

Bring Dementia Out: The narrative and findings



A partnership innovation to meet the needs of
LGBT+ people affected by dementia



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Executive summary

- **The aim of this piece of work** was to use our innovation approach to rapidly identify, deliver and develop solutions to address the challenges that LGBT+ people affected by dementia face.
- **Bring Dementia Out** is an innovation that was tested to help LGBT+ people affected by dementia feel more comfortable in coming forward to access help, information and support that they need.
- **The evaluation of the Bring Dementia Out solution** included ongoing feedback and data collection to inform Bring Dementia Out throughout testing, and analysis against outcomes at the end of testing. For key findings, please see slide 22 for more information.

Guide to terminology used in this document:

- **Lesbian, gay, bisexual:** Referring to people's emotional, sexual or romantic attraction.
- **Trans:** Referring to gender identity.
- **+:** Referring to people who are not exclusively LGB or T – for instance, those who are asexual, intersex or queer.

For more information, go to [stonewall.org.uk/help-advice/glossary-terms](https://www.stonewall.org.uk/help-advice/glossary-terms)

Why LGBT+ and dementia?

There are over 850,000 people in the UK living with dementia.
Some of these people are LGBT+, yet many aren't getting the support they need.

Everyone's experience of dementia is unique, but there can be **many additional challenges** that are specific to a person's sexual orientation or gender identity. Here are some examples of what these might be:

- LGBT+ people may have faced discrimination or stigma, or they may have been treated in the past as criminals or as if their sexual orientation or gender identity was an illness. A person with dementia **may start to have stronger memories of earlier experiences in their lives than more recent ones**. They might therefore **relive** these **distressing experiences from their past**. They may also **fear discrimination from health and social care professionals**, and so might not feel able to be open about their sexual orientation or gender identity when accessing services. This may be more pronounced if the individual is part of a community that is less accepting of LGBT+ people – for example if they have migrated from a country where it is illegal to be LGBT+
- Trans people with dementia may start to have much **stronger memories of a time before they changed their gender**, and may think they are living in this time. This can be very distressing and make day-to-day things like going to the toilet or getting dressed confusing and difficult.
- Some people may feel **isolated**, especially if they may have no long-term partner or family to support them. Their **'chosen family' may consist of close friends rather than traditional family relations** and these people are often not included in conversations about their care and support.

Innovation approach



Alzheimer's Society Innovation Team's mission is to create bold and innovative solutions to tackle challenges together with people affected by dementia.

We are **audience-led**: we connect with and learn from people affected by dementia, we review available evidence, and we engage with experts. Together, we co-design, test and deliver impactful solutions, where effective solutions do not exist, to meet the needs of people affected by dementia.

The innovation LIFE model

One of our approaches to innovation is rapidly identifying and delivering solutions based on unmet needs through the LIFE model*: **L**earn, **I**nvestigate, **F**ind and **E**xperiment.

- We '**L**earn' more about a topic through initial research and exploring the area further by speaking with key stakeholders.
- We '**I**nvestigate' by speaking with the audience (these are the people that we are developing a solution for) and immersing ourselves in the environment to gain insight.
- We '**F**ind' solutions based on the challenges and insights we have heard and, with input from those involved throughout, we co-design solutions, and keep people affected by dementia at the heart of our work.
- We '**E**xperiment' by testing in the real-world.

*Model developed by Good Innovation

THE 'BRING DEMENTIA OUT' INNOVATION PROJECT NARRATIVE





Initial learning

The idea for the project first came from Alzheimer's Society colleagues in Brighton and Hove, who identified some unmet needs for LGBT+ people affected by dementia. This was brought into the Innovation Team in **September 2017** to explore why this might be through using the innovation LIFE model.

The **Learn** phase involved:

- Reading **books, articles** and **other desk research**. Over 75 papers were shared, but not much had been put into practice,
- **Speaking with stakeholders:** colleagues, researchers and organisations working in this area (including Opening Doors London, National Dementia Action Alliance, LGBT Foundation, Switchboard, LGBT National Partnership, NHS Trusts, researchers and more). Now, over 250 stakeholders have been engaged in this work.
- **Speaking with people affected by dementia** who identify as LGBT+.



