IMPROVING DEMENTIA SERVICES FOR BME COMMUNITIES IN CROYDON

BME carers and service users feedback on Croydon Dementia Strategy 2012 - 2015

September 2012

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Executive Summary

The recent publication of the Croydon Dementia Strategy (2012-2015) has provided a great opportunity to engage with some local BME people with dementia and their carers to get some feedback on the strategy and identify priorities for improvements in Croydon. This is in line with key recommendation 7 of the Croydon Joint Strategic Needs Assessment (2011/12) which states that ‘services should be developed taking into account the views of people with dementia and their carers.’

Identifying gaps in mental health service provision and/or service improvement is also one of the objectives of the BME Mental Health Community Development Workers Project (in partnership with Off The Record, Croydon BME Forum and Healing Waters). The overall project aim is to improve the mental health and wellbeing of BME groups affected by disparity in health outcomes, including BME dementia service users and their carers (more information on page 6).

Between the end of June and early September 2012 Croydon BME Forum held one-to-one conversations and ran two focus groups. We involved twenty-six African and Caribbean and Asian dementia carers, one Asian gentleman with mild dementia and one Asian group coordinator. Carers were all aged 65+ and looked after their husband or wife with vascular dementia or diagnosed Alzheimer’s. This report summarises the findings of our discussions and recommendations on local strategic actions to be taken.

Our community engagement approach is critical in setting up and developing truly inclusive and culturally appropriate dementia services in Croydon. BME communities can play a key role in identifying barriers to accessing mental health services and provide suggestions on how to make those services more accessible and responsive to their needs.

Currently, Croydon has 45,200 people aged 65+ and, by 2021, this number is expected to rise by 14%. The largest increase is expected to be in Black, Asian and Minority Ethnic older people. (Croydon JSNA 2011/12). This increase will lead to a rise in demand for dementia services.

Key Findings

Our consultation generated a number of key messages to be fully considered in the strategy’s implementation.

BME people are generally under-represented in the use of dementia services in Croydon and some of the reasons are listed below.

Barriers to accessing dementia services

- BME communities are less aware of dementia and the services and support available to them
• Dementia is stigmatised and kept hidden within the family. People are generally reluctant to discuss it and seek help. This is compounded by language difficulties because the word ‘dementia’ may not exist in some languages

• Some GPs try to manage patients who may be at the onset of dementia for longer than guidelines recommend and refer those patients to mental health services once the problem has reached crisis point. Patients are then in need of either close care management or inpatient admission

• Some carers and family members are in denial initially about the condition. They find it extremely hard to accept that their loved ones are losing their cognition and delay seeking help

• Memory problems are regarded as part of the ageing process, rather than a problems that requires diagnosis, treatment and support to make it manageable

• Some older people are given the information that memory loss is part of ageing. As a result, precious time for supporting a patient with information, medication and help

• Lack of awareness among some GPs and families of support services available in Croydon (both statutory and voluntary)

• The use of alcohol or drugs is often regarded as the main reason of memory loss. In fact, the number of dual diagnosis is increasing in older people

Recommendations on local strategic actions
(feedback on the Dementia Strategy 2012-2015)

Our participants had strong feelings about the priorities for action to improve the quality of dementia services in Croydon. Below is a summary of the main points.

1. Provide more information on dementia and services available

Educating people on dementia and the support available would help overcome the stigma and help people with dementia to live more independently. Carers need to understand the condition to better support their cared for.

Information should be provided in different ways:

• A specialist dementia nurse should be based in GP surgeries. As a healthcare professional, he/she could be involved in relevant dementia care and signpost to services available in Croydon

• Health and social care staff should be employed to do outreach work in the community. Delivering health talks in community languages and distributing information is an effective and well appreciated method of disseminating information. It also helps to bridge the gap between health, social care services and BME communities. Community Development Workers could be used to act as a link between healthcare professionals and local groups
• Leaflets should be produced in community languages. The contents should be written clearly, simply, with images for easy reading. Using ‘memory problems’ instead of ‘dementia’ could improve people’s understanding, especially because the word ‘dementia’ does not exist in all languages.

