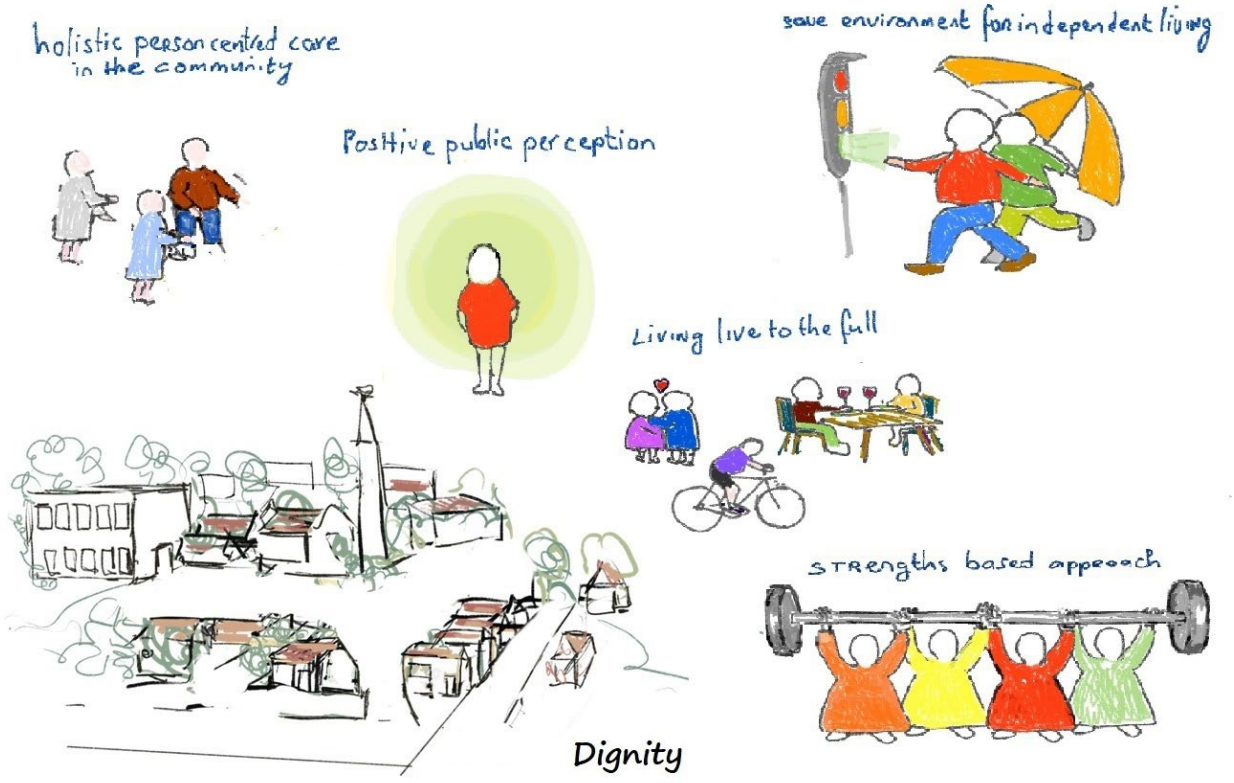
Co-creating a CASCADE based facility

An innovative approach to maximise independence and quality of life in community based dementia care



Interreg
2 Seas Mers Zeeën
CASCADE
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Colophon

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Content

Introduction

People living with dementia need flexible care to maximise their independence, enabling them to respond to their changing needs at different points in time. At present, care is either limited at home or all-encompassing in an establishment. CASCADE is the abbreviation of Community Areas of Sustainable Care And Dementia Excellence in Europe. The CASCADE model aims to provide the means for people living with dementia to remain integrated within the community, living the life that they wish with the support they want. The model creates a "home" for the residents and the approach to staffing reflects this. The CASCADE model offers a financially sustainable approach for people living with dementia that can be replicated across Europe. It pursues a strengths based approach to holistic person centred care to maximise independence and quality of life in the community. Technological solutions are utilised to support people to be as independent as possible and new facilities allow for the exploration of a tourism offer to a currently excluded group.

Co-creation is a key enabler of the CASCADE model and ensures that it can be tailored to local cultural demands and financial and infrastructural constraints. It also creates a culture where questions are encouraged and solutions sought together. The CASCADE model was developed as part of a funded Interreg 2 Seas project.

