



Dementia in Scotland



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Old age – asset or burden?

We know we are living longer but this has recently been confirmed by the Department for Work and Pensions.

In April, the DWP produced an analysis identifying the number of people alive today in the UK who can expect to reach the age of 100. Of children aged under 16 now, around a quarter can expect to celebrate their centenary - that translates to over 3.3 million people. If we add to that the 5.5 million prospective centenarians who are currently aged between 16 and 50, and a further 1.3million in the 51 to 65 age bracket, then 10 million people alive in the UK today will reach 100.

Cause for celebration or bad news? It is tempting to see it as something negative. How will all those people pay for a retirement which could last more than 30 years? How will we all pay for the health and social care needs of this huge group of very old people, particularly when up to half of them will (by current trends) have developed some form of dementia by the age of 100?

There is no doubt that our government needs to take heed of demographic change and put in place robust forward plans for good health, social care and pension provision. And those of us planning our retirements will need to think about how we can ensure a decent lifestyle for 25-30 years beyond paid work.

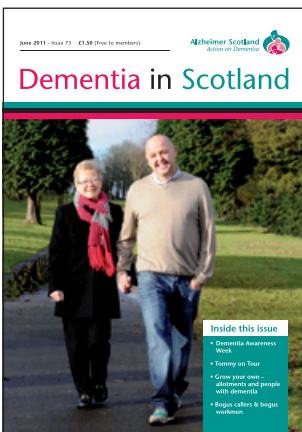
But why do we continue to think of our ageing population as a drain on society or a burden or a problem that won't go away? Why can't we see older people as an asset? Many people coming up to state retirement age may give up their old careers but then move on to something else. That might be part-time paid work, volunteering, looking after grandchildren or helping out neighbours.

Recent research published by WRVS found that older people made a positive net contribution of £40 billion to the UK economy in 2010. Their report *Gold age pensioners* placed this value on the economic and social contribution made by the over 65s through taxes, spending power, provision of social care and the value of their volunteering and charitable donations.

As well as the economic contribution, the WRVS report describes older people as the "social glue" of communities – as good neighbours, community leaders and advocates. Isn't it about time we recognised the advantages of using the skills, experience and energy of older people in our communities?

There was no respect for youth when I was young, and now that I am old, there is no respect for age - I missed it coming and going.
J.B. Priestley

Maureen Thom
Editor, *Dementia in Scotland*



Chief Executive's **comment**



First of all I would like to thank all our members and supporters who used the Scottish Election as an opportunity to lobby their local MSP candidates and ensured that the local issues facing people with dementia and their families were fully understood. As a result of the election we now have a great many new MSP's in our parliament and an opportunity to build positive relationships and partnerships, which is essential if we are to make sure that the aspirations of the National Dementia Strategy translate into practice and make a meaningful impact in the lives of those living with dementia.

Good policies and strategies on their own mean nothing to the reality of day to day life for people like Tommy Whitelaw, whose story and efforts we cover in this edition. Tommy's immense walking

campaign during Dementia Awareness Week will make a huge difference in highlighting what many carers and families are having to cope with on their own every day. High quality, timely and flexible support is not yet being provided consistently to everyone across Scotland and many support services are either being reduced or cut. This has to stop. No person, no family, partner or friend should have to deal with the very complex, changing and challenging needs of dementia on their own.

The burden of cuts, service reduction and increased eligibility criteria must not fall on people with dementia and their carers. We will be doing all we can to remind decision makers that every form of dementia is an illness, at times a very complex and challenging one at that, and whilst we know that many people can live well with dementia, in some cases for a long time, this is only possible with the right support. Dementia is a health problem with many social consequences. Drug treatments are limited and, until medical science discovers a solution, we will continue to need high quality, skilled dementia support throughout the illness. Cutting or even restricting access to services of this nature for people with dementia and their families is no different from reducing available medical treatments for conditions such as cancer or heart disease. The consequences will be to further disadvantage people with dementia and place severe pressure on their families.

We now estimate that there are 82,000 with dementia in Scotland. These figures are based on the most up to date research which suggests that we have been underestimating the number of people with dementia, particularly women over the age of 80. We are deeply concerned that this older group are not being properly diagnosed and supported. Indeed, they might be the greatest victims of the myth that dementia is simply a part of growing old. Reducing support services in the community for this vulnerable and isolated group will inevitably increase the need for expensive crisis care and emergency admissions to long-term care.

So, whilst we can be satisfied with the policy foundations and aims of the National Dementia Strategy, it is only the first stage. There is no point in the strategy if it does not deliver both significant improvements and growth in available support. The new Scottish Government, local authorities and NHS boards must ensure the next stage delivers this and guarantees meaningful, timely and consistent support for people with dementia and their families across Scotland, now and in the future. Nothing less will do.