It was suggested to include the details of organisations providing support to families and carers (e.g. home care and advocacy). This is particularly important to older carers who may themselves have health problems or require help at home

• Information (leaflets, events, talks etc) for the Asian community should target the entire family to help exchange key facts between generations

• Printed information should be displayed in GP surgeries, community/faith groups, libraries and publicised in local radios, free newspapers and other minority ethnic communication channels

• Watching DVDs and listening to the radio are effective ways of reaching older carers

2. More support for BME dementia carers

Carers emphasised their need for support and the following suggestions were made:

• More regular visits from district nurses or health visitors trained in dementia to assess carers’ need for help. The assessment process should be quick and user friendly

• Attending carers support groups was a real priority for our participants. Those groups should meet more frequently to help carers exchange their experiences, information and training. Carers were particularly interested in learning about Self Directed Support, Lasting Power of Attorney and how to keep healthy. One carer mentioned the ‘DIY Happiness’ sessions as a training model that provides tips on how to improve wellbeing

• Affordable access to dementia services such as Marsh and Willow Day Services. There was real concern and frustration at the recent fee increases. The higher cost reduces the ability to access those vital services

• More respite for carers. Our participants described their frustration and tiredness in looking after someone with dementia. Spending a weekend away every month would help them recharge their batteries

• To bridge the gap between health/social care services and BME communities, staff in care settings (hospitals, care homes etc) must be aware of cultural differences. Therefore, staff should be trained on how to provide culturally appropriate care to service users and their carers

3. Employ health and social care staff trained in dementia

All participants felt very strongly about the need for health and social care staff to better understand dementia and how it affects service users and their carers. Some Asian carers also mentioned how their GP would
consider memory problems as part of the ageing process thus avoiding (or delaying) a referral to the Memory Service. Carers expected hospital staff to treat dementia patients with dignity and respect.

4. Improving the referral process

Carers told us about their anxiety once their loved ones were referred to the Memory Service by their GP. The average waiting time for an appointment at the Memory Service was six weeks. During that time, there was usually no communication between the Service and carers. Carers did not about the assessment process and did not know what to expect. They suggested the following improvements:

- Reducing the waiting time between the GP referral and the Memory Service assessment.
- Following referral to the Memory Service, a letter should be sent to inform patients and carers about the waiting time and the procedure to be followed. This kind of information would reassure carers and patients that they have not been forgotten.
- The carer’s assessment should be carried out as soon as the cared for is referred to the Memory Service. This would speed up the process of providing support to carers and the person they look after.
- Asian participants emphasised the importance of having a family member present when test results are received. Information needs to be shared with and understood by the entire family.
Acknowledgements

Croydon BME Forum is grateful to all BME carers and service users who have taken part in our consultation and acknowledge the help of Healing Waters, Vishwa Hindu Parishad and the Willow & Marsh Day Services at Heavers Resource Centre.

The BME Mental Health Community Development Workers project

This project is a partnership of three organisations in Croydon:

- Croydon BME Forum (the recognised umbrella and local infrastructure organisation for Croydon’s Black and Minority Ethnic voluntary and community sector organisations)
- Healing Waters (aiming to restore the hidden potential of BME mental health/learning disability service users, their carers and older people in Croydon by improving their self-confidence and awareness through training and related activities)
- Off The Record (an organisation providing a range of free, confidential, professional youth support services for young people up to 26 years of age in Croydon and raise awareness of young people’s needs locally and nationally)

The project aims to empower BME communities to play a key role in the strategic development of more culturally appropriate and responsive services in Croydon. We focus on improving the mental health and wellbeing of BME groups affected by disparity in health outcomes, including older adults.

As part of our work we produce needs assessments among BME communities to identify gaps in service provision and/or service improvement.
Background information

The recent publication of the Croydon Dementia Strategy (2012-2015) has provided a great opportunity to engage with some local BME people with dementia and their carers to get some feedback on the strategy and identify priorities for improvements in Croydon. This is in line with key recommendation 7 of the Croydon Joint Strategic Needs Assessment (2011/12) which states that ‘services should be developed taking into account the views of people with dementia and their carers.’