From this stage, **there was a long list of unmet needs** that needed to be prioritised with our key audience: LGBT+ people affected by dementia.



Engaging people affected by dementia

A key learning highlighted early on was the **challenge around engaging LGBT+ people affected by dementia**. People told us that this could be due to **stigma**, concerns around **discrimination**, and **not feeling comfortable in coming forward**. Although using a rapid approach to innovation, we provided **flexibility in time and engagement** in order to involve people, as it was vital to work together to create solutions that would meet the needs of our audience.

We have now involved **over 20 people affected by dementia from different LGBT+ communities** and their input has been invaluable. Some people have been involved throughout all of the stages of this work, and others contributed to the parts that they were able to.





Gaining further understanding and insight

The **Investigate** phase began in **February 2018** with our first **discussion session with people affected by dementia** (pictured below) at the LGBT Foundation in Manchester. The aim was to gain further **understanding and insight** of the challenges people face and prioritise these. This included:



- **There is no go-to place for support.**
- **People experience prejudice from professionals (such as at the GP or in Care Homes).**
- **People have concerns around long-term planning for care.**
- **People don't understand how the needs and experiences of LGBT+ people affected by dementia may differ.**

We identified other contributing factors such as those who are **isolated** and may **not have support from a long-term partner or family**. While others faced the **'triple' stigma** of dementia, identifying as LGBT+, and age.

We were flexible to the needs of those who were not able to attend the group session, and spoke with people over the phone and email, or met with them individually.



What did people tell us?

Here are just a few challenges we heard from LGBT+ people affected by dementia:

'Most LGBT+ people with dementia face it alone. People are therefore not getting the right support, medical advice, or even a diagnosis.'

'There's discrimination but there's also lack of awareness, understanding and knowledge – it's not always deliberate. It's the absence of information.'

'I'm constantly asked if we're going to stay together: by doctors, social workers and so on. Heterosexual couples I've spoken to aren't asked this.'

'What is important is that our being LGBT+ should not mean that we should have to accept a fear of going into care, a fear of being who we are and to not receive a care service that is relevant to our lives and our needs.'



Turning problems into solutions – together!



The **Find phase** kicked-off with a creative workshop in **March 2018** in London (pictured left). **50 people attended** the workshop, including people affected by dementia, representatives from Alzheimer's Society, National Dementia Action Alliance, Opening Doors London, Terrance Higgins Trust and many more. Together, we **explored the challenge areas** and **came up with ideas for potential solutions**. It was a day full of energy and passion, with over 100 ideas generated.



All of the **100 ideas** were **reviewed** by the Innovation Team (pictured left) and **five were shortlisted** to explore in more depth.



The **top five ideas** were built on from the feedback of those involved, including people affected by dementia (pictured right) and other stakeholders.

This helped to **narrow the ideas down to just two:**



- **The Go-To Place:** An online hub to connect people, share good practice, information, resources and support around LGBT+ and dementia.
- **Bring Dementia Out:** A way to raise awareness and encourage action to better support LGBT+ people affected by dementia.

These which were pitched to a **'Dragons' Den'**-style panel in **May 2018** (pictured left).

Which solution to take forward?

It was clear that there was a **need to do something** and **robust evidence** from what we had heard from both people affected by dementia and other stakeholders throughout the Learn, Investigate and Find phases.

The Go-To Place 	
Please score for each of the criteria below out of 10 (10 being the highest). At the bottom, you can put the total and any additional comments.	
Desirable For people affected by dementia For professionals/other organisations	<input type="text"/> 10
Feasible Easy to implement Easy to adopt Easy to use Cost-effective Scalable on a national level	<input type="text"/> 10
Viable Increases support for people affected by dementia Shares knowledge of challenges faced Challenges assumptions	<input type="text"/> 10
Pitch delivery Engaging delivery Easy to understand Good flow and story-telling In time!	<input type="text"/> 10
Total and additional comments:	<input type="text"/> 40