A number of principles of the model are:

- The CASCADE model of dementia care moves the focus away from the traditional caring role and moving towards an enabling role for staff leading to empowerment for the person living with dementia.
- The CASCADE model of care always strives towards making the model fit the person not the person fit the model.
- The focus in organisations that work according to the CASCADE model of care is on living with dementia, not giving up on life following diagnosis.
- The CASCADE model of care has a focus on community integration and works to reduce/get rid of any stigma attached to dementia.
- An essential aspect is listening to people and investing in getting to know the person, so they only need to tell their story once.
- To make it possible for people living with dementia to continue to be integrated in community, the CASCADE model of care provides the necessary education and training, available to all and not just for health professionals.
- Working within the CASCADE model of care means not just saying you are doing things differently and putting people's individual choices, needs and preferences at the centre of the care, but actually living it.
- In addition to the person with dementia, the CASCADE model focuses on all relatives involved. This group is called "People Living With Dementia".

The aim of this manual is to inspire people who work with people with dementia to maximise independence and quality of life for people living with dementia.

The manual starts with the development of the CASCADE model, which started in June 2017 with a visit to ZorgSaam in Terneuzen (the Netherlands) and a visit to Emmaus elderly care (Belgium) in September 2017. The development of the model is still ongoing and will continue due to changes and developments in society. The CASCADE model consist of five fundaments that represents the vision of the model. These fundaments are described in the second chapter. To translate the fundaments into actual practice there are six components of the model, these are described in the third chapter. The fourth chapter describes the location of the four delivery sites who are rolling out the model. The implementation of the model is not without challenges. Every partner, from different countries and different practices, has encountered challenges to put the model into practice. Due to the COVID-19 pandemic, some things have also been approached differently than initially thought, or things have been delayed because the restrictions did not allow to further roll out actions. The last chapter lists some tools that an organisation can use to implement a CASCADE-based facility.

Meet the project partners:

1. Development of the CASCADE model

CASCADE partners began the co-development by conducting site visits to discuss experiences and perspectives from the four countries. Firstly, a visit to ZorgSaam (NL) focused on three dimensions of their integrated model of care: finance, mix of residents, and use of students in providing care. This was supplemented with a visit to Emmaüs (BE).

Discussions were held in the UK and BE to identify opportunities for activities that would support tourism and quality of life for people living with dementia. These provided information to help create a blueprint for tourism for people living with dementia and input for presentations at the integrated care conference in Utrecht, where additional input was sought from the audience.

In the months following the initial site visits, building on the already identified topics, focus groups with people living with dementia and professionals were held to identify how the model could still be adapted. Partners were also asked to produce a mind map about providing care in a radically different way and discuss outcomes. Using these mind maps, feedback from the focus groups, and input from all partners, the first draft of the model was created. The model is shaped by five key-elements (called fundaments), and six key components. A blueprint for tourism activities was also delivered.

The model is still in development and continues to be presented and discussed with different stakeholders & experts to collect feedback and additional input.

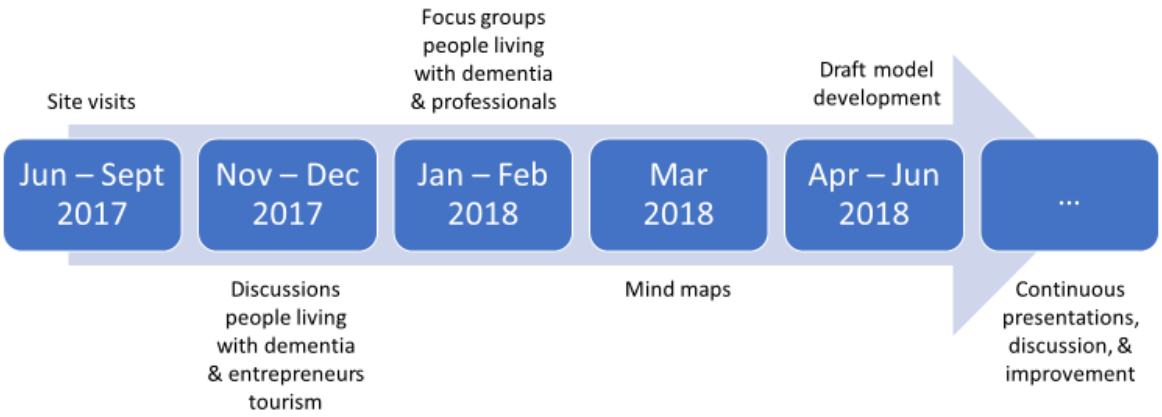

Figure 1 Timeline about the development of the CASCADE model

2. Fundaments of the CASCADE model

The CASCADE model promotes a strengths based, holistic, and person-centred approach for people with dementia to live within their community with maximum independence and quality of life. The model has five key fundaments that guide all decision making.

Figure 2 CASCADE model fundaments

The partners started implementing the fundaments in one location, to learn from and roll out from there. They have either rewritten the vision document (existing facilities) or wrote a new vision document (new facilities) to incorporate the fundaments for the location where CASCADE is rolled out. Changing the mission/vision for the whole organisation is a future goal which requires support and understanding from all levels in the organisation. The actual implementation of a vision within one's own organisation is a complex process due to the different contexts that have to be taken into account.