Identifying gaps in mental health service provision and/or service improvement is also one of the objectives of the BME Mental Health Community Development Workers Project (in partnership with Off The Record, Croydon BME Forum and Healing Waters). The overall project aim is to improve the mental health and wellbeing of BME groups affected by disparity in health outcomes, including BME dementia service users and their carers (more information on page 6).

Our community engagement approach is critical in setting up and developing truly inclusive and culturally appropriate dementia services in Croydon. BME communities can play a key role in identifying barriers to accessing mental health services and provide suggestions on how to make those services more accessible and responsive to their needs.

This report summarises the findings of our discussions and recommendations on local strategic actions to be taken.

Some statistics

Although dementia is not an inevitable part of ageing, it is more prevalent in older people.

Currently, Croydon has 45,200 people aged 65+ and by 2021 it is expected to rise by 14%. The largest increase is expected to be in Black, Asian and Minority Ethnic older people. (Croydon JSNA 2011/12).

In 2011 in Croydon there were an estimated 3,283 people living with dementia and the number is expected to rise to 4,507 by 2025, a 37% increase. Croydon Adult Social Services provide support to approximately 1,100 carers and it is estimated that a quarter of them look after a person with dementia (Croydon JSNA 2011/12).

In general the rate of dementia diagnosis for people from Black, Asian and other Minority Ethnic backgrounds is lower than the white British population. In particular, Asian groups are 60% less likely to receive a diagnosis (Croydon JSNA 2011/12).

The table on page 8 shows the percentage of clients from a BME background who recently attended the Croydon Memory Service.
CROYDON MEMORY SERVICE - SNAP SHOT OF ETHNICITY OF CLIENTS END OF QUARTER 1 (2012-2013)
(Croydon/SLaM Core Contract Report)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. British</td>
<td>427</td>
<td>77%</td>
</tr>
<tr>
<td>2. Irish</td>
<td>12</td>
<td>2%</td>
</tr>
<tr>
<td>3. Any Other White background</td>
<td>35</td>
<td>6%</td>
</tr>
<tr>
<td>B. Mixed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. White and Black Caribbean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. White and Black African</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. White and Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Any Other Mixed background</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>C. Asian or Asian British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Indian</td>
<td>30</td>
<td>5%</td>
</tr>
<tr>
<td>9. Pakistani</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>10. Bangladeshi</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>11. Any Other Asian background</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>D. Black or British Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Caribbean</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>13. African</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>14. Any Other African background</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>E. Chinese or other ethnic group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Chinese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Any Other</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>17. not stated</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>555</td>
<td>100%</td>
</tr>
</tbody>
</table>
Barriers to accessing dementia services

A member of a Croydon Mental Health Team has expressed some concerns about the untimely referrals from some GPs to the Memory Service and other barriers to accessing services:

- Some GPs try to manage patients who may have dementia for longer than guidelines recommend and refer those patients to specialist mental health services once the problem has reached crisis point. Patients then either close care management or an inpatient admission.

- Some older people are given the information that memory loss is part of ageing. As a result, precious time for supporting a patient with information, medication and help.

- Lack of awareness among some GPs and families of support services available in Croydon (both statutory and voluntary).

- The use of alcohol or drugs is often regarded as the main reason of memory loss. In fact, the number of dual diagnosis is increasing in older people.

Additional barriers to accessing dementia services

- The lack of awareness about dementia. Our participants were confused about the different forms of dementia. In some Asian groups, the condition is regarded as a form of stupidity or madness, therefore something to be kept hidden within the family. People do not discuss it and do not usually want to seek help.

- In some languages there is no word for dementia so it is difficult to explain symptoms.

- The experience of long waiting times for a GP appointment (a very common comment among Asian interviewees).

- The state of initial denial of some carers who find it extremely hard to accept that their loved ones are losing their cognition. As a result, they delay seeking medical advice.
Methodology

Between the end of June and early September 2012 Croydon BME Forum held one-to-one conversations and ran two focus groups. We involved twenty-six African and Caribbean and Asian dementia carers, one Asian gentleman with mild dementia and one Asian group coordinator. Carers were all aged 65+ and looked after their husband or wife with vascular dementia or diagnosed Alzheimer’s.

