Dementia Friendly Communities
Evaluation Guidance and Resources
May 2015
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Introduction

Congratulations on your funding award from the Life Changes Trust! We awarded you a grant because we believe that your initiative will make a real difference to the lives of people with dementia.

The Trust is committed to funding and supporting the development of Dementia Friendly Communities across Scotland. Your project is one of 14 such initiatives that the Trust is now supporting. These communities span locations (from a single location to Scotland-wide) and activities (from food growing to art therapy), working directly with people with dementia and carers, and fostering a wider network of champions and supporters. You can find out more about each the other projects that we are supporting in Appendix A.

The Dementia Friendly Communities we support, whether large or small, recognise and embrace the challenges that a life with dementia presents to people with dementia and their carers, enabling them to live life to its full potential. They will help raise awareness about dementia and tackle myths and misunderstanding about dementia. They will also empower those whose lives are affected by dementia so that they can remain integrated in society, live as independently as possible and participate actively in decisions that affect their lives.

Having now committed funding to develop your Dementia Friendly Community initiative over the next three years, we want to know what difference our funding makes. We will be asking you to measure and evaluate your work and to report back to us on a regular basis.

We are also committed to learning from the work that we fund and want to support you to identify what works best, and under what circumstances. This will ensure that we all use our resources to the best possible effect.

For the Life Changes Trust, like other funders, it is not always easy to tell which of the many applications we receive will make a real difference and later to understand what’s changing as a result of your work.
We know that it is only through good evaluation that we and you will be able to know for sure the changes that have occurred as a result of your activities.

We also know that effective evaluation can be challenging to do though, and can seem like a burden at times. The aim of this guidance is therefore both to highlight how helpful self-evaluation can be to you, and to offer some straightforward guidance on how to go about it.

Given the diversity of initiatives we are funding and the differing experiences of self-evaluation you bring, it is difficult to produce a single document that will be equally relevant to all. Therefore, please consider this document an entry point to further learning, ideas and support.

We hope that you find the guidance useful.
Approaching Self-evaluation

Our approach as a funder

The Life Changes Trust is committed to evaluation. This is not a stand-alone activity or an afterthought, but is embedded in all phases and aspects of our work.

We support evaluation at a number of levels:

- **Trust-wide.** As a Trust we are committed to measuring performance and impact. This occurs through a mix of formal external evaluation and in-house self-evaluation. Evaluation will help us understand the Trust’s performance and impact in line with our performance management framework.

- **Programme level.** We will formally and externally evaluate the progress and achievements of our two main funding programmes – Care Experienced Young People and People Affected by Dementia – against the high-level outcomes we set for them.

- **Clusters of grants or funding initiatives.** We carry out internal as well as external evaluations of the funding initiatives that form part of our two main programmes. This includes the Dementia Friendly Communities funding initiative.

- **Individual grants.** We work with funded organisations to understand the outcomes achieved by each project, as well as the process by which these were achieved. We expect your organisation to commit to carrying out self-evaluation as described in this guidance pack.

We are committed to fostering a culture committed to measurement, dedicated to ongoing improvement, and willing to make changes when things don’t go as planned.

The evaluation work that we undertake as a Trust and which we require from others is intended to be both rigorous and proportionate.
We understand that evaluation can be complex and therefore provide appropriate support to the organisations we fund, to enable them to undertake agreed evaluation activities and support learning and improvement.

Further information about the Trust’s approach to evaluation and learning can be found in our Evaluation Framework (forthcoming).

**Some basic concepts**

We know that the terminology surrounding evaluation can often become confusing or off-putting. However, there are a few basic concepts that it is important for you to be familiar with.

**Definitions**

**Monitoring** is the process of collecting and recording information in a routine and systematic way to check progress against plans and enable evaluation. Good project monitoring is essential to ensure that project activities are implemented effectively and have the best possible chance of delivering meaningful results.

**Evaluation** is simply the process of thinking back, in a structured way, on what has worked and why, as your project progresses and reaches completion. It goes somewhat further than monitoring; it involves making a judgement, comparing what was achieved with what was originally planned, exploring the reasons why certain outcomes occurred as they did.

Evaluation is both about demonstrating that change is actually taking place (proving) and part of a continuous process of learning and development (improving).

**Self-evaluation** occurs when an organisation seeks to assess the value of its own work, using its own staff and skills. It involves planning evaluation activity from the outset, trying to anticipate what information will be needed, putting in place the mechanisms for collecting data and then analysing and using this to help with future development. We believe that if your organisation is serious about making a difference, and staying on the right track, then self-evaluation is a must.
Participatory evaluation is undertaken with active involvement by those with a stake in a project; those that deliver it, those that benefit from it, as well as a variety of other interested parties. In practical terms, participatory approaches to evaluation mean: involving as many people as possible throughout; ensuring that it is owned by all; using inclusive and popular ways of gathering evidence; and ensuring that people work together to make sense of the evidence and use it to improve practice.

The Life Changes Trust expects all of the groups and organisations that we fund to be committed to self-evaluation based on participatory principles. This is consistent with our commitment to ensuring that people with dementia and carers are involved fully in the planning, delivery and evaluation of the project activities we fund.

Evaluation activity should be integrated into your everyday work, involve honest and critical reflection, and be proportionate to the scale of activity and involvement.

While getting on and delivering your agreed project activities is a priority for everyone, it is very important that you allocate appropriate resources to evaluate your work.

Important principles

There are a number of important values that underpin good evaluation and the demonstration of project impact.

These are summed up quite well in eight simple principles set out in guidance developed as part of the Inspiring Impact initiative:

1. Take responsibility for impact (or the changes you want to achieve) and encourage others to do so too.
2. Focus on purpose.
3. Involve others in your monitoring and evaluation practice.
4. Apply methods and resources that are right for the size and type of your organisation.
5. Consider the full range of the difference you actually make.
6. Be honest and open.
7. Be willing to change and act on what you find.
8. Actively share your monitoring, evaluation and plans, methods, findings and learning.


**The benefits**

We believe that good evaluation is beneficial both to the organisations that we fund and to the Trust itself.

**For your organisation**

Effective self-evaluation will help your organisation to:

- Assess whether you are reaching your target participants and whether you can do so more effectively.
- Reflect on your practice and improve the quality of projects you deliver.
- Celebrate your achievements and feel more confident that you are delivering an effective project.
- Identify the full range of outcomes from your activities, including both intended and unintended results.
- Make a strong case for future funding through having evidence of your achievements and the lessons learned.

**For the Life Changes Trust**

The self-evaluation evidence that is gathered and reported to the Trust will also help us to:

- Build a body of evidence of effective practice about Dementia Friendly Communities to be made available to all interested parties.
• Advocate on behalf of those working in the field of dementia about the wide range of outcomes that Dementia Friendly Communities can achieve.
• Identify continuing areas of need, where achieving outcomes may be more challenging and require innovation or extra resources.
• Provide evidence of the impact of our funding awards and of the effectiveness of partner/funded organisations that we work with as part of this programme.

Our Intentions and Requirements

About Dementia Friendly Communities

Dementia Friendly Communities include, empower and support people affected by dementia and their carers in every aspect of life, from accessing services to using public transport. They can be geographical communities or communities of interest.

They also help empower those whose lives are affected by dementia so that they can remain integrated in society, live as independently as possible and participate actively in decisions that affect their day-to-day lives.

In funding Dementia Friendly Community initiatives we have set out a number of main programme aims.

Dementia Friendly Communities Programme Aims

• To improve the quality of life and well-being of people whose lives are affected by dementia – both people with dementia and carers.
• To support more rapid and effective development of Dementia Friendly Community initiatives and practices across Scotland.
• To actively share findings and learning from Dementia Friendly Communities funded by the Trust – also other non-Trust funded initiatives – in order to help improve practice across Scotland.
• To support the development of positive relationships, mentoring and learning between Dementia Friendly Communities in Scotland and other similar initiatives.
• To identify the longer-term support needs of communities in Scotland that are aiming to be dementia friendly to inform the planning of a second phase of Trust funding as well as to inform wider funding, policy and practice.

Our intended outcomes

Your organisation was awarded funding in the expectation that your Dementia Friendly Community initiative would achieve some or all of the following outcomes.

Intended outcomes for people affected by dementia

• I have a significant say in how my dementia friendly community is run.
• I know I have a community of support around me.
• I am included.
• I feel safe, listened to, valued and respected.
• I am empowered to do the things that matter to me.

Intended outcomes for the Dementia Friendly Community

• There is a significant improvement in the skill, capacity and commitment we have to develop, deliver and evaluate an ongoing and effective Dementia Friendly Community.
• We are clear about the resources we need to make our Dementia Friendly Community sustainable and resilient beyond the Trust-funded stage and we are actively seeking ways of becoming sustainable.
• We have strong and effective links with other Dementia Friendly Communities so that we can support and learn from each other.
• We have effective links to other initiatives that support and empower those whose lives are affected by dementia.
Our expectations of you

We have attempted to ensure that any requirements placed on your organisation are both appropriate and proportionate to the level of our investment.

Over the three-year term of your grant we expect you to:

- Start by agreeing with the Trust the most important changes (outcomes) your project will bring about, together with indicators and self-evaluation arrangements you will use to track your progress. These should be consistent with the desired changes for people affected by dementia and for your dementia friendly community as a whole.

- Report on the number of people you work with and the activities you deliver (outputs) every six months, and provide a description of your achievements and challenges. You will be asked to select from a suggested range of output indicators, providing and reporting against targets where relevant.

- Provide any relevant case study evidence to tell us the story of your work, to help really bring your project to life (any stories should be anonymous).