Bring dementia OUT 	
Please score for each of the criteria below out of 10 (10 being the highest). At the bottom, you can put the total and any additional comments.	
Desirable For people affected by dementia For professionals/other organisations	<input type="text"/> 10
Feasible Easy to implement Easy to adopt Easy to use Cost-effective Scalable on a national level	<input type="text"/> 10
Viable Increases support for people affected by dementia Shares knowledge of issues faced Challenges assumptions	<input type="text"/> 10
Pitch delivery Engaging delivery Easy to understand Good flow and story-telling In time!	<input type="text"/> 10
Total and additional comments:	<input type="text"/> 40

We **reviewed the feedback** from the ‘Dragons’, our **solution criteria** (impact, desirability and ability to scale) and had **further discussions** with key experts to decide which solution we would prototype and test in the ‘real world’ through our **Experiment phase**.

The ‘Dragons’ **shared challenges around the online hub as a standalone solution**, including ‘getting lost in the World Wide Web’, and it ‘not giving the power of speaking to someone.’

They shared that **Bring Dementia Out** would ‘**resonate more** with the LGBT+ communities’ and ‘**challenge assumptions** with **big behaviour change** through action’. So this was the solution that would be developed and tested in the Experiment phase.



In **August 2018**, a **proposal** was pulled together for the **Experiment phase** of Bring Dementia Out which included: what the prototype could look like, estimated timelines, budget and risks, key learning, plans for communication, and who would need to be involved and the approach.

We built a **working group** as part of our **partnership approach** and this included people affected by dementia, external stakeholders and colleagues internally.



In **September 2018**, the group came together for the first time (pictured left) to **explore and feed their views into the proposal**. The group built on what each of the workstreams would look like, who needed to be involved and how it would work in practice. At this stage, we also discussed how we would evaluate the impact of Bring Dementia Out.



The 'Bring Dementia Out' innovation

The Innovation team partnered with people affected by dementia, national and local organisations, LGBT+ communities and others to help Bring Dementia Out.

The aim

Bring Dementia Out aimed to help LGBT+ people affected by dementia feel more comfortable in coming forward to access help, information and support that they need.

The audience

Through helping LGBT+ organisations and communities to increase their awareness and understanding of dementia, and how the needs of LGBT+ people affected by dementia may sometimes differ, they would help us to reach those affected by dementia.





The components of Bring Dementia Out

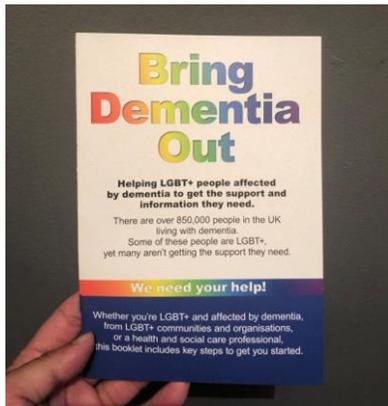
The key components of the innovation to test were co-produced. These included:

- A **video** sharing personal stories from people affected by dementia and others from the LGBT+ communities and LGBT+ organisations. It covered some of the challenges faced, the importance of Bring Dementia Out, and how support can help. People affected by dementia helped to build and design the video as well as star in it.

Hear from people facing these challenges, and learn what is being done to help



Bring Dementia Out provides advice, guidance and support in Brighton and Hove, and Greater Manchester



- A concise **booklet of steps** on how people could help and where they could get support. This was for people including LGBT+ people affected by dementia, people who are part of LGBT+ communities and organisations, and health and social care professionals.

- A **webpage (online hub)** encompassing information, support, resources and stories, and signposting to what is already out there for people: <http://alzheimers.org.uk/bringdementiaout>





Building Bring Dementia Out

Between October 2018 and January 2019, the working group and other people affected by dementia and key stakeholders fed into the **building of each of the components** of the Bring Dementia Out prototype. This iterative model continued throughout the building and testing phases.



Pictured below: filming the video.



Pictured above and left: workshops held to build the 'top tips' which would become the content for the booklet and the online hub.