3. Components of the CASCADE model

To translate the fundaments into actual practice, six components of the model are created. All partners (in the NL, UK, BE, and FR) shared their best practices, undertaken activities, and important considerations to make it more concrete how the model could look like in practice. These will be described per component on the following pages.

3.1 Home

Feeling at home wherever the person stays is an important part of good care. The first priority would always be to provide care in someone's own home if that is where they wish to live. The home environment needs to be adapted to the needs and wishes of people living with dementia. If people living with dementia cannot, or do not wish to, stay in their homes anymore, a care facility should be available. This then becomes their home and efforts should be made to make people feel at home as much as possible. The look and feel of the environment, both inside and outside, will therefore embrace what matters to the person.

Figure 3 Mindmap with important aspects about the home component

Each delivery partner from CASCADE had discussions about how a house for people with dementia should look like and be furnished with various stakeholders, including people with dementia, informal caregivers, family, architects, care professionals, and the neighborhood where the location is located. Literature was also consulted on homes for people with dementia. Some important considerations for shaping the 'home' component in practice:

- The environment has to be a home in both look and feel, so no hospital equipment. Create what you would expect in a house.
- People should have the freedom to walk around without feeling trapped.
- Work with different colours to enable people to find the right direction (e.g. stripes on the floor, different colours of the doors).
- Encourage people to bring their personal things to their own room. The common rooms can also be filled with personal belongings.
- Involve people living with dementia in furnishing the rest of the home.
- Don't switch bedrooms, let the person keep their own room the whole stay (this means that a lift is desirable if the house has several floors or keep everything on the ground floor).
- Provide the same spaces as at home (kitchen, bathroom, living room, bedroom, garden). See also research from the Loughborough University to create a dementia friendly home and the book 'Architectonica, een thuis voor mensen met dementie' for designing and furnishing. Translated: 'Architectonica, a home for people with dementia'.
- For new facilities: engagement of local architects with an interest in dementia-friendly-design is encouraged. Dementia-training for architect team could also be provided.

3.2 Meaningful leisure activities

Involvement in everyday activities helps people with dementia to feel independent and responsible and provides a sense of continuity. According to older people themselves, engaging in leisure, physical, cultural, and social activities is one of the most important domains for quality of life. A more supportive and understanding society needs to be created where people living with dementia can continue to participate and provide a meaningful contribution. People living with dementia need more leisure activities that are adapted to their life situation. With small adaptations, leisure entrepreneurs can make the current offer more dementia-friendly. Activities could be offered in cooperation between care and leisure service providers and need to be easy to find and access.

When bringing this component to life, the most important thing is to get to know the person with dementia and others around the person. This way needs and wishes can be identified and met. It is recommended to let someone maintain or determine their daily routine. In order to let someone fill their free time the way they want it is important to connect with the community to organise dementia friendly activities. Some important considerations for shaping the meaningful leisure component in practice:

- Getting to know the person with dementia and others around the person to identify and meet the needs and wishes.
- Encourage people to follow their normal daily routine e.g. make their bed, make their own breakfast, covering and cleaning the dinner table, folding laundry, gardening etc.
- Enter into partnerships with local sportclubs/center, musea, leisure center, supermarket, bakery, brewery etc.
- Connect with local groups which are engaged in becoming part of a dementia friendly community.
- Open the facility to the community, involve local residents, invite local people to come in and connect with the persons with dementia and their carers.
- Pick a central location for the facility to easier connect with the community.

During the CASCADE project the partners started mapping current dementia-friendly tourism activities in the area to offer an overview of existing activities, facilities, and transport accessible for people living with dementia. Dialogue tables with people living with dementia and tourism suppliers were facilitated to explore experiences and to identify opportunities, challenges and dreams for activities that support tourism and quality of life for people living with dementia. A holiday with care concept for people living with dementia and a blueprint for tourism services in care facilities based on the CASCADE-model were created. The blueprint describes the modifications required to existing care facilities and/or tourism providers to create a new offer for people living with dementia. It provides meaningful insights, practical tips and tricks, and good practices.

D1.3.3. Holiday with care concept for people living with dementia

D1.3.4. Blueprint for tourism services in care facilities

03/09/2018

Edited by Sabine Van Houdt, Emmaus Elderly Care – Ten Kerselaere and Stefanie Vervalle, Emmy Demasure and Dave Dewachtere, Sacred Hart with input from all project partners

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*Document 1: Holiday with care concept and blueprint for tourism services**

**You have to save this manual and then double click on the image to open the blueprint.*

3.3 Life-long learning for everyone

Learning and development is important, for professionals, nonprofessional caregivers (e.g. volunteers and family), and members of the community. Learning and development must be **diverse and adapted to the target group**. Central to this learning and development are the experiences and learnings from people with dementia themselves and their informal caregivers. This experience based learning should never stop (lifelong learning).