Henry Simmons
Chief Executive

New dementia statistics announced

Alzheimer Scotland recently announced updated dementia prevalence statistics. Having hosted an expert advisory group meeting on the efficacy of dementia prevalence estimates, we will now adopt the EuroCoDe prevalence rates to provide an estimate of the older population at risk and a predictor of emerging patterns of dementia prevalence. This means that our previous estimate of 72,500 has now increased to 82,500 people with dementia in Scotland in 2011. This figure is predicted to double within the next 25 years.

Most of the increase can be attributed to a more accurate measuring of dementia among the oldest old (those aged 90 and above), particularly women. The figure also includes around 3,300 people under the age of 65.

The new statistics, with a breakdown by local authority area, can be viewed on our website at www.alzscot.org/dementia-statistics

NHS24 Dementia Project



NHS24 is keen to find out how its telephone helpline service can be improved from the point of view of people with dementia and their families/partners supporting them at home. Alzheimer Scotland has agreed to partner the project and have appointed a small project team, Victoria MacLeod and Kevin Champion, to organise a series of focus groups across Scotland to gather views and ideas. They will shortly be issuing invitations requesting volunteers to take part – no previous experience of using NHS 24 required!

The focus groups will be held in the following areas:
Glasgow, Edinburgh, Fife, Inverness, Dumfries and Galloway, and East Renfrewshire.

The focus groups will last from about 11.00 – 2.30 with lunch and travel expenses provided. Any additional care or support needs will also be met. There is to be a second round of focus groups to feed back ideas and generate further ideas which are to be piloted with a wider group and evaluated by our team. We believe this is an important project which will help to remove anxieties about accessing out of hours NHS services.

If you are a carer or person with dementia living in one of the areas

named above and would like to take part – please contact Victoria on 01436 678050 or vmacleod@alzscot.org; or Kevin on 01631 570614 or kchampion@alzscot.org

Research survey results

The December issue of Dementia in Scotland included a questionnaire from the Scottish Dementia Clinical Research Network, asking your views on the priority which should be given to 15 different types of clinical research topic, who should be the focus of research, what were the preferred outcomes from research, and what interventions people would like to see researched. 514 people completed the survey, including 288 readers of Dementia in Scotland.

Most respondents (73%) said they want a focus on research in those who are showing symptoms of dementia (pre-diagnosis) and those recently diagnosed. 80% said they wanted studies to focus on people living in their own homes.

The top four choices for clinical research were:

- early detection
- drug trials
- people living at home
- carers.

Respondents said they wanted to see more studies into drugs; talking therapies; assistive technologies; and non-drug treatments. Almost 300 people said they would consider agreeing taking part in a research project.

For more information about the Scottish Dementia Clinical Research Network, including a list of the research studies approved and supported by the SDCRN, visit www.sdcrn.org.uk; email contact-us@sdcrn.org.uk; or phone 01738 562 322.

Grow your own – allotments and people with dementia

Alzheimer Scotland's service in Dumbarton rents a large allotment which is a short walk from our premises at the Elm Centre.

How we got started with the allotment

At first, the allotment was wild and overgrown, but a couple of volunteers took on the heavy work of clearing the ground. We then set about planning the layout to make the best use of the space and to make sure it was accessible as possible.

There is a large shed to store equipment and for re-potting, plus a large greenhouse for propagating seedlings, growing tomatoes, peppers and strawberries and for



sitting down to have a cup of tea when it is raining.

We also sectioned off a paved outdoor seating area where people who are physically unable to garden can still be involved and where the gardeners have somewhere comfortable for a "breather".

Jimmy and John

Jimmy is a 78 year old man who was diagnosed 18 months ago with frontal lobe dementia. He is aware of his diagnosis. He lives alone in a two bedroom ground floor flat. Jimmy began attending day care after being referred by his nephew John, who was concerned that Jimmy was isolated and lonely and that spending so much time alone was causing him to become disorientated and withdrawn.

Jimmy has a lovely, easy going personality. He loves to laugh and really enjoys company. Except for some arthritis and a slight hearing problem in his left ear, he is remarkably physically fit which he puts down to having no vices and working in manual labour jobs his whole life. He was asked if he wanted to help at the allotment, and was very keen to do so.

Jimmy's nephew John also volunteers for our service, supporting people with dementia who work on the allotment. He is Jimmy's main carer and has the stresses and worries that go along with caring for an older relative with dementia. This changes family relationships. John has fond memories of his uncle when he was younger and saw him as an excellent role model, who was attentive to his nephew and spent quality time with him.

