Adaptive Implementation and validation of the Meeting Centers Support Programme for people with dementia and their carers in Europe

IMPLEMENTATION PLAN
Adaptation of the Meeting Centre Support Programme for people with dementia and their carers in Wroclaw
The Report prepared by the MEETINGDEM project Initiative Group

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Revised by:

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INTRODUCTION

The MEETINGDEM project is aimed at adapting, implementing and assessing an innovative and inclusive approach designed and developed in the Netherlands to support people with mild to moderate dementia and their carers. The project covers five centres in four European Union countries: Italy, Poland, the UK and the Netherlands. It was accepted as part of the Joint Programme - Neurodegenerative Disease Research (transnational research proposals 2013) and has been implemented in Poland since March 2014 in the Division of Consultation Psychiatry and Neuroscience of the Department of Psychiatry at the Wroclaw Medical under the responsibility of Professor Joanna Rymaszewska. The project is funded by The National Centre for Research and Development (Polish: Narodowe Centrum Badań i Rozwoju). The MEETINGDEM project is coordinated by Professor Rose-Marie Drôes from the University Medical Centre, Department of Psychiatry, in Amsterdam.

Representatives of many institutions directly or indirectly involved in taking care for the elderly were invited to participate in the adaptation of the Meeting Centre Programme in Wroclaw. These persons formed the so-called Initiative Group, which was further divided into working groups. From September 2014 to June 2015, the Group worked on adapting the Dutch concept to the Wroclaw socio-cultural environment. Members of the group come from different backgrounds, such as self-government institutions, social and health care institutions, universities and NGOs.

This Report is the result of joint efforts of the Initiative Group members.
**WORKING GROUP: TARGET GROUP**

Members of the group:
1. Renata Wojtyńska (leader)
2. Elżbieta Trypka
3. Katarzyna Malcher
4. Agnieszka Mydlikowska-Śmigórska
5. Wioletta Szczepaniak
6. Ewa Kłosińska

Members of the working group included professionals working with people with dementia; for example clinical psychologists, psychiatrist and geriatrician.

The task of the working group called "TARGET GROUP" was to develop details of the MeetingDem project preparatory phase involving the participants.

The group came up with suggestions on how to reach and recruit people with dementia and their carers. Furthermore, the group developed answers to questions about the criteria for admission to and exclusion from the Meeting Centre (further referred here as the "MC"), various diagnoses, including nosological classification, neuropsychological and psychosocial diagnosis, interview to be conducted with an independent informant/carer and suggestions on where to refer people who will not be able to join the MC.

The work proceeded in three phases: (1) group development of tasks, (2) preparation and presentation (by the group leader) of solution proposals, (3) development of final proposals in the form of a report taking into account suggestions and comments made by other members of the Initiative Group.

1. **SOCIAL NEEDS QUESTIONNAIRE, TARGET GROUP QUESTIONNAIRE, ASSESSMENT OF POTENTIAL NUMBER OF USERS**

1.1. Sample questionnaire

1.2. Who should it be addressed to?

People with dementia and carers, i.e. patients of Mental Health Outpatient Clinics, Primary Care Clinics and geriatric wards, charges of the Municipal Social Welfare Centres, Alzheimer's associations, and others.

1.3. Previous reports, research findings, and informative materials on the target group in Wroclaw and the needs of health and social care for the elderly can be used, if necessary.
2. **WHO IS THE MEETING CENTRE FOR?**

2.1. People with mild cognitive impairment (MCI) and mild to moderate dementia and their caregivers.

2.2. Local residents and other visitors, participants in information meetings open to the public, representatives of various institutions (knowledge about dementia may help people who do not deal with this brain disease either in the family or among friends become more understanding towards people with dementia and their carers, which increases the chance of greater social integration of the programme participants).

3. **WHAT TYPES OF DIAGNOSIS WILL BE TAKEN INTO ACCOUNT?**

Any form of MCI and mild to moderate dementia (such as Alzheimer's disease, vascular and mixed dementia, dementia with Lewy bodies, frontal, temporal and frontotemporal dementia, dementia and diabetes, Parkinson's disease dementia) (see Attachment No 2).

