I live with dementia
Impact review
2009/10
Many people have personal experience of dementia – as carers, professionals or people with dementia themselves. This review outlines the impact of our work on their lives.
Chair’s statement

The past year has been one of significant progress and considerable change for Alzheimer’s Society.

The launch of the National Dementia Strategy for England has provided us with a once in a lifetime opportunity to ensure better outcomes for people living with dementia. We have already seen some early successes in terms of obtaining funding for important new services. In the coming year the Society will continue to work with the Department of Health, Social Services and Public Safety in Northern Ireland on the development of its plan, and focus on driving delivery across England – as well as supporting the delivery of the National Dementia Plan for Wales (launched in May 2010). Like all changes, the implementation of locality management has not been without its challenges, but I firmly believe that the successful introduction of our new structure will allow us to reach more people in more places than ever before. Indeed, we have set the ambitious, but achievable, target of increasing our reach by a further 10 per cent over the coming year.

The success of our campaigning and awareness-raising is perhaps best reflected by the fact that this year, for the first time, all three major political parties featured commitments to people with dementia in their election manifestos. The coalition agreement retains some of these commitments and we intend to pursue their delivery. Each of our successful campaigns has been conducted from a strong evidence base, which highlights the importance of research to the Society’s activities, both now and in the future. We have committed approximately £2 million to new research and, although already a significant investment, this is a sum that the Board of Trustees is committed to doubling, as a minimum, in future years.

We are all aware that there is much more to be done, particularly with regard to removing the stigma that is still attached to dementia and when it comes to ensuring early diagnosis and treatment. I have no doubt that our 7,000 staff and volunteers will help us to meet the challenges that lie ahead.

‘We are all aware that there is much more to be done, particularly with regard to removing the stigma that is still attached to dementia.’

Alastair Balls
Chair

Chief Executive’s statement

The opportunity to assume the role of Interim Chief Executive in March 2010, and my experience since that time, has left me even more committed to the important work of Alzheimer’s Society, and even more impressed by the talent and dedication of our staff and volunteers.

The past year has seen the Society take the lead in the launch of an entirely new service model for England, the dementia adviser service. This is a response to the expressed needs of people with dementia and their carers and our experience means that we have been successful in achieving a presence in 75 per cent of the initial sites.

In addition, we have set ourselves the challenging target of establishing at least 49 Community Dementia Forums across England, Wales and Northern Ireland by the end of 2010. We see these new forums as outward facing, as a place where people can come together and identify needs and gaps in service provision, work to raise the profile of dementia and influence others to play their part.

As well as our focus on service provision, we are renewing and strengthening our commitment to research – with the help of our marvellous Quality Research in Dementia volunteers. I am also delighted to report that I have been elected as the Chair of the UK Age Research Forum.

All of these activities rely on the passion and energy of our fundraising teams, both centrally and at a local level. This year saw the Society nominated as the This Morning Christmas charity for the first time (leading to record-breaking total donations), the second year of our corporate partnership with KPMG, the launch of a two-year partnership with easyJet and confirmation that we are the chosen charity for Bupa Great Runs for the second year in a row. Between them these fantastic partnerships hope to raise in excess of £2.16 million for dementia services and I would like to thank everyone concerned for their hard work and support.

The history of Alzheimer’s Society is one of passionate individuals committed to improving the lives of people living with dementia and to helping those who wish to support them. In that respect, nothing has changed at all.

‘The history of Alzheimer’s Society is one of passionate individuals committed to improving the lives of people living with dementia and to helping those who wish to support them.’

Ruth Sutherland
Interim Chief Executive
Aim  
Influencing people

In 2009/10, we aimed to raise the public and political profile of dementia and, with the backing of our voluntary campaigners’ network, to make the Society the authoritative voice on all aspects of living with the condition.

We set out to involve more and more people in campaigning for change for those living with dementia and to develop our political influence.

With our report Counting the Cost, we highlighted the huge human and economic costs of poor hospital care that people with dementia often receive.

A new leaflet, This is me, supports people with dementia going into hospital and has had a huge response with hospitals across the country taking steps to improve dementia care. We have worked with partners including Royal College of Nursing, the Nursing and Midwifery Council, and the Department of Health.

We monitored implementation of the National Dementia Strategy in England, contributed to developing plans in Wales and Northern Ireland, and published A Misspent Opportunity, a report on behalf of the All-Party Parliamentary Group on Dementia on local implementation of the strategy.

We continued to develop a way of monitoring people with dementia’s quality of life by publishing a report, My name is not dementia, illustrating the factors that impact on people’s quality of life.

Impact  
Moving up the agenda

We will continue to build key contacts and partnerships in politics, the third sector, local government and the media to increase our influence. By highlighting evidence, we will increase public understanding of all aspects of dementia and ensure that our view is sought on all issues related to dementia.

Our Putting Care Right campaign will continue to fight for better care for people with dementia – focusing on care at home. We will monitor the impact of the various national dementia strategies on people’s quality of life.

We will continue the Worried about your memory? campaign to encourage early diagnosis with newly designed leaflets and posters which we will distribute to doctor’s surgeries and health centres. We will continue to increase understanding of dementia through our Dementia Awareness Week™. Under the theme Remember the person we will hold local events, run an awareness-raising advertising campaign and secure local and national press coverage.

