



Age Concern Eastwood Dementia
Project

History & Annual Report
1993-2006

by

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Managing Director

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Why local services?

The introduction of the *Community Care Act 1990*.

This act was formulated from the *Audit Commission Report of December 1986* and the *Griffith Report 1988*. As Britain's elderly population was rapidly accelerating the study was commissioned due to the problems already experienced with the care of the elderly in long stay NHS wards.

The result of the act meant moving people from health care into a social care setting that would have to be funded by the local authorities. However initially the Scottish Office issued grants to community groups to provide the services needed in their area. The act was implemented in 1993.

However, by 1993 the problems of the extremely large number of elderly people with dementia in the Eastwood area had already been highlighted by a local Psycho-Geriatrician. He became aware during the course of his work that when his patients were being discharged from day hospital there was no dementia service available for them in Eastwood. This prompted him to contact Age Concern Scotland who neither then nor do they now manage community services. It should be noted that all Age Concern groups across Scotland affiliate for ongoing and updated literature pertaining to elderly peoples issues but they will nevertheless assist in the setting up of new projects that have to be locally and independently managed. Following this enquiry a development officer from Age Concern Scotland contacted the local Age Concern Eastwood group.

This group had been established for nearly 20 years and each member offered their services on a purely voluntary basis, this group has continued on this basis. Their portfolio was and is impressive boasting six lunch clubs and befriending, local transport for the elderly in their area and an advice and information centre. This scale of services of course reflected the large number of elderly living in the area.

As the need for elderly services in this area was being mainly addressed by this voluntary group, who were not receiving any local Council financial intervention, the scale of the problems had tended to be masked to the statutory services. Nevertheless prior to 1993 the people with dementia living in this area would not normally have remained in this community instead they would have been admitted into permanent nursing/residential homes or hospitalized relatively early in their illness.

This reflects the situation at this time throughout the UK.

Should people with dementia have services specifically designed for them?

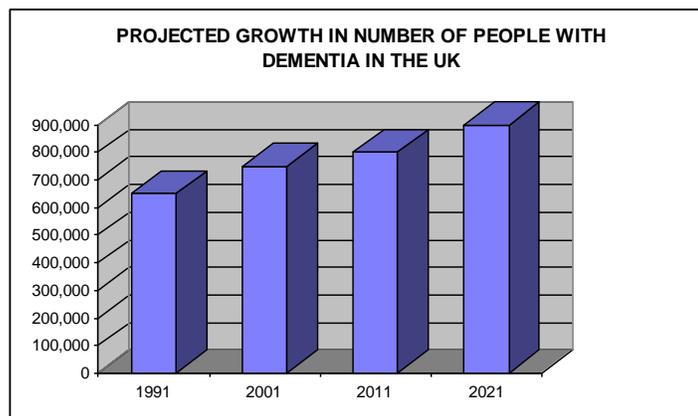
Dementia is a set of symptoms: “evidence of a decline in memory and thinking which is of a degree sufficient to impair functioning in daily living, and is present for six months or more”. This may be accompanied by a decline in emotional control, social behaviour, motivation, higher cortical functions and chronic personality changes.

Yes: the list of associated problems that dementia, over and above those generally considered common to old age, brings a level of vulnerability and isolation that must be continually assessed and addressed. Dementia is not only a psychiatric illness but a disease with widespread physical and social manifestations. Therefore those people with dementia must be protected and treated as a special case while they remain living within our communities.

The scale of the problem in the UK

- There are an estimated 650,000 people with dementia in the UK.
- Eighty per cent of people with dementia, whatever their impairment, live at home.
- Twenty –three per cent of people with dementia live alone.
(50% in Eastwood area)
- Although only about 3% per cent of people with dementia are under 65 years old, they have a disproportionately high morbidity and create more dramatic social consequences.
- A GP with 1,500 to 2,000 patients can expect their list to include 12 to 20 people with dementia, **(15 to 30 in the Eastwood area)**, depending on the age profile of their list.

The *Dementia Services Development Centre's* calculation for estimating the numbers of dementia sufferers and (UK figures) by *Dementia Services Development Centre1991* as follows:
65-79 age groups 1-10 may go on to develop dementia and for the 80-90 years is 1-5



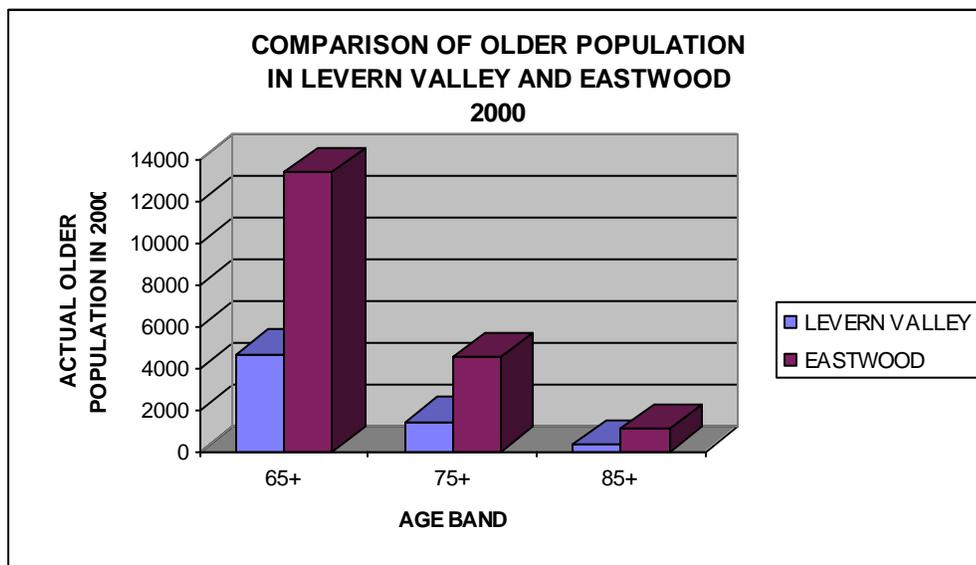
Figures compiled from post codes in 1991 Census by Markina Murray.