Working on the allotment together has given them both the opportunity to enjoy an activity in a quiet, tranquil environment, with none of the pressures felt when dealing with day to day issues. This has helped them regain that sense of quality time that they had in the past.

Recommendations for other allotment projects

Consider the following:

- how to enable access for those with physical disability
- raised beds and pots are easier to use for older people
- create a seating area and somewhere to shelter
- talk to your local garden centre about donations and discounts
- encourage the local community to become involved.
- don't be afraid to experiment – try growing a range of flowers, vegetables and herbs.

What have we learned?

Incorporating nature into a care setting has the potential to provide several benefits, including

- promoting physical activity
- encouraging healthy eating
- social interaction and communication
- a sense of achievement, satisfaction and pride
- building self-esteem and relieving stress
- enhanced cognitive, psychological and physical well-being
- improved behavioural management.

It has been wonderful to see people blossom (no pun intended!) and their confidence and self-esteem grow as they take part in something that is both positive and productive.

An allotment is a great resource for any service supporting those with dementia in their local community. Working with volunteers and having contact with other people who also have allotments contributes to raising awareness of dementia and reducing stigma. Although there are drawbacks, which include access issues, seasonal workload variables and the Scottish weather, there are also so many positive benefits for people with dementia to connect with nature in this way.

Lorraine H Robertson

Service Manager

West Dunbartonshire Services

Dementia Awareness Week 2011

“I intend to make sure that as a government we take whatever action is necessary, across all aspects of older people’s services, to ensure that we treat our older people with the respect, compassion, dignity and care that they deserve.”

Nicola Sturgeon MSP
speaking at Alzheimer Scotland’s national conference on 6 June

Although our staff, branch members and volunteers raise awareness of dementia and Alzheimer Scotland throughout the year, Dementia Awareness Week is when we really push the boat out, with events of all kinds across the country, too many to mention individually.

As this magazine went to print, we knew of 80 events taking place (could this be our biggest Awareness Week so far?), with new information coming in every day; and that’s just the events we were told about. Many other organisations helped us raise awareness with displays in GP surgeries and workplaces, for example.

This year, we also have an advert appearing on screens in 66 post offices and medical centres across Scotland – courtesy of cnetwork.TV who worked with us free of charge to design and distribute the advert – many thanks to Corri Kirtley and her colleagues for this fantastic support. So while you are standing in that Post Office queue, keep an eye open for our advert.

National Conference

This year’s conference was fully booked very early on – apologies to those of you unable to secure a place. The title of the conference was *Creating better dementia care*, very much the focus of the Scottish Government’s national Dementia Strategy. The Conference got off to a flying start with a keynote address from Nicola Sturgeon MSP, Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy – see next page for highlights of the Cabinet Secretary’s speech.

Delegates heard from speakers about: the Dementia Care Standards and how workforce skills will be improved to meet the Standards; improving quality of care in care homes and in hospitals, including tackling the inappropriate use of antipsychotic drugs; how various parts of Scotland are already working to achieve better dementia care; and lessons from abroad. The day ended with a presentation and demonstration from our Musical Minds group from East Ayrshire – audience participation was required!

As well as a busy programme of speakers, delegates benefited from several launches:

- a new DVD from NHS Health Scotland called *Living well with dementia* (copies available shortly from the Dementia Helpline on 0808 808 3000)
- *Promoting excellence: a framework for all health and social services staff working with people with dementia, their families and carers* produced as part of the Dementia Strategy by NHS Education for Scotland and the Scottish Social Services Council
- the Scottish Government’s *Standards of Care for Dementia in Scotland* (draft for consultation)
- Alzheimer Scotland’s *Standards of Care for Dementia in Scotland: a guide for people with dementia and their carers* (draft for consultation); and
- the premiere of *Chorus*, Alzheimer Scotland’s new TV advert.

Local events

What about the other 79 events during Dementia Awareness Week? Well, they included the sorts of events and activities you might expect - coffee mornings, quiz nights, information stands, talks, lectures, open days in our branches and services, and cheese and wine evenings. But there were also some more unusual events like a vintage fashion show in Inverness, a flower display of forget-me-nots in Oban, a 40s and 50s revival night in Dumbarton, and a parade of around 130 charities in Aberdeen. Some brave men even volunteered

to have their legs waxed at the Tesco Metro store at the St Enoch Centre in Glasgow. Ouch!

One area with a double cause for celebration this year was Glasgow, where we celebrated 21 years' of providing dementia care in the city. There was a formal 21st birthday celebration on 8 June followed on Saturday 11 June by a Family Fun Day at the People's Palace, Glasgow Green. Although we hosted the event, we couldn't have done it without the support of Glasgow Life and Glasgow Jazz Festival.