- Report on your overall progress towards outcomes on an annual basis, telling us about the difference you have made and what you have learned from your work.

- Involve beneficiaries, people living with dementia and carers, in the ongoing planning and evaluation of your initiative.

- Commit to building relationships among the cohort of Dementia Friendly Community initiatives supported by the Trust, including through attendance at networking events.

- Demonstrate a willingness to share learning and enable us to develop a shared collection of resources over time, e.g. experiences, tools, stories and ways of addressing problems.

In order to measure, evaluate and report on the work of your project, it is important that you keep appropriate records. You should plan to collect information about the differences you are making (your outcomes) routinely from the start of your period of funding.
This will allow you to learn and develop your project as you go along, explain the difference that you make and enable you to complete your end of year grant reports.

**What you can expect from us**

The Trust seeks to build an ongoing relationship with the initiatives it funds. We will support you in the evaluation of your work and provide you with opportunities to share learning as well as learn from others.

As part of the Dementia Friendly Communities funding initiative we will provide:

- Adequate resources to support evaluation as part of our funding award to you.
- Clear guidance, schedules and templates to enable you to fulfil our reporting requirements.
- Access the Trust’s new Evaluation Toolkit – developed in partnership with Evaluation Support Scotland, Research for Real and Social Value Lab – offering continually updated and improved evaluation tools and resources.
- Feedback on monitoring and evaluation reports submitted by you, including strengths and areas for improvement.
- Connections and opportunities to directly share knowledge and effective practices with other funded organisations involved in similar work.
- A platform for the sharing of collective learning, which will include learning from Trust-funded Dementia Friendly Communities and other similar initiatives in Scotland and across Europe.
- Access to ongoing support and advice from a named Evaluation Officer attached to the Dementia Friendly Communities programme.
- Signposting to recommended resources and training opportunities to improve your monitoring and evaluation capacity².

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² In some circumstances, we may also fund specialist training and support to improve your organisation’s evaluation capacity and skills.
Planning Your Project Outcomes

It is important to put in some time upfront to plan how you will make a difference, and how you will measure and demonstrate this difference. This will make things much easier when you come to evaluate and report on your project.

Setting outcomes

The Life Changes Trust supports project activities that are intended to achieve positive outcomes.

You will already have spent a lot of time understanding the issues facing people with dementia in your community and have told us about what you are going to do to make a difference. You may be working directly to support and empower people with dementia or trying to make various aspects of your community more dementia friendly. For example, places and spaces, theatres, sports clubs, arts and cultural facilities, transport, health and social care, and so on.

In your project application and project plan you have already described what you are aiming to do with the funding we have now awarded. For example, you might have told us how you hope to ‘reach out to isolated and vulnerable people with dementia’, ‘bring together and empower carers’, ‘develop facilities that are accessible to dementia’, or ‘encourage dementia friendly businesses’. You have also described a range of more specific objectives and activities that you intend to deliver.

Definitions

**Aims** are the particular changes or differences the project or organisation plans to bring about for its users.

**Objectives** are the areas of activity or overall practical steps a project or organisation plans to accomplish its aims.
In undertaking self-evaluation we now need to be very clear on the intended outcomes. Outcome statements set out the intended effects or changes that will happen as a result of your project activities. The Big Lottery provides a very useful introductory guide to using outcomes to support self-evaluation.

Planned outcomes are linked to the aims of your project. The clearer your aims, the easier it is to identify your outcomes.

We have found that the CES Planning Triangle below to be a simple but highly effective way to present the aims and objectives of your project, and the associated outcomes and outputs. For further information click here.

Figure: Charities Evaluation Services Planning Triangle

Each of the aims you set out in your application to us can be broken down into outcomes (see below examples).

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3 www.biglotteryfund.org.uk/er_eval_explaining_the_difference.pdf  
4 http://www.ces-vol.org.uk/OneStopCMS/Core/TemplateHandler.aspx?NRMODE=Published&NRNODEGUID=%7b09D69174-08DA-4AEO-80B4-B899255044F5%7d&NRORIGINALURL=%2fabout-performance-improvement%2fabout-monitoring-evaluation%2fces-planning-triangles&NRCACHEHINT=NoModifyGuest
Usually, specific aims will encompass a few outcomes. Some of them may be intermediate (identifying steps towards achieving long-term, sustained outcomes).

<table>
<thead>
<tr>
<th>Aims</th>
<th>Examples of Outcomes</th>
</tr>
</thead>
</table>
| To enable people with dementia to continue to play an active part in community life | • More social opportunities are available to people with dementia  
• An increased number of people with dementia have a say in decisions that affect them  
• More people with dementia are supported to live longer in their community |
| To ensure that people with dementia are welcomed by services with understanding and given support where necessary | • Frontline staff are more aware of issues relating to dementia  
• More service environments are adapted to meet the needs of people with dementia  
• More local businesses are recognised as dementia friendly |

Try to envisage what success would look like in three years’ time for people living with dementia and how the community around them would look. Identify some statements that describe the intended situation. Outcomes are simply a set of statements that together summarise the difference your project aims to make. In forming your evaluation plan the Trust will provide you with suggested aims/outcomes that are relevant to the programme, which you can translate to the particulars of your project.

In setting the outcomes for your project, it is important to be clear on the distinction between these outcomes and the more immediate deliverables of your project (the outputs). The words ‘outcome’ and ‘output’ sound similar but have different meanings.
Definitions

OutCOMEs are the changes and differences come out of your activities.

OutPUTs are the activities or services you put on for your users.

At a more general level you should be clear about the link between the project activities and the change that they are designed to bring about. This is about knowing how (not just whether) a particular activity is bringing about change, and requires an effort to understand how outputs lead to the longer-term outcomes and impacts. There are various tools such as logic models available to help visualise your ‘theory of change’ and the likely links between cause and effect. For more information see here.5

5 http://www.evaluationsupportscotland.org.uk/media/uploads/resources/supportguide1.2logicmodelsjul09.pdf
**Different Types of Outcomes**

Outcomes can be set at different levels.

**Personal outcomes**
Personal outcomes are what matters to people using services, as well as the end result or impact of activities. Personal outcomes are identified through good conversations with people using services.

**Service or project outcomes**
These are the planned outcomes for a particular project or intervention. You set service or project outcomes when you are setting up the project and applying for funding.

**Organisational outcomes**
Organisational outcomes typically flow from an organisation’s mission or charitable purposes, and are usually set by trustees.

**National strategic outcomes**
At a national level the Scottish Government has established a National Performance Framework that sets aspirational outcomes for the country and each national agency sets its own outcomes that achieve a clear ‘line of sight’ with national outcomes.

Although it can be confusing to be faced with different levels of outcomes in reality they often fit together. The personal outcome might contribute to the service outcome, which contributes to the organisational outcome, which contributes to the national outcome. In order to demonstrate consistency, or win support, sometimes it can be very helpful to find ways to show the contribution of personal and project outcomes to the outcomes for your organisation or to the strategic outcomes for your area or Scotland.

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Each Dementia Friendly Community initiative that we fund will be expected to describe how it will contribute to five main ‘beneficiary’ or ‘personal outcomes,’ i.e. intended changes for people affected by dementia (including carers).

### Area of Change 1: People Affected by Dementia

**Key outcome areas:**

- I have a significant say in how my dementia friendly community is run
- I know I have a community of support around me
- I am included
- I feel safe, listened to, valued and respected
- I am empowered to do the things that matter to me

You will also be asked to consider any relevant outcomes relating to your Dementia Friendly Community as a whole.

### Area of Change 2: Your Dementia Friendly Community

**Key outcome areas:**

- **Building a stronger organisation** – ways in which your organisation, as a result of our funding, will show increased commitment to supporting people with dementia, and be able to sustain improvements beyond the period of Trust-funding.
- **Strengthening community capacity** – ways in which your project activities will support and strengthen the skills, abilities and confidence of local people, groups and agencies to include and support people with dementia.
- **Informing wider public awareness and policy** – ways in which your project will contribute to improved public awareness and greater positive consideration of people affected by dementia or exert influence to bring about improved public policy for people affected by dementia.
Your outcomes should be clear and simple in terms of describing the difference that you make. They should describe the change you expect to see in terms of what might increase, improve, or reduce. They should also be measurable in a way that is realistic to the types of monitoring information that it might be possible to collect. It is important to be clear on your intended outcomes from the outset.

As part of the conditions of funding you will be expected to report to us on your progress toward achieving those outcomes.

**Selecting indicators**

Once you have described your intended outcomes you will need to identify the indicators you will use to evidence your progress in achieving these outcomes.

**Indicators** are simple ways of knowing that your intended difference is (or is not) happening. They are tangible signs of change in your community and for people living with dementia.

**Definitions**

**Outcome indicators** help you to assess the changes that take place as a result of your project, and show progress towards meeting your aims.

**Output indicators** help you to assess the work generated by the project and to show progress towards meeting your objectives.

It is important to choose indicators that matter. Make sure you choose the things that are important to measure and will make the biggest difference for people with dementia, not just what is easiest to count. There is no better way to understand what will make a difference that involving people with dementia in defining the things that are most important to them (what success will look like) and the signs that things are changing (indicators).
For each outcome you must specify at least one indicator (up to three if they are relevant). You must also be able to explain how you will collect data for each indicator.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Examples of Indicators</th>
</tr>
</thead>
</table>
| Frontline staff are more aware of issues relating to dementia | • Number of workers attending dementia awareness training (output indicator)  
  • Proportion of trainees reporting improved awareness of dementia (outcome indicator) |
| More service environments are adapted to meet the needs of people with dementia | • Number of facilities that make adaptations to physical spaces (output indicator)  
  • Service satisfaction levels among people with dementia (outcome indicator) |
| More local businesses are recognised as being dementia friendly | • Level of business involvement in Dementia Friendly Community (output indicator)  
  • Number of businesses achieving agreed pledge or status (outcome indicator) |

Your indicators will be tangible statements of change that can be measured. They may include numbers (quantitative indicators) or be descriptive (qualitative indicators) – a mix of indicators is good as we know that numbers alone do not tell the whole story.