We will work with our Vice-Presidents, Patrons and Ambassadors programme to champion the rights of people living with dementia and we will expand our network of campaigning volunteers. We will continue to support people affected by dementia who speak publicly about the issues they face.

Future  
Getting the message across

We aimed to deliver all our campaigns in partnership with our volunteers, especially those affected by dementia.

I became involved as a media volunteer because a very nasty note was left by a nurse on my mother’s hospital bed last year, telling her not to bang on the table. I sent Alzheimer’s Society a copy of the note and it snowballed from there. I did a presentation at the launch of the Putting Care Right campaign and I did news interviews on the costs of care around the election. I get a lot out of it, it means a lot to me that I’m actually at last able to do something. The more people that know about the problems, the more people can do something about it.

Watch Ann tell her story at alzheimers.org.uk/ann

Championing the rights of people with dementia
National Dementia Strategies

Aim
Ensuring government strategies deliver for people with dementia

The Society has been working with the departments of health in England, Wales and Northern Ireland to ensure that for the first time there are clear government plans to transform the lives of people living with dementia. In 2009/10 this secured the delivery of the National Dementia Strategy for England (NDSE), the draft dementia plan in Wales and progress towards a draft strategy in Northern Ireland. For all three plans the Society has made submissions based on the views and aspirations of people with dementia and their carers.

Our aim has been to ensure that there is a commitment to the plans at the highest levels among a range of organisations and individuals, and to support progress towards the required changes.

We also had our own part to play in making the strategy a reality.

In England, where progress to deliver the NDSE is well under way, our aims were to make sure that the Society played a major role in delivering the NDSE by focusing on supporting delivery on six major objectives (awareness, information and support, dementia adviser, peer support, education and development, and research), and by using evidence, contacts and relationships to support and press for the NDSE’s implementation as a whole.

Impact
More awareness, some early progress

The draft dementia plan in Wales contained many items that the Society pressed for and we are confident that the Northern Ireland plan will too. In England there has been significant progress with many health and local authorities beginning to improve their dementia services. But the National Audit Office has highlighted uneven progress across the country and noted that dementia does not feature highly in NHS official priorities.

Forty initial sites were established to train dementia advisers and develop peer support services and the Society was involved with three-quarters of these sites. Extra services for memory assessment have also been established and more training has been delivered for health and social care professionals. In January the government appointed a National Clinical Director for Dementia to lead the NDSE.

During the 2010 election dementia was mentioned in all three major party manifestos for the first time and the new government has committed to increasing the priority for research into dementia, after lobbying from the Society.

Finally, an awareness campaign called I have dementia, I also have a life was launched by the Department of Health in England, supported by Alzheimer’s Society. Following the campaign, research showed 19 per cent of the target audience could spontaneously recall the line: I have dementia, I also have a life.

Peter Dunlop lives with dementia and took part in the National Dementia Strategy awareness advertising campaign

I was diagnosed with Alzheimer’s disease a year ago and was asked whether I would work with Alzheimer’s Society to increase awareness of dementia. Being a part of the I have dementia, I also have a life campaign was very interesting. I think it’s important to raise awareness and it sounds better if it comes from someone who has actually got the disease, rather than an actor or an actress. I hope it leads to people getting early diagnosis because that’s crucial. Then they can continue to have a life.

Watch Peter tell his story at alzheimers.org.uk/peter

Future
Making sure progress continues

Besides maintaining momentum on current plans across England, Wales and Northern Ireland, the Society will be looking to make sure that there is senior commitment in all areas of the country to delivering for people with dementia. In the next year we want to see publication of a strategy in Northern Ireland, the plan in Wales well under way and further progress in England.

Particular targets for implementing the NDSE will be negotiating and publishing a National Dementia Declaration, committing many influential organisations to improve their dementia services; getting dementia included in the NHS Operating Framework to make sure the NHS responds appropriately to dementia; protecting the development of new services for people with dementia and carers by arguing an economic case for investment and showing evidence for the need to redesign services; continuing to make political support for dementia a priority and making sure dementia features in the plans of the new government and devolved administrations; ensuring continuing significant improvement in the skills of the health and social care workforce; reducing the use of antipsychotic drugs for people with dementia; and securing increased funding for dementia research.
Aim
Tailoring services to what people want

After consulting people with dementia, the National Dementia Strategy called for a new dementia adviser service, which could provide information and signposting for people with dementia from the very early stages of the condition. The strategy document also recommended that different ways of organising such a service should be tested to find out what works best.

We aimed to work with people with dementia to design a service that would provide information tailored to the individual’s needs, and would be delivered in the way that suited them – by phone, online, by post or in person.

Impact
New services that meet needs

We piloted the dementia adviser service in three places – London, Sheffield and Coventry – and an evaluation of the initial work helped inform further development. We were partners in tenders to the Department of Health to provide the new information service and we are involved in three-quarters of them. We are also delivering several locally commissioned dementia adviser services.

Dementia adviser services operate out of a range of locations, including memory services, community mental health teams and GP surgeries, enabling them to reach people with dementia at an earlier stage, and to reach more people with dementia who live alone. Five to seven trained volunteers support each dementia adviser, helping people find their way through available information and to find services which have been recommended to them.

Again with people with dementia, we developed a database called Guidebook for storing and sharing information about relevant local services. Volunteers work with people with dementia to keep the information up to date, and the Guidebook could in future be used more widely across the organisation.