Practising what we preach

It was highlighted in the Find stage, that **before doing anything externally:**

‘We (Alzheimer’s Society) need to be confident that we are doing it well. We have to get our own house in order!’ (Alzheimer’s Society staff)

LGBT+ and dementia guide for staff and volunteers



Definitions
Background
General guidance
Communications
Learning and policies
Services
Links and resources

We focussed one of the workstreams on this, drawing on the support and expertise from the organisations and communities we were working with and our internal Equality, Diversity and Inclusion (EDI) colleagues. We used our learning to **pull together an internal guide with tips and recommendations** on LGBT+ and dementia for all staff and volunteers, which we received feedback and made changes to at various stages. We **used this, along with the video**, to help **support our organisation to be more inclusive** through informing our people of the challenges faced and providing guidance to help them in their roles.

The Bring Dementia Out partners carried out **focussed internal engagement locally** to ensure staff and volunteers were prepared in the two testing areas (Brighton and Hove and Greater Manchester) before going external. (Pictured right: internal events)





Testing Bring Dementia Out

From **Monday 7 January to Thursday 28 February 2019**, Bring Dementia Out was tested in Brighton and Hove and in Greater Manchester.

Why these two areas?

Brighton and Hove is where the need for this work stemmed from, but it was also important to engage in rural areas, such as some of Greater Manchester. We had a good connection with LGBT Foundation (based in Greater Manchester) and Switchboard (based in Brighton and Hove) and we had gained insight in both areas of the unmet needs.

What did testing look like?

- We **launched the components** of Bring Dementia Out (video, booklet and online hub).
- In addition, we **worked closely with organisations** in Brighton and Hove and in Greater Manchester to **push out communications through their LGBT+ channels and networks**, as well as promoting locally from Alzheimer's Society. We **co-designed posters** which we put up in various locations from GP surgeries to buses, and these were also available on request.
- We **held local engagement events**, presenting together as partners, both with people affected by dementia and organisations. We also **went along to sessions locally to help raise awareness** around LGBT+ and dementia and represented Bring Dementia Out at **marketplace stalls**.



Pictured above: Bring Dementia Out partners so-presenting at a Dementia Friends Champions event in Brighton and Hove

EVALUATION



Pictured above: Bring Dementia Out working group coming together in March 2019 to review learning and reflections from the project and celebrating the achievements.

The evaluation approach

For the evaluation, we:

1. **Defined outcomes** at the start of the Experiment phase.
2. **Set evaluation questions:**
 - Are we heading in the right direction? What tweaks need to be made during delivery?
 - Have we been able to deliver what we planned to deliver? Have we reached the audiences we want to reach? What were the facilitators and barriers?
 - Is Bring Dementia Out scalable? Is further testing required from January 2019?
3. **Defined measures** to answer these questions and measure progress against outcomes.
4. **Collected data** via ad-hoc feedback, pop-up web survey, post-event surveys, local Alzheimer's Society staff survey, partner evaluation forms, web and media metrics.
5. **Recorded learnings** throughout the testing process.
6. **Analysed evaluation data** at the middle and end of the testing period.



Key findings

In summary:

- There has been a **vast amount of new local and national connections** to build on.
- **Awareness has been raised** internally and externally.
- We are starting to see **impact on LGBT+ people affected by dementia**.
- Partnership working has shown the **importance of engagement being led by LGBT+ organisations**.
- **Involving people affected by dementia as partners and sharing their personal stories** has enabled **engagement and understanding** of the challenges faced.
- Developing a **variety of resources** provided **choice** in the way that different people engaged with Bring Dementia Out.
- **Targeted and local communications** have **engaged more people** in Bring Dementia Out and has helped to **extend reach to other audiences and networks**.

- **Slides 23 to 29** demonstrate **evidence** of the extent to which we have achieved each of the **outcomes**.
- **Slides 30 to 34** outline our **learning of what worked well** and **what can be improved** in the delivery of Bring Dementia Out.

It is important to note that for the nature of testing this innovation, we would expect for impact to take a longer time. Developing and testing Bring Dementia Out in this short space of time has helped to gain a 'proof of concept' and explore the feasibility, viability and scalability of the solution.