The indicators should be specific changes that you can observe and measure. They will tell you what information you need to collect to show the differences are being made.

Be realistic about the number of indicators you set out to monitor and what kind of information you will be able to collect.

Some of the outcomes you set out to achieve may be difficult to measure and count, so you would need to use indicators that assess the change approximately (proxies).
Setting targets

But how will you know if your project is on track? How will you gauge if it is successful? This is where setting targets becomes an important part of planning your project.

Although becoming a Dementia Friendly Community is an evolving, long-term process, targets can be important in checking on progress and maintaining momentum.

The Life Changes Trust is particularly keen that you keep track of information relating to the deliverables (outputs) of your project. While all may not be relevant to your project, the information across Dementia Friendly Communities will be very helpful in giving us a sense of the scale, coverage and reach of the work that we fund.

As part of the monitoring and evaluation arrangements for this funding initiative you will be asked to select relevant output indicators (between 3 and 5 indicators would be typical) from the following list. Not all indicators will be relevant to each project.

<table>
<thead>
<tr>
<th>Dementia Friendly Communities: Key Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>DFC1</strong>: Number of events raising awareness of dementia</td>
</tr>
<tr>
<td>• <strong>DFC2</strong>: Number of dementia ‘champions’ supporting delivery</td>
</tr>
<tr>
<td>• <strong>DFC3</strong>: Number of reminiscence or memory sessions delivered</td>
</tr>
<tr>
<td>• <strong>DFC4</strong>: Number of dementia friendly organisations signed up to a ‘pledge’</td>
</tr>
<tr>
<td>• <strong>DFC5</strong>: Number of facilities adapted in response to needs identified</td>
</tr>
<tr>
<td>• <strong>DFC6</strong>: Number of people with dementia actively involved in activities</td>
</tr>
<tr>
<td>• <strong>DFC7</strong>: Number of carers directly involved in activities</td>
</tr>
<tr>
<td>• <strong>DFC8</strong>: Number of other groups and organisations supported to provide dementia friendly activities</td>
</tr>
<tr>
<td>• <strong>DFC9</strong>: Number of workers and volunteers attending events to raise awareness</td>
</tr>
<tr>
<td>• <strong>DFC10</strong>: Number of members of the general public attending events</td>
</tr>
</tbody>
</table>
• DFC11: Number of communications interactions (e.g. media releases and pick up, re-tweets, web hits, re-tweets and TV appearances)
• DFC12: Number of new partnerships developed the previous period

For each relevant output indicator, try to devise an appropriate target. This should be worked out carefully, ensuring that any aspirations that you set are both stretching and achievable.

Targets can either be quantifiable or time-based. For example:

<table>
<thead>
<tr>
<th>Illustrative target</th>
<th>Type of target</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To support 7 local businesses to implement a dementia-friendly policy</td>
<td>Quantifiable target</td>
</tr>
<tr>
<td>• To recruit a dementia project worker by 31 June 2015</td>
<td>Milestone (time-based)</td>
</tr>
</tbody>
</table>

The next step is then collecting information that can tell you if you are achieving your targets.
Collecting Information

It is important that you develop an effective system for monitoring the outcomes that your project delivers. You must gather enough evidence to check progress and ensure you are on the right track. You should start measuring as soon as your project begins, and take time to reflect regularly on the information you collect.

Collecting quantitative and qualitative information

There are a variety of ways to collect important information. The simple distinction is usually made between collecting qualitative and quantitative information.

Collecting quantitative information is mostly a matter of recording the factual things that can be counted, such as names, frequency, numbers, and dates that are linked to the indicators you have identified. For example, the number of schools that engage in intergenerational work, the number of businesses awarded dementia friendly status and so on.

Where possible you should build on any systems that you have already in place (log sheets, spreadsheets, databases etc.) and possibly adapting or adding to them slightly. Be as systematic and consistent in the way that you record things as possible – this means keeping records every day, every week or every month and ensuring everyone involved in the project records things in the same way and stores information in the same place.

However, numbers alone will not tell the whole story about the work of your project – that’s where qualitative information is important. This simply refers to the type of evidence that can’t easily be expressed in numbers, including the views, behaviours, learning and benefits for the people involved in the project. For example, the extent to which new friendships and support networks are developing, the increased levels of accessibility and satisfaction with services, the improved ability of someone with dementia to communicate aspirations and needs. This will usually be collected in a variety of structured and semi-structured ways.
In practice, a mix of both quantitative and qualitative evidence is most useful in describing the full picture of your project and its outcomes.

We assume that you have some level of experience in tracking and compiling basic facts and figures on the work of your project. The remainder of this section therefore focuses on approaches to gathering qualitative information through engagement with direct project beneficiaries and other stakeholders.

**Engaging with beneficiaries and other stakeholders**

Before setting out to gather monitoring information and feedback, it is important to be clear on who you will need to consult with to understand the outcomes of your project.

A Dementia Friendly Community is a community made up of many dementia-friendly organisations, businesses and services that support the needs of people living with dementia.

Most of the organisations supported as part of the Dementia Friendly Communities programme are directly working to support and empower people with dementia. At a minimum you should consider ways to gather the experiences of people living with dementia in your community and carers – this is essential if you are to fully understand the experiences of people with dementia, the changes that are occurring as a result of your work, and any further improvements that are required.

You will also want to capture the views of the practitioners and volunteers that have been supporting people with dementia as part of your project. For example, delivering art therapy sessions, leading light physical activity classes, and providing volunteer befriending.

Depending on your activity, you may also want to gather the views of other stakeholders, such as local community groups, facilities (e.g. theatres), businesses or public services that are actively involved in becoming dementia friendly.

In some cases projects will be mapping dementia friendly local assets or delivering public information and raising awareness about dementia.
If this is the case, and you have the resources available, you may also want to evaluate how the attitudes of local residents are changing towards people with dementia.

Whether developing a geographical community (e.g. a neighbourhood), an organisational community (e.g. a care home) or a community of interest (e.g. an arts community), think about who will be affected by your work and in what ways.

Appendix B to this document provides an overview of a Stakeholder Mapping Technique, a tool that can help make sense of stakeholder interests and influences, and lead you to determine who is most important to consult with.

**Methods for collecting information**

You must think about the tools or methods you will use to collect information to show what difference has been made.

To achieve different types of outcomes your project will make use of different approaches. Likewise, there are lots of different ways to support people to express their views and people tend to respond to different approaches at different times in different ways. It is therefore important to carefully select the right methods for your project and the different stakeholder groups you will be collecting information from.

We now cover some of the main methods of collecting qualitative information, including one-to-one interviews, discussion groups, and various ‘participatory’ techniques.

We have highlighted some tools that you might want to consider and try out, or you can use the information provided to come up with your own imaginative way of gathering feedback. Whatever the case, it is important to be realistic about what information collection you can carry out within the time and resources available and apply your selected methods in a rigorous fashion.
A much fuller guide to developing and using outcomes monitoring tools is available from Charities Evaluation Services. The following groups of methods are likely to be of most relevance.

**Carrying out surveys and interviews**

When most organisations think about research they will invariably think about survey research. Both familiar and conventional, questionnaires can be used and administered in a variety of ways (at events, pre- and post-participation, online, etc.). Used well, surveys and interviews can help to gather quantitative data and help to reach relatively large numbers of respondents.

<table>
<thead>
<tr>
<th>Example methods</th>
<th>Why these methods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-to-one interviews</td>
<td>• Provides the ability to get feedback from a large number of people</td>
</tr>
<tr>
<td>Postal surveys</td>
<td>• Reasonably familiar, simple and flexible to administer (in-person, by post, online)</td>
</tr>
<tr>
<td>Telephone interviews</td>
<td>• Can combine open and closed questions to good effect</td>
</tr>
<tr>
<td>Online surveys</td>
<td>• Enables simple, standardised feedback and analysis</td>
</tr>
<tr>
<td>Facebook polls</td>
<td></td>
</tr>
</tbody>
</table>

In practice people with dementia will often find it easier to talk on a one-to-one basis. This method of engagement is likely to be more person-centred and responsive to individual communication needs and acknowledge the good and bad days that people with dementia will have. One-to-one discussions should be held in a comfortable, familiar location and by prior appointment.

A structured approach to discussions with people with dementia such as **Emotional Touchpoints** can be used to frame conversations that help to understand and find ways to enhance a person’s experience.

This focuses on either negative or positive emotional words to sum up what particular touchpoints feels like (e.g. joining in activities).

A more active and highly effective one-to-one method of engagement is **Walking the Patch** (see Appendix B), whereby you arrange to visit local places with someone with dementia to experience their environment, understand barriers first-hand, identify ways to support local facilities/services to become more dementia friendly, or gather feedback on changes already made as a result of your project.

When collecting information from other groups, businesses and service providers in a community more traditional forms of survey work may be appropriate. This might include telephone surveys of local workers, in-shop interviews with local businesses, etc.

When gauging the changing views of the wider population in your area postal, telephone and online surveys can prove to be a particularly efficient use of resources. The use of social media, such as Facebook Polls on your Dementia Friendly Communities page or an online survey posted on a community website can be effective.