As follows: G46-8 65-79 10460, 80-90+ 1993 Dementia sufferers approximately 1245

For the purposes of this document the figures will reflect the situation across East Renfrewshire rather than the Eastwood area alone.

This is due to the fact that in our current situation we are mainly funded by East Renfrewshire Council as a result of disaggregation that brought both Eastwood District and Levern Valley together under the same Council in 1995.

These figures were produced as a result of research commissioned by ERC into the housing needs of older people in ERC.



The projected figures of the elderly increase in area occupancy East Renfrewshire and Scotland

Age	2001-2016	ER % Change	Scotland % Change
50-59	+2,540	+22%	+19%
60-64	+1,495	+33%	+17%
65-74	+2,380	+31%	+17%
75-84	+1,195	+25%	+11%
85+	+950	+60%	+21%

Figures by *The Craigforth Report 2000*

Community Care and Voluntary Groups

The *Community Care Act* clearly states that people should be cared for and supported within their own home/community. Therefore all areas of day care/home care had to be investigated by all disciplines if these requirements were to be achieved for the people the communities needed to serve.

In the case of dementia day care it was already well documented world wide that people with dementia can become progressively distressed by unfamiliar surroundings and overwhelmed by any large scale buildings, i.e.,

People with dementia often experience memory loss to varying degrees and learning impairment; they can be easily disoriented and confused and their behaviour can vary considerably with boredom, depression, fear and anxiety. In addition, they can be aggressive, sexually uninhibited and restless for reasons not fully understood or often prone to wandering. The possible alleviation of these characteristics and regressive behaviour traits can be addressed within the physical environment by careful design and scale. (Cohen and Weisman 1991 holding on to home: Designing Environments for people with Dementia. Maryland, USA).

Care environments which are described as institutionalised are not solely defined as such by their physical characteristics, organisational policy and structure can play a major role (Netten A 1993 A Positive Environment, Aldershot UK) Etc.

The continuing closure of large institutionalised settings in the NHS which was transferring the care of elderly people into Social Care from 1990 onwards found Scotland's local Councils struggling to cope. With a limited infrastructure in place, the Councils found themselves seeking alternative ways of addressing the elderly needs.

The voluntary groups, i.e. WRVS, Age Concern Lunch Clubs, Old Peoples Welfare groups, etc. which have historically offered services to elderly people within the communities, at no charge to the local authorities, were now being considered by the authorities as possible cheaper alternatives to building and staffing additional care facilities. However, voluntary groups, regardless of their wish to see better and more local services were overwhelmed and ill prepared.

Age Concern Eastwood, which had been approached by Age Concern Scotland's development officer, wisely resisted entering into this level of care without some form of financial support and professional assistance. Their management committee also insisted that a separate management committee be set up for the dementia project that would include representatives from their group. This separation was due to the fact that the group would require funding to employ paid members of staff; this was unfamiliar territory for the Age Concern Eastwood group. The representatives held the positions of Chairperson and Treasurer.

How was Age Concern Eastwood Dementia Project funded, staffed and managed in 1993?

The initial funding was sought from the Scottish Office who granted (SMIG, specific mental illness grant) to the Project set up costs of £20,000, staffing costs of £34,800 and total ongoing running costs of £53,840.

The project was to employ:

- a) One Full-time Co-ordinator (35 hours)
- b) One Part-time Day Care Assistant (28 hours)
- c) One Part-time Secretary (20 hours)

The management committee would be made up by a compilation of skills from various agencies and local volunteers:

- a) Age Concern Scotland Development Officer
- b) Social Work Department Development Officer
- c) Alzheimer's Scotland Development Officer, paid fees to help set up.
- d) Psycho geriatrician, Health Board
- e) Two members of the Local Age Concern Eastwood group. The group had been awarded the funding.

The Age Concern Eastwood Dementia Project was then registered as a Charity in Scotland.

Aims and objectives of the Project:

- a) to establish three one day per week day care facilities throughout Eastwood for 10 clients
- b) recruit and train sufficient volunteers to assist paid staff in day care
- c) set up office/advice dementia premises
- d) net work with all other relevant agencies
- e) publicise the work and services of the project
- f) establish a monthly carers group meeting.
- g) Operate an open referral system

The staff took up their posts on 8 November 1993 where a room in Rhuallan House, Giffnock would act as their base.

1. The office was set up and fully operational within two weeks of the staff being employed.
2. The day care facilities were established within three months of service. (The first day of service 14 February 1994). The venues for the day cares were established within two Sheltered Housing complexes and the third used the basement rooms of a public building.
3. The carers group was organised to take place once a month in the local Giffnock South Church.

Review of work to date, Aug 1995:

The office functioned very well, despite the lack of guidance and confused authority, thanks to the experience and professionalism of the project Secretary.

The day care was running from the sheltered housing venues and the 10 places were always filled. The large communal rooms in both premises were being used for our purpose one day each week and although they had been furnished and decorated to domestic standards the venues were far from ideal.

The lunches were supplied by Catering Direct who also supplied the local schools to a standard that was generally very high. Using this agency meant that no one was ever rushing to prepare a meal, instead their time was spent with clients. Therefore apart from the volunteers preparing breakfast, i.e., toast and tea for our clients arrival the volunteers and I devoted all of our time to client needs. The needs of our clients were many and varied, i.e. group games, quizzes, one to one attention, sing-songs, assisting with eating, toileting, etc. The theme was always that of a common goal to ensure “clients enjoyed their day” this was easily achieved due to the positive attitude by all involved. Each person whether they were paid or not brought their different ideas and approach to client care that culminated in a great mix of skills to offer even the most severely dementing client. However the scale of the communal rooms lacked the desired home from home approach and many clients found relaxing very difficult. Also as there were no additional private rooms available behavioural problems, i.e. extreme anxiety, bursts of temper, etc had to be addressed in the communal hallways. Unfortunately the toilet facilities were also grossly inadequate for our clients needs. Nevertheless the most disturbing concern was the reaction of the housing residents who showed visible irritation to our presence and regularly told me, as the only member of staff, how unhappy they were to be sharing their complex with (*mad*) people even if it was only one day a week. No amount of reassurance would suffice and the fact that they had never experienced anything untoward via the clients made no difference to their attitude. Therefore I requested that an application be submitted to the Council that would allow us to occupy the public building, Capelrig House, for three days rather than one. This was agreed and we moved into the basement rooms permanently.