Conference keynote address highlights



"I consider improving care for older people to be a personal priority" **Nicola Sturgeon MSP**

Before launching the new dementia standards and the new Skills Framework for staff working with people with dementia, Ms Sturgeon spoke briefly about some of

the worrying stories in the media – the financial difficulties of the Southern Cross care home group which runs over 90 care homes in Scotland; the closure of the Elsie Inglis home in Edinburgh following the death of a resident; the Panorama programme which uncovered serious concerns about a residential establishment in England; and the report of the Mental Welfare Commission into the care of Mrs V, an elderly lady with dementia, at Ninewells Hospital.

She reassured the audience by saying: "There must be no hiding place for any sub-standard care home providers in Scotland", announcing that Social Care and Social Work Improvement Scotland now does all its inspections on an unannounced basis and are currently re-inspecting all care homes previously graded as unsatisfactory or weak.

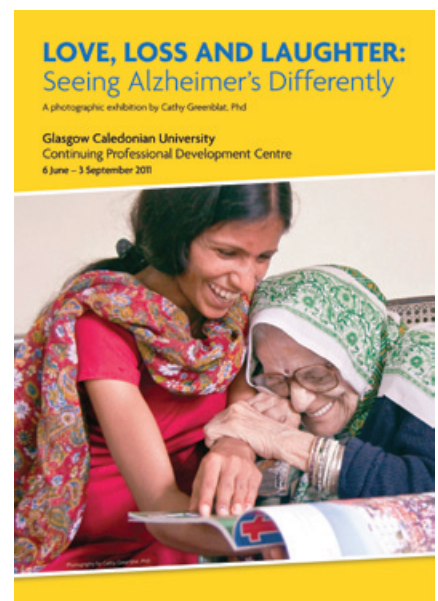
The Cabinet Secretary has also asked the Chief Nursing Officer to oversee the implementation of the dementia standards in hospital settings and to lead a programme of work to ensure that care for all older people is meeting the highest standards of care and compassion.

As well as quality of care, there is also a need to look at the delivery of care, particularly bringing health and social care into a single integrated system – this is a priority for the Scottish Government in its second term.

You can read the Cabinet Secretary's full speech on the Alzheimer Scotland website – follow the link from our home page at www.alzscot.org

Seeing Alzheimer's differently – photographic exhibition

Starting in Dementia Awareness Week on Monday 6 June was a photographic exhibition by Dr Cathy Greenblat, Professor Emerita of Sociology at Rutgers University, New Jersey, an Artist in Residence at the hospital network of Nice, and a Visiting Research Fellow at the International Observatory on End of Life Care, Lancaster University.



Love, Loss and Laughter: Seeing Alzheimer's Differently aims to offer a challenge to much of the visual and mental imagery of Alzheimer's disease and related disorders. The photographs, taken in the USA, France, India, Japan and the Dominican Republic, show what quality health care looks like and illustrate that such care allows people with Alzheimer's disease to sustain connections to others and to their own past lives at a far higher level than is generally believed to be possible.

You can visit Cathy's exhibition at Glasgow Caledonian University, Continuing Professional Development Centre (pedestrian access from Cowcaddens Road), from 6 June to 3 September.

Alzheimer Scotland has two opportunities in June to raise awareness of the vital role of spouses, partners, family and friends in caring for people with dementia, with Carers Week (13-19 June) following on immediately after Dementia Awareness Week (6-12 June).

Tommy Whitelaw tells us below exactly what it's like for him caring for his mother Joan who has vascular dementia; but he also wants to gather stories and experiences from other family members, spouses, partners and friends.

If you care, or have cared, for someone with dementia and would like to record your experiences and have your story told to our politicians, you can send a letter by email to: tommyontour@alzscot.org or post it to: Tommy on Tour, c/o Alzheimer Scotland, 22 Drumsheugh Gardens, Edinburgh EH3 7RN. We will receive and pass on letters to Tommy for the whole of June.

Tommy on Tour

Tommy Whitelaw is a man on a mission.



Tommy (left) on his first day's training at the gym

For years he lived a hectic lifestyle in the music industry, running global merchandising operations for the Spice Girls, McFly, Kylie Minogue and U2. He accompanied them on international tours, travelling from venue to venue by luxury tour bus and staying in the world's best hotels.

However, for the past few years he's been a fulltime carer for his mum, Joan (71), who has vascular dementia. He's struggled to cope

on the limited welfare benefits available for carers, had problems with his own health and become isolated from family and friends. He made his choice willingly, but it's shown him just how tough it is to live with dementia and how many carers struggle to cope with very limited resources.

Tommy (48), from Glasgow used to work with the world's biggest rock & pop artists, handling merchandise sales on international tours.