More interviews had been planned but the following factors limited our opportunities:

- The observance of Ramadan in August and September (some groups stop their activities during this time)
- The reluctance of discussing dementia due to stigma and/or lack of awareness
- The difficulty in persuading carers to engage, due to their heavy caring responsibilities. Some of them were also rather cynical about consultations and the real impact that a strategy could have on their day-to-day lives

Participants in our discussions felt strongly about priorities for improvements and gave practical suggestions on the support that would be useful to BME people dementia and their carers.

Our discussions focused on the questions below:

- Q1. How much did you know about dementia before the diagnosis?
- Q2. What did you do when you (as a carer or person with dementia) started having memory problems?
- Q3. What are the four most important actions that must be taken to improve services for BME people with dementia and their carers?

Participants were often very emotional in answering the above questions. For carers, it was a clear sign of their difficulties in caring for a loved one with such a devastating condition.
Discussion results

- Q1. How much did you know about dementia before the diagnosis?

Before the official diagnosis, carers noticed the same dementia symptoms in the person they look after: memory loss, changed behavior and/or difficulty with speech.

They all described their frustration and tiredness in caring for someone with dementia. None of them were aware of dementia until the condition affected their family. During our discussion, all carers became tearful in remembering the distress felt when a family member lost their cognition and their behavior had dramatically changed. The confusion and anxiety about the lack of information did not help them support their cared for.

Some carers (or the person with dementia) can initially be in total denial about dementia. As a result, they delay seeking help and do not have a proper diagnosis

“My mother is 84 and was diagnosed with dementia about 7 years ago. My father was her carer until he died a few months ago. He was in denial initially because he found it hard to accept that his wife became unwell. He refused help”

“When [my mother] was diagnosed with moderate dementia and mild cognitive impairment she refused to ask for help. As a former professional nurse she thought that she knew it all’. The situation was compounded by the fact that [my mother] lives in North London and I am in Croydon.”

“The whole experience was very hard for me because my husband was in denial...he insisted there was nothing wrong with him. He claimed I was harassing him and making his life a misery. We missed a few appointments [at the Memory Clinic] because he went missing on the day, and at the times when we needed to keep those [appointments].”

Prior to a diagnosis, memory problems were generally believed to be the result of getting old

“Many people don’t know about Alzheimer’s and don’t even go to the doctor because they think that it’s all to do with old age or with being stupid so they don’t want to talk about it. They don’t know that it is an illness that can be managed.”

“Families do not see [dementia] as a problem...my wife always tells me that I remember what I want to remember!” (Asian person with mild dementia)

“There is the common perception that when you go past retirement you start losing your marbles.”

“I didn’t know about dementia when my wife was diagnosed so it was hard to look after her.”
• Q2. What did you do when you (as a carer or person with dementia) started noticing memory problems?

In some cases, carers contacted their GP at the first signs of memory loss (or other symptoms) because friends had suggested doing so.

“Initially, I just thought that Dick had age-related problems. The reason I contacted my GP was because a friend whose mother has a similar problem had contacted hers. Although the GP thought Dick may have short term memory loss, he nevertheless referred him to the Memory Clinic in Selhurst.”

Some carers commented on their experience of Croydon Memory Service. They told us about the waiting time. When they were finally given an appointment, some of them felt uncomfortable about the level of questioning.

“The Memory Service contacted me within a week of the referral to let me know that there was a six weeks’ waiting list, which I found quite helpful. When, eventually, an appointment was given, staff took a whole family history. I found the initial interview very intrusive...why did they have to ask any questions about my side of the family? It is my husband who has Alzheimer’s.”

Others, told us that staff had been helpful but the leaflets received where sometimes difficult to understand.

One person commented that staff at the Memory Service should acknowledge that dementia is starting to affect younger people too so thorough testing should be carried out instead of just using the capability test.

“If I were 86 and had suffered from memory loss, they would acknowledge that it could be do do with dementia...but I’m 44 and they think it’s not the case.”