Outcome: Alzheimer's Society staff have better understanding and awareness of LGBT+ and dementia issues including positive language

Good engagement with materials



*Main pages, such as the Equality, Diversity and Inclusion page, gets under 1,000 views in a year.

**Another video shared internally got three views over two weeks

Positive feedback

‘It’s not different challenges, but additional challenges.’ (Alzheimer’s Society staff)

‘I read the brief article on the intranet, and through that found the internal guide, which I found to be fascinating and useful in equal measure.’ (Alzheimer’s Society staff)

Conclusion:

There has been **good progress and engagement with the materials internally**. We can engage with more staff and volunteers, with clarity around how this fits in with Equality, Diversity and Inclusion activity.

Outcome: Alzheimer's Society services are more inclusive so LGBT+ people feel welcomed and equal

Staff activity included:

- **Discussing** Bring Dementia Out at **support groups** and **displaying materials**.
- **Wearing rainbow lanyards**.
- **LGBT+ training for staff** with LGBT Foundation.
- **Starting discussions around new LGBT+ partnered services** (such as Switchboard (West Sussex) and Gaddum centre (Manchester)).
- **Promoting LGBT+ support** that is available.

Conclusion:

There is **good evidence of several activities** which have been taken so far, however, it is too early to see the impact on people who use Alzheimer's Society services.

'I think just having the posters around makes people feel more confident to ask relevant questions. I have noticed an increase in people talking more openly about their sexuality.'
(Alzheimer's Society staff)

'It would be good to work out if there are specific areas of an assessment / care plan that could be adapted to better suit LGBT+ people.'
(Alzheimer's Society staff)

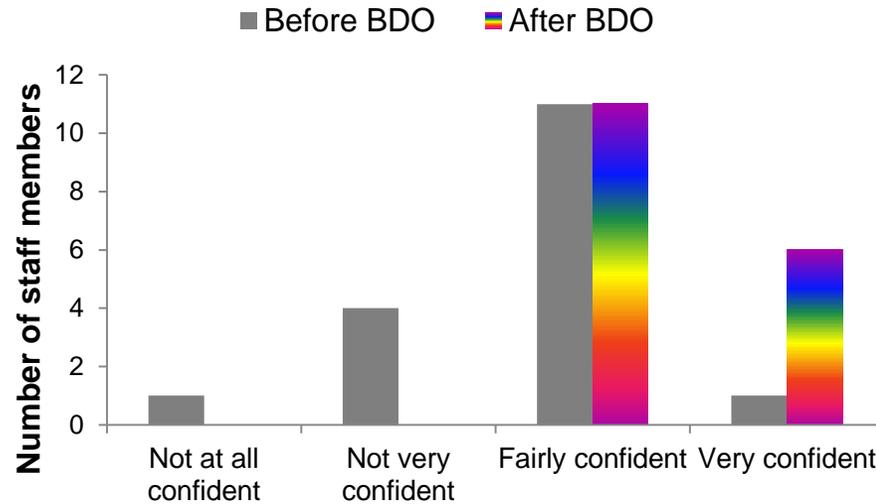
Outcome: Alzheimer's Society staff know where to signpost LGBT+ people affected by dementia

We did a survey of 17 local Alzheimer's Society staff at the end of the project. We asked: 'How confident were you supporting LGBT+ people affected by dementia before Bring Dementia Out?' Most people (11) said 'fairly confident'.