Future
Apply the lessons learned so far

We need to develop the dementia adviser service model, building on what we have been learning. There is a need in particular to develop the service for people in the later stages of dementia.

We will also work to develop more information that is written specifically for people with dementia, as well as material for people with dementia from black and minority ethnic communities and for people with learning difficulties and dementia.

We need to make the Guidebook more widely accessible across the Society.

We must apply the lessons of developing these services in other areas, such as client record-keeping and marketing.

Finally, we must ensure the dementia adviser service provides value for money.

Offering choices

Kathryn Morris, Dementia Adviser

The dementia adviser service is really new and innovative. In the past, people with dementia have been sidelined a little bit and family members have become the carers and taken control of decision making.

A dementia adviser service provides something for people with dementia that allows them to make choices, be independent and take responsibility for what it is that they’d like in their life. It’s pushing the boundaries of what we think of as providing care for people with dementia. That’s what I love most about being a dementia adviser. I feel like I’m moving forward as part of Alzheimer’s Society, making new things happen for people with dementia.

Watch Kathryn tell her story at alzheimers.org.uk/kathryn
Aim
Dignity, well-being and choice in all our services

The information, support and care services that we provide across England, Northern Ireland and Wales are the oldest and largest element of the Society’s activities. We aimed to ensure that all our services were inclusive, and that we learned from people living with dementia so that we provided high-quality, relevant and timely information, gave specialised one-to-one support when needed and encouraged different ways of accessing our services. We aimed to ensure that all our services were informed by good evidence and best practice.

Impact
Users’ approval for services

In 2009/10 our 2,000 services reached more than 30,000 people living with dementia every week. They ranged from support groups and cafes where people with dementia and their carers could get support, to advocacy and innovative activities such as Singing for the Brain. Health and social care bodies commissioned many of our services.

We regularly evaluated what we did through formal evaluations and by asking users what they thought. In an evaluation of Talking Point, our 24 hour online discussion and support forum for anyone affected by dementia, nine out of ten people said they would recommend Talking Point to others.

‘Talking Point provides me with much needed support, comfort and even fun... There is a wealth of information, support and joy available from other members... I think the site is so easy to use. Thank you.’

Talking Point was marketed widely on Facebook and Twitter and active members increased from 7,733 in April 2009 to 10,703 in April 2010.

Future
Proving high quality across our services

We will be introducing further formal methods for developing and evaluating our activities. Our aim is to ensure quality and sustainability and to share lessons right across our services. Our services strategy and business plans focus on local need; we want more people who need our services to be able to get access to them.

As part of our new development framework we will continue to update and improve design specifications for services. As well as introducing steps to ensure internally that our standards are high, we recognise the need to measure the Society’s activities against external standards of high quality. In the year ahead we will measure all our activities, and the infrastructure that supports them, against external standards.

Sylvia Gupta, carer and Talking Point member

I found Talking Point out of desperation. I was restricted to the house and I couldn’t leave my husband for more than an hour at a time. I thought maybe I could find some better ways to cope. Through Talking Point I’ve learnt more about dementia that I would have ever learnt from any professional.

And a bonus of it is that I’ve made friends. Alzheimer’s Society can’t cure people of dementia yet. They can’t put a person in every home to help the family through it. But Talking Point is a help to carers and then indirectly it is a help to people with dementia too. I don’t think I would have got through without it.

Watch Sylvia tell her story at alzheimers.org.uk/sylvia
Caring for carers

Aim
High quality information for carers

Carers value our information programmes highly. These are usually a series of four to eight sessions of two to three hours, covering topics that are important to carers. Government strategies for dementia across England, Wales and Northern Ireland also endorse the value of such programmes.

We have run carers’ information programmes for many years; most are funded from voluntary sources. They vary in form and content. Often they are developed locally which can lead to a duplication of effort as similar programmes are developed by different people in different areas. Some are delivered by our volunteers and staff, some involve local health and social care professionals and others.

Working with experienced carers and with other carers’ organisations – drawing on their knowledge and experience – we aimed to make the best of existing courses and develop one carers’ programme that could be accessed in person, through workbooks or online. We aimed to train facilitators and develop easily accessible materials for them.

Impact
Building on our knowledge

We are building on our local success to date and are planning to make a quality carers’ programme available across the organisation.

We have obtained funding to design, pilot and set up an information programme specifically for people caring for people with dementia. Our Carers’ Information Programme Development Manager is consulting carers and those who have experience of organising information programmes for carers about its content and how best to provide it.

‘Carers do a very difficult job – we deserve a little care ourselves and this course gave it to us.’

Tricia Keeble, carer

Future
Focus on quality

Over the next three years, building on our experience to date, we will develop a steering group, including carers, that will support the programme manager. We will improve the content of the programme and the delivery method, as well as develop guides for facilitators and resources for the programme. We will pilot the information sessions and the training for facilitators.

We will also develop marketing materials and extend the use of the programme across the Society.

We also aim to develop a workbook that will deliver the programme for those who find it difficult to attend sessions as well as an online information programme.

Sharing our knowledge

Aim
Transforming standards of care

Our knowledge and learning services focus on raising standards of care practice, by providing appropriate, evidenced approaches and products that support the development of quality care, and by enhancing the skills of those who work with and for those people whose lives are affected by dementia.