**Gathering feedback from groups**

Group activities can provide a rapid and engaging way of gathering feedback. Here a suite of creative and visual techniques – often referred to as Participatory Appraisal – are of particular relevance. These flexible, adaptable and engaging facilitation techniques are designed to ensure that everyone can join in and share their views regardless of background or ability.
### Example methods

<table>
<thead>
<tr>
<th>H-Form</th>
<th>Activity/Service Maps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graffiti Walls</td>
<td>Stakeholder Maps</td>
</tr>
<tr>
<td>Timelines and Lifelines</td>
<td>Photo Caption Sheets</td>
</tr>
<tr>
<td>Journey Maps</td>
<td>Evaluation Wheel</td>
</tr>
</tbody>
</table>

### Why these methods?

- Can be used in various settings (e.g. in a care home, at a public meeting)
- Enables rapid feedback from groups of varying abilities
- Gives people the opportunity to share views in a simple, enjoyable and highly visual and interactive way
- Flexible enough to capture feedback among people with dementia and others

People with dementia are usually comfortable providing views in a group setting, particularly in an established group. The dynamic of the interaction and range of views expressed can help individuals to articulate their own thoughts as well as lead to consensus. With creative facilitation using visual stimuli and recording methods it is possible for all to contribute feedback and ideas on an equal basis. Further information on collecting the views of people with dementia through group discussions can be found [here](http://dementiavoices.org.uk/wp-content/uploads/2013/11/DEEP-Guide-Colaeting-views.pdf).

This type of group interaction and feedback is equally appropriate to carers, stakeholder organisations and the wider community. Whether using a straightforward group discussion format or facilitation using participatory methods, feedback can be gathered quickly as part of existing group activity.

There are a number of participatory group facilitation methods that we would encourage you to consider and which are outlined in Appendix B, including:

- **Community Mapping** – a visual mapping process showing which services and facilities are used, identify satisfaction or barriers, and ideas for improvement.
• **H-form** – a simple way of bringing people together to take stock of progress, understand what has been achieved, and build a consensus on ways to improve the situation.

• **Evaluation Wheel** – a structured method of identifying the extent to which intended outcomes are being achieved and identify ways to increase impact.

They can be used flexibly in a variety of settings. There are many useful, free guides to using visual tools for evaluation in group situations. For more information click [here](#).

**Documenting individual changes**

There are many ways to capture individual perspectives, feelings, and changes in an ongoing and engaging way. Depending on the intended use, text, audio, images, and video can be recorded in quite a natural way using a variety of new technologies. Although some methods lend themselves more or less to straightforward analysis, these methods can be used highly creatively.

<table>
<thead>
<tr>
<th>Example methods</th>
<th>Why these methods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Diaries/Logs</td>
<td>• Provides structured and systematic feedback</td>
</tr>
<tr>
<td>Photo Diaries &amp; Scrap Books</td>
<td>• Engaging, fast and fun way of giving participants a voice</td>
</tr>
<tr>
<td>Online Forums and Blogs</td>
<td>• Can be built into everyday activity</td>
</tr>
<tr>
<td>Vox Box/Video Diaries</td>
<td>• Allows for visual and powerful ways of documenting activity and capturing stories of change</td>
</tr>
<tr>
<td>Participatory Video</td>
<td>• Technology readily available and affordable (e.g. Smart phones, Flip Camcorders)</td>
</tr>
</tbody>
</table>

10 [www.evaluationsupportscotland.org.uk/media/uploads/resources/supportguide2.3visualapproachesjul09.pdf](#)
A range of documentary techniques can give a ‘voice’ to people with dementia over a period of time. For example:

- **Participant Diaries**\(^{11}\) can be particularly helpful when gathering the views of people with dementia. Diaries encourage participants to record thoughts and feelings as and when they occur and wherever they feel most comfortable, therefore compensating for short-term memory problems. When combined with a pre- and post-diary interview, the method allows access to specific and recent information from participants where recall may pose a problem.

- **Participatory Video**\(^{12}\) is an innovative approach which people with dementia take an active part in telling a story that is filmed, using a film-camera, or directing the action. It gives individuals the opportunity to reflect on their experiences and observations of change on their own terms, and according to individual choices, abilities and interests.

Indeed there are a various ways that the use of information communications technology (ICT) can support effective engagement of people living with dementia\(^ {13}\).

Likewise new technologies can offer a variety of other creative methods of gathering the views of local stakeholder organisations as well as members of the wider community. A Facebook page, online blog or simple website can be an effective means of collecting and curating comments, stories, images, and video to document your project activities and changes as they occur, as well as capturing ongoing feedback.

\(^{11}\) See for example: [http://www.socialsciences.manchester.ac.uk/medialibrary/morgancentre/toolkits/18-toolkit-using-diaries.pdf](http://www.socialsciences.manchester.ac.uk/medialibrary/morgancentre/toolkits/18-toolkit-using-diaries.pdf)

\(^{12}\) See for example: [http://sscr.nihr.ac.uk/PDF/ProjectOutlines/P023.pdf](http://sscr.nihr.ac.uk/PDF/ProjectOutlines/P023.pdf)

\(^{13}\) See for example: [www.scie.org.uk/publications/ictfordementia/](http://www.scie.org.uk/publications/ictfordementia/)
Observing changes

Observational techniques are very common in social research. These can take diverse forms, from informal and unstructured approaches through to highly standardised procedures. Instead of relying on some kind of self-reporting, such as asking people what they do in a certain situation, you actually observe and record their behaviour in that situation. This can occur by participating openly (for example, as part of group activities) or more covertly (for example, as a mystery shopper).

<table>
<thead>
<tr>
<th>Example methods</th>
<th>Why these methods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Observation</td>
<td>• Provides access to people in real life situations</td>
</tr>
<tr>
<td>Service Audits</td>
<td>• Provides access to situations where questionnaires and interviews are not possible or inappropriate</td>
</tr>
<tr>
<td>Mystery Shopping</td>
<td>• Can provide experiential and therefore a more in-depth understanding of changes</td>
</tr>
<tr>
<td></td>
<td>• Applicable in a range of contexts and settings</td>
</tr>
</tbody>
</table>

Much of the activities undertaken by Dementia Friendly Communities initiatives involve some form of group interactions (e.g. art therapy workshops, reminiscence groups). This provides the opportunity for **group observation**. This is a hands-on form of evaluation, where activities are observed and various aspects of the group interaction assessed in a systematic way. While it is important to be aware of the impact of the observer on the dynamics of a group interaction, this can provide a way of developing a good understanding of what is working well and not so well about group-based project activities.

Likewise many projects are about changing the attitudes and behaviours of service providers (from shops to theatres).
The **mystery shopping** approach in particular has great relevance in this context, where volunteer ‘mystery shoppers’ are given a brief to carry out a series of pre-agreed tasks including contacting local organisations by email, post, telephone and in person, then reporting their findings back to help learn from their experiences, document how well services are engaging with people with dementia, and identify any required improvements. Appendix B provides a more detailed overview of the technique.

**Compiling stories of change**

‘Stories’ provide a powerful means of describing outcomes from participants’ own experiences and viewpoints. This provides a natural and expressive way of documenting progress and understanding the ways that your project is impacting on various groups.

<table>
<thead>
<tr>
<th>Example methods</th>
<th>Why these methods?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life story</td>
<td>• Enables empathy and reflection</td>
</tr>
<tr>
<td>Restorying</td>
<td>• Can empower the storyteller</td>
</tr>
<tr>
<td>Oral history</td>
<td>• Conveys values and emotions</td>
</tr>
<tr>
<td>Memorabilia/ reminiscences</td>
<td>• Adds greater understanding</td>
</tr>
<tr>
<td>Autobiographical writing</td>
<td>• Grounds changes in a context</td>
</tr>
<tr>
<td></td>
<td>• Helps to showcase achievements</td>
</tr>
</tbody>
</table>

Among the most common approaches are **Life Story Interviews**¹⁴ and **Oral History Interviews**¹⁵. In working with people with dementia techniques using memorabilia/reminiscences can be very effective – this involves personal photos, objects, newspaper articles, and so on that act as conversation and recall stimulus.

Based on the use of story-telling techniques, it is often helpful to prepare **case studies** to provide a vivid illustration of the changes occurring and the processes that are contributing to these changes.

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¹⁴ For further information please see [http://ukdataservice.ac.uk/teaching-resources/interview/life-story/introduction](http://ukdataservice.ac.uk/teaching-resources/interview/life-story/introduction)

¹⁵ For further information please see [http://ukdataservice.ac.uk/teaching-resources/interview/oral-history](http://ukdataservice.ac.uk/teaching-resources/interview/oral-history)
The ‘case’ being studied may be an individual, organisation, service, event, or activity, existing in a specific time and place. Cases are usually chosen for case study because they are interesting or exceptional in some way. Case studies should not be confused with qualitative research and they can be based on any mix of quantitative and qualitative evidence.

One of the challenges often encountered is how to make sense of the stories gathered. We have found the Most Significant Change (MSC) technique to be a simple and intuitive way of compiling stories of change, collectively deciding on the most significant stories relating to selected outcome areas, and reflecting on, and sharing these stories on an ongoing basis. Used well this is a technique that can help volunteers and workers to routinely gather stories both through interviews and observation, and collectively reflect on these to improve practice and strengthen outcomes for the people that use services. This technique is covered further in Appendix B.

**Overcoming communication challenges**

Due to the nature of dementia, communication often becomes increasingly difficult. The ability to use words, to construct sentences and to understand and respond to speech will change as a person’s condition changes.

Understanding more about the different barriers to communication can help identify techniques for overcoming those barriers or compensating for losses.

When gathering information from people with dementia follow some simple core principles, including:

- The need to be valued, kept involved and informed.
- Knowledge can come from different places, views and experiences.
- Creating a safe and secure environment (physically and emotionally).