4. **WHO CAN BE A CARER?**

4.1. Natural carer (family member) - formal and informal carer; friend of person with MCI/dementia

4.2. The carer is willing to participate in the programme and agrees to continuous cooperation with the same people who help both them and their charges.

4.3. The carer expresses the need for support to cope with the illness of a loved one (such as practical information, advice, psychological, emotional and social support, psychoeducation).

5. **ADMISSION CRITERIA**

5.1. People with mild cognitive impairment (MCI) and mild to moderate dementia and their carers/carer.

5.2. Autonomy (self-dependence) of participants in the performance of everyday activities (using the toilet, eating etc.; due to the nature of activities organised by the MC, the participant should be mobile) defined according to the following scales: CDR, IMay, OARS, Barthel Index, ADL, ADL and others to choose from or based on information provided by caregiver.

5.3. A person with dementia must be capable of working in the group. Behavioural problems should not be too severe (they can not disturb the activities).

5.4. Current medical opinion from a GP on the participant's health condition and medications taken, psychiatrist/neurologist and psychologist on the stage of dementia and cognitive functions based on the recommended methods.

5.5. Both the participant and the carer provide written, signed commitment to cooperation which will increase their potential involvement in the cooperation, identification with the facility, and efficiency of activities. It will also help understand the person with dementia and prepare for further stages of the disease. Such a commitment should include involvement in the proposed activities, observance to the rules to be developed by the group, accomplishment of formalities (medical certificate) and be signed every six months.
6. EXCLUSION CRITERIA

6.1 Lack of consent – participation in the activities is voluntary.

6.2. Sever behavioural symptoms (aggression, disruptive group behaviours, no control over impulsive behaviours).

6.3. Physical disability (participants are unable to move on their own).

6.4. Deafness/hearing loss, blindness/amblyopia.

6.5. Violence (mental, physical, economical) against the participants. Should the carer use any form of violence, relevant institutions will be informed.

6.6. Somatic complaints requiring pharmacological stabilisation (such as diabetes, hypertension) as there is no medical care available in the MC. Admission to the MC is possible only after stabilisation of somatic symptoms, which must be confirmed by a medical certificate.

7. WILL DIAGNOSES BE NEEDED? IF YES, WHAT TYPES?

Yes, it is needed. Although person who is supposed to have cognitive impairments and seeks for help and support in Meeting Centres do not need to have the diagnosis at the beginning. The MC coordinator can refer this person to the specialist (psychologist, psychiatrist, neurologists) to obtain the medical diagnosis.

7.1. Nosological classification (ICD-10): MCI, dementia, depression, and others.

Current opinion from GP and/or primary care specialist (psychiatrist, neurologist, other) on the participant's health condition (diagnosis, medication taken, comorbidities) must be provided.

7.2. Neuropsychological assessment (clinical psychologist, neuropsychologist, MC coordinator): objective assessment of cognitive functions using standardised psychometric tools (clinical psychologist) such as:

- neuropsychological screening:
- recommended tests/scales to choose from: ACE - R (includes MMSE), STMS (Short Test of Mental Status), TYM (Test Your Memory), DemTect®, Clock Drawing Test, FAS, K.

7.3. Psychosocial diagnosis (psychologist/ MC coordinator) covers the following areas:

- assessment of the participant's cognitive and psychosocial resources (i.e. his/her strengths),
- family and economic situation,
- support systems, assessment of available remedies (on the part of the participant and his/her family, the welfare system) (eg. "Social Networks Analysis"),
7.4. **Interview with an independent informant/carer** to assess the deterioration of cognitive functions and physical and mental fitness (clinical psychologist, nurse, GP). Recommended tests/scales to choose from: CDR, Barthel Index of Activities of Daily Living.

8. **WHAT TO DO WITH PEOPLE IN MORE ADVANCED STAGES OF THE DISEASE? WHERE CAN THEY BE REFERRED?**

- nursing homes,
- private health care centres,
- senior care homes for people with mental disorders,
- home care.

9. **HOW TO APPLY FOR ADMISSION?**

**The course of registration and admission procedure**

9.1. **The registration and admission procedure for the MC participants** must be clear and conducted carefully and efficiently. Those who turn to social institutions usually have significant burden placed on them because of their friend's or family member's disease.