• Q3. What are the four most important actions that must be taken to improve services for BME people with dementia and their carers?

As the discussion unfolded, participants gave us their opinions on the priorities for action in Croydon.

1. Provide information on dementia and services available

All participants told us about their frustration for not having enough information about dementia.

“If you are diagnosed with cancer you get a better service, you are not left in the ocean...you get someone who explains the condition and support you. If you are diagnosed with dementia they give you the leaflets and leave you to deal with it”
In general, information was essential to overcome the stigma and enable people with dementia to live more independently. Dementia training for carers would enable them to better look after their cared for. Participants suggested the following methods of providing information:

It was important to receive information in a variety of ways, to reach as many BME people as possible.

There was a lot of emphasis on having a specialist dementia nurse available in GP surgeries who could become involved in relevant care and signpost patients to support services.

Information should also be provided in the form of leaflets, events and talks in community languages delivered to local groups. Radio and DVDs are also very useful tools.

“GPs [or a nurse] should have a supply of fliers with details of who may be contacted for help, clubs/drop-in places where the service user can pass the time playing mind games, support groups for carers.”

Most importantly, information for the Asian community should be produced for the entire family to make it easier to pass key messages on from generation to generation.

“When you get older it’s difficult to change your ways so information should be shared with the young and the family. Test results should be shared with the family so that they can all understand.”

2. More support for carers

All carers emphasised the importance of receiving better support and respite in a variety of forms.

In particular, district nurses and health visitor could help by making quick and easy assessments.

“My wife needed bigger incontinence pads and it took four weeks for the district nurse to come round and make an assessment. I did tell what I needed to the GP who faxed the form to the district nurse but this was not enough. The nurse wanted the original form, not a faxed one. It took four weeks for her to come round. Why do I need another assessment if it’s just a matter of changing pads?”

All carers stressed the importance of attending carers’ support groups to exchange experiences and receive training. More opportunities for respite were equally important.

“My church is my spiritual home but I feel overwhelmed with my caring responsibilities. It’s like being in a cocoon I can’t get out of...you feel tired and frustrated so it’s good to talk to someone.”

“Careers could attend [groups] to learn from each other and about coping mechanisms and information of any other training available, even before a diagnosis.”
“Carers need more respite. It would be good if my husband could do more activities so that I can rest more but we can’t afford it.”

Some carers expressed great concern about the current funding cuts affecting some groups. Others mentioned the difficulties in coping with the recent fee increases at Marsh and Willow Day Services

“Carers groups have started to close down because of lack of money. That’s what happened to Charisma a few weeks ago.”

“The fees for day care are too high at the moment. How can we afford it? Dementia people should only pay for their lunch.”

Finally, carers told us about the important to be aware of cultural differences when providing care in homes, hospitals and at home

3. Employ health and social care staff trained in dementia
All participants thought that health and social care staff should receive training on dementia

“They need to know about the effect of dementia on the person and their cares”

Some Asian carers also mentioned how their GP would consider memory problems as part of the ageing process thus avoiding (or delaying) a referral to the Memory Service.

Others, emphasised how hospital staff should learn about dementia and treat patients with dignity and respect.

4. Improving the referral process
It was really difficult to wait for six weeks (on average) for the first appointment at the Memory Service. As far as possible, the waiting time should be reduced and more communication should be planned between the Service and carers.

“A letter should be sent to inform people about the waiting time and the procedure to be followed so that carers are not forgotten.”

Carers were also keen on receiving a carer’s assessment as soon as the person they look after is referred to the Memory Service so that support could be given as soon as possible.

For the Asian community, it is very important to have a more holistic approach in the assessment and diagnosis process. Families should be more involved in the whole process.
“We need to share the information in the family so a family member should be present when the [diagnosis] results are given.”

**Recommendations on local strategic actions**  
*(Summary of feedback on the Dementia Strategy 2012-2015)*

Our participants had strong feelings about the priorities for action to improve awareness and support for dementia service users and their carers:

1. **Provide more information on dementia and services available**

Educating people on dementia and the support available would help overcome the stigma and help people with dementia to live more independently. Carers need to understand the condition to better support their cared for.