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• Keeping it simple, less is best.
• Be dementia aware, the need for time to think and reflect and respond.
• Keep to dementia time, regular breaks and recaps.


When gathering views from a service user with dementia be direct and creative in the way that you interact. Always talk to the person with dementia directly and don’t communicate through a third party. Try to keep the information and questions short and to the point. Use creative questioning to help people get used to talking about issues, even if not related to the issue under discussion. Where possible, use visual aids to help people connect with the discussion topic. Think about different ways that people can be supported to express their views.

Communication tools include **Talking Mats** can be useful. This is a visual framework that uses picture symbols to help people with a communication difficulty understand and respond more effectively. For more information, see [here](http://www.talkingmats.com/wp-content/uploads/2013/09/Dementia-and-Decision-Making-short-findings2.pdf).18

**Ethical issues in ‘involvement’**

People with dementia are users of local services. They are in a unique position to share what it is like to live with dementia and what changes have or have not contributed to your ambitions for a Dementia Friendly Community.

The participation of people with dementia in research and evaluation should never be taken for granted. People have the right to choose whether to be involved or not, and to change their mind at any time (and to feel safe to do so).

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Consent processes must include face-to-face encounters with the person with dementia in order to seek permission or consent. It is generally accepted good practice to inform carers or relatives about intended involvement of the person with dementia.

Steps should also be taken to address other ethical considerations including:

- Confidentiality.
- People feel confident enough to express their views without fear of adverse response e.g. loss of service.
- There is protection for vulnerable people.
- The data collected is secure and anonymous.
- Clarity is provided beforehand about how you will deal with sensitive issues that may arise.
- Only data that is required is collected.
- There is the ability and process in place to deal with any instances of abuse or unacceptable practice that comes to light.
Analysing, Reporting and Learning

At points throughout the course of your grant from the Life Changes Trust you will want to look back and judge how well you have done. And critically, you will want to use the evidence you gather to assist your own learning and that of others.

Make sense of the evidence

At regular intervals during the three-year period of support you should review what has been achieved. This will require you to analyse and interpret the evidence you have gathered.

The way you make sense of the evidence you collect on your outcomes will depend on the kind of information you have collected (facts, figures, answers, feelings, events, experiences and so on). For example, you will need to use a different approach for analysing the number and types of attendees at various dementia awareness-raising sessions than making sense of the feedback from a series of one-to-one interviews with people experiencing dementia.

Methods of analysis

- **Quantitative** data can be organised through statistical analysis, using some basic calculations - total numbers, averages, percentages and so on.
- **Qualitative** information needs to be organised thematically; the term 'content analysis' is used to describe the process of identifying key themes or patterns.

Whatever the method of analysis, set aside sufficient time to collate the information gathered and turn it into useful evidence. Then look for patterns and messages from the evidence.
When carrying out the analysis you will also want to ensure that the quality of the information will stand up to outside scrutiny. Also, make sure your methods of collecting or monitoring information give you what you need. With the benefit of hindsight, there are always changes that you would make to monitoring arrangements, so ensure you make any necessary adjustments.

The Life Changes Trust will provide opportunities for you to share your experiences and lessons with other Dementia Friendly Communities in relation to monitoring and evaluation. Your mistakes can be someone else’s precious learning before embarking on their own project.

**Check progress against targets**

So how has your project progressed?

Check the deliverables that you set for the project at the outset e.g. the number of organisations that have become dementia friendly, the number of memory group groups established, and so on.

Gauge the feedback that you have received from people with dementia, their carers, other local organisations or the wider community.

Look hard for indications that that your work is making a difference to the community. Some indications might be visible for all to see, for example, signage or other tangible alterations. Some may be less visible until someone with dementia uses a service, for example, an improved service delivered by staff that have received dementia awareness training.

The evidence that you have gathered along the way will give you a solid basis on which to make informed judgements about your project’s progress and impact.
**Take stock as a group**

Make a record of the main findings and observations revealed by the evidence. Then take time as a group to make sense of the implications for the project and its work.

Think about what the evidence is telling you regarding the usefulness of your activities, the benefits arising from them, and the unmet needs or work still to do.

As a group, ask yourself a series of reflective questions:

- Did the activities occur as planned?
- Have you reached your target audience?
- Which activities worked well and why?
- Where did things not go as well as expected and why?
- Has the project achieved its main targets and milestones?
- What difference have we made so far?
- Did the activities lead to any unexpected outcomes?
- What lessons have been learned?
- Where do we need to go from here?

Where possible compare your findings with similar initiatives. If you are delivering activities across multiple sites (e.g. setting up a number of clubs, making adaptations in a number of facilities), compare results across cases to understand what works in similar contexts. Likewise, the Life Changes Trust will provide various opportunities to network, reflect on and share your findings with Dementia Friendly Communities across Scotland.

Make sure that your project is on track and assess whether you need to rethink the targets or alter your approach in any way. Occasionally, in light of experience, organisations may want to fundamentally revisit the assumptions that underpin the project or the needs you are meeting.
Reporting on achievements and learning

It is important that you take time to report both on what you have achieved and what you have learned.

You will want to decide early on what methods of reporting are helpful in satisfying various types of stakeholder.

Who else do you need to tell about your project’s achievements and learning? What do you need to tell them? What is the best way of telling them? Think about how you will feed back the findings to the people that you have collected information from and to others that might be interested in or benefit from the evidence.

The Life Changes Trust has provided simple reporting templates that we expect you to use when reporting to us at the mid-point and end of each year of our support.

You might want to produce a fuller report for others. Here are some general pointers when producing written reports:

- Have a clear purpose.
- Plan your structure, and use a logical sequence.
- Include information which is relevant and useful to your audience.
- Ensure information is accurate.
- Watch out for personal bias - avoid emotional statements or opinions not based on fact.
- Be concise and keep it simple.
- Use a writing style, appropriate to your audience.

As well as a written report, think creatively about other ways of reporting information. For example, through meetings, training events, conferences, your website, social media, annual reports, newsletters, videos and so on.

Whatever the methods you use, make sure that you report fully and honestly. Of course, in doing so, also ensure that you safeguard confidentiality and take account of ethical issues on how you report your findings.
We recognise that sometimes things do not work out or go as planned, and it is important for you to feedback both your successes and failures in any conversations and reports. The Trust will not penalise your organisation for trying and failing – we recognise that it is important to take risks if we are to see genuine innovation and improvement in the lives of people with dementia. It is vital that we all learn when things do not go to plan in order to help you correct course or help future projects avoid similar problems.

**Celebrating achievements**

Developing a Dementia Friendly Community is an ongoing process and progress may take some time to become visible. Not everything can be achieved at once or as quickly as you might wish.

Recognising and celebrating accomplishments is an important task on your journey. You will get the opportunities through Dementia Friendly Community events to share your achievements with other organisations supported by the Trust and to get inspired by their work.

The process of celebrating your achievements should help to:

- Showcase your work, thereby achieving widening interest and growing engagement.
- Increase the motivation of staff and volunteers who will see evidence of change and receive credit for their role.
- Confirm and reinforce your thinking and your direction of travel with the project.
- Raise awareness of dementia more generally and portray a positive image of dementia and the contribution of Dementia Friendly Communities.

Take opportunities to engage with the media, share your evidence and good news stories as they arise.
Ensure that you share your achievements with the Life Changes Trust and we may be able to help communicate any good news and good practice to a wide audience across Scotland.

**Acting on the evidence**

Last, but certainly not least, act on the evidence.

Producing a report and sharing learning is not the end of the process. You need to take time to consider the recommendations arising, and set out a plan of action to carry these forward.

In light of what you have learned make any necessary decisions and changes. This might mean changing your approach, making minor corrections, or stopping some things completely or addressing new needs.

Ensure that any major planned changes in your Dementia Friendly Communities project are discussed with the Life Changes Trust at an early stage.

Also remember that self-evaluation should be an ongoing process – keep up the momentum of planning, measuring success, agreeing changes and ensure continued improvement.
Further Support

Your contacts at the Life Changes Trust are:

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Appendix A: Projects

Our Dementia Friendly Communities are:

A1: Aberdeen FC Community Trust
A2: An Lanntair
A3: DFC Helmsdale CIC
A4: Centrestage Communities Ltd
A5: Crossreach – Heart for Art
A6: Deaf Connections
A7: Dementia Friendly West Dunbartonshire Partnership
A8: DFC Dumfries and Galloway
A9: Dumbarton Dementia Café and Allotment Group
A10: Festival and King’s Theatres
A11: Kirriemuir and Dean Community Partnership
A12: North Berwick Day Care Association Ltd
A13: Paths for All
A14: Sporting Memories Network (Scotland) CIC
A1: Aberdeen FC Community Trust
A local sports organisation which will become a dementia friendly health and well-being community which aims to promote good health, inclusion and learning. The project primarily aims to build upon the charity’s provision of exercise programmes involving indoor activities and outside activities in public green spaces. However, the project also plans to raise awareness of dementia within the wider community and provide respite opportunities.

A2: An Lanntair
A bilingual dementia friendly community which aims to use the community’s local language, knowledge, people and memory tools to support people affected by dementia in a culturally specific way. One to one sessions and a mobile community venue will also be used to directly engage people affected by dementia living within the rural areas of the community.

A3: DFC Helmsdale CIC
A rural dementia friendly community initiative which requires funding to make itself self-sustaining. This DFC Initiative is informed by people affected by dementia and works in partnership with a range of businesses, service providers, voluntary groups, community organisations and individuals interested in creating a rural DFC. Existing online resources including virtual meeting places will be used to give people affected by dementia the opportunity to share their experiences and access sources of support. Additionally, this DFC initiative plans to complement its work within the community by increasing its use of digital technology, establishing a working kitchen and setting up a community online shop to raise funds to help sustain itself.