In the first part of an evolving development programme, we aimed to ensure that the educational and information products offered were of a consistent high quality and that those delivering our courses and approaches met the Society’s required standard for trainers through our Approved Trainer Scheme.

We aimed to make our services accessible to all our staff and volunteers, and to external clients and organisations.

We also aimed to become recognised as a centre for excellence for knowledge and learning in dementia. We aimed to influence the development of nationally recognised qualifications, and deliver to the standard required by external regulators. We have started the process which will enable us to achieve the quality standard for information, which will allow us to make a real difference to those accessing dementia services.

Impact
A whole Society approach

The formation of a Knowledge and Learning Directorate has allowed the development of an education and development pathway, which is supported by our knowledge services and regulated through the work of our quality and evaluation team.

The Knowledge and Learning Directorate worked closely in partnership with other teams internally to ensure that skills and knowledge were shared and used in a way that allowed the greatest benefits for the whole organisation.

The directorate also actively worked on a needs-led approach designed to meet the Society’s workforce development objectives, in partnership with the HR team. Work with IT colleagues was vital in the development of a standardised elearning approach which improved accessibility to training materials for staff and volunteers across the organisation. The directorate worked with staff across England, Wales and Northern Ireland to enhance the courses and products that our trainers provide, and this was supported by the review and relaunch of the Society’s Approved Trainer scheme.

Support for the Society’s national and regional campaigns has been achieved through the development of products and courses, such as the externally accredited course for health professionals, Caring for people with dementia in acute hospital settings. This way of working is setting the pattern for the development of future products and actions.

Future
Across the three nations

The next steps in achieving a whole Society approach for knowledge and learning is the allocation of a dedicated link for each region and nation. The establishment of regional and national hubs that will support work with locally based teams and organisations, and are sensitive to regional and national needs, will help us ensure a joined up approach across the Society.

These hubs will provide all the services of the Knowledge and Learning Directorate, and will include education and development teams who will support and deliver training to external customers.
Aim
More money for research
In 2009/10 we aimed to increase our investment in dementia research. In the previous year we invested £1.5 million in research projects, fellowships and PhD studentships. However each year we have to turn down around 70 per cent of applications for funding due to the limits of our budget. Greater investment would enable us to fund more high quality research.

Of course, there are many potential research funders outside of Alzheimer’s Society. We aimed to develop partnerships with these organisations and to campaign vigorously to galvanise investment in dementia research across the country.

Our aim in 2009/10 was to fund more young scientists – PhD students and research fellows – to start them on their way to a career in dementia research. With our funding we can support these early career researchers and build a community of dementia researchers for the future.

Another of our key research targets this year was to focus on improving diagnosis of dementia. These projects range from research to detect chemicals in the blood that are related to dementia, to developing better brain scanning techniques. One of our PhD students, for instance, is investigating how brain scans can be used to detect different forms of Alzheimer’s disease.

The greatest impact on research funding this year has been achieved through partnerships and campaigning activities. We played a key role in the UK Age Research Forum (UKARF) and were closely involved in the 2009 UK Dementia Research Summit. This led to several new ministerial groups being formed to tackle priority areas of dementia research, and we are represented in each one.

Through our campaigning we have successfully increased spending on and awareness of the need for dementia research. Partnerships with related organisations, such as the Stroke Association and the Bupa Foundation, have also led to new funding opportunities.

Impact
Increasing investment for the future
In 2009/10 the Society increased its spending on research awards to £2.0 million, with a rolling annual budget of over £6.0 million, allowing us to fund more dementia research.

We have been able to invest in young scientists, funding more PhD students and research fellows than ever before.

Several of the projects we have funded focus on improving diagnosis of dementia. These projects range from research to detect chemicals in the blood that are related to dementia, to developing better brain scanning techniques. One of our PhD students, for instance, is investigating how brain scans can be used to detect different forms of Alzheimer’s disease.

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Future
Understanding the risks
We will renew our efforts to increase our research budget further. With more funds available we will be able to invest more in large scale research projects such as the development of new drugs and clinical trials. We will also continue to make young scientists a priority for our funding programme.

Another focus in the year ahead will be developing our Public Health research strategy, which explores how lifestyle factors, such as diet, may affect the risk of developing dementia. A group of experts is advising on the Society’s research direction in this important area, which will enable us to give better, clearer advice about how people can reduce their risk of dementia.

Through this work we will also inform the scientific community of the research that still needs to be done. Developing further partnerships and campaigning activities will enable the Society to galvanise dementia research in the UK, with the aim of working towards increased funding for research into all types of dementia in the long term.

We will also continue to recruit more volunteers to the Quality Research in Dementia (QRD) network, a group of people with dementia, carers and former carers who play a crucial role in directing and monitoring our research programme. Our ongoing work with the network will ensure that our research addresses the needs and concerns of people with dementia and their carers.

Manja Lehmann,
PhD research student
I started working at the Dementia Research Centre, which really opened my eyes to what it means to have Alzheimer’s disease. When I started we had an idea for a project, so we handed a proposal to Alzheimer’s Society and we got funding. I’m using brain scans to understand why Alzheimer’s disease doesn’t affect everybody in the same way. Most people associate it with memory problems and confusion. However there are a number of patients who have Alzheimer’s disease but they don’t have memory problems, they have problems with their vision. I really enjoy organising support groups too; my patients give up their time for my research and I’m keen to give something back. Alzheimer’s Society makes all of this possible. Seeing my patients, carrying out the research, organising the support groups; I wouldn’t be able to do any of it without their support.