9.2. **Application procedure serves two purposes:**

- it helps identify needs of the applicants and verify to what extent the MC offer is suitable for them,
- it must be organised in such a way that the target group has easy access to the support programme.

9.3. **How to apply for admission to the MC:** the person concerned and the carer may either turn directly to the programme coordinator in the MC, who then provides all information and defines mutual expectations, or to employees from the Municipal Social Welfare Centres.

The programme coordinator or the Municipal Social Welfare Centre employee provides the person with dementia/carer with information and initiates the agreed registration and admission procedure which consists of the following stages:

a. **Registration**

At the beginning, the future MC participant receives all the information he/she needs to get a clear picture of what the MC offers; then the parties agree to a meeting to discuss the details of the admission.

b. **Indication of the type of care**

The coordinator assesses the situation of the person with dementia and his/her carer based on the submitted application and indicates the type of care (Meeting Centre) or, if the candidate does not meet the criteria, informs him/her about other facilities and forms of care. At this stage, social worker from the Municipal Social Welfare Centre
conducts community interview with the participant and his/her carer in order to obtain information on their financial and social situation in order to choose a method of financing the participant's stay at the Meeting Centre and the amount of his/her own contribution.

c. Admission to the Meeting Centre

Participants sign commitment to cooperation prepared by the coordinator. Additionally, the programme coordinator may visit the candidate for admission at home and gather information that may be relevant to the support offered.

Once the person with dementia is admitted to the MC, the coordinator contacts his/her GP.

d. Month trial period

This is the time for new participants to adjust to a new environment and for the coordinator to check whether a given type of assistance is actually the most suitable for the potential participant and whether the carer is willing to participate in support programme for carers.

10. WHO WILL MANAGE THE WAITING LISTS?

The MC coordinator.
WORKING GROUP: PROGRAMME

Members of the group:
1. Krystyna Misiak (leader)
2. Jolanta Ankiel
3. Anna Dąbek
4. Joanna Kowalska
5. Maria Koźmińska
6. Marta Krygier
7. Kamila Szczęśniak
8. Iwona Zborowska

The Meeting Centre framework programme includes the presentation of rules and forms of actions for people with cognitive impairment and their carers in Wrocław.

1. Rules
   1. The programme offers each person individualised support tailored to his/her life situation and specific problems (case management).
   2. The needs, capabilities and limitations of the programme participants are determined based on their psychosocial diagnosis and information obtained from them during monthly meetings or individual consultations.
   3. The MC programme is multi-dimensional, it provides support and activates the participants. Activities are conducted in an informal atmosphere, allowing both the participants and staff members to establish friendly relationships. Each participant may influence how the programme is implemented.
   4. Because the MC coordinator has relationships with other local organisations and direct contact with each of the participants, he/she is able to effectively support the participants in the process of adaptation to a difficult situation.
   5. The MC coordinator works with volunteers and experts in the Meeting Centre programme, which is based on holistic and multi-sided approach to the participants and their carers.
   6. Communication with the programme participants as well as with individuals and organisations from the outside and effective marketing are of fundamental importance for the functioning of the MC.
2. The Meeting Centre programme covers the following forms of action:

1. day club for people with impaired cognitive functions (carers are allowed to participate) – three times a week for 6 hours (10:00 a.m. - 4:00 p.m.)
2. information meetings for carers, open to other interested people – each month,
3. discussion groups (support groups) for carers (as well as carers from outside if they are interested in participating) led by the MC coordinator together with other therapist – each month,
4. internal meetings of all participants (people with cognitive impairment, carers, staff and volunteers) – each month,
5. individual consultations with the MC coordinator (for people with dementia, their carer as well as people all concerned).

Re 1. Activities organised at the Meeting Centre for people with impaired cognitive functions and their carers

The list of activities for people with dementia and proposed daily activities for carers is open and takes into account the participants’ preferences. The programme have multidimensional impact on the participants, they include elements of: orientation training, memory and other cognitive functions improvement, bibliotherapy, therapy using games, art therapy, colour therapy (chromotherapy), choreotherapy, physiotherapy, music therapy, relaxation, psychotherapy, psychoeducation, reminiscence therapy, validation therapy and psychomotor therapy.

