

**Action Plan**

**By supporting your local alliance you are supporting the aims of the National Dementia Action Alliance and making a difference to the lives of people living with dementia and their carer's. Thank you.**

|                              |            |
|------------------------------|------------|
| Contact Name:                | Telephone: |
| Business/Organisation/Group: | Email:     |

**Sign up to the Declaration**

The National Dementia Declaration lists seven outcomes that the Dementia Action Alliance (DAA) are seeking to achieve for people with dementia and their carers. It provides a positive vision for how people can live well with dementia and treats the person with dementia as a whole person who uses a range of good and services from care homes to corner shops.

Over 150 businesses, hospitals, charities and local authorities across England have signed up to it and are taking small practical actions which collectively can make a big difference. We want you to join them in transforming the lives of people with dementia.

The Declaration and its history can be viewed at:  
[http://www.dementiaaction.org.uk/info/3/national\\_dementia\\_declaration](http://www.dementiaaction.org.uk/info/3/national_dementia_declaration)

Please read the following statements and **tick one or more** of the boxes that applies to you/your organisation/business/group.

**1. How do you play your part in delivery of the declaration? What could you do to ensure people with dementia and/or their carers receive the best possible service/help?**

|   |  |
|---|--|
| <i>We provide good and services to people with dementia that supports them in their daily living and enables them to stay at home and in their community, enjoying the best quality of life for longer</i>  |  |
| <i>We could improve staff awareness and understanding of dementia, have a good customer service ethos and train our staff. For example if a person with dementia develops behaviour that challenges others, our staff will take time to understand why they are acting in this way and help them try to avoid it.</i> |  |
| <i>By enabling people living with dementia to be part of the community and continue to do daily and social activities</i>   |  |
| <i>Have a willingness to respond to the individual's needs and help/support them when we can and it is reasonable for us to do so.</i>  |  |
| <i>Other : please specify in space below:</i>   |  |

Please return this completed Action Plan to Carol Clifford, Project Manager, West Region Alliances: Alzheimer's Society, email: [carol.clifford@alzheimers.org.uk](mailto:carol.clifford@alzheimers.org.uk) Tel: 07715 805662 and also Bob Bridges (Falmouth DAA) [bob.bridges@btinternet.com](mailto:bob.bridges@btinternet.com). Thank you.

**2. What are the difficulties you foresee in getting to a point where you can meet the actions described in question 1?**

|  |  |
|--|--|
| <i>Lack of knowledge amongst our staff/community</i>   |  |
| <i>Limited time, resources and/ or a stretched budget</i>  |  |
| <i>This is not the primary purpose of our business/organisation/group; therefore is not seen as a priority</i> |  |
| <i>Other: please specify in the space below:</i>   |  |

**3. Please give one or more actions you/your business/organisation/group will commit to take to overcome the difficulties described above?**

|  |  |
|--|--|
| <i>Training and awareness raising for all staff - If so, how many and what training?</i>   |  |
| <i>Looking at our facilities and if we can make things easier – get help with this – making sure signs are clear and appropriately placed.</i> |  |
| <i>Review our practice/ policies which may affect a person with dementia and look for alternatives (eg signatures instead of use of pin)</i>   |  |
| <i>Other: Please specify in space below:</i>   |  |

**4. What networks or communication channels are available to you that could help us to spread the word about the local alliance and National Dementia Declaration?**

|  |  |
|--|--|
| <i>Promote dementia friendly approaches in our newsletters, and talk about the Alliance</i>  |  |
| <i>Let other organisations know what we are doing so they can do it too</i>                  |  |
| <i>Develop good practice within our wider chain, and our networks locally and nationally</i> |  |
| <i>Other: please specify in space below</i>  |  |

The business/organisation/group listed above signs up to the Declaration and commits to delivering it through the action(s) listed above:

Yes [ ] No [ ]

**Data Protection**

Are you willing for us to share your contact details with fellow Dementia Action Alliance members:

Yes [ ] No [ ]

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