As Tommy, says: "I co-ordinated getting everything shipped to venues and managing the sales teams. I did that for 20 years."

"Back in 2007, I was living in London with my girlfriend and we were going through a rough time, so I decided to come home to Glasgow for a bit of looking after. My mum had always loved my girlfriend, but when I told her we'd split up, she didn't react at all."

"Then I noticed that my mum's bills hadn't been paid and she was losing weight. I thought I'd better stay with her a while to get things sorted out. I soon realised there was something wrong, something serious, and I took her to see her doctor. That was four years ago and I've cared for her ever since."



Tommy's mum and dad (also Tommy) on their wedding day

Tommy found it hard to adjust to the sudden change in daily life. He says: "It's had a huge impact on my life. I've not been on a night out for two years and the only places I go are the supermarket or to the doctor. Being a carer can be really hard emotionally, mentally and financially and it can leave you feeling lonely."

Tommy said he couldn't cope at all if it weren't for his mum attending a local day-care centre twice a week, along with help from his family doctor, his mum's

community psychiatric nurse and befrienders provided by Alzheimer Scotland.

Organising the walk has turned Tommy's life around. He's become a local celebrity on Paisley Road West in Glasgow, where his 'Tommy on Tour' posters can be seen in the windows of all his local shops and business.

"It's great: the girls in my mum's hairdressers wear my Tommy on Tour T-shirts every Monday and the staff in my local takeaway have

them on every Friday. People wave to me when I'm out and about and ask me how the plans for the tour are coming along. Churches are having dementia information sessions and my neighbours are asking about me and my mum. It's great to see my local community talking about dementia in such a friendly way – it's all out in the open and that's the way it should be."

"I love my mum; she sacrificed so much when I was young and I'm happy to care for her at home now. But life as a carer can be incredibly hard. I want to raise awareness of this illness – something that affects so many people across Scotland – and of what it's like to be a carer. There's only so much I can do to help my mum, but by doing 'Tommy on Tour', I'm hoping I can help other people with dementia and their carers too."

"I hope to collect lots of stories from people and I'll take them to the Scottish Parliament. If people can take the time and trouble to write me a letter, I'll make sure those in power take the time to sit down with me and read them."

Alzheimer Scotland's Memory Bus followed Tommy's Tour and helped him raise awareness and collect letters from fellow carers in Aberdeen, Dundee, Perth, Falkirk and Edinburgh. We were delighted to get a loan of a full size post box from the Royal Mail in Edinburgh so that carers could actually "post" their letters (no stamp required though!) and to give us a good focal point for photo opportunities.

"I made five new friends this morning: Rose, Grace, Francis, Pearl and Liz. I met them at the Dementia Resource Centre in Dundee and, honestly, I could have chatted to them for hours. We shared our experiences, we laughed and we even cried a wee bit. I was sorry to leave them, but I'm so glad to have met them." Tommy Whitelaw



You can read the full story of Tommy's Tour, and see how his idea has captured so many people's imagination on his blog at <http://tommy-on-tour-2011.blogspot.com/>

Genetics of Alzheimer's disease



Gillian checking her time at the Edinburgh Half Marathon in April

Currently, we know very little about the exact genetic causes of Alzheimer's disease in the vast majority of individuals. The $\epsilon 4$ allele of the *APOE* gene is a well established risk factor but approximately 50% of individuals who carry this risk factor do not develop the disease. However, there have been many recent advances in understanding the genetics of common Alzheimer's disease through large scale genome-wide association studies (GWAS), and these studies have identified nine new Alzheimer's genes. Nonetheless, individuals who carry specific versions of these genes represent a very small increase in the risk of developing Alzheimer's disease; in total they may account for 20% of the total risk. This indicates that more genetic risk factors remain to be found.

The identification of genetic risk factors for Alzheimer's disease is extremely important. Understanding more about the genetic causes of this disease will permit a greater understanding of its molecular biology and it may allow the generation of new therapies or drugs to either slow progression or prevent disease completely. Understanding the underlying genetic causes may also, in future, allow the early identification of individuals 'at risk' who can then receive medications that can halt progression of the disease before too much brain damage occurs.

My current project, funded by Alzheimer Scotland, aims to determine whether common spelling mistakes, or genetic variation, in genes involved in the degradation of β -amyloid influence the risk of an individual developing Alzheimer's disease. β -amyloid is a protein that is deposited in the brain regions affected by Alzheimer's disease. Although β -amyloid is a normal protein, one idea, or hypothesis, is that the abnormal build up of this protein

may cause or contribute to disease. In fact, spelling mistakes in the APP and PS genes are known to cause Alzheimer's disease in certain families because they increase the amount of β -amyloid produced.