Capelrig House

Client needs:

With more than 50% of our clients living alone it became blatantly clear that without our direct assistance their personal care standards would fall considerably, i.e. personal hygiene, diet, etc. These issues raised immense problems as I was the only member of staff for 10 clients and the facilities were inadequate. The volunteers, quite rightly, did not wish to be involved at such a personal level and I was aware that I could not address these needs independently therefore an application had to be made for additional staff and better premises.

Carers needs:

The carers group was always well attended and various speakers attended the group to offer support and advice. Carers feedback regarding the day care service was always very positive and many stated that their loved ones were much happier and more confident when they returned home and this in turn ensured that they too could relax knowing that they had been properly cared for.

Management Structure 1993-95:

The initial management committee produced all the drawbacks and benefits of this disjointed structure.

While the voluntary members of the management committee were enthusiastic about the project they did not possess the necessary knowledge or skills to manage a dementia service without direct professional guidance. The promised guidance, sadly, had not been forthcoming. This was due mainly to the fact that all professional members were employed by other agencies and their loyalties were often divided. For some of them this was compounded by their lack of confidence in the validity of an independent, non-profit making voluntary agency to offer these services in the first place. Also this structure had been part of the prerequisite for the (SMIG) grant being funded by Scottish Office for a three year period.

The initial structure, on paper, implied a coalescence of agencies that could unite to produce a positive outcome. However, the consequence of this fragmented committee led to no leadership or responsibility for the maintenance of the project or its future development.

This disarray then led to discussions of a take over by a larger dementia organisation which intended to replace the day care with home care. This would of course have defeated the purpose of our service which had been intended to assist people with dementia remaining a part of their community and not to live in isolation from the outside world. This is not to say that there is no place for home care services, but rather to point out that with no alternatives, and suffering from dementia, their isolation would be inevitable.

The Co-ordinator resigned in 1995 and the Age Concern group reassessed their responsibility as the funding holders and whether or not they wished to continue.

The ongoing learning curve:

At a joint meeting of Age Concern Eastwood and the Chairperson of the Age Concern Eastwood Dementia Project the position of the project's future was discussed.

Their conclusion was that they wished to retain the funding for the specified period.

However from assessing the obvious problems and the previous lack of structure they decided that the project required a manager, not a Co-ordinator, to lead the Project.

I was asked to apply and after interview I was offered the position as Manager.

I was then the only professional representative on the newly structured management committee. I did however keep good links with John Phillips Development Officer from Social Work who was my contact when additional funding or services were being proposed.

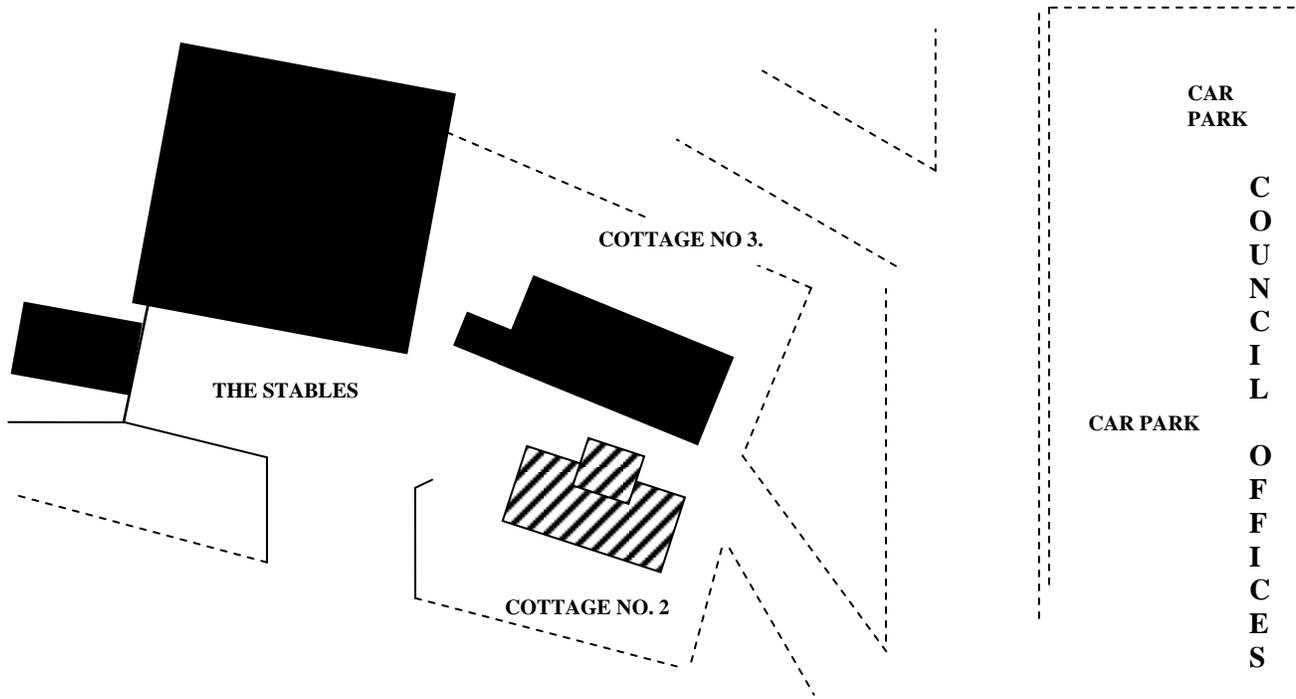
We have maintained these links to this day and John was always very willing to hear and assist any proposals put forward for funding which he would in turn pass on to the Social Work Director for his approval. I have also maintained an ongoing link with Health Board personnel.