The main purpose is to delay adverse changes occurring in cognitive, emotional and behavioural functions. To focus on three strategies: reactivisation, resocialisation and improve emotional functioning.

Specific purposes: integration of the group, rehabilitation, improvement in cognitive functions, improved performance in activities of daily living, physical fitness, coordination, coping with emotions, coping with illness consequences.

1. A. Indoor activities

a. games improving cognitive functions (language, visual-spatial, and brain exercise games):
   - exercises used in neuropsychological rehabilitation,
   - board games such as 20 questions, monopoly, ludo, mastermind, crossword puzzles, sudoku, scrabble, city-states, checkers, chess,
   - games using modern technology (tablets, applications in mobile phones, computer and projector) such as Brain Age.

b. Music therapy:
   - listening to recorded music,
   - listening to "live" music (inviting guests making music),
   - learning how to play an instrument (e.g. dulcimer, flute),
   - singing together (e.g. carols),
- dance classes,
- verbal and musical improvisation.

c. Processing the written word (reading, storytelling, learning):
- reading morning paper out loud,
- reading favourite books out loud,
- watching old photographs,
- creating a family tree,
- telling one's own stories or reliving memories through the game,
- learning foreign language at basic level.

d. Triggering creativity activities (hands and imagination):
- keeping a diary of journal,
- preparing a schedule on a day-to-day or week-to-week basis,
- create a calendar with important moments for the participants (such as birthdays, anniversaries),
- art making (drawing, painting, collages, crocheting, embroidery, knitting, sewing toys for grandchildren), gardening – if possible,
- making art for art exhibitions in the club,
- decorating the club,
- taking pictures to commemorate events organised in the MC, keeping club chronicle.

e. Participation in activities for the club community:
- making tea, coffee, meals,
- setting the table and cleaning after meals,
- participating in the organisation of "open day" in the MC,
- participating in occasional events/celebrations.

f. Individual conversations and discussions

g. Physical activities
- basic exercises with elements of yoga, tai-chi,
- Jacobson's progressive relaxation technique or Schulz's autogenic training,
- exercises involving educational kinesiology,
- group exercises with elements of psychotherapy,
- exercises involving computer programmes (e.g. neurogames, neuroform),
- psychomotor therapy.

1. B. Outdoor activities for people with cognitive impairment and their carers
- planning and doing shopping for dinner,
- visiting a bookshop, library,
participation in public lectures etc.,
- visiting children at a nearby kindergarten/school – sharing memories,
- trips to the zoo, botanical garden,
- visiting museums, exhibitions,
- going for walks, having picnics in the park,
- Nordic walking activities,
- going to the cinema, theatre,
- going to aqua park, swimming pool.

Re 2. Information meetings for carers (open to other interested parties) are held once a month. For example:

<table>
<thead>
<tr>
<th>Subject matter</th>
<th>Proposed lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What should we know about dementia?</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>b. Changes in family's life situation and possible intervention</td>
<td>Psychologist or physiotherapist</td>
</tr>
<tr>
<td>c. Possible psychosocial interventions in dementia – psychomotor therapy</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>d. Available support services in Wroclaw</td>
<td>Social welfare centre worker</td>
</tr>
<tr>
<td>e. How to talk about difficult topics with our beloved ones?</td>
<td>Psychologist, MC coordinator</td>
</tr>
<tr>
<td>f. The link between diet and mental health</td>
<td>Psychologist, dietetic</td>
</tr>
<tr>
<td>g. How to avoid danger situations in elderly?</td>
<td>Policeman</td>
</tr>
<tr>
<td>h. Relaxation – Tibetan gongs and music therapy (with workshop)</td>
<td>Music therapists</td>
</tr>
<tr>
<td>i. Important legacy issues for people with dementia and their caregivers</td>
<td>Psychiatrist, MC coordinator</td>
</tr>
</tbody>
</table>

Re 3. Discussion Groups for carers (also for outside MC carers) are led by the MC coordinator and MC therapists. The main subject of each meeting is related to the subject raised as important for people participating in the group. The meetings held once a month. It is possible to transform a discussion group into a support group after first few meetings. The support provided to carers is more than knowledge and skills necessary in caring for a person with cognitive impairment; it also leads to improved emotional functioning, prevents burnout and helps carers handle stress. If a support group is formed from the discussion groups participants, it might become a closed group, depending on decision of all of its members and therapists leading the group.
**Re 5.** The internal meetings are organised periodically (once a month) for all persons participating in the MC programme, such as: people with dementia, carers, employee/s and volunteers and are aimed at evaluating the project, get to know the expectations and opinions of the participants and improve the programme.

