Section 9 - Wellbeing Cafes

What are Dementia Cafes?
Originally pioneered by Dr Bère Miesen in the Netherlands in 1997, the dementia café model is a setting in which “people with dementia and their carers can come together in a friendly and comfortable place to socialise and get information and support”. In his dealings with people with dementia and their families, Miesen observed that talking about the condition/illness, even between partners or within a family was a taboo subject. Making dementia discussable and providing information about it and its consequences is very important for the acceptance of the condition. Miesen recognised that it would be good if all those involved could meet each other in a relaxed forum to exchange experiences and talk about dementia. A broad range of people can attend the cafés – people with dementia, their families, relatives, friends, health and social care professionals, paid carers, students and volunteers. The cafés can cover a range of activities including the more formal element such as presentations or informal elements of music, refreshments and socialising. Many other countries have adopted the Alzheimer Café model to suit the cultural and social context and the Alzheimer Café concept has now emerged into dementia care practice in the UK, becoming well recognised in Bradford and Airedale as Wellbeing Cafes.

What Benefits do Dementia Cafes Bring?
There is a limited amount of literature available on the Alzheimer Café model which in turn is mainly descriptive in nature. Mather (2006) asserts that the cafes are particularly beneficial to people in the early stages of dementia. The theory suggest that by encouraging people to find strategies to manage the cognitive changes of dementia, people with early stage dementia are encouraged to regain contacts within their community and to take up activities that they had previously enjoyed or to try new activities.
Further variations on the model have emerged and are described in the literature, for example Sweeting (2001) describes a ‘café event’ where a once off, whole day event was organised around the theme of “every day matters”. It involved a very broad range of inclusive and participative activities highlighting the value of everyday life and the enjoyment that is to be had. In Southampton, funding was secured for a dementia café which was renamed the Woodside Supper Club. The club offered the person with dementia and their carer the chance to enjoy dinner together.
It is clear from the literature that the frequency and nature of meetings varies but the monthly interval is the most popular choice. The timing also varies – with some held during the day, others in the evenings, some at weekends, others on week days. There are many other ‘support group’ type models reported in the literature, with a growing number of user-led groups. These models share elements of the Alzheimer café model in terms of their philosophy of addressing the challenges of living with dementia as well as looking at people’s need for socialising with support.

**Wellbeing Cafes in Bradford and Airedale**

Bradford Metropolitan Council Adult Social Services funds a network of 21 Wellbeing Cafes located within communities and neighbourhoods across the Bradford and Airedale District through Wellbeing grants. Some provide for specific geographical communities for example the Queensbury area, and some provide for cultural communities such as the South Asian and Central & Eastern European communities.

Under this arrangement, the Cafes are expected to:

- Provide support for older people with mild to moderate mental health needs; this includes people with dementia, isolation, depression, bereavement and carers.
- Generate a greater understanding of the needs and experiences of older people with mental health needs, particularly groups currently marginalised within existing service provision and this knowledge will be used to inform wider service developments.
- Signpost Users of Cafes to community, health and social care resources, ensuring ‘right help at the right time’. Appropriate signposting and crisis avoidance is expected to reduce pressure on early intervention services.

Each Café in the network is free of charge meets on a monthly basis, for 2 hours, with 1.5 hours for the social elements and 0.5 hour for a topic based speaker. Structured group activities such as music and dance are popular at most cafés and there are structured presentations exploring mental health themes/techniques for securing wellbeing/help and information available, etc. The Cafes are available to those aged 50 & over and their carers. There are currently five cafes that cater solely for the needs of people with a diagnosis of dementia and their carers. Two of these are run fortnightly in Eccleshill and Ilkley respectively by the Alzheimers Society, who also provide a Support Worker to offer informal information and support to attendee. One is run in Tong by Healthy Lifestyles. Additionally, the Alzheimer’s Society funds an evening café for younger people with dementia based on a
pub style format, this was provided in response to requests from people with dementia and carers (See Section 15, Early Onset Dementia).

Ultimately, the cafes support older people with memory loss or low mood, and their carers, by bringing people together in social settings with activities, information, advice and access to relevant service providers. This type of service is key to the prevention agenda as users and staff report that the Cafes have delayed and reduced the need for more intensive support, helped carers and improved quality of life. The qualitative section of this report provided very strong evidence from service users and providers that the Wellbeing Cafes in Bradford are valued and have become a vital resource. Nonetheless, a number of people reported not having been aware that the Cafes existed or where they were situated.

Figure 1 below shows a map with the locations of the Bradford and Airedale Wellbeing Cafes plotted geographically. It is interesting to view their dispersal across the district and a number of key points can be observed:

1. The Cafes are largely placed on main roads and intersections, facilitating access and reflecting population dispersal
2. Most of our key urban and residential centres have close access to at least one of the Cafes and often two or more
3. There are two notable geographical gaps where significant areas of the District do not have a Café:
   a. The Valley area from Keighley across to Addingham and Burley in Wharfedale
   b. The geographical centre of the District
Figure 1  Map showing locations of Wellbeing Cafes, Bradford and Airedale 2013

What does this mean for Bradford and Airedale?
The Wellbeing Cafes have clearly become a vital resource in the post-diagnosis period. There are some geographical gaps in their provision, and though all cafes are open to people with Dementia and carers it is not known if all staff have knowledge and expertise in this area.

As rates of diagnosis and incidence of dementia rise, will we need to plan to put more Cafes in place that can meet their needs. There is a need to ensure that all people receiving a diagnosis of dementia, and their carers, are informed of the existence of the Cafes, what they offer and where they are located. There is also a need to explore strategic development of the network of Cafes and the services they provide. In undertaking this, we must consider whether our Cafes are suitable for all people with dementia, or do we need to have a strategic focus on providing 'specialist' Cafes, e.g. for younger people with dementia? Additionally, we should consider whether our cafes link better to other services as part of the pathway of care, particularly post –diagnosis, and whether the Cafes should be
represented in the dementia governance structures, for example membership of the Dementia Strategy Board?

**Recommendations**

- A review should be undertaken of the knowledge and skills that will best serve the staff working in the Wellbeing Cafes
- Consideration should be given to expanding the provision of Wellbeing Café service provision. This should include strategic consideration of geographical access to the Cafes and the developing rise in demand as outlined in Section 2 - Epidemiology
- The services provided by the Cafes should be reviewed in light of the different needs of different groups of people with dementia
- Work should progress to ensure that both Primary Care, Secondary Care and community providers ensure that all patients with dementia and their carers are made aware of the Cafes and the most appropriate ones for them to attend
- The Dementia Strategy Board should consider appropriate mechanisms by which the Cafes can have representation at strategic level.

**References**