A4: Centrestage Communities Ltd
An intergenerational dementia friendly music community which aims to bring people affected by dementia together for social gatherings involving music, dance and performances. The project aims to facilitate conversations and connections through musical themed memory activities. The project also plans to create cross generational and community networks to reduce the stigma and isolation experienced by people affected by dementia.
A5: Crossreach – Heart for Art
A multi-site dementia friendly arts community enabling people affected by dementia to express themselves, to learn new skills, build up their confidence and improve personal relationships through creative arts. The project is based on a successful pilot project which also raises awareness and tackles stigma within the local community. In addition to this, the project provides information and support to members and the wider community.

A6: Deaf Connections
A national dementia friendly community for deaf people and their carers. The project aims to raise awareness within the deaf community about dementia and improve existing projects and activities. The project also plans to provide a befriending service, volunteering opportunities, skilled staff and a BSL-translated accessible website.

A7: Dementia Friendly West Dunbartonshire Partnership
A regional dementia friendly community which aims to support, empower and involve people affected by dementia across a wide regional area containing isolated rural communities. This DFC initiative plans to deliver a programme of localised awareness training, pledge sessions and follow-up, recruitment of local Champions and dementia friendly status accreditation for organisations and businesses. This DFC initiative also plans to provide the means for networking to help encourage champions across neighbourhoods to share experiences and support each other.

A8: DFC Dumfries and Galloway
A smaller rural dementia friendly community initiative which aims to support, empower and involve people affected by dementia across a wide regional area containing isolated rural communities. Activities: Developing local dementia friends and dementia champions who will bring businesses, organisations and local people together to create transformational change; Using the integration of health and social care to provide a greater focus on locality working; Introducing a dementia-friendly community reference group consisting of people affected by dementia as well as representatives from schools, businesses and local service providers;
Developing a toolkit and benchmark of excellence that key businesses, public services and community resources will strive to achieve and maintain.

A9: Dumbarton Dementia Café and Allotment Group
A dementia friendly gardening community which allows people affected by dementia to grow their own produce in an allotment which is then sold at coffee mornings and various dementia support groups.

A10: Festival and King’s Theatres
A dementia friendly theatres initiative. This initiative aims to make two theatres more dementia friendly by changing building environments, adapting theatre programmes, providing training to personnel and recruiting dementia champions. Preparatory music workshops will also take place in care homes and practical information given to families affected by dementia who are planning on visiting the theatre. They want to be an exemplar for other theatres and similar venues.

A11: Kirriemuir and Dean Community Partnership
A small, rural DFC initiative which aims to raise awareness, change attitudes and promote inclusion throughout the community. They will: Develop a sensory/dementia community garden; Conduct awareness raising sessions which challenges prejudices by highlighting what people with dementia can still do; Deliver training and support to local businesses, community groups, schools, youth groups and all public sector organisations; Increase the use of technology and information, eg well-being web; Introduce dementia friendly changes (e.g. signposting) to the town centre.

A12: North Berwick Day Care Association Ltd
A dementia friendly choir which enables people affected by dementia to sing and socialise within a familiar group of like-minded people. Already, the choir has successfully performed at a variety of external events in respite care centres, local nursing homes and community tea dances. Choir members have enjoyed a boost to their morale and self-confidence as a result of attending this choir group.
**A13: Paths for All**
A national dementia friendly walking community which aims to enable people affected by dementia to access walking opportunities and enhance their experience of walking. Activities will include: Training volunteer walk leaders in dementia awareness; Delivering education/awareness raising with existing walkers; Introducing a buddy walking programme where appropriate to allow carers respite; Producing resources which promote the benefits of walking for those affected by dementia.

**A14: Sporting Memories Network (Scotland) CIC**
A national dementia friendly sports network, delivering 55 dementia friendly sports venues across Scotland – this will include reminiscence based on sport as well as education programmes, fitness programmes and opportunities for outings and experiences together.
Appendix B: Tools

The following evaluation tools might prove useful:

B1: Stakeholder Mapping Technique

B2: Walking the Patch

B3: Community Mapping

B4: H-Form

B5: Evaluation Wheel

B6: Mystery Shopping

B7: Most Significant Change
B1. Stakeholder Mapping Technique

A technique that can be used by your project team to make sense of stakeholders’ interests and influences, and lead you to determine who is most important to engage in project and evaluation activity.

About the technique

Stakeholder mapping is a way of making sense of the network of people, groups, and organisations that you should be involved in your Dementia Friendly Communities Initiative. It recognises that there are many (often overlooked) ‘stakeholders’ that hold an interest in your work and who have the power to affect the eventual outcome of your work for people with dementia and their carers. Mapping is an important step to understanding who your key stakeholders are, where they come from, and what they are looking for in relationship to your project or organisation. Ultimately these insights are essential when it comes to deciding who you will collect evaluation evidence from and how.
How to use it

1. Appoint a facilitator.

2. Start off by explaining the purpose of the exercise and what is meant by a ‘stakeholder’: A stakeholder is anybody who can affect or is affected by the needs of people with dementia in your ‘community’. The most obvious group is older people with dementia themselves, but also think more widely about all of the people, groups and agencies that interact with them.

3. Identify all of the main stakeholders. Give each person a set of post-it notes and ask them to brainstorm as many stakeholders as they can think of. Write one stakeholder name per post it and then stick them all on a wall. Review the names provided as a group and together, cluster the same or similar stakeholders next to each other. Include any missed stakeholders and add them to the selection.

4. Once you have identified a list of stakeholders, it is useful to discuss them to better understand their relevance and the perspective they offer, to understand their relationship to the issue(s) and each other. You may wish to prompt the discussion by asking questions such as, “What are the expectations or influence of this group?”, “What benefits are likely for them?”, “What is their value or contribution? “Do their interests conflict with our goals?”

5. After you have identified your stakeholders you can begin to prioritise them:
   a. Draw a quadrant using two axes labelled “Low” to “High.” On the horizontal axis make the distinction between ‘high interest’ and ‘low interest’ in your work. On the vertical axis distinguish between ‘high influence’ and ‘low influence’.
   b. Discuss and debate where each stakeholder falls on the matrix. For example, if of high interest and high influence, place in the top right hand quadrant.
   c. Discuss the location of the stakeholders and rearrange their positions until a consensus is reached within the group.

6. Discuss the implications of where you have positioned the stakeholders:
   a. Bottom left (low interest, low influence) – unlikely to be closely involved so simply monitor your relationship.
   b. Bottom right (low influence, high interest) – make efforts to ensure that the needs and expectations of this engaged group is met.
   c. Top left (high influence, low interest) – acknowledging their opinions may help to avoid conflict. Keep them updated and included.
   d. Top right (high interest, high influence) – take care and effort to manage this relationship and ensure they are well informed of the project/organization.
This prioritization should help you to decide who you should engage with as part of the DFC project activity as well as ongoing monitoring and evaluation.

**Advantages:**
- It helps to identify important stakeholder groups.
- It provides an understanding of who is involved and how they contribute as well as barriers and enablers.
- It provides knowledge on who to include and how.

**Challenges:**
- Stakeholders may change over time so you may need to frequently review.
- The technique is subjective and may require further analysis.
- A group consensus may not always be achieved.

**Tips for facilitators**

People have a tendency to focus on formal authorities in the mapping process. Step back and add less visible or obvious stakeholders to your list because they may have a hidden wealth of expertise and will often touch on the lives of people with dementia in many ways.

Keep the discussions moving along and on topic.

Don’t fixate on the positioning of stakeholders on the matrix as they may be subject to change.

Social media provides an unparalleled opportunity to identify and reach lesser-known stakeholder groups.

**B2: Walking the Patch**

A technique that can be used by your project team to understand the barriers for people with dementia first-hand, identify ways to support local facilities/services to become more dementia friendly, or gather feedback on changes already made as a result of your project.

**About the technique**

Walking the Patch is a very effective way of finding out more about how people with dementia experience their local environment, including the issues and challenges they and their carers may face. This is accomplished by accompanying them and observing how they interact with people, spaces and places. It gives a much deeper understanding of the day to day realities for people with dementia and their carers, and valuable insights into possible solutions to any challenges faced.
How to use it

1. Explain very clearly to the person with dementia what you will be doing and what the purpose of the process is. Remind them that this is just to learn about their experiences.

2. Choose an appropriate area/service/location to visit that is accessible to the person and is somewhere they would like to visit. Those who have more progressive dementia may not be able to travel far or at all. This journey can also be done metaphorically as well as literally.

3. Begin your journey. You should persuade the person to explain how they are making decisions as they navigate their way around. Encourage discussion on what it is like for them.

4. Pay particular attention at key decision points, and use prompting questions where necessary like: What are you looking at? Are you following any signs? How do you choose which direction to go in?

5. Remain observant as the person may not be able to answer your questions. It may help to make mental notes on their process, any interactions they have and how they navigate the area.

6. The whole process should not exceed 45 minutes so keep the exercise short and return with plenty of time to spare.

7. After the walk it may be helpful to discuss and ask questions about it such as: Did you enjoy it? What did you like the best/least about it? Was anything difficult? What could be made easier?
Advantages:
• This can be a very effective way of finding out more about how people with dementia experience their local environment.
• It can help to identify ways in which local facilities can be supported to become more dementia-friendly.
• From what the person has told you, and from your observations, it is possible that you might have some ideas together about how improvements can be made.

Challenges:
• You should be conscious of the safety and support needs of people with dementia whilst you are out and about.
• You should make sure that you have consent from the person with dementia or their carer.
• If you are to record any of the conversations, make sure the person is alright with whatever method of recording you are using.