Watch Manja tell her story at alzheimers.org.uk/manja

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Aim
A 20 per cent boost to income
We set out to increase the Society’s gross income to more than £57.0 million – a 20 per cent increase on 2008/09 – and we planned to increase spending by 21 per cent. This was required to fund the development of essential programmes to support our fight against dementia.
The Society aimed to continue to grow its supporter base, improve donor communications and support local fundraising.
As well as working hard to boost income we also looked for ways to reduce costs. We laid plans to improve our cost control mechanisms in key areas, such as staff and premises costs.

Impact
Paying for our key projects
Despite the economic climate, we raised 11 per cent more than our net budget meaning the Society was able to reach more people by increasing and improving the amount of information and services we provided.
People across England, Wales and Northern Ireland supported us. Viewers donated over £245,000 through This Morning’s Christmas Appeal; partnerships continued with companies including KPMG, Credit Suisse and Locktons; runners raised over £500,000 in the BUPA Great Run series; and walkers raised over £480,000 in Memory Walks.
Supporters left the Society over £10.4 million in their wills; our local fundraising volunteer groups raised £7.7 million to support our local services; a mailing championing our Putting Care Right campaign raised £186,000; and we received donations from 329 charitable trusts and other grant givers.

This boost in income was matched by cost controls. New contracts for major items such as communications, travel and hotels resulted in savings, which helped the Society cope with the rising costs of a growing organisation. We also developed improved recruitment processes, to help control our expansion.

Future
Increasing targets for voluntary income
In 2010/11 we will increase our centrally raised voluntary income by at least 16 per cent. Following the changes to our local structure we will bring together the management of all our voluntary income under one strategy and, with plans to share best practice, support all fundraising volunteers and staff and maximise our fundraising.
We will continue to develop our supporter community through excellent communications and increased use of social media, ensuring that we provide appropriate channels for more people to learn about dementia and support our work in the way they want to.
We will increase our membership to reach more people with dementia, carers and professionals in the field of dementia and, through our commercial arm, we will aim to provide more practical daily living aids for people with dementia, as well as an increased range of gifts. We will also offer an enhanced portfolio of dementia related publications and quality training products.
We will scrutinise our spending for further potential savings, and will embark on a two-year review of how we use all our properties to ensure maximum value for money.

Raising income, cutting costs

Alli Anthony, Younger People With Dementia Co-ordinator, funded by Credit Suisse
I work with people under 65 who develop dementia. They have very different needs: they’re often still working, they may have children who are still teenagers or younger and they’ve still got mortgages to pay. Credit Suisse have funded my project so I can be there for people with dementia. I offer support on a one-to-one basis, visiting people in their own homes. We talk about what it’s like living with dementia, getting a diagnosis, ways to maintain maximum independence for as long as possible and any other issues surrounding dementia. We also offer group support in a social setting. It’s a positive way for people with dementia and their carers to meet, do social things together and talk about living with dementia in a supportive environment. Credit Suisse have made that possible.
Watch Alli tell her story at alzheimers.org.uk/alli
Aim
Making the pennies work harder

The number of people with dementia is growing rapidly, and, since Alzheimer’s Society began 30 years ago, the environment for providing services to support and inform them has dramatically changed. We aimed to make the most of our resources in our fight against dementia.

In 2009/10 we launched a major restructuring of our management with a programme of change that aimed to meet the challenges of targeting resources where they could make the most impact and provide more and better services for the people who need them.

This programme ran alongside existing projects in our IT and finance infrastructure, to improve our quality framework, our auditing and other processes, all intended to improve standards throughout the Society.

Impact
Better management through a simpler structure

The local changes that the Society has put in place this year – not always easy for staff and volunteers – have put the organisation in a stronger position for the future, enabling us to deliver more services of the highest quality and tackle the unequal provision of our services.

For the first time this year we were able to collate data on numbers of clients supported and enquiries handled. Almost 90,000 clients used our local services and we provided almost 200,000 responses to enquiries.

Our IT infrastructure now provides client record systems to support the 50 new dementia adviser services and 14 new peer support services.

To assess and measure the quality of our work, we committed to using the PQASSO framework, a quality assurance system that allows organisations to improve the way they run and the services they provide. This will not only enable us to see that we are getting better at what we do but to demonstrate it to stakeholders.

We are also improving our handling of personal and sensitive data (including introducing an online data protection training tool that is compulsory for all staff and volunteers).

Pro-bono consultancy provided by KPMG has helped improve our planning processes and reviews of progress against targets.

Future
10 per cent more clients helped

Continuing with our programme of change during 2010/11 we will provide better support and opportunities for employees and volunteers working for the Society. We will increase support for local fundraising volunteer groups and further clarify how the Society is governed. We hope that these changes will help our employees and volunteers to be more effective in delivering our services and we aim to increase numbers of clients and responses by 10 per cent.

We will invest further in our IT and management tools to continue improvements already in progress and will be preparing for the personalisation of services.

Over the next few years we will be applying the results of our self-assessment against PQASSO and other external quality standards and other audits, so that people living with dementia and those who commission our services can have confidence in the effectiveness of our work in support, campaigning and research.