The Project's mixed fortunes continued. We were informed that Capelrig House was to be reacquired by the Council due to the disaggregation of Eastwood Council to form the new East Renfrewshire Council. The new designated Council boundary was doubling and they required additional office premises in the area by December 1995. Therefore they were refusing to continue with letting any of their properties. Also at this point the application to Scottish Office for additional day care staff was refused. This was because the funding via (SMIG) was being frozen in preparation for the transition from Strathclyde Regional Council to local authorities. I then entered into many meetings with the new Councillors to explain the current situation within the Eastwood area and the desperate need to continue the work of the project. I, at all times, had the full support of the management committee as well as all project personnel both paid and voluntary. The initial meetings were polite in nature but no commitment was forthcoming.

I then decided to access the 1991 census figures (see page 2) and using the Stirling University Dementia Services Development Centre's calculations, I calculated the projected number of people who were likely to require services within the post code areas of East Renfrewshire. These figures made for grim reading across East Renfrewshire and particularly the Eastwood area. The figures however attracted the attention of the new Leader of the Council, Owen Taylor, and the Social Work Convener Danny Collins. As a result further discussions with the Leader and Convener took place and they agreed to present the proposals to the full Council at their monthly meeting. At the meeting it was unanimously agreed across all parties that every effort should be made to retain a day care unit within Eastwood. The week following this meeting I was asked to attend a meeting with the Council's Director of Central Services, Jeff Hawkins. At the meeting he informed me that the Council had identified a property and they offered to pay for the essential refurbishment. Cottage 2 in Eastwood Park was the property proposed for our day care premises.

I was also informed that the Council intended funding the necessary three additional day care staff via their Social Work budget in January 1996.

Position in Eastwood Park:



Cottage 2 Eastwood Park:



The initial viewing of the cottage being proposed did not paint the prettiest picture. However, after consultation with the Council's architect to discuss the most appropriate layout for our use the plans were drawn up for our future day care.

A Work in progress:



The work started almost immediately and by November 1995 we could already see massive changes.



The refurbishment was completed in January 1996 and we took up residency.

The official opening of the day care:

Although the clients were already using the day care from January the official Council opening did not take place until 22 March 1996



Those present in picture front row, left to right respectively,
Markina Murray Project Manager. Dr Harry Sandler the Psycho-Geriatrician who originally highlighted the needs in the area, hence the day care being named after him.
Councillor Danny Collins Convener of Social Work. Marie Galbraith Chairperson of the Project. Stella Telford Project Secretary and John Phillips Social Work Development Officer.
Back row, left to right respectively,
George Hunter Head of Community Care now Director of Social Work, Mary Montague Deputy Social Work Convener, Jeff Hawkins Director of Central Services.

How best to make the new day care function?

Prior to residency we on the committee had discussed what we expected to see from this new day care with regard to maintaining the ethos of our original set up.

One thing that had remained consistent during our first years was how well staff and volunteers worked, both independently and together as part of a team to ensure our clients received the maximum input from all involved.

From closer study it was obvious that the lack of demarcation of roles, i.e. cooks, cleaners, paid or voluntary, etc, had strengthened the sense of ownership and a common purpose as well as ensuring that no issue was left unaddressed to a named person. Therefore in order to replicate this with mainly paid staff would require clear procedures regarding their roles and responsibilities. The first thing of course to be considered for this new staff would be their job descriptions and I acquired examples from other agencies. After consideration it was agreed that the inclusion of all domestic duties should collectively be carried out by all staff and volunteers, i.e. vacuuming, toilets, etc.

(it should be noted that this also applied to all staff regardless of their position and location). Instead it was agreed that to instil a sense of “home from home” direct intervention by all would be needed. Therefore no cleaners would be employed as in other agencies at this time. This theory could not however apply to preparing dinners for our clients. We felt that given our clients needs the time involved in meal preparation would be extremely onerous not to mention the time spent shopping for said food. It was also acknowledged that the additional costs of employing someone specifically as a cook would be misplaced, as many of our clients were Jewish and required their meals to be made in special kitchens. Catering Direct could accommodate these needs as well as the requirements of those with special diets and in conclusion we agreed to retain this service.

There was also the suggestion that we apply for funding for our own bus and staff could drive it as well as escorting clients to day care. This was rejected as I was aware from discussion with other agencies this caused them endless problems, i.e. staff required a special licence, clients unwell on bus without direct support of staff, maintenance costs after initial money had been granted, bus breakdown with clients on board, etc. This was rejected and it was agreed that we would continue to use the Council’s trouble free hire service.

The only area that could not be left to all parties was that of our clients personal care. This would only be a staff duty, however volunteers would take part in the training required as a protection for themselves, i.e. lifting and handling, first aid, etc.

Clients hours at day care from 10 a.m. to 3 p.m. should continue. Longer hours had been tried but they tired our clients resulting in making them more disorientated.

The staff were then employed and trained by the opening of the day care in January. The staff employed at this time had been chosen on their previous work and voluntary experience with elderly people. All but one is still with the project today.

Securing premises for the future:

Given that we now at last had our own premises, building on a more positive user led development programme could be pursued.

However, I was aware that complacency at this time could prove fatal to our plans for future service development and given the initial years of uncertainty regarding our premises, I proposed to the Council that we required a 25 years lease for Sandler Cottage. After several months of negotiations they agreed that this was the only practical way to proceed.

The first twelve months in Sandler Cottage:

- The day care was operating five days per week
- The Project raised its local and national profile considerably by speaking to local groups to discuss our work and hopefully educate people to the realities of dementia rather than the commonly held prejudices/fears
- liaising with all agencies involved in dementia care
- encouraging visitors to see the day care out with client hours to dispel the notion that we are merely a smaller institution
- fund-raising to offset non budget expenditure
- inviting carers to join the management committee, etc.