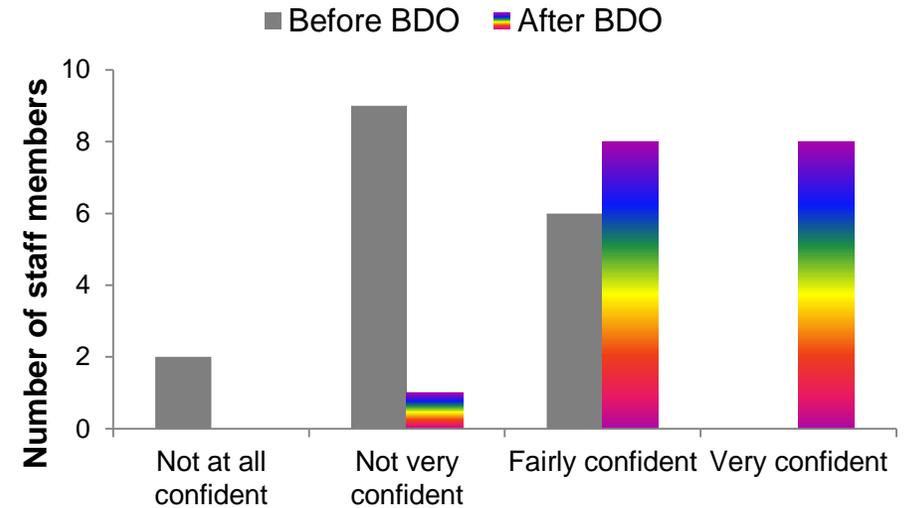
When we asked how confident they were at the end of Bring Dementia Out, the same number said 'fairly', and an extra five people said 'very'.

N=17

Staff confidence supporting LGBT+ people affected by dementia



Staff confidence signposting to specialist support for LGBT+ people affected by dementia



Conclusion:

All staff were more confident than before, but we still have further to go to get everyone to 'very confident'.

Outcome: LGBT+ communities have more awareness and understanding of dementia

Activity included:

- Switchboard working with the local Dementia Action Alliance to run a **Dementia Friends session for LGBT+ communities**.
- **HIV clinics are providing information** about HIV-related dementia.
- Five new LGBT+ organisations answered the **web survey**.
- There was a **variety of people attending the local engagement events** held.
- **42 people** approached the **marketplace stand** at the OUTing the Past Marketplace in Brighton and Hove.

Conclusion:

There was a **lot of activity** with **impact emerging**.

'Made me think about it and will share this information – I didn't realise this was such an issue and I'm gay myself.'
(Dementia Friends Champion)

'I liked the video clip, and it makes me think we should ask our doctor or HIV consultant about HAND and ask for a check up to see if we are showing any signs. Without awareness of HAND, we wouldn't know that HIV-related dementia even existed.'
(From LGBT+ communities)

Outcome: People affected by dementia within LGBT+ communities know where to find relevant support or feel more comfortable accessing support

Activity included:

- **15 people affected by dementia** answered the **web survey**.
- Three people put their **names down on the Rainbow Café mailing list** at the Brighton and Hove Bring Dementia Out engagement event.
- Someone **got in touch about their parent who has dementia**. They came to the Brighton and Hove engagement event and we linked them up with the local Alzheimer's Society team.
- A woman with dementia who was **recently diagnosed offered to help in any way possible** to show that 'it's not just gay men' who are affected.

'I have consciously flagged-up the Rainbow Dementia Café in Brighton and Hove to people it may be suitable for, which previously I wasn't confident enough to specifically do, and this has been well-received.'
(Alzheimer's Society staff)

'I didn't realise there was anything out there like this.'
(LGBT+ person with dementia)

Conclusion:

There are some **really good anecdotes** which demonstrate that if there is more time to scale this wider, it could be tested as to whether more people would come forward for support.

Outcome: Other professionals have better awareness and understanding of challenges faced around LGBTQ+ and dementia

We made a lot of new connections:

- **45 email enquiries** from **new stakeholders**.
- **30 stakeholders** at the engagement **event** in Brighton and Hove.
- **19 stakeholders** at the engagement **event** in Greater Manchester.
- **26 health and social professionals** answered the **web survey**.
- **Professionals who have engaged include:** occupational therapists, housing providers, lecturers, NHS trusts, nursing homes, HIV clinics, councillors, carer organisations, museum professionals, senior commissioning managers, health practitioners and more.

'I work for the local council and would like a supply (50-100) of the 'Bring Dementia Out' booklet with a view to distributing them to all our Care Homes and we are also planning to show the film at our next partnership meeting.'

Conclusion:

There has been **fantastic engagement with professionals**, and perhaps **more than expected**.