**Information should be provided in different ways:**

- A specialist dementia nurse should be based in GP surgeries. As a healthcare professional, he/she could be involved in relevant dementia care and signpost to services available in Croydon
- Health and social care staff should be employed to do outreach work in the community. Delivering health talks in community languages and distributing information is an effective and well appreciated method of disseminating information. It also helps to bridge the gap between health, social care services and BME communities. Community Development Workers could be used to act as a link between healthcare professionals and local groups
- Leaflets should be produced in community languages. The contents should be written clearly, simply, with images for easy reading. Using ‘memory problems’ instead of ‘dementia’ could improve people’s understanding, especially because the word ‘dementia’ does not exist in all languages. It was suggested to include the details of organisations providing support to families and carers (e.g. home care and advocacy). This is particularly important to older carers who may themselves have health problems or require help at home
- Information (leaflets, events, talks etc) for the Asian community should target the entire family to help exchange key facts between generations
- Printed information should be displayed in GP surgeries, community/faith groups, libraries and publicised in local radios, free newspapers and other minority ethnic communication channels
- Watching DVDs and listening to the radio are effective ways of reaching older carers

2. **More support for BME dementia carers**

Carers emphasised their need for support and the following suggestions were made:
• More regular visits from district nurses or health visitors trained in dementia to assess carers’ need for help. The assessment process should be quick and user friendly

• Attending carers support groups was a real priority for our participants. Those groups should meet more frequently to help carers exchange their experiences, information and training. Carers were particularly interested in learning about Self Directed Support, Lasting Power of Attorney and how to keep healthy. One carer mentioned the ‘DIY Happiness’ sessions as a training model that provides tips on how to improve wellbeing

• Affordable access to dementia services such as Marsh and Willow Day Services. There was real concern and frustration at the recent fee increases. The higher cost reduces the ability to access those vital services

• More respite for carers. Our participants described their frustration and tiredness in looking after someone with dementia. Spending a weekend away every month would help them recharge their batteries

• To bridge the gap between health/social care services and BME communities, staff in care settings (hospitals, care homes etc) must be aware of cultural differences. Therefore, staff should be trained on how to provide culturally appropriate care to service users and their carers

3. Employ health and social care staff trained in dementia

All participants felt very strongly about the need for health and social care staff to better understand dementia and how it affects service users and their carers. Some Asian carers also mentioned how their GP would consider memory problems as part of the ageing process thus avoiding (or delaying) a referral to the Memory Service. Carers expected hospital staff to treat dementia patients with dignity and respect.

4. Improving the referral process

Carers told us about their anxiety once their loved ones were referred to the Memory Service by their GP. The average waiting time for an appointment at the Memory Service was six weeks. Carers told us that is was a long time to wait and that communication between the Service and carers should be more frequent. They were not fully informed on the assessment process and made the following suggestions for improvement:

• Reducing the waiting time between the GP referral and the Memory Service assessment.

• Following referral to the Memory Service, a letter should be sent to inform patients and carers about the waiting time and the procedure to be followed. This kind of information would reassure carers and patients that they have not been forgotten
• The carer’s assessment should be carried out as soon as the cared for is referred to the Memory Service. This would speed up the process of providing support to carers and the person they look after.

• Asian participants emphasised the importance of having a family member present when test results are received. Information needs to be shared with and understood by the entire family.

Conclusions

Although our participants were not representative of all minority ethnic groups in Croydon, they raised the same issues and recommended the same strategic actions. We believe that their suggestions for dementia service improvements would benefit all dementia service users and their carers in Croydon.

The stigma attached to dementia (like any other mental health problem) is a strong barrier to accessing services as is the lack of awareness of the condition and the importance to seek help and advice.

GPs should be fully aware of the symptoms and not delay referrals to the Memory Service. In fact, all health and social care professionals should receive training on dementia and on how to provide culturally acceptable care.

Outreach work in the community and carers groups are effective tools that can be used to providing information and support.

We hope that all the recommendations in this report are fully considered in the implementation of Croydon Dementia Strategy 2012-2015.