However we were not able to address the desperate need for a laundry service for clients who lived alone and as additional help for carers who themselves were often very frail. We then applied to the council to have an extension built to Sandler Cottage.

The application was agreed and the plans were drawn up. The extension was built and paid for by the Council in 1997. It also included a much needed second sitting room and the laundry facilities. We also received a £4000 budget to cover the cost of the laundry equipment.

As we have a 100% attendance in our day care you will appreciate that this expenditure was indeed money well spent as it has been used every day (Mon-Fri) since it was built.

Building when Extension was complete



Sandler Cottage
Laundry and additional sitting room



Official opening of the extension

Those present in picture, left to right, Councillor Collins, Councillor D. Collins, V. Blackwood carer on Management Committee, M. Murray Project Manager, M. Muir carer on Management Committee, O.Taylor Leader of East Renfrewshire Council.
The hand on O.Taylor's shoulder belongs to Provost A. Steele

Office Premises:

In June 1997 we were offered the use of the building directly behind Sandler Cottage as our office/carers centre.



This was once again a great move that would augment the services the project was providing. Particularly for our carers who had often to discuss personal details with myself in the hallway of Rhuallan House where our office was based in one room that did not afford them any privacy given the phones ringing and people coming and going. Now we could offer, i.e. additional meetings, drop-in centre, carers lunches, private consultation, etc.



The rear of the office cottage had a garden area that after some fund-raising became a welcome haven during the summer months for our clients as well as our carers particularly for their summer lunch.

In 1997 the Project became a Company Ltd by Guarantee

As we were becoming bigger every year, in terms of services and premises this was an ideal time to establish the project on a more professional footing.

We became a Public non-profit making Company Limited by Guarantee in December 1997. This afforded our Directors, half of whom were now carers, greater security in terms of personal liability. This was also important as we were being granted more and more public funds. Registering as a company meant that all involved in the overall management would be clearly identifiable as they required registering with Companies House in Edinburgh.

Was the day care functioning as hoped?

Writing our own job descriptions has proved long term to be one of the best decisions we ever made. Most of the original staff and volunteers still remain with the Project and the quality and level of service they provide is recognised and respected by carers as well as other agencies.

Our day care team have truly reflected a “home from home” atmosphere and they embrace a sense of ownership that is blatantly evident from the attention to detail within our day care. It must also be noted that the paid staff are always the first to acknowledge they enjoy an excellent salary and Conditions of Service. However their first answer when asked about their work is the level of satisfaction they receive from working with our clients. This also accounts for the length of service and the contribution they make in improving the quality of our clients life. i.e., a client arrives at day care visibly anxious of the day ahead, unkempt, etc, but this same person will be smiling (often singing with the staff) clean, well fed and obviously cared for by the time they go home.

The wealth of letters the project has received from carers over the years stating this very fact is indeed humbling. It is also very reassuring to know that although the project services have increased considerably we have never received any letters of complaint.

Since the early days we have also accumulated large binders of Project procedures. All the procedures that have been introduced and updated over the years act like a map of how all involved wish our services to operate both now and in the future. Each procedure is discussed with the relevant person/s and assessed for its accuracy one month later at which time it will be amended or retained as is.

The day care received its first official inspection by ERC Registration & Inspection unit in 1998. Before official service inspections took place in ERC I had been asked to join the advisory committee for Registration & Inspection. I remained a member until its replacement by the Scottish Care Commission in 2002.

In 2002 we also received the Investors in People Award. This award was updated again in 2005.

The project complies with all relevant inspections list as follows:

Age Concern Eastwood Dementia Project

Project Inspections

- **Evaluation for Scottish Executive.** This is an annual inspection carried out every November. The report includes all the figures of clients using our services, telephone calls to the project and the purpose of the calls, carers questionnaires, etc.
- **Office of the Scottish Charity Regulator (OSCR).** This inspection entails an Annual Return as well as a Monitoring Return to be completed every three months as our income exceeds £25K.
- **ERC monitoring report,** four meetings annually.
- **Investors in People Award.** Inspection of all staff and management procedures which requires to be renewed every three years.
- **Age Concern Federation Membership.** All Project procedures and legal requirements are inspected. This also is reviewed every three years.
- **Performance Indicators.** This is a list of all people with Dementia using our service in that year. These lists are inspected by the Strategy and Development Team in the Social Work dept.
- **Annual inspection from the Scottish Care Commission.** This is the inspection that registers us as a service provider. All aspects of client and carer care are investigated and clarified by the inspector as well as all the Project procedures. Thereafter the inspection report is issued and a copy is displayed in the office.
- **Max Muir Director,** checks all receipts and bank statements every month.
- **Quarterly accounts inspection.** This involves a budget breakdown every four months and a meeting with the Social Work Finance Dept. representative.
- **Annual Audit** of company accounts.
- **Environmental Health ERC.** We require to be inspected annually. They will inspect the day care premises and issue us with a certificate allowing us to continue offering services to Vulnerable Adults.
- **Health and Safety ERC.** An inspector will evaluate our procedures and equipment. A certificate is then issued if we have satisfied their requirements.
- **Asco.** Fire equipment, procedures in both premises. This is carried out annually.
- **Water Board.** This is a monthly check of our water supply.
- **Staff Disclosures.** All new and existing staff and volunteers must have an enhanced disclosure procedure carried out. June and I are registered with Disclosure Scotland to carry out the said disclosures.
- **Inland Revenue Return.** This is completed annually however any number of spot checks can be carried out at any time.

Civic Dinner

In 2003 the East Renfrewshire Council held a Civic reception to honour the work of the Project. This was attended by the Heads of Services, the Board of Directors and our Carers, a good night was had by all.

The Council also gifted us a beautiful clock to commemorate the event, this now sits with pride on the mantelpiece in Sandler Cottage.

Visitors to the Project:

We believe that working in partnership, directly or indirectly, with other agencies and disciplines is an essential part of learning for, and from, the project.