Unintended outcomes

- Third party organisations have discussed **developing offers for LGBT+ people affected by dementia.**
- There has been an **increased awareness about LGBT+ challenges more widely**, including other health conditions.
- **Raised profile of Alzheimer's Society locally and nationally** through press and new stakeholder connections.
- Bring Dementia Out has been **referenced in some key pieces of work**, including a piece on how best to engage with people affected by dementia for the Department of Health.

'We would be happy to offer a holiday exclusively to a group of people from the LGBT+ community if they felt that it would be a beneficial safe space where they could be themselves.'
(Dementia Adventure')

Partnership working

What worked well:

- **Co-production** with **people affected by dementia**.
- Promotion of **partner activity**.
- **Central coordination** from an organisation (in this case, Alzheimer's Society) was helpful.
- **Messages** were strongest when they came **from within LGBT+ communities**.
- **Local partnership** helped to reach appropriate audiences.

Recommendations – what could be even better?:

- Have a **dedicated resource** within **partner organisations**.
- Continue the **involvement** of **people affected by dementia**.

'We often talk about wanting to empower people so that they can influence what we and others do, yet this group empowers not only themselves but us as well.' (Alzheimer's Society staff)

'Really happy to be a partner in this exciting project and appreciate how hard you're working and how well you're pushing this forward (it helps us a great deal to promote what we do too).' (Rainbow Café Development Worker, Switchboard)

'The project has made me understand my own perspective and has helped in my confidence.' (Bring Dementia Out volunteer with lived experience of dementia)

'An amazing piece – I have watched the video a number of times now and each time I am moved by something richer and more meaningful within it. People affected by dementia are at the heart of this innovation, this inspiring footage is a true testament of that.' (Alzheimer's Society staff)

Personal stories

What worked well:

- There was a **large amount of feedback** from a **wide range** of audiences about how **inspirational** the **stories** were.
- **Communication pieces including the video** of personal stories had the **widest engagement**.
- There was **media interest in people's stories beyond** Bring Dementia Out.

Recommendations – what could be even better?:

- Collect and share **even more stories**.
- Have **more face-to-face opportunities** for LGBT+ people affected by dementia to speak to others and engage with audiences

'I personally love the use of video as it brings the issues to life and shares experiences of real people with feeling.'

(Greater Manchester Police)

"The personal touch is so important."
(Brighton and Hove, LGBT+ community and museum professional)

'When I spoke to people at the TransForum network in Manchester, one of the people said to me, 'Thank goodness there is someone from our community representing.'

(Bring Dementia Out volunteer with lived experience of dementia)

Resources

Video views
678 (full)
132 (trailer)

Web page
1,010
unique views

What worked well:

- The **video** was great for **initial engagement and awareness**.
- The **booklets** were helpful for **take-away information**.
- The **webpage** (online hub) **reached audiences beyond the target areas**.
The **average time** of staying on the page was **seven minutes**, which is much longer than expected for other webpages.
- The **poster placement** on the buses and at dementia cafés.
- It was **important to have online and offline content**, as only four people out of 61 who answered the web survey said they had heard about Bring Dementia Out from the booklets and the poster.

‘Very useful to be able to have materials to give to people to put it more in a contextual basis and also give a backing to what we are saying. The video has put a personal touch on what could have just been perceived as a tick box exercise of inclusivity and made it real to people.’
(Alzheimer’s Society staff)

Recommendations – what could be even better?:

- **Streamline the web content** (for example, shorter with fewer links).
- Have an **electronic version of booklet** for people to download.

‘As a person with dementia, I found the online hub very good and accessible.’
(LGBT+ person living with dementia)

Marketing and communications

What worked well:

- Engaging **press coverage targeted at relevant audiences** (TV, press, social media), reaching **at least 500,000 people**.
- Reaching **media outlets that do not traditionally cover Alzheimer's Society**, including GScene and The Argus in Brighton and Hove.
- Engagement in **local events** through press, social media and more.
- **Social media: personal stories and images** were most popular and posts which were from outside Alzheimer's Society had more engagement.
- **Engagement from the posters on the buses** in Brighton and Hove covering around 1.1 million bus journeys.

