



33 Quality Control Criteria (QCC) for Alzheimer Cafés (AC); updated 2016

Voluntary Self-assessment Survey

Background and summary:

Abbreviations:

- . Alzheimer Café = AC
- . Quality control criteria = QCC
- . The host person who functions like the 'recognizable face of the AC', who introduces the speakers, is the Master of ceremonies or Compère = MC

Date and occasion for self evaluation:

At the AC UK Networking Day on 11 June, 2014, (in Windsor, Berkshire UK), there was an opportunity for AC coordinators and/or steering committee members to self-evaluate their Alzheimer café. Evaluation forms were completed for fourteen ACs. The ACs had been operational for at least one calendar year to complete this questionnaire (to be posted on the AC UK website).

Scoring:

33 QCC items on the questionnaire under headings A to F.

[Section A - Definition of 'AC purpose' and statement of purpose](#)

[Section B – About the guests](#)

[Section C - Leadership for the themed discussions and interviews](#)

[Section D - Content of the annual AC programme](#)

[Section E - Organization of AC gatherings/ meetings](#)

[Section F - Evaluation of the meetings](#)

Each of the 33 items was scored using a scale comprising choices ranging between:
[Never---rarely---usually---mostly---always](#)

Beneath each item is space for additional comments

Purpose:

Replies were compiled so AC UK Trustees can see what items are working well or not, so AC organisers can compare their AC with other ACs, and for posting on the AC UK website so that comparisons are possible with ACs in other countries using the same QCCs. The results, with verbal feedback, will help Trustees to generate topics for future AC UK Networking events, and to better understand what types of support and education AC organisers and volunteers most require.

Summary findings:

The majority of ACs are operating very closely within the QCC for ACs.

The items posing difficulties for some ACs are:

- . Item 3; getting a range of professionals to attend ACs
- . Item 5; operating the AC with a consistent familiar 'duo'
- . Item 17; good sound system in room
- . Item 19; some cafes do not always provide a literature table
- . Item 24; organising ACs using other support services and other professionals
- . Item 30; arranging at least 2 pieces of local publicity for ACs each year

QCC Evaluation Items

Section A - definition of 'AC purpose' and statement of purpose

There is unanimous acceptance of this – it is not voted on.

Section B – about the guests

- 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 ACs
- 3 Those present at an AC also include local, care-giving professionals, who have a variety of backgrounds (a minimum of 3 types). They 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.

Section C - Leadership for the themed discussions and interviews

- 5 The themed talks/ interviews are in the hands of a consistent MC / Interviewer ('duo' pair), to ensure familiarity and continuity for the guests.
- 6 The themed discussions/interviews demonstrate multi-disciplinary knowledge about dementia and/or dementia care.
- 7 The themed discussions/interviews demonstrate practical experience in interacting with and guiding people with dementia and their family/carers.
- 8 Those participating in the AC talks/interviews positively role-model how to interact with and communicate with people with dementia.

Section D - Content of the annual AC programme

Original themes

What's the matter?
 How is dementia diagnosed
 How does memory work and what happens in dementia?
 It's getting a bit much: feelings of powerless, adapting communication
 What kind of help is there? Who can I turn to for help?
 May I say I need help? [Where, When, How to start to get help]
 Day care / residential care How is the decision made?
 How does it affect everyone involved?

Additional related topics also in use

The value of breaking through denial; why is it so difficult to do sometimes?
 The range and purpose of human emotions; what is their purpose?
 Anger and Fear: Why can they get out of control? How to understand them

Adapting communication, the range of communication options. Which are used most/ least?
Stress How can it sneak up on you unawares? Ways of coping with it
Grieving and guilt: How guilt can delay grieving
Reasons for behaviour changes in dementia - also visuoperceptual mistakes
Living with dementia, after hitting the brick wall of the diagnosis
Intimacy

What other themes have been used at your café this year?

Were they well received?

- 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, caring for oneself).
- 11 AC talks and interviews emphasize 'psycho-social aspects' of dementia more than 'medical aspects'.
- 12 The 'psychological education' part of the AC, takes place primarily in the form of interactive talks and interviews - with professionals, carers and people with dementia (led by the interviewer/discussion leader or video-recorded).
- 13 The café programme is usually divided into half-hour blocks; socializing, presentation, socializing, question time. Questions may be merged in with the topic presentation or interview.
- 14 The topics presented and discussed at ACs do not duplicate information that is routinely and expertly provided by other dementia-related support groups and services.

Section E - Organization of AC gatherings/ meetings

- 15 An AC has a minimum of 10 yearly gatherings/meetings.
- 16 The meetings are held on a fixed day of each month; e.g. 1st Tues. of month.
- 17 If needed, 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; live or recorded.
- 19 An 'Information Table' is present in the room, with assorted printed information and material [from the Alzheimer's Society and other reputable, local services and support groups], aimed at the average person attending an AC.
- 20 The Information Table is manned by a professional, an AC volunteer, or member of a local dementia support group, for a portion of the meeting.
- 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. (Nursing and care homes are not usually the most appropriate venue.)
- 22 Attending an AC is free-of-charge for guests. No donations are asked for, during the AC.
- 23 Volunteers and AC organisers greet and attend to guests on arrival, on leaving, and if they are sad, restless, or want to discuss the information communicated.
- 24 An AC is organized together with professionals, other support services, and

volunteers.

- 25 An AC is organized by Trustees, a steering committee or workgroup. This group comprises a fixed number of people who organize the AC meetings/gatherings and guide the volunteers .
- 26 A designated contact person from a/the local dementia support group can function as a fixed contact person to the AC 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/s of any associated support group/s (e.g. the Alzheimer's Society, or other local group) is/are visible in all information about the AC, Public Relations events, in the annual AC programme, and in general.
- 29 The local press are invited to attend at least 2 AC-related activities per year to publicize and promote the AC.

Section F - Evaluation of the gatherings/ meetings

- 30 Guests at an AC are always invited to evaluate the AC in verbal or written form, e.g. in a Comments Book, as well as verbally.
- 31 From the sign-in information, an estimate is made of the number of guests attending at each AC gathering [persons with dementia, family members, friends, caregivers, others]. These estimates may be used to provide AC donors/sponsors with an indication of how many people their funds are reaching.
- 32 The AC steering committee evaluates the atmosphere, content, discussions and Information Table at the AC, at least once every two or three years.
- 33 The AC steering committee voluntarily self-evaluates their AC each year, according to these QCC criteria, and gives their evaluation to the Trustees of the AC UK charity. (Monthly record-keeping is done by a steering committee member/s as per the AC course content for coordinators.)

Based on:

- . QCC on Alzheimer Café UK website
- . 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.]