Stronger for the future

Maggie Owolade,
Area Manager for London

I look after a team of locality managers who each manage an area in London with a range of services. It’s a fantastic job but it’s very challenging. We have a vision of where we want to go and it’s very satisfying when you’re able to bring your team with you. Alzheimer’s Society has had an enormous impact on me, my team and the people that we work with. We’ve seen such an impressive improvement in the quality of our services and the sorts of things that we’re able to offer people. We’ve had such tremendous feedback about how what we’ve done has changed people’s lives.

Watch Maggie tell her story at alzheimers.org.uk/maggie
**Aim**

**Protecting vulnerable adults**

We are determined to protect vulnerable adults from abuse and mistreatment. We have worked with the charity Action on Elder Abuse on several initiatives that aimed to raise awareness about abuse, and we aimed to tackle it.

Together with Action on Elder Abuse and other stakeholders we have begun to produce guidance for police officers on how to investigate allegations of abuse in places such as nursing and care homes.

We asked Action on Elder Abuse to help us update the Society’s policy on safeguarding vulnerable adults. This explains to the Society’s employees and volunteers how to recognise abuse and mistreatment and what their responsibilities are in stopping it.

A new training programme about safeguarding vulnerable adults was developed to ensure that our staff are fully aware of the policy and their own role and responsibilities.

**Impact**

**A safer home environment**

Unfortunately, the Action on Elder Abuse project has been put on hold. However, almost 750 Alzheimer’s Society staff have completed safeguarding vulnerable adults training; they know how to recognise abuse and mistreatment and what their responsibilities are in stopping it.

In developing the updated safeguarding vulnerable adults policy we have made sure that we comply with new legislation.

The policy formalises our duty to work closely with regulators and with adult social services departments (health and social care trusts in Northern Ireland).

We will continue to train our staff in safeguarding vulnerable adults, so that all Society staff have been given training appropriate to their role.

**Future**

**Spreading the word**

We will continue to train our staff in safeguarding vulnerable adults, so that all Society staff have been given training appropriate to their role.

Staff for whom it is relevant will attend regular workshops looking at case studies.

We will also investigate elearning opportunities for basic awareness training for staff and volunteers.

We will update the Society’s policy on safeguarding vulnerable adults as required and will, if possible, pick up our work with Action on Elder Abuse on the guidance for the police.

**A focus on inclusion**

Dementia does not discriminate, but people with dementia and their carers often experience prejudice.

We are determined to tackle prejudice and exclusion through our work.

We are committed to inclusion, equality and diversity, both in the services that we provide and as an employer. We are committed to ‘people-centred’ care and we want to make sure that we include everyone affected by dementia in the way we plan our services and in how we carry them out.

Our staff, volunteers and trustees are committed to a culture that promotes inclusion, diversity and equality of opportunity for everyone.

We will challenge discrimination over race, ethnic origin, religious belief, class, gender, sexual orientation, marital status, disability and age.

**Future**

**Action on all fronts**

We will be working on many aspects of this topic, including creating an inclusion and diversity policy and reviewing our recruitment and selection policies and procedures.

Next year there will be a programme of training for all national and local helpline staff about what diversity means in practice. After this has been evaluated, training will be extended to all staff and volunteers.

Part of the Dementia Adviser Service Development Manager’s role – a new post in the Society – will be to develop our information services, particularly for black and minority ethnic people with dementia and their carers, and for people at different stages of their dementia.

We will continue to train our staff in safeguarding vulnerable adults, so that all Society staff have been given training appropriate to their role.

People with dementia and their carers often experience prejudice. We are determined to tackle prejudice and exclusion.

We are determined to protect vulnerable adults from abuse and mistreatment. We have worked with the charity Action on Elder Abuse on several initiatives that aimed to raise awareness about abuse, and we aimed to tackle it.

Together with Action on Elder Abuse and other stakeholders we have begun to produce guidance for police officers on how to investigate allegations of abuse in places such as nursing and care homes.

We asked Action on Elder Abuse to help us update the Society’s policy on safeguarding vulnerable adults. This explains to the Society’s employees and volunteers how to recognise abuse and mistreatment and what their responsibilities are in stopping it.

A new training programme about safeguarding vulnerable adults was developed to ensure that our staff are fully aware of the policy and their own role and responsibilities.

**Impact**

**A safer home environment**

Unfortunately, the Action on Elder Abuse project has been put on hold. However, almost 750 Alzheimer’s Society staff have completed safeguarding vulnerable adults training; they know how to recognise abuse and mistreatment and what their responsibilities are in stopping it.

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People with dementia and their carers often experience prejudice. We are determined to tackle prejudice and exclusion.
'I think it’s important to raise awareness.
I hope it leads to people getting an early diagnosis because that’s crucial.
Then they can continue to have a life.'

Peter, person with dementia
Society money

Income
Total income grew in the year by £7.0 million or 13 per cent to £58.7 million (2009: £51.7 million). Of this growth, £3.1 million was in subscriptions, donations and fundraising income, which now represents 37 per cent of total income.

The proportion of total income raised by grants and contracts remained at 35 per cent. This was achieved through £2.2 million growth, arising from the continued demand that exists for the Society’s locally based services.

The Society has striven to achieve greater Full Cost Recovery (FCR) on its contracts in the year, with the result that FCR income has increased to £372,000 (2009: £280,000).