The day care has many visitors from other agencies, i.e., student nurses, social workers, social work assistants, day care staff, school pupils, who come and spend a day with us. The only demand we make is that they do not wear any uniforms when in day care and that they join in with the rest of the team.

We have also received visitors from around the world at the request of University of Stirling Dementia Services Development Centre. e.g., Hong Kong, 1997, Boston USA 1999, Canada 2000/2001/2002. A group of seven people accompanied by Professor Mary Marshall visited the Project in 2005. They were from various areas in Norway and two from Holland. These people had visited Stirling University for conferences and had been advised to visit our project by various personnel at Stirling to see good practice at work.

We also welcome Fieldworkers from Stirling University when they request access to our carers for research purposes. This will only be arranged with the agreement of the carers.

Preparing for the future

This was a perfect time to assess all personnel both paid and voluntary starting with the Board structure.

The Board continued to have one paid member of staff and the other nine voluntary Directors made up of carers and people who lived in this community, with the exception of the Company Secretary, Stella Telford, who had been the first paid Project Secretary and who, after retirement, returned to the Project, on a voluntary basis as Company Secretary. Like the staff it was time to clearly specify what purpose each Director had on our board, i.e. fund-raising, carers representative, etc. I then put these proposals to the Board.

- A register has been introduced that clearly states the role of each Director
- Director training
- The need for each sub-group to vote one of their members on to a Steering Group,
- Rotating the chair, as all directors carry the same level of responsibility, etc.

The board unanimously accepted the proposals.

The Proposed New Dementia Centre

In 2003 I entered into discussions about further development of project work with Peter Daniels, the Chief Executive of East Renfrewshire Council. He and I met following a report I had written requesting the use of the derelict stable block located next to our office.



The Stables

(It should be noted that I had already discussed additional day care provision with Development Officer John Phillips and the Director of Social Work George Hunter. George had agreed the need for services demanded this and he had already identified ongoing funding and refurbishment costs from the Social Work budget for the office to be converted into a second day care). However this would have meant relocating the carers work to an even smaller facility in Eastwood Park known as the Gate House. With no additional money or premises available, options were thin on the ground. Nevertheless following my meeting with Peter Daniels it was agreed that given the location (see page 9) and the need for more day care/carers services the Council would indeed fund the necessary refurbishment of the Stables and No 3 Cottage at a projected cost of £880,000 £40000 of which was for furniture and fittings from the Council's capital programme. Thereafter I entered into discussions with the Council Architect as to what accommodation, access and layout we would require. As the Council owned the property all contractual obligations involved in the refurbishment of these buildings would be managed by the relevant experts through the Council and not require me to project manage the refurbishment. My part would be to ensure that the work did not affect the running of our services while the building work was underway. The building work started 22 August 2005.

The rear gardens required to be landscaped and we needed to increase our fundraising activities to cover the costs. I secured a grant from the lottery of £5000 to off set the garden costs and Stacy Murray was granted a further £1300 from KPMG for this purpose however the remainder will have to come from donations.

The Refurbished Buildings Spec

As can be seen from the specifications (pages 23 and 24) the newly acquired building will make up our new centre. This centre will include three day cares, Sandler Cottage, and the second being located in the stable building along with a larger carers centre offices and a stress clinic. The office building will be refurbished for day care three.

There is a positive attitude to maintaining such old properties for the future. A film is being made of the development work and the finished work will be used as part of an application the Council intend to submit for an architectural award.

This use of the buildings available to the project does not represent the cheapest refurbishment option. It had initially been proposed that the stable block be refurbished as one large day care that would accommodate all clients each day, the office would remain and Sandler Cottage could be used as carers centre and stress clinic. This was rejected on the basis that although this would have met the objective of increasing the amount of day care places it would have led to a diminution in the standards of quality care.

It had always been the Project's intention to develop the services to increase the number of day care places available but not at the expense of the quality being provided in terms of domestic scale settings, with a maximum of 12 clients per day in each facility.

Staffing the new centre

As new staffing arrangements for our centre would have to be explored I discussed this issue with the existing staff and we all agreed that our objectives remained the same, i.e. client care, communicating with carers and retaining the strong sense of team work. To achieve this we would have to monitor and continually assess our working practises over the first few months then reassess. However we all agreed that each day care should have one member of staff who worked there permanently and they would be known as the resident. The resident will thereafter organise the next day's list of clients attending each day care with the other resident/s in order to ensure that we continue to have 100% attendance. They will also be responsible for marking up the clients daily observation forms and informing the key workers of any concerns they have regarding their clients.

Undoubtedly this will throw up new challenges but as with all new procedures this will be assessed after one month at our monthly staff meetings where best practice can be analysed and discussed.

Stable block detail of internal layout:

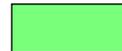


COACH HOUSE **PROPOSED FLOOR PLAN**

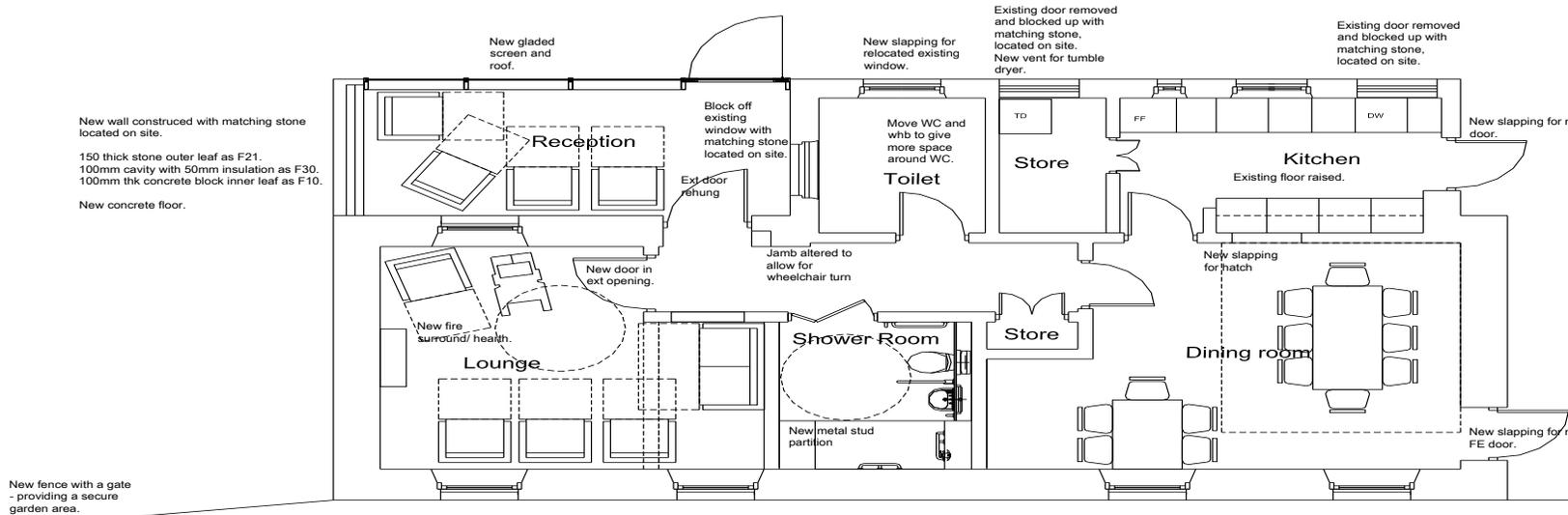
**Carers meeting
rooms & Project
offices**



Day Care



Refurbishment of our existing office to a third day care



In February 06' I consulted the staff on the furniture they felt had worked best in day care and of course what hadn't. After our discussion I felt confident that what I was purchasing would in fact be the best use of resources and available space. The furniture and fittings were ordered through the procurement department of the Council. This method involved furniture outlets submitting their tenders based on the goods I had requested and no VAT was charged. Thereafter the most competitive tender, based on quality as well as cost was agreed. The budget for the said items was £40,000 in fact the costs were £31,500 therefore the remainder was reallocated to other agencies in the Council. The project however covered the cost of miscellany via fundraising, i.e. pictures, storage drawers, bins, ornaments, towels, etc. I also received the wallpaper catalogues and carpet samples at this time from the architect as the budget for these items was intrinsically part of the refurbishment.

Both gardens, when all the existing rubble and dangerous trees were removed, proved to be substantially larger than first envisaged. Therefore the estimated costs rose from £11,000 to £20,000 and this figure did not include furnishings for the carers garden. These additional costs had to be met from donations therefore much reassessing of our precious money gifts took place. The fundraising committee arranged a coffee morning, etc, however the miscellaneous items for day care had to be completely cut to the essentials, i.e. towels, storage, etc. It is by no means unusual for our staff and volunteers to pull together in times of crises and once again they stepped in by donating, pictures, vases, etc as well as providing goods and selling raffle tickets for the coffee morning.

Unfortunately we have not managed to purchase any furniture for the carers garden, but its early days.

May 2006 completion of the New Centre



Full Steam Ahead

The completed buildings have in fact exceeded all expectations and it is truly wonderful to see old buildings restored to their former glory even if the use has changed considerably.

The interior of the Stables day care;

Dining room,
Will seat 17 people comfortably



Red sitting room,
can accommodate 8 people



Pink sitting room,
Can accommodate 8 people



Large shower room,
this room has a hatch directly through to
laundry



(Page 27 & 28) Stables offices, stress clinic, laundry, meeting rooms and Carers patio;





Ten places in No 3 Day Care and Clients garden area;





What did our longest serving day care staff, Josephine and Pamela, think of our new centre?



We two “Golden Oldies” have followed the progress of the new buildings from the laying of the first brick, so to speak, and it has been a very interesting journey. We would like to wish the Project every good fortune and we know the new day care will have all the love and good humour that Sandler Cottage has. As the saying goes “God bless her and all who sail in her”.

The Operational Management Team June, Moira and myself?



“Josephine and Pamela said it all”

Final Costs of Development

The costs for the building work when put out to tender was £550,000 a considerable saving on the original estimate of £880,000. Our clients and carers can be reassured that their Council tax was frugally managed whilst ensuring that the quality of work did not suffer.

Independent Service Provision

Being a local independent non-profit service provider with Charity status certainly cuts out the level of bureaucracy or management fees that larger agencies must endure. This structure of course means that decisions can and are taken very quickly and in turn reduces the stress on clients and carers who are already facing changes in their lives that have not been planned or even considered. Nevertheless the obvious drawback is that all areas still have to be covered without a department or personnel for each, i.e. personnel, finance, legal responsibilities, setting and maintaining standards of practice, development, etc. The status also brings with it the added responsibility of seeking alternative means/resources of providing the best service we can offer our clients and carers without being solely dependent on public funds. This statement in no way implies that ongoing funding for additional services is not necessary or should not be sought, merely that the demand for developing areas could be assessed by trials funded by donations/fundraising in conjunction with a formal application being made. For example, a successful trial will legitimise the funding application, bearing in mind we are not the only people seeking public funds, with the added bonus of providing the service without the inevitable lengthy wait for funding approval or rejection. I have found that this method in several areas proved beneficial in terms of time and money both to the project and public funds.

- 2001, one hour per week therapy sessions for carers was funded for the first six months by donations. This was much more successful than I had envisaged. Many

carers commented on how much better they felt both physically and mentally with their caring role knowing they had this to look forward to. One month into the trial we could not supply the demand as the therapist's hourly charge restricted us to six hours per week. By the third month I had sought another therapist who had agreed to a monthly charge for three days a week. Thereafter when the funding application was put to the Council the service was continued from public funds at an annual cost of £16,000. This budget has not been increased since 2001 and the additional costs are borne from donations. It should be noted that the therapist has continued with the project and she offers our carers a fourth day free of charge.