Tips for facilitators

Knowing the location of toilet facilities can be very useful for all concerned.

Think about how the person will travel to and from the walk. Take notice of any obstacles or barriers such as mobility difficulties.

It can be really helpful to have a specific goal in mind such as purchasing an item, finding out a bus time or going to view a particular garden.

It is best to do this on a 1-1 basis, as you will need to be giving your full attention to the person, and to their experience. It should be an enjoyable experience so note if the person becomes stressed or experiences a negative reaction.

If carers want to come with you, that can be a big help, but bear in mind that the focus is very much of the person with dementia and their experience.

You might want to think about going when it is less busy to avoid additional stress and rushing.
B3: Community Mapping

A technique that can be used by your project team to show which services and facilities are used, identify satisfaction or barriers and generate ideas for improvement of services for people with dementia.

About the technique
A community map is a map showing important places in a community – for example, churches, parks, health services, shopping areas, libraries, places where people meet and socialise etc. The exercise is a valuable and effective method of engagement simply because maps are visual and easy to relate to; like photos and videos they cut through communication difficulties to reveal feelings and ideas which otherwise might be hard to express. Like the aforementioned ‘Walking the Patch’ technique, it can help to understand the difficulties, concerns and experiences that people with dementia may have in accessing or using local amenities and services.

How to use it

1. You may want to do this on a 1-1 basis or form small groups of people with dementia to begin the community map.

2. Discuss what sorts of places to show on the map. Ask the participants which places are important to them and either let them or if they prefer, you can draw on the map places of interest. For example, persons with dementia may feel health services, leisure services, gardens and libraries are areas that are important to them.

3. It may be helpful to mark where they are right now on them map and working from there.

4. Discuss what is shown on the map and why it is of importance to the participant.

5. Where facilities are identified as significant, discuss whether these are used fully as participants would like, what barriers exist and how the facility could be made accessible and enjoyable as possible for people with dementia.

6. Take a brief note of facilities/services and associated barriers and actions points.
**Advantages:**

- The mapping is visual and may be easy to relate to rather than using language
- It is possible to see which services of interest may be areas that are problematic in terms of accessibility or availability
- You can explore people’s concerns about their communities or what they would like to change about it

**Challenges:**

- Participants may demonstrate how areas used to look or how they remember them which may not be accurate
- The map may need updated as organisations change location or services stop operating

**Tips for facilitators**

The mapping can equally be applied to a single venue (e.g. library, park, theatre) as well as an entire community. This can help to explore the way that people interact with different types of service.

Different participants may draw very different maps of the same area or venue, and that’s OK – it reflects their different views of the community and their experiences.

Community maps can show how things looked in the past and/or how people would like a place to look in the future. Discuss how to improve the situation in the community by comparing maps of the present and the future.

It may be helpful for the facilitator to prompt or tease out areas through discussion if the participant is struggling.

Remember that this exercise is about the community and local services that are important so it may be necessary to keep the participant on track and guide the discussion.
B4: H-Form

A technique that can be used by your project team to find a simple way of bringing people together to take stock of progress, understand what has been achieved, and build a consensus on ways to improve the situation for people affected by dementia.

About the technique
The H-Form has been developed as a method of involving people in the evaluation of projects, partnerships, and activities of all kinds. It is a simple and structured way of bringing people together to take stock of progress, understand what is working well and not so well, and build a consensus on ways to improve the current situation. It can be used to explore issues and questions within the Steering Group for your Dementia Friendly Community initiative or to gather the views of people with dementia, carers or other groups of people within the community.

Illustrative Output from an H-form exercise

<table>
<thead>
<tr>
<th>Negative reasons</th>
<th>How dementia friendly is our community?</th>
<th>Positive reasons</th>
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</thead>
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<td></td>
<td>Not well at all</td>
<td>Extremely well</td>
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<td>4.5</td>
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<td></td>
<td>Ways this score could be improved in the future?</td>
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Illustrative Output from an H-form exercise
**How to use it**

1. Agree a facilitator.

2. Start by marking out the h-diagram on the flip-chart paper. Write the question being discussed in the top centre of the paper. For example, “How dementia friendly is our community?”, “How can we improve the quality of life of people with dementia?”, or “How effective have our project activities been so far?”

3. At the left end of the horizontal centre line draw a ‘0’ or ‘not at all well’ or a sad face symbol, and at the right end of this line write ‘10’ or ‘extremely well’ or a smiling face. Give each member of the group a marker and ask them to place their individual score along the line between 0 and 10.

4. Give each person three ‘post-its’ and ask them to write the negative reasons for their individual score, i.e. why did they not give it the maximum possible score. Write one reason on one post-it. Once everyone has written down their reasons, ask them to stick these up on the left-hand side of the ‘H’.

5. Then give each person another 3 ‘post-its’ and ask them to record the positive reasons for their individual score, i.e. why they did not give a zero score. Once these are written on the ‘post-its’, participants stick these on the right-hand side of the posts.

6. Each person should then read out their negative and positive reasons for their score. Encourage each simply to read what they have written on their own ‘post-it’, with any clarification if necessary.

7. Once everyone has read out their negative and positive reasons for their own score, they should agree a group score. Encourage brief discussion.

8. The next step is to ask the group to list ways in which the current situation might be improved. Either one person can record everyone’s ideas in the bottom centre half of the flipchart or this can be done individually by giving each person 3 ‘post-its’.

9. Finally, the group facilitator should get a discussion going about the suggestions made and note any points of action agreed.
Advantages:
• Flexible enough to be used with groups of all sizes and types.
• All participants get the opportunity to input equally.
• Fosters individual as well as collective understanding of the situation.
• Helps both to take stock of progress and quickly plan a way forward.

Challenges:
• Includes a number of steps and therefore careful instruction.
• Depends on a clearly focused question to guide discussion.

Tips for facilitators
The discussion questions must be simple and focused.

The facilitator should keep the discussion moving and progressive. It is important that reasons and ideas are recorded individually without going into lengthy discussion. This is simply an opportunity to record, share and understand each other’s’ points of view.

If written words or numbers are not appropriate (depending on age or literacy issues) then symbols or drawings can be used to provide feedback.

The exercise can be repeated for a number of questions as part of a structured evaluation session.

A large number of people can be spilt up into smaller groups, each completing the exercise and feeding back to the entire gathering.
B5: Evaluation Wheel

A technique that can be used by your project team to identify the extent to which intended outcomes are being achieved and identify ways to increase impact for people with dementia.

About the technique

The evaluation wheel (see below) is a quick and simple method of involving people in the evaluation of a project or service. It brings people together to explore the current situation, take stock of progress made towards agreed goals, and identify what more needs to be done. It is a structured method of identifying the extent to which intended outcomes are being achieved and demonstrates ways to increase impact. It offers a simple, visual and guided process which may be useful when working with people with dementia.
How to use it

1. Agree a facilitator.

2. Discuss the focus of the review/evaluation exercise. For example, to “understand how well our services are supporting those with dementia and those caring for someone with dementia”. Make sure everyone is clear.

3. Draw a large circle on a piece of flipchart paper. Divide this circle into segments according to the number of goals or outcomes that the service or organisation has set. For example, ‘greater independence’, ‘feeling listened to’ and ‘getting more involved’.

4. Label each segment of the wheel with the name of an outcome, and mark ‘zero’ (‘not at all achieved’) at the centre of the circle and 10 (‘fully achieved’) at the outer edge of each of the segments. Ensure that each of the stated outcomes is clear and agreed by the group before proceeding.

5. Go through each of the outcomes on the wheel, one at a time. Invite group members to place a ‘sticky dot’ in each segment to indicate the extent to which that outcome has been achieved – the further from the centre it is placed the greater the perceived achievement. Where possible give each person a different colour of dot to build up a visual representation of the groups individual as well as collective views.

6. Complete each segment by drawing a ‘best fit’ arc that seems to represent the common view of the group. Seek a consensus among the group on where the line should be placed and add a score to the line to indicate its relative position between 1 (‘not at all achieved’) and 10 (‘fully achieved’).

7. Encourage discussion about the pattern of dots across and associated scores for each of the outcome areas. Ask questions such as, “Where are we performing particularly well and not so well?”, “Why are we not achieving as expected in some areas?”, “How can we boost our score here?” Explore what this means for continuing activity and record any ideas or actions for improvement.
**Advantages:**
- Flexible enough to be used with groups of all sizes and types.
- Can be updated to track progress over time in achieving goals.
- Can quickly lead to an assessment of multiple outcomes or multiple outcome indicators.
- All participants get the opportunity to input on an equal basis.

**Challenges:**
- Depends on a clearly described set of outcomes.
- Includes a number of steps and so careful instruction from the facilitator is required.
- It may be difficult to follow for some people with advanced dementia.

**Tips for facilitators**

The outcomes being evaluated should be clear and agreed. Depending on your purpose, either these can be decided by participants themselves or can be pre-set if this is too complicated.

The wheel can be drawn in a variety of ways. The segments of the wheel can be of equal size or different sizes (like a pie chart) to indicate the relative importance of each outcome. Each segment of the wheel can represent a different outcome or the wheel itself can represent the outcome (and each segment an associated outcome indicator.)

Different groups of people may have different views about how far you have achieved your objectives. This feedback is to be encouraged to develop a well-rounded understanding of the service.

Think about who you want to be involved in reviewing progress against intended outcomes. For example, service users, carers, project workers, volunteers etc.

The exercise can be repeated over time to check progress, with dots or arc lines joined up to visually represent change.
B6: Mystery Shopping

A technique that can be used by your project team to help learn from people affected by dementia’s experiences, document how well services are engaging with people with dementia, and identify any required improvements.