**Re 7.** Individual consultations of the MC coordinator for carers, participants, but also for those who do not participate in the MC programme but are interested.
WORKING GROUP: PERSONNEL

Members of the group:
1. Katarzyna Bulińska (leader)
2. Anna Stocka
3. Katarzyna Turek
4. Elżbieta Pawłusiów
5. Magdalena Lejkam
6. Maria Kula
7. Dorota Kowynia
8. Elżbieta Zachwiej

Based on how Meeting Centres operate in the Netherlands, the arrangements and many discussions held in working groups within the MeetingDem Project, we suggest that employees who will be able to create a friendly, creative and safe environment for people with neurodegenerative diseases and their informal carers be invited to join the project. These are preliminary suggestions that may facilitate the establishment of the MC either as part of already exiting social institution or as a self-contained unit. As far as Wrocław in concerned, the first MC will be developed in cooperation with the Municipal Social Welfare Centre in Wroclaw.

1. The Meeting Centre staff and suggested week-long schedule

Open days in the Meeting Centre: Mondays, Wednesdays, Thursdays from 10 am to 4 pm. Number of participants in the Meeting Centre: 15 people with cognitive impairments/dementia and periodically (or more often, depending on the needs) their carers

Coordinator, therapists (i.e. occupational therapist, psychologist and persons bringing in different ideas and forms of activation for the meetings' participants) are responsible for pleasant atmosphere and popularisation of the MC philosophy. Traineeship and voluntary service is also highly recommended.

Please find below proposed week-long schedule for those involved in the MC functioning.

<table>
<thead>
<tr>
<th>Week-long schedule (suggestion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
</tr>
</tbody>
</table>

1Drafting a sample certificate for the pre-recruited stating that there are no contraindications to participate in the MC classes, signed by GP.
2. The most important tasks of the Meeting Centre employees

2.1. The MC Coordinator

If the MC operates as:

- **part of already exiting social institution** (e.g. the Municipal Social Welfare Centre), the tasks are divided administratively between this institution and the Meeting Centre. For this reason, the coordinator’s duties are listed in subpoint.

2.1.1. Coordinator

**Tasks concerning participants with neurodegenerative diseases and their informal carers:**

- making psychosocial diagnosis, developing an individual plan of support for people with MCI/dementia and informal carers,
- conducting group psychomotor, cognitive-behavioural therapy, etc. - daily (three times a week),
- running discussion group for informal carers (once month),
- organising information meetings, also for people interested in a given topic, not related to the MC (once a month),
- conducting individual consultations for people with neurodegenerative diseases and their informal carers (depending on needs),
- organising meetings for all participants in the project (such as charges, their informal carers and co-workers from the MC) (once a month),
- providing guidance on specific issues the participants may have and, if necessary, referring them to other support organisations,
- assessing support plans and the support itself, submitting a report thereon,
- staying in touch with doctors, therapists, social workers and institutions/social organisations.

**Tasks concerning the functioning of the MC, its employees and the programme:**

- providing the participants with structure and management of daily activities,
- close cooperation with the MC employees with regard to activities and schedule,
- organising quarterly workshops for the MC employees,
- managing the spread of information on the MC in the press.
2.2. Therapists
- seeking and offering specific forms of activities adjusted to the abilities and needs of participants,
- developing action plan that takes into account specific objectives and is in line with the support plan,
- developing individual, group and social activities using different techniques, materials, and tasks,
- supervising the performance of assigned tasks and responding to the needs, wishes and concerns of individual participants,
- monitoring the progress made by the participants in terms of accomplishing goals defined in the plan and informing the programme coordinator thereof,
- close cooperation with employees as regards action plan and its modification,
- co-creating inspiring, cosy and friendly atmosphere by encouraging users to participate in recreational and social activities,
- providing assistance in household chores (brewing tea, washing dishes, cleaning, etc.),
- advising informal carers to the extent of their competence;
- taking part in meetings for all participants in the MC and in workshops for employees,
- managing the attendance lists of participants.