- 2002, the demand for day care reached an extremely high level and I asked the Care Commission Officer to assess our day cares suitability for two further clients per day. This would mean an additional assessment charge that would have to come from donations and the board agreed to the expenditure. The assessment was carried out and the officer agreed that we could accommodate two more clients. The places were filled immediately. These ten day care places per week continue to be offered at no additional cost to the Council but are of immense value to our client and carers, etc.

The Project Board of Directors:

Everyone involved in the project has always taken their responsibility in dementia care very seriously and we have used our status to enhance these services whenever possible.

As we now look towards our new centre we must also consider whether or not we are able to sustain covering new services even on a trial basis. This is in part due to the doubling of our staff. The project has always had to raise funds to cover staff holidays and sickness by employing sessional workers as it is incumbent on our registration to maintain the staff client ratio. However to date there has been no provision for these expenses in our budget. There is also the ongoing need to fundraise to cover any other shortfalls in project expenditure.

Our first year as a two day care centre will be a time of continuing assessment before we can establish whether or not we are able to meet the ever increasing costs from donations as obviously dedication and hard work alone will not fill all gaps, nevertheless it won't stop us trying.



Max Muir



Margaret Reid



Markina Murray



Marie Galbraith



Isobel Cross



Liz Omand



Stella Telford



Jean Grubb



Agnes McInnes

Bill Robertson, sorry no picture available.



John Phillips has joined our board this year following his retirement from Social Work.

Humble beginnings often lay the strongest foundations:



Marie, Stella and Kina

Stella: at 8.45 a.m. on 8 November 1993 I met Kina for the first time in Rhualan House Giffnock. We had both arrived ready to start our new job with Age Concern Eastwood Dementia Project. At 8.50 a.m. Marie joined us complete with kettle and cups. Marie, the Chairperson for the new Project, had already been working hard since 1991 applying for funding for this new venture, as well as finding us office premises.

On opening our new office door to what was a very small empty room we then had to borrow chairs from the caretaker before we were able to sit down and discuss how we were to proceed.

Little did we know that our first conversation would embark us on what has been an incredible journey of dizzying highs and in equal measure crashing lows.

Today finds us reflecting on the second hand furniture we originally bought and the fact that we still have the kettle and cups that Marie brought that first day, and they have continued to offer us much needed sustenance over the years. A question we have often asked ourselves,

“Would we have stayed after that first day if we had known the rollercoaster ahead?”

absolutely.

Future objectives:

- Continue to seek ongoing funding for third day care
- Continue to offer the highest quality of care and support to clients and carers
- Continue to utilise our services and premises at 100%
- Continue to offer aromatherapy, laundry service, clients personal care needs, i.e. showering, client hair/nail care, etc free of charge
- Maintain our service at the lowest unit costs to the Council
- Fund-raising
- Continue to heighten the Project's profile, locally, nationally and internationally
- Client weekend drop-in
- Facilities for younger persons with dementia
- Podiatry/dental services from project
- Extending the carers programme of activities

Summation:

Over the course of the last decade there has been a climate of increased attention to the needs of the elderly.

There has been recognition of the scale of the problem due to demographic changes in all sectors of public life. Obviously this has had implications for dementia care. Generally this has meant that we have been operating in a positive environment for the provision of services both at a local and national level.

This increased level of awareness of the needs of elderly clients and carers has afforded opportunities for Projects like ours to maximise provision. Nevertheless the extent to which our Project has developed by being a user led organisation cannot be ignored or marginalised. The success to date is partially a result of the empowerment of our carers at all levels through access and transmission of their needs to the heads of Council services, facilitated by ourselves.

During the course of the evolution of the project we have imported what we have considered to be best practice from various sources and adapted them to our needs. We believe that this has been possible due to our networking locally, nationally and internationally. It is our intention to deepen and broaden these links. Since being independently managed we have been able to focus very closely on the needs of those we serve. Our philosophy and practice has ensured that by openness and discussion at all levels with agencies and individuals we have fulfilled our remit and responsibilities to both the public and the funding bodies.

Our new centre clearly emphasizes the level of trust that has been placed in us by the Council's heads of Services to ensuring that the elderly people with dementia and their carers of this area receive as much support in a constructive and ongoing manner as possible. It therefore is our responsibility to ensure this trust is not misplaced and that the philosophy that has determined our project over the last decade continues and that all lines of communication between clients, carers, Council personnel and other agencies remain open on the basis of the goodwill previously shown by all parties.

The Scottish Executive document, Social Work Review 21st Century Changing Lives, concludes *“the way forward requires transformation of change across the whole of Scottish society and public service. This is a once in a lifetime opportunity to develop the type of services that we want and need to meet future challenges”*.

Since 1995 if nothing else the history of our project reflects the fact that we know that this vision can work as we have been practising this philosophy for the last decade.

Therefore to all who follow in the coming decade I would conclude that learning from our history is not only necessary, but essential if we are to continue to succeed.

Acknowledgements:

Dr Harry Sandler without whose concern for his patients the Project would never have started.

Marie Galbraith who gave up as Chairperson of Age Concern Eastwood to Chair the Project.

All the excellent and hard working Staff and Volunteers, who have been the back bone of our services to this community.

East Renfrewshire Council:

Owen Taylor, first Leader of the Council.

Danny Collins, Convener of Social Work.

Mary Montague, first Deputy Convener of Social Work.

George Hunter, Director of Social Work.

Peter Daniels, first Chief Executive of Council, thereafter

David Dippie, Chief Executive of Council.

Jeff Hawkins, Director of Central Services.

John Phillips, Development Officer of Social Work.

Plus all the Councillors, past and present, which have supported the work of the Project since its inception.

Refurbishment of New Centre:

William Sharpe, Architect.

Marie Mullen, Architect.

Jim Wallace, Architect.

Thanks are also due to all the men who worked relentlessly to refurbish our Centre.

Debbie Steel, Procurement Officer.

Other Agencies:

Age Concern Eastwood

Stirling University Dementia Development Services

Age Concern Scotland

Local Church Groups

KPMG

Voluntary Action.

e&oe