A number of genes are involved in the degradation of β -amyloid and if these do not function correctly, the levels of this protein may be too high. Previous work by scientists has shown that genes involved in $A\beta$ degradation may influence AD risk, but the results are unclear. To determine whether spelling mistakes in these genes affect function (and contribute to Alzheimer's disease), I have created transfer molecules: each transfer molecule contains the gene of interest with a specific spelling. To assess each gene spelling I will add each transfer molecule to suitable cells and I can then carry out experiments to study how well each gene functions (Figure).

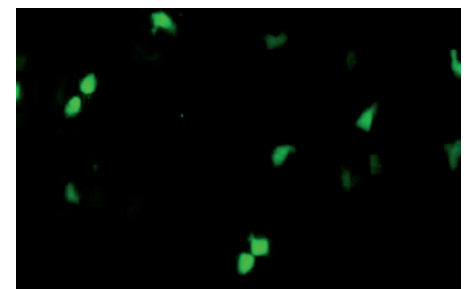


Figure. Modified cells express green fluorescent protein. Transfer molecules have been modified to carry a green fluorescent protein. This makes it possible to visualise cells that have been successfully infected with the gene of interest.

Gillian Hamilton
Alzheimer Scotland Research Fellow
University of Edinburgh



'Dementia and Sexuality – the rose that never wilts'
by Elaine White.
Hawker Publications, 2011.
ISBN 978 1 874790 97 6. £12.95.

This book is written in a practical and matter of fact style, exploring sexuality not just in terms of a physical act, but in its widest sense of sensuality, intimacy and identity. The author looks at attitudes towards older people remaining sexually active for their whole lifetime, and challenges the preconceptions of many that sexual needs diminish or disappear with age or an illness such as dementia.

One of the quotes White uses seems particularly apt in thinking about how to deal with the sexual needs of people with dementia and their carers: 'I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel' Maya Angelou (2009). In applying this, she reminds the reader that someone should never be defined by a diagnosis of dementia but rather by their life history, and the many different roles they may have taken on within that – child, spouse/partner, employee, and so on. White illustrates through several case studies how life history provides the key to understanding behaviour and identifying coping strategies for both family and professional carers. The answers to 'problem behaviours' in the present lie in understanding life experiences of the past, and how to employ these in a positive way in the future.

There are useful chapters on brain function, ethical dilemmas and the origins of negative prejudices surrounding sexuality and people living with dementia. Perhaps most helpful of all is the final section, which pulls together all the techniques for identifying causes of behaviour, challenging negative preconceptions and educating carers. Using detailed case studies, White goes on to illustrate how to turn behaviour perceived by carers as sexualised and inappropriate into positive and meaningful activity for the person with dementia.

Although this book is written primarily for residential care staff and would be a good reference point for all care home managers, there is some discussion on caring within the community. Family carers might well benefit from the author's insights into how we all function as sexual beings whatever our age, and gain understanding of ways to manage behaviour which can often be perceived as embarrassing and distressing.

Elaine Harley
Manager, Dementia Helpline

If you are interested in this topic, the Mental Welfare Commission has a good practice guide *Consenting adults?* (2010) which looks at legal and ethical considerations for professionals and carers in relation to safeguarding rights and welfare of individuals with a mental illness or learning disability in sexual relationships. Available to download from the Commission's Reports Hub website at: <http://reports.mwscot.org.uk/>



Tesco staff in Aberdeen launched our partnership in March

Tesco staff and customers throughout the country support Alzheimer Scotland

Together, Alzheimer Scotland and Alzheimer's Society are Tesco Charity of the Year 2011. Our biggest ever corporate partnership is going from strength to strength as staff and customers throughout Scotland get involved:

1 March - we launched our partnership at the St Rollox store in Glasgow and staff celebrated by dressing up and climbing aboard a beautiful vintage bus.

7-9 March - further launches took place in Aberdeen and Oban

15 April – Tesco Bank held a fundraising Spring Fair in Glasgow

13 May – Colin Bone, Customer Services Manager at Tesco Dumfries, set off on a 177 mile coast-to-coast trek to raise funds (www.justgiving.com/colin-bone)

27 and 28 May – The BIG collection took place at stores all over Scotland – many thanks to the hundreds of volunteers who took part.

Thank you Tesco!



Steph Abbott and Scott Bissett who both work at Tesco Monifieth, celebrated the Royal Wedding with colleagues and raised £205 for Alzheimer Scotland.

Hold that Gold then bring in your bling!

Would you like to help us fundraise and be green at the same time? Well, look no further than our new fundraising initiative – Jewellery Recycling!

Alzheimer Scotland has arranged a service which recycles old gold, silver, broken chains, odd earrings, watches and costume jewellery – it secures the best price for each piece either by selling on as an item or recycling it into component parts.