2.3. Artists, people with creative ideas
- providing extra activities that are not part of the programme, like concerts, shows, performances, etc., which make the MC regular offer more attractive (see report of the PROGRAMME Working Group); such activities are conducted by different people, depending on the needs and preferences of the MC participants.

2.4. Trainees and volunteers
- the cooperation will be established the opening of the MC due to the necessity to organise the facility,
- the terms and conditions applying to traineeship will form the basis of agreements signed with universities, through which students will deliver voluntary services; furthermore, each volunteer will have a guardian appointed by the MC.

Taking into account traineeship programmes at leading universities (such as the University of Physical Education in Wroclaw), the traineeship at the MC will last approx. 2 to 3 months and a given trainee will visit the Centre once a week for 6 hours.

The nature of voluntary service and its duration will be determined individually with the person interested in such form of cooperation based on an agreement for the provision of voluntary services and Social Welfare Municipality regulations.
3. **Staff members**
   - all staff members are well-informed on all MC activities,
   - they have two common goals: (1) helping people with neurodegenerative diseases and their carers and (2) providing local community with education,
   - they help each other and, depending on the needs, substitute for one another,
   - they solve problems together with participants and/or their colleagues,
   - they take part in meetings for all participants in the MC and in workshops for employees.
   The specificity of working with people with neurodegenerative diseases and their informal carers determines various problems the therapists might encounter. Therefore, staff members will need support in the form of supervision, support groups, relaxation workshops and other activities depending on the needs.

   **Schedule for staff recruitment procedure in Wrocław:**
   - coordinator: June 2015,
   - other staff members: July/August 2015.

   **Initial training are provided to:**
   - all employees from the MC,
   - volunteers.

4. **Professional competence of the MC employees**
   *(recruitment ads)*

4.1. **The MC Coordinator**

   **a. Coordinator**
   - psychologist and/or physiotherapist or a person capable of providing the same services due to his/her experience,
   - university education in the field connected with mental health and/or psychogeriatrics,
   - experience in the field of mental health and/or psychogeriatrics,
   - excellent organisational and communication skills,
   - ability to work in a team.

4.2. **Therapists**
   - education (preferred: university education) in the field of occupational therapy, physiotherapy, and other areas of therapy and of health protection,
   - experience in working with older people with cognitive impairments,
   - resourcefulness, creativity, flexibility in action, additional education (completed
professional courses and workshops),
– excellent interpersonal skills,
– ability to work in a team.

WORKING GROUP: LOCATION AND FINANCING

Members of the working group:
1. Anna Józefiak – Materna (leader)
2. Robert Pawliszko
3. Joanna Szczepańska - Gierach
4. s. Teresa Romotowska
& members of the project team:
5. Joanna Rymaszewska
6. Dorota Szcześniak
7. Katarzyna Urbańska

LOCATION

1. The place chosen for the Meeting Centre location:
The building at Ciepła Street 15b, Wrocław.

2. The building manager:
Municipal Social Welfare Centre in Wrocław.

3. Assumptions
One of the basic assumptions of the Meeting Centre is its wide availability, both for people with dementia and their carers, but also for people whose family members or friends do not live with this disease. Such location may be helpful in spreading knowledge of dementia, thereby making local community become more understanding for people with dementia and their carers. This increases the chance of achieving greater social integration by the programme participants. The building at Ciepła Street 15b in Wrocław, selected to be the Meeting Centre location, is located in the city centre, in the vicinity of bus and railway stations, which makes this place very well communicated with other parts of the city. This location provides easy access to the Meeting Centre to people with dementia and their carers and creates favourable conditions for relationships to be established and maintained with other people.

