

workers, Carer support workers, social workers, OTs, physiotherapists, speech and language therapists, psychologists, doctors).

25. An AC is organized by a steering committee or workgroup, where in all persons, specified in point 24, actively participate.
[This committee comprises of a fixed number of persons who organize the meetings.]
26. A designated contact person at the Alzheimer Society will be responsible to appoint a fixed contact person, local to an AC, on behalf of the AS to the steering committee.
27. The steering committee of an AC is responsible for the quality of an AC and accepts responsibility for enforcing the QCC.
28. The logo of the Alzheimer Society is clearly visible in all information about the AC, Public Relations events, in the annual AC programme, and in general.
29. The steering committee undertakes at least 2 activities per year to attract regional press publicity to promote the AC.

F Evaluation of the meetings

30. Guests at an AC are always invited to evaluate the AC in verbal or written form [e.g. in a comments book].
31. An estimate of the numbers of guests are made at each meeting [persons with dementia, family members, friends, caregivers, others]
32. An AC steering committee evaluates the atmosphere, content, discussions and Information Table at the AC, at least once every two or three years.
33. The steering committee of an AC evaluates the AC each year according to the QCC criteria and sends their evaluation in to the appropriate person at the AS.

(A 33 QCC Document 1)

7. The themed discussions demonstrate practical experience in the interactions with and the guidance of persons with dementia and their family.
8. The themed discussions are a role model for interacting with and communicating with persons with dementia.

D Content of an AC annual programme

9. The annual programme is already set out, in large measure, at the start of each year.
10. The programme follows a year-cycle wherein the themes reflect the dementia process.
11. During AC meetings, psycho-social aspects pertaining to dementia receive more attention than the medical aspects of dementia.
12. The educational part of the ACs, primarily takes place in the form of interviews with professionals, persons with dementia and their families, conducted by the discussion leader.
13. The discussion of the evening is usually divided into five half-hour blocks.
 - half hour socialization with the AC guests
 - half hour interview or interactive talk
 - half hour interlude with music
 - half hour session for further questions from the guests
 - half hour further socialization
14. At least 70% of the professionals who are used as guest-speakers, must work in the local region.

E Organization of AC meetings

15. An AC has a minimum of 10 yearly meetings.
16. The meetings are held on a fixed day of each month; e.g. 1st Tues. of each month.
17. There is a good sound-system in the room with microphones for the discussion leader, the person being interviewed, and others in the room in the event they wish to ask questions.
18. During the 'non-discussion parts' of the evening there is music playing.
19. An 'Information Table' is present in the room with a wide assortment of printed information and material [from the Alzheimer Society and other reputable, known sources], aimed at the average person who would attend an AC.
20. The Information Table is manned by one or more volunteers from the Alzheimer Society.
21. The room chosen to hold an AC in, is in an environment which is as non-threatening as possible (low threshold) for persons in the beginning stages of dementia or memory difficulties. A nursing home is not the most appropriate place.
22. Attending an AC is free-of-charge for guests. No donations are asked for during the AC.
23. Volunteers greet and attend to guests on arrival, on leaving, and if they are sad, restless, or don't know what to do with the information communicated.
24. An AC is organized together with the local division of the Alzheimer Society and volunteers from a minimum of 3 different professional sectors (care assistants, nurses, supportive family carers, pastoral care

33 quality control criteria for Alzheimer Cafés (developed in 2005)

Translation of **Kwaliteits criteria for Alzheimer Cafés**

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By: Gemma MM Jones, 22 May, 2007

Abbreviations:

AC = Alzheimer Café

ACs = Alzheimer Cafés

AN = Alzheimer Nederland = the Dutch Alzheimer Society (national)

QCC = Quality control criteria

SEP = Self evaluation procedure

Background to the Quality Control Criteria

In 2005, a set of 33 Quality Control Criteria (QCC) for ACs were developed as part of the ongoing effort to establish a way of keeping the 'core elements of the AC vision' whilst still allowing given groups to make the adaptations necessary in their own areas.

These criteria were derived after 10 years of experience with a rapidly growing number of ACs, and the help of 250 volunteers who carefully considered the content.

The 33 Quality Control Criteria

A The vision and goals

An Alzheimer Café is a safe, low threshold, pleasant environment for persons with dementia, their family, friends or neighbours, [in the presence of a variety of health care professionals and members of the local Alzheimer Support group] . It offers support and information and works towards achieving more openness about dementia.

B The guests

1. A minimum of 5% of those present at an AC are persons with dementia.
2. Persons with dementia and their family are visible during an AC meetings.
3. Those present at an AC also include local caregiving professionals with a variety of backgrounds (a minimum of 3 types). They have local-regional-area knowledge and social knowledge about the impact of dementia.
4. Caregiving professionals who participate at an AC answer questions and respond to the problems of persons with dementia and their families.

C The Leadership for the themed-discussions

5. The themed discussions are in the hands of a consistent person or 'duo'; to ensure familiarity and consistency for the guests.
6. The themed discussions demonstrate multi-disciplinary care-knowledge about dementia.