steering committee of an AC evaluates the AC each year, according to these QCC criteria, and sends their evaluation in to those collating the information.

**Based on:**

- Jones GMM, Redwood K, Harding JW, Bullock P (2008) Comparing UK and Dutch Alzheimer Cafés against new quality control criteria. *J of Dementia Care*. 16:1 (Jan/Feb) pp34-38.)
- Meerveld J, in collaboration with B Miesen (2005/2006; version- March 2006) Seizoensevaluatie met kwaliteits criteria Alzheimer Cafés. Bunnik: Stichting Alzheimer Nederland, pp28. [translation of the Quality Control Criteria and the a summary of the Dutch Evaluation report findings, by GMM Jones, available on the Website [www.alzheimerscafe.co.uk](http://www.alzheimerscafe.co.uk).]