The building at Ciepła St is not a medical facility, which makes it easier to create a friendly atmosphere for all visitors and favours the establishment of close ties of friendship between the participants themselves, and between the participants and the MC staff members. For the same reason, this place should be less stigmatizing for
people with dementia.

In addition, the premises are made available both to the Meeting Centre participants and other groups using the building at Ciepła St 15b in Wrocław, that is the Day Care, which will foster social inclusion and increase the sense of freedom in the Meeting Centre clients. In addition, people with dementia and their carers will have an opportunity to strike up an acquaintance with other users of the premises in the same building.

The rooms in the building at Ciepła St are adjusted to the size of the group of participants (15-16 people) and include, for instance, a lounge accessible to everybody, where one can drink coffee and eat lunch, a place to store materials needed to carry out activities, a room for consultation, a room for discussion groups and information meetings and space designed for motor rehabilitation and manual and art classes. It is important that all rooms of the Centre is located in one building.

The Meeting Centre should be seen as a place that serves many of the local community purposes, therefore it should have telephone wiring installation and Internet access.

4. Rules applying to the use of the building at Ciepła Street

The Meeting Centre at Ciepła St was provided by the Municipal Social Welfare Centre. Detailed rules applying to the use of the building, the rights and obligations of all users of the facility were described in an agreement concluded by and between the Municipal Social Welfare Centre and the Wroclaw Medical University.

5. Rooms in the Meeting Centre

The building at Ciepła St is two-storey, with a total usable area of 600 m². It was put into use in June 2015. It meets all essential health and housing requirements in accordance with standards defined in applicable social welfare regulations and acts.

Both the Meeting Centre and the Day Care participants will have access to the following rooms:

- a room on the ground floor with access to the kitchen,
- a large room for psychomotor therapy, dance classes, and information meetings (on the ground floor, hard floor),
- dressing rooms,
- a lounge room with couches on the first floor,
- a room with tables and computers on the first floor,
- a room with appropriate equipment for occupational or art therapy,
- a large room designed primarily for the purposes of psychomotor therapy (on the first floor, soft floor),
- a room with sports equipment (on the first floor, stationary bicycles, exercise equipment),
- the Meeting Centre coordinator's office.
FINANCING

The Meeting Centre based on the Amsterdam model is a proven and innovative form of care. In the Netherlands, this is a part of the existing social care package and is therefore subject to specific method of financing. To establish a Meeting Centre in Poland and ensure its continued existence, it was necessary to develop possible ways to finance such a place within the available governmental, self-governmental or non-governmental structures. This report contains information on the solution adopted in the Meeting Centre at Ciepła Street 15b in Wrocław and possible other methods of financing.

1. Financing of the Meeting Centre at Ciepła Street in Wrocław

The Meeting Centre at Ciepła St in Wrocław is a result of cooperation of many organisations and institutions, which translates into financing of this place from several sources. The main partner of the Wrocław Medical University in the establishment of the Meeting Centre is The Department of Social Issues of the Municipal Office of Wrocław City along with its subordinate institutions such as The Health and Social Issues Division and the Municipal Social Welfare Centre in Wrocław.

The Meeting Centre operates as a part of the Municipal Social Welfare Centre structure, thus it will be funded on a similar basis as other Day Care. The Municipal Social Welfare Centre covers the ongoing maintenance costs and is responsible for partial equipment of the building. The Meeting Centre coordinator (a total of 18 hours per week, plus 5 hours need to do administrative works) and the cost of remaining equipment are covered from project funds allocated to the Meeting Centre establishment as part of the MeetingDem project called "Adaptive Implementation and Validation of Positively Evaluated Meeting Centres Support Programme for People with Dementia and their Carers in Europe" carried out by the Wrocław Medical University and funded by The National Centre for Research and Development (NCBiR). As the MC will operate as part of the Day Care, its participants will pay for the services as decided by the Municipal Social Welfare Centre, depending on financial situation of a given family.

Additional activities, included in basic programme (10 hours per week + informative meetings + discussion groups), will be financed as part of cooperation between the Wrocław Medical University and The Health and Social Issues Division of The Municipal Office of Wrocław City.