Legacy income was again strong, growing by £1.2 million to £1.9 million this year, investment in fundraising has resulted in excellent returns from direct mail campaigns for example, Credit Suisse, KPMG and Bupa, which will help the Society to achieve substantial new partnerships with, for example, Alzheimer’s Society, Devon House and the Alzheimer’s Society. These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the charity. The full Trustees’ report, audit report and financial statements may be obtained from the Company Secretary.*

During the year, £2.0 million was awarded by the Society to research projects into the cause, cure, care or prevention of Alzheimer’s disease and other dementias.

Expenditure
Total charitable expenditure increased during the year by £4.4 million. Almost 90 per cent of this expenditure continued to be in providing care services and direct services to people with dementia and those who care for them.

There was also an increase in campaigning and awareness-raising expenditure, to £2.6 million (2009: £2.5 million), while governance costs, which covers those costs incurred in complying with constitutional and statutory requirements in line with SORP 2005, fell slightly to £272,000 (2009: £280,000).

For the year ended 31 March 2010

<table>
<thead>
<tr>
<th>Income and expenditure</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>18,839</td>
<td>16,006</td>
</tr>
<tr>
<td>Legacies</td>
<td>12,753</td>
<td>8,157</td>
</tr>
<tr>
<td>Subscriptions, donations and fundraising</td>
<td>19,345</td>
<td>16,078</td>
</tr>
<tr>
<td>Investment income</td>
<td>769</td>
<td>1,143</td>
</tr>
<tr>
<td>Other income including trading</td>
<td>5,459</td>
<td>4,604</td>
</tr>
<tr>
<td>Total unrestricted income</td>
<td>54,145</td>
<td>45,988</td>
</tr>
<tr>
<td>Restricted income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>1,701</td>
<td>2,299</td>
</tr>
<tr>
<td>Legacies</td>
<td>712</td>
<td>1,104</td>
</tr>
<tr>
<td>Subscriptions, donations and fundraising</td>
<td>2,140</td>
<td>2,312</td>
</tr>
<tr>
<td>Investment income</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Other income including trading</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Total restricted income</td>
<td>4,566</td>
<td>5,735</td>
</tr>
<tr>
<td>Total income</td>
<td>58,711</td>
<td>51,747</td>
</tr>
</tbody>
</table>

Expenditure

care services: 73.5%
campaigning: 5%
research: 4%
fundraising: 17%
governance: 0.5%

Total expenditure

<table>
<thead>
<tr>
<th>Total expenditure</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care services</td>
<td>42,358</td>
<td>37,432</td>
</tr>
<tr>
<td>Campaigning and awareness raising</td>
<td>2,628</td>
<td>2,473</td>
</tr>
<tr>
<td>Research</td>
<td>2,288</td>
<td>2,965</td>
</tr>
<tr>
<td>Fundraising</td>
<td>9,753</td>
<td>7,837</td>
</tr>
<tr>
<td>Governance</td>
<td>272</td>
<td>280</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>57,299</td>
<td>50,987</td>
</tr>
</tbody>
</table>

Balance sheet

Fixed assets

<table>
<thead>
<tr>
<th>Fixed assets</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors – amounts falling due within one year (11,027)</td>
<td>(8,330)</td>
<td>(8,330)</td>
</tr>
<tr>
<td>Creditors – amounts falling due after one year (2,488)</td>
<td>(2,047)</td>
<td>(2,047)</td>
</tr>
<tr>
<td>Net assets</td>
<td>28,388</td>
<td>25,546</td>
</tr>
</tbody>
</table>

Reserves

<table>
<thead>
<tr>
<th>Reserves</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted</td>
<td>4,256</td>
<td>6,514</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>24,132</td>
<td>20,032</td>
</tr>
<tr>
<td>Total reserves to support expenditure</td>
<td>28,388</td>
<td>25,546</td>
</tr>
</tbody>
</table>

*If you would like a full set of financial statements please call or write to: The Company Secretary, Alzheimer’s Society, Devon House, 58 St Katharine’s Way, London E1W 1LB. Tel 020 7423 3500, Fax 020 7423 3501.
Society people

Royal Patron
HRH Princess Alexandra GCVO

President Emeritus
Sir Jonathan Miller CBE

Board of Trustees
Honorary Officers
Chair
Alastair Balls CB DL* Elected 14 September 2007
Vice-Chair
Eileen Winston*** Elected 18 September 2009
Treasurer
John Grosvenor*** Elected 18 September 2009
Board members
Ann Beasley CBE Elected 18 September 2009
Richard Crace* Re-elected 14 September 2007
Thomas Haverty Co-opted 19 September 2008
Christine Holloway Elected 18 September 2009
Carys Howell* Elected 14 September 2007
Prof Robin Jacoby Elected 18 September 2009
Wendy Jones Resigned 18 September 2009
Peter Laycock Resigned 18 September 2009
Marillyne Morgan CB Resigned 18 September 2009
Dr Carolyn Popham Re-elected 18 September 2009