Jewellery is valued by a professional auctioneer and, if valuable, auctioned to get the best possible price.

We won't be able to trace individual donations but all money raised from this initiative will support Alzheimer Scotland's Dementia Network (Advisors, Helpline, Nurses and Research) - making sure no-one goes through dementia on their own.

Please use the envelopes included with your newsletter to 'bring in your bling' or send them to the licensed freepost address. Using the licensed freepost address at a post office will provide you with a receipt should you need one.

Thank you...and remember every penny, every pearl drop, every piece helps!

Shona Blakeley
Head of Fundraising Development

Soroptimist International



Arlene Crockett (left) receiving the donation from Linda Bratchpiece

Soroptimist International, Motherwell and Wishaw have been long standing and generous supporters of our Lanarkshire Services. 2010-11 was no exception, as they chose us to be their Charity of the Year. Service Manager, Arlene Crockett, was delighted to attend a presentation in April at the Bentley Hotel, Motherwell to receive a cheque for £1200 from local president Linda Bratchpiece.

Tribute funds

Every year, hundreds of people raise funds to support our work, often in memory of a family member who has passed away. The Puri family are just one example. Here, Naomi Puri explains why she and her sister Sareta have decided to raise funds for Alzheimer Scotland.



Naomi and Sareta Puri having fun with their father

My father Khem Singh Puri died at the age of 75 in March 2011 from pneumonia which was worsened by his lung and heart disease. He also had vascular dementia and was officially diagnosed in 2005 having

had a stroke but we believe he had the illness before then. As an Asian father, our Dad tended to avoid asking for help and this was still the case when he was ill, refusing care from other people and not letting people in his home. This in turn made it more difficult for us to provide him with the care he desperately needed.

My younger sister and I cared for our dad in his home until the end of 2009 when the care became too much for us as his dementia was worsening. He ended up being detained under the Mental Health Act and in March 2010 we decided to move him into a nursing home, which broke our hearts to do.

However, Dad surprised us and settled in well, connecting with some of the carers and one in particular who became his main carer, Debra. He needed increasing nursing support as he was regularly getting chest infections and his dementia meant he needed regular support and supervision. He still

remembered who we were up until the end and was still relatively mobile. Only a few days before he passed away, he was up showing off his new specs and hair cut and laughing with us. Once admitted to hospital, he declined rapidly and passed away peacefully on Sunday morning 27th March.

With no other real family (our mother passed away from cancer when we were young), our Dad had supported us well through our lives and when his health deteriorated we struggled to find the support and information we needed to make informed decisions. Sites such as yours helped us immensely but there is still a lot that needs to be done and more funding/donations to support both people with dementia and carers. There's a myriad of information out there, not always joined up and I think it's important that we help to highlight our story.

Naomi Puri



Darren (left) with one of the race winners

First past the post

Darren Thomson has raised £2,000 for us from a Race Night in memory of his grandfather. This is the second year that he has raised money for us – last year it was a charity football match when he raised £2,525.97. Many thanks Darren.



Santander Asset Management

A team from Santander Asset Management in Glasgow walked 50 miles of the West Highland Way in over three days from 29 April to 1 May. They have raised over £2,000 already and the donations are still coming in!

Bogus callers and bogus workmen – what to do if you are worried about someone with dementia



While older people are less likely to be the victims of crimes generally, they are much more likely to be affected by what is often called “doorstep crime”. This can take the form of bogus callers or distraction burglars – people who trick their way into the house and steal money and valuables while the householder is distracted by an accomplice.

They are also more likely to be targeted by bogus workmen who turn up unannounced and offer to do work like roof repairs or driveway resurfacing, then charge exorbitant sums for shoddy work or even for doing no work at all. Some bogus workmen even coerce householders into driving with them to the bank to withdraw sums of money to pay for the “work”.

Bogus callers/distraction burglars

Bogus callers come in all sorts of guises – young and old, male and female - but they all prey on people’s good nature and willingness to co-operate (particularly with “officials”) and the vulnerability of some elderly and frail people. Examples include:

- Someone who comes to your door claiming to be from a council department or utility company (telephone, gas, water, etc). They may be smartly dressed or wearing a uniform and may come in pairs. One of them will say they need to test something in your home (eg the water pressure in your bathroom) while the other distracts you at the door or in another room by

talking about what they are doing, giving the accomplice time to steal valuables, cash, and credit cards.