2. Other ways of financing of the Meeting Centre

The Meeting Centre does not have to operate as part of social welfare institution. It might as well be an NGO-run community centre. NGOs might run the Centre as part of their statutory activity. Financial resources required to support personnel, equipment, materials, and so forth may come from many different sources. They may include: own resources allocated to statutory activity, 1% tax donated to the MC, implementation of projects under tender competitions organised by local authorities, donations from sponsors, participating in grant and donation contests, crowdfunding etc. In addition, it is necessary to allocate funds to cover occasional and one-off expenses. Therefore, it is advisable to check which local organisations finance such initiatives (and familiarize with conditions that must be met in order to qualify for funding). The Meeting Centre may also collect charges from the participants. In many
places in the Netherlands, the MCs ask for small contributions from individual participants to cover the costs of meals, organisation of birthday parties, trips, etc. The choice of form of financing (or a combination of several forms) usually depends on local conditions in which the Centres operate.

It is also advisable to prepare a statement of expenses to show an average cost per day per participant staying in the MC. The calculations might be based on how much time the Centre staff members dedicate to carers and people with dementia and on figures regarding attendance. It is recommended to take a look at model financial statements as regards the cost of the project implementation, the facility opening, and structural costs (staff, accommodation, activities). It is also important to keep an accurate register to track the participants' activity and the Meeting Centre operations. The method of financing determines who attends the Centre and how they benefit from its offer.

Examples of possible sources of external financing of Meeting Centres:

   a) Province Marshal's Offices
   b) Province Governor's Offices
   c) City and Town Councils

2. Competitions
   a) Regional Operational Programme
   b) The Civic Initiatives Fund (Polish: Fundusz Inicjatyw Obywatelskich)
   c) The Ministry of Labour and Social Policy:
      • Classified ads for non-governmental organisations:
      • Classified ads on welfare (also for NGOs)
   d) The Programme Stimulating Social Activity of Seniors

3. Foundations:
   a) The KGHM Polska Miedź Foundation: http://fundacjikghm.pl/
   b) The Kronenberg Foundation by City Handlowy
      http://www.citibank.pl/poland/kronenberg/polish/
THE REPORT ON THE MEETING CENTRE PROMOTION

The last phase of the Meeting Centre project implementation involves promotional activities such as popularisation of the idea of the Meeting Centre Support Programme and the Centre itself among members of the local community. The promotion is essential to make potential participants, doctors, therapists and social workers aware of the Meeting Centre existence and its offer. Advertising may include publication of brochures.

Leaflets promoting the Meeting Centre in Wroclaw will be distributed in strategic locations such as local clinics, mental health outpatient clinics, hospitals, associations and institutions dealing with the elderly, social welfare centres etc. Naturally, it is also important to reach to people through easily accessible mass media, which is why information on the Meeting Centre will be published in local newspapers and regional magazines such as The Senior Voice (Głos Seniora) as well as in local radio’s auditions (i.e. Radio Wroclaw or Radio RAM). It is essential that such brochures and flyers be also available in public places such as community centres, shops, and public libraries, therefore all interested parties will know that this is a non-medical form of support, focused on creating friendly relations and offering a wide range of creative/recreational activities combined with long-term and diversified offer for carers.

The project has its own website (www.centrumspotkan.pl) which displays all information and describes the idea behind the Meeting Centre. Those requiring additional facts, may use contact form to send their inquiry to the MC coordinator or project team members.

As part of promotional campaign, the research team and members of the Initiative Group participate in many events regarding seniors, care for the elderly, geriatrics, psychogeriatrics and gerontology. During various fairs, conferences, and cultural events people involved in establishing the Meeting Centre talk about its idea and the actions taken in Wroclaw.

The Wroclaw Senior Centre is a strategic organisation providing information to older people and their carers, which is why cooperation with this institution appears to be crucial.

When opening the first Meeting Centre in Wroclaw, it is advisable to spend a lot of time and energy to make sure that already at this stage the Centre is in a strong position compared to other facilities offering care and social assistance services. This is an important issue as it determines the success of the project and the number of people interested in participating in the programme. The point is to establish contacts with people who work with people with dementia and refer them and their families to various social care facilities and make them aware that such a place as the Meeting Centre has opened in Wroclaw.