Trusts, foundations and statutory bodies
29th May 1961 Charitable Trust
Action on Elder Abuse – Caring for Older People
The Alzheimer’s Foundation
The Bernard Sunley Charitable Foundation
Big Lottery Fund
Bill Brown’s Charitable Settlement
City Bridge Trust
The C Charitable Trust
Clover Charitable Trust
Cormac Relief – Campaigning Networks
The Eranda Foundation
The Freemasons’ Grand Charity
Garfield Weston Foundation
Grand Lodge Of Mark
Master Masons
Gwyneth Forester Foundation
The Hartley Charitable Trust
The Henry Lumley Charitable Trust
The Henry Smith Charity
The Herbert and Peter Blagrave Charitable Trust
The Houghton Dunn Charitable Trust
The John Ellerman Foundation
The Kirby Laing Foundation
Lloyd’s TSB Foundation for England
and Wales
The Milly Al thorpe Charitable Trust
Nominet Trust
Peacock Charitable Trust
P F Charitable Trust
Prince’s Charitable Foundation
The RAF Benevolent Fund
The Rayne Foundation
Robert Luff Foundation Ltd
Rosettes Trust
The Rowe Family Trust
Sheepdrove Trust
The Steel Charitable Trust

To all our supporters who helped us continue to lead the fight against dementia in 2009/10. Unfortunately we are unable to thank all of our supporters due to space limitations, but we are grateful to them all.

A big thank you

Chief Executive
Neil Hunt
to 1 March 2010
Ruth Sutherland
from 1 March 2010
Interim Chief Executive
Senior Management team
Prof Clive Ballard
Director of Research
Andrew Ketteringham
Director of External Affairs
Matthew Sellen
Director of Corporate Resources
Dr Susanne Sorensen
Head of Research
Ruth Sutherland
Chief Operating Officer
Jo Swinho
Director of Fundraising and Marketing
Brett Terry from 4 January 2010
Interim Director of Services
Caroline Waymont to 4 January 2010
Interim Director of Human Resources
Company Secretary
Matthew Sellen
Professional advisers
Auditors
Horwath Clark Whitehill LLP
Chartered Accountants and Registered Auditors
St Bride’s House
10 Salisbury Square
London EC4Y 5EH
Bankers
HSBC Bank plc
2nd Floor
1 Beadon Road
Hammersmith
London W6 0EA
Insurance brokers
Giles Insurance Brokers Ltd
1 Temple Point
1 Temple Row
Birmingham B2 5YB

Patrons
Prof David J Brooks
Dame Judi Dench
Brett Eliland
Lord Mores
Prof Steven Rose

Vice-Presidents
Rt Hon David Blunkett MP
Angela Browning MP
Professor Jim Edwardson
Sir John Gordon Hannam
Dr Nori Graham
Dr Anne Hunter
Morella Kayman
Dr Christine Kirk
Lord Morris of Manchester
Baroness Murphy
Anne Robinson
Professor Martin Rossor
Lady Saunders
Malcolm Wicks MP
Prof Gordon Wibcock

Ambassadors
Peter Ashley
Lynda Bellingham
Nick Bence-Trower
Baroness May Blood MBE
John Bowis OBE
Rosie Boycott
Jo Brand
Richard Briers
Paul Brooks
Graham Browne
Tania Bryer
Ken Clasper
Paul Dacre
Roger Eastoe
AA Gill
Russell Grant
John Griffith-Jones
John Hughes
Prof Robin Jacoby
Ruth Langsford
Sally Lindsay
Richard McCourt
Nicholas Mullings
Fiona Phillips
Barbara Pointon
Bill Reinking
Angela Rippon OBE
Heather Roberts
Tony Robinson
Robert Scott
Mike Tobin
Kevin Whately
Prof Bob Woods

Individuals
Jane Butterby
Mr Charles Hunt
Mr Ronald Rees
Ms Sarah-Jane Szokara
Mr and Mrs David Waimley
Mr Glyne Welton
Mr Bert Williams
Mr Philip Williams
Miss Marion Wolkencroft

Companies
BUPA
Bupa Community Connections
Caspari
Catin Underwriting Agencies Ltd
Celador Productions
Credit Suisse
Eaga
easyJet
Grant Thornton UK LLP
Healthspan
HSBC Bank plc
Invesco Europe plc
ITV Productions
Johnson Matthey plc
Jones Lang Lasalle
KPMG LLP
LawNet Ltd
Lockton Companies International Ltd
N M Rothschild & Sons Ltd
Novartis Pharmaceuticals UK Ltd
Norwich Union
Old Mutual plc
Orange
Pfizer Ltd
The Sheraton Plaza Hotel
Star Cargo plc
Swiss Re Services Ltd (London)

Investment managers
Close Wealth Management Group
10 Crown Place
London EC2A 4FT

Legal advisers
Charles Russell LLP
8-10 New Fetter Lane
London EC4A 1RS

Registered office
Devon House
58 St Katharine’s Way
London E1W 1LB

Registered charity number
296645

Company registration number
2115699

Constitution
Alzheimer’s Society is a charitable company limited by guarantee, registered as a charity in November 1979 and incorporated as the Alzheimer’s Disease Society on 26 March 1987. On 1 October 1999 the charity changed its name to Alzheimer’s Society. The Society is governed by its Memorandum and Articles of Association. Revisions to the Memorandum and new Articles of Association were adopted by special resolution at an Extraordinary General Meeting on 19 March 2005.

* Audit Committee Member
* Nominations Committee Member
* Remuneration Committee Member
* Investment Committee Member
We all live with dementia.
Join us in our fight to create a world where dementia can be defeated.