- Someone who comes to your home and tries to sell you goods or buy goods from you. They may offer sums of money to buy antiques or other valuables but offer an unfair price for them. Getting into your home also gives the bogus callers a chance to see what valuables you have on show and possibly steal items while they are there.
- Someone who comes to your door offering to carry out repair work. They may say they were working locally and noticed you have some slates missing on your roof, or that your guttering or windows need repaired. They may try to get into your house to steal items or money or may demand payment in advance for work that is never carried out. They may also give false contact details so you can't complain if you find the work has been shoddy or non-existent.
- Someone who calls at your door looking for help, for example to make a phone call. Some people may have a genuine emergency but it is better to offer to make a call for the person rather than risk allowing a stranger into your home, especially if you are alone.

Prevention is better than cure

While most people who come to your door will be genuine, it is better to be safe than sorry. A few simple precautions and habits will help.

Some police forces suggest following the **Lock, Stop, Chain and Check** procedure.

- **Lock** – keep your front and back doors locked, even when at home. It's important to lock the back door, as an accomplice may try to get in via the back door while you are distracted at the front.

- **Stop** – are you expecting anyone? A genuine caller will usually make an appointment first.
- **Chain** – if you decide to open the door, put the door chain on first. Remember that keeping the chain on at all times could make it harder to get out of the house in case of a fire.
- **Check** – ask for the caller's identification and check it by phone, keeping the chain on the door while you do so. A genuine caller will not mind waiting outside while you contact their company. Find the number in the phone book or on the relevant utility bill rather than any number on the ID badge or card.

Some utility companies operate a password system where they give you a unique password that only you and the company know, so you can be sure people at the door are who they say they are. Contact your utility provider to see if they offer this service – they may call it something like a "Priority Services Register".

How to help a person with dementia

- Discourage the person from keeping large sums of money in the house. If you have power of attorney or financial guardianship, discuss with the bank how best to protect the person's money.
- Make an appointment with a Crime Prevention Officer from your local police office on the person's behalf. Make sure that you talk this through with the person first of all. They may want you to be there when the Crime Prevention Officer calls.
- Help install any safety devices (e.g. a door-chain or door viewer) recommended by the Crime Prevention Officer. There may be funds available to cover the cost of installing these.
- Put up a notice beside the person's front door to remind them to Lock, Stop, Chain and Check

- Some police forces operate a Red Card system where householders can get a red notice to put in a front window saying *Doorstep callers are not welcome at this address*. Check if the local force operates a similar scheme.
- Find out if there is a local Neighbourhood Watch scheme. Bogus callers can target particular areas and a Neighbourhood Watch scheme can keep residents up to date with any news on this sort of crime.
- Ask the local council if the person qualifies for any free security alarms such as telephone lifelines and emergency pendants. Contact the social work department in the first instance – they can signpost you to other departments.
- Help the person keep the property maintained – high hedges can provide very good cover for someone who wants to have a look round looking for suitable points of entry; if the property looks well looked after, bogus workmen may be less inclined to target it.

Maureen Thom

Information Manager, Alzheimer Scotland

Diary dates

Sunday 10 July

Sunday 4 September

Sunday 11 September

Saturday 17 September

Sunday 18 September

Wednesday 21 September

Sunday 2 October

Sunday 23 October

Friday 28 October

Saturday 29 October

British London 10k

Bank of Scotland
Great Scottish Run, Glasgow

Pedal for Scotland

Big Fun Run 5k – Dundee

Big Fun Run 5k - Aberdeen

Bupa Great North Run

World Alzheimer's Day Lecture

Loch Ness Marathon Festival

Bupa Great Edinburgh Run

Big Fun Run 5k, Edinburgh

Sportsman's Dinner, Scottish Football
Museum, Hampden Park

Big Fun Run 5k, Glasgow



LGBT Age Project



LGBT Age is a Lothian-based service offering support to people over 50 who identify as being lesbian, gay, bisexual and/or transgender (LGBT). They are keen to work with LGBT people with dementia, either living at home or in long stay care, and can offer:

- 1-to-1 volunteer befriending
- Monthly social events specifically for this community
- Information and advocacy for issues relating to ageing or LGBT topics.

They are providing their volunteers with dementia awareness training and will try to make the service accessible to any one wants it. They offer visits or meetings wherever the client prefers, including at their home.

The befriending service offers a 1-2 hour meeting each week with a volunteer who wants to get to know an older LGBT person. The relationship lasts for at least 6 months and the older person is in control of whether they just want a chat, to get out and about or

engage in an activity with their befriender.

For some older people, and perhaps particularly those with dementia, the service can provide a link with the LGBT community that they may have lost, or the opportunity to talk about aspects of their life that they may not feel comfortable talking about with people such as care staff. The chance to just relax and be themselves can be very important for people's emotional wellbeing.

Please contact Garry on 0131 523 1107 or garry@lgbthealth.org.uk if you are interested in the service or you know someone in Edinburgh or the Lothians who may be.