'This very targeted regional innovation attracted a substantial amount of coverage on the strength of the compelling story being told. In my view, this is a massive learning about what targeted regional press can do and how well a strong innovation can communicate to specific audiences.' (Alzheimer's Society Regional Media team)

'I saw the poster on a bus. I get most of my information regarding good causes and community news from these bus posters it seems!'

Recommendations – what could be even better?:

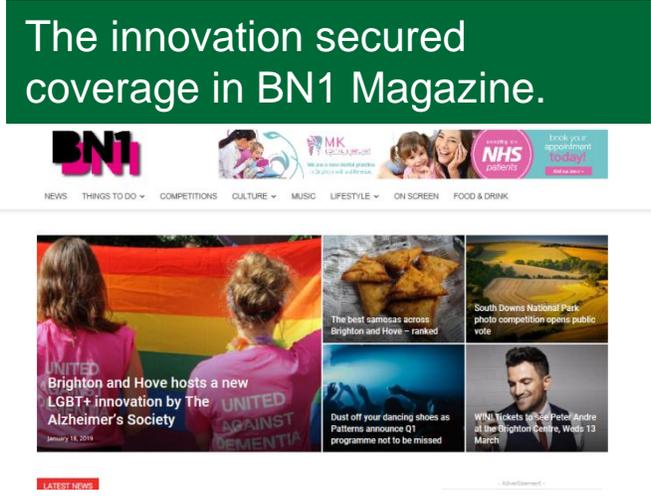
- **Capitalise communications on other events** e.g. Pride and Dementia Action Week.
- **Take advantage of national communication opportunities** and not just needing to contain communications in specific areas.



Some communication examples



Bring Dementia Out secured two 22-minute interviews with Latest TV which was the first time the station had ever covered anything relating to Alzheimer's Society. The Station Director, Andrew Kay, called Bring Dementia Out 'a much needed catalyst...the innovation is vitally important and long overdue.'



Bring Dementia Out on the buses in Brighton and Hove.



Patrick's story secured a front cover of The Manchester Evening News and a significant feature in the paper.

Evidence for scaling

This evaluation **demonstrates the initial impact** of Bring Dementia Out in Brighton and Hove and in Greater Manchester and **provides evidence to scale** Bring Dementia Out in more areas, or nationally, and for longer.

- Although trying to contain this in the two testing areas, there has been a **national interest** from England and Wales – including through Alzheimer’s Society, media, support providers and both LGBT+ and dementia campaign groups (Pride, National Dementia Action Alliance and the Three Nations Dementia Working Group)
- There has also been **international interest** from people wanting support.
- Local staff have made **new connections** and will **need to maintain these and drive action**.

‘This is not a new issue. We know what the issues are, people have told us, we now need to do something and do it well, working in partnership to bring about real understanding, real compassion and real change.’

(Daniel Cheesman,
Former CEO, Switchboard)



Many thanks to the Bring Dementia Out partners, stakeholders and experts who innovated with Alzheimer's Society. This includes people affected by dementia, national and local organisations, and LGBT+ communities.



'When our LGBT+ brothers and sisters living with dementia lack a voice, when that voice of courage to proclaim their sexual identity becomes quietened and when they most need an advocate to support and protect their proud individuality, we need to step-up and act with them and for them.'

Mike (pictured right), partner of Tom who is living with dementia (pictured left)



'I feel excited about Bring Dementia Out and that it will be the new path that sets the wheel of change and brings out so much more than it was meant to do in other avenues of care and services. I believe it will bring about a closeness that we have longed for, and acceptance. I also believe that the ripples of this innovation will only cause waves of positive change in other areas we didn't think or expect would take place.'

Patrick, who is living with dementia



'The Bring Dementia Out innovation goes a long way to ensure that LGBT+ people can speak in a safe environment and get the support they need without any fear of being discriminated against. This is vital to avoid further discrimination and provide support for LGBT+ people affected by dementia. It is even more important for LGBT+ people receiving a dementia diagnosis who do not have the support of a partner or family.'

Chris, who is living with dementia

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