About the technique
Mystery shopping can be used as an evaluation tool and implemented in organisations that provide a service to members of the public. It is used to check the performance, conditions, service and staff within an organization and may take the forms of an email, telephone call, website survey, personal visit or a comparative visit. The mystery service user’s identity and purpose is generally not known by the establishment being evaluated. Carers and people with dementia may take part in this form of evaluation to determine the effectiveness of services for people affected by dementia. Improvements and changes can then be made to the service if it is noted that there are areas of dissatisfaction.

How to use it

1. Decide what you would you like evaluate (e.g. a library, theatre, support group etc.) and what criteria will be used to assess the service (e.g. staff helpfulness, service facilities, opportunities to socialise etc.).

2. Decide upon the appropriate form of mystery shopping (e.g. a phone call to learn about the service).

3. Contact the service being evaluated by whatever method was decided upon. This can be done by a member of the Dementia Friendly Community project team, carer or person with dementia.

4. Ask questions that cover all the details and information you would like to receive. This may include facilities, number of employees, support services and take note of how the questions are answered.

5. Shoppers can record notes physically or mentally to document any important aspects. Take notes on how the staff are interacting, are they offering help, being friendly knowledgeable? Does the service appear appropriate/ achieve what it sets out to for people affected with dementia?

6. Report your findings back and review the data collected. This information can then be analysed to determine whether the service is effective in achieving its aims and was successful in delivering appropriate customer/client services.
Advantages:
- Organisations and services can note areas of improvements and make appropriate changes.
- A realistic and honest portrayal of services can be evaluated.
- Staff can become more informed on issues, requirements and needs related to those affected by dementia.

Challenges:
- It is important to consider the ethical implications of using a false or hidden identity.
- This method is mainly subjective and should be used alongside other methods of evaluations to gain a more in-depth understanding of the service, project or organisation.
- It may take time and effort to complete this method of evaluation.

Tips for facilitators

Think carefully about how you choose to involve people with dementia or carers in the evaluation. Viewing services from their perspective can be invaluable.

Systematically record observations and answers as far as possible, perhaps by way of a structured checklist. This aids comparability.

Be sure to ask many questions in order to receive an adequate representation of services, service quality and information.

You can get in contact with several organisations/services to make a comparison between them. This may give you a greater understanding of what is being offered and which is the most appropriate.

You may wish to use more than one method of mystery shopping to ensure that your expectations and requirements are being met.

The method may be repeated in the future to gauge any improvements or changes made.
B7: Most Significant Change

A technique that can be used by your project team to compile stories of change, collectively decide on the most significant stories relating to selected outcome areas, and reflect on, and share these stories on an ongoing basis.

About the technique
The Most Significant Change (MSC) method, sometimes called ‘Stories of Change’, is a qualitative approach gathering ongoing evidence that outcomes are occurring. It involves the systematic collection and interpretation of people's experiences and individual stories of significant change. It involves observing, discussing or documenting what may have changed for people, how and why these changes may have occurred, and most importantly, what affect these reported changes have in people's everyday lives. It can be used to explore changes for people affected by dementia or wider changes from a project.

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<thead>
<tr>
<th>Story Title:</th>
<th>Date:</th>
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<tr>
<th>Story Collector:</th>
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<th>Other Changes:</th>
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<tr>
<td></td>
<td></td>
<td>□ Building a stronger organisation</td>
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<td>□ Strengthening community capacity</td>
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<td>□ Informing policy and practice</td>
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<table>
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<th>Changes for Participants:</th>
<th>Other Changes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Having a say in activities</td>
<td>□ Building a stronger organisation</td>
</tr>
<tr>
<td>□ A community of support</td>
<td>□ Strengthening community capacity</td>
</tr>
<tr>
<td>□ Feeling included</td>
<td>□ Raising public awareness</td>
</tr>
<tr>
<td>□ Listened to, valued and respected</td>
<td>□ Informing policy and practice</td>
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<td>□ Empowered to do things that matter</td>
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<tr>
<th>Type of Change:</th>
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<tr>
<td>□ Positive change</td>
<td>□ Negative</td>
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<thead>
<tr>
<th>What Happened?</th>
<th>Why was it Significant?</th>
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<th>Quote (if applicable):</th>
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<table>
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<tr>
<th>What Evidence is there of the change:</th>
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<tbody>
<tr>
<td>□ Observation</td>
<td>□ Video recording (ref: .................)</td>
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<tr>
<td>□ Conversation</td>
<td>□ Photograph (ref: .................)</td>
</tr>
<tr>
<td>□ Audio recording (ref: .................)</td>
<td>□ Other (.................................)</td>
</tr>
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</table>
1. Start off by explaining the approach to your management group or committee and gaining their commitment. Agree the things that your service or organisation has set out to change (these will be your intended ‘outcomes’, both for people affected by dementia and the wider changes you expect for your organisation and community).

2. Talk to staff and volunteers involved in delivering the activities of your Dementia Friendly Community about who will collect ‘stories’, how best to collect these and when. It practice it is usually best to enable everyone to collect stories through ongoing observation, conversations and other media (e.g. photographs).

3. Devise a simple form that staff and volunteers can use to record their stories of change (this could be a simple A5/postcard-style form) and the information that should be collected. The illustration above provides an example of the type of information that can be collected as significant events or changes are observed.

4. Collect stories in a structured and consistent way. This might involve volunteers or workers taking notes discretely during sessions or afterwards if more appropriate. Each time a significant incidence of change occurs (e.g. a participant feeling part of a group for the first time, a carer reflecting on changes to the wellbeing of a loved one as a result of participation in an earlier session), ensure that this is documented and the implications noted. Give the story a memorable title, indicate which intended change(s)/outcome(s) the incident related to and whether it represented a positive or negative outcome. Take a note of what occurred and why it appeared significant or illustrative of the changes occurring as a result of activity.

5. The people collecting the stories should come together to assemble, read, and sift through all of the stories on a regular basis, selecting a small number of the most significant stories. Volunteers and/or workers might take 15 minutes together after a session to reflect on the changes observed or reported by people with dementia or their carers. This can be a great way to collectively reflect on your practice and consider ways to ensure that the activities achieve even more of intended positive effects next time round.
6. These selected stories can then be brought to the next level of the review, for example to scheduled team meetings or management or committee meetings. Group/committee members should read the selected stories in advance and then, as a group, hold a discussion about the stories, decide which ones are the most significant and why, and document the reasons for the choice. At these meetings encourage further discussion and learning by using prompts such as, “What does this tell us about where we are creating most and least change for people affected by dementia?”, “How can we make more of a difference in some areas?”

7. Finally, take time to publish your stories of change and share them with everyone involved. These should be prepared as short and user-friendly stories which can be shared in hard copy, online or read out.

**Advantages:**
- MSC is simple and straightforward to implement.
- It is engaging as people tend to enjoy telling and listening to stories.
- Enables everyone to get involved and build their skills in gathering and sharing evidence.
- A good way of identifying changes, particularly unexpected changes.
- Helps to build a detailed picture of outcomes over time.
- It brings a personalised aspect to evaluation

**Challenges:**
- MSC is intended to complement other monitoring and evaluation methods.
- Can be time-consuming and costly if not built into everyday activity.
- Requires good management of the process and guidance to those collecting and making sense of the stories.

**Tips for facilitators**

Be clear on the outcomes that you are trying to achieve. Link each story to one or more outcomes for your Dementia Friendly Community to build up a picture of impact. You can then use the stories in monitoring reports, etc. to illustrate that outcomes are being achieved.

Gathering these stories should become a routine part of the way that sessions are run or the project team interacts with people with dementia. The stories should draw on observation, conversations, and other forms of documentary evidence (e.g. photographs, pictures, sound recordings).
You may want to gather information by having structured conversation with people taking part in activities. You can begin by interviewing them and taking notes (read back your notes to the storyteller to ensure accuracy) this will also help those with dementia to recollect memories they may be struggling with. Some people with dementia prefer group settings so you may want to hold a group discussion with beneficiaries (you might want to record this). It may also be appropriate to ask beneficiaries to write down their own story.

Be practical and realistic about how you will collect stories and when. Try to build this into the everyday work of committee members, workers and volunteers. The stories should relate to ‘significant’ events and they can be very short if necessary. These should be considered as a short note or diary to capture observations on the positive and negative things that occur, rather than monitoring ‘paperwork’ to complete. Recording the information should not become labourious or a distracting add-on to activities.

Negative information can help to highlight areas for improvement and should not be excluded.

Get creative about what other methods you can use to capture evidence (e.g. photographs, video clips, and quotes). Photos and video clips may be more appropriate for those who have more advanced dementia.

Ensure that you capture stories accurately and have permission at each stage to share or publish stories. Remember that some people may not want to, are not able to, or may change their mind about discussing their experiences and you must accept their decision. Where sensitive or personal changes are occurring consider ways to anonymise the storyteller.

Don’t discard complete stories that aren’t chosen. Keep these on file as you never know when further more detailed examples of your impact will be required.

Keep records in an organised way. You may simply want to file the completed ‘stories of change’ cards away in date order. When collating the information it might be helpful to give any supporting evidence a reference number so that later you can link together a story and quote with an image or recording or consent form that relates to it. This makes it much easier when later using the material.
Getting in touch

If you have any queries or wish to share your views and ideas, you can contact us in a number of ways:

**Phone:** 0141 212 9600

**Email:** enquiries@lifechangestrust.org.uk

**Website:** www.lifechangestrust.org.uk

**Address:** Life Changes Trust, Empire House, 131 West Nile Street, Glasgow, G1 2RX