Personalised holistic care and enablement for people living with dementia demands a specific set of competences. Carers should not only have the ability to provide **clinical care**, but they also need to be able to **offer information, support and assistance**. This care may be offered **in a broad variety of settings** including an individual's own home, community settings, residential care homes, and acute hospitals.
This care and enablement may be provided by **professionals, support staff, and significant others,** who therefore all need to have **an awareness and understanding of the specific needs** of people living with dementia (and their carers).

Providing personalised holistic care and enablement needs the following specific competences, each with their own associated know how and show how, values, and relevant evidence base:

- person focused
- supporting independent living
- working together, building relationships
- emphasis on social context/eco-system
- communication skills and enabling strategies
- understanding of dementia
- structured reflection

To provide personalised holistic care and to create a learning and development culture for all the stakeholders the following considerations are important:

- Provide a dementia training package for the staff who work in the facility: staff are effectively trained and understand what is needed to provide patient centred care for people living with dementia.
- Use admiral nurses (specialist dementia nurse), dementia champions, and/or a reference person dementia to train and support other staff and to roll out the model in the organisation.
- Share knowledge with partners and local community to create understanding.
- Involve and speak/listen to family/carers to learn from each other and let them help where they want.
- Get support from the local or national dementia expert centre/Alzheimer society.
- For new facilities: recruit staff on the basis of the CASCADE model (looking for the right attitude, the right skills can be learned later) and write a new job description.
- For existing facilities: retrain existing employees and learn the right attitude according to the vision of CASCADE.
- Create a learning organization with a feedback culture.

3.4 Supporting a person's journey through integrated working

The journey starts from the moment something is amiss and continues beyond the death of the person with dementia. It starts with a timely diagnosis, and uses constantly adaptable anticipatory and advance care planning. It ensures complete, interprofessional/intersectoral, and seamless support and care throughout the journey of people living with dementia. An exploration of what matters to people is central to this pathway. The result is personalized care with activities appropriate to age and ability that enables people living with dementia to live the life they want to live.

In order to be able to offer the right support from the start and to be able to anticipate changes, the following aspects are important:

- Make connections with other facilities and disciplines that have contact with people with dementia and their family so that the person with dementia is already in the picture (home care, hospital, mental health, social care, GP's, day care).
- Involve family in the admission and stay at the facility, they know the person and can help to give personalized care.
- Provide an attention worker or personal assistant for the person with dementia and their family to identify wants and needs, to meet this needs as much as possible, and to notice changes.
- Use advanced care planning in the form of a guest diary or residential care plan as a basis to support and meet the wishes of the people living with dementia. This document must be regularly adapted to meet the needs and wishes of the person.
- Organise frequent multidisciplinary meetings around every person with dementia to notice, share, and take action on changes in a timely manner.
- Try to build a better support network around the person with dementia (and their spouse) so the person can stay at home for longer and live with dementia (independently).

3.5 Technology

Technology can enhance care and enablement as an integral part of the new model, subject to personal choice. The technology will be unobtrusive and will be used to maximise the independence and quality of life of people living with dementia, acknowledging that person centeredness and safety are interdependent. This will also changes in the ways staff interact with people living with dementia, moving towards an empowered relationship.

Technology can be used as a means to maintain the independence and quality of life of the person with dementia. The following technology is used by the different delivery partners:

- GPS device or infrared detector: this provides the individual with the ability to leave the facility.
- Smartphones and tablets to videocall with family but also to have digital consultation without visiting the hospital.
- Bell alarm system in the room or on the resident so the person can alert the staff that they need support.
- An artificial intelligence based monitoring system that can learn about an individual persons behaviour. This will be used to monitor the individual and alert staff to significant deviations from their usual behaviour, supporting their independence and their safety.
- Door alarm system when the person leaves the facility, so that the person can walk around without restriction. This way the staff gets an alert and knows that the person leaves the facility.
- Movement alarm: when the person gets out of bed, an alarm goes off on the staff's phone letting them know they may need support.

3.6 Sustainable business model

"We aim to make health and social care efficiency savings through implementation of the CASCADE model of care and by making innovative use of technology to enable people to remain at home for longer"

This will be achieved by:

- Engaging the local community and giving them the tools and know-how to support people living with dementia to live well, reducing the need for professional care, leading to cost-savings.
- Co-creation, communication & integration of health & social well-being resources & plans.
- Reduce capital costs for new care facilities by adapting existing housing infrastructure.
- Use technologies to support people to maintain a level of independence and sense of wellbeing in or close to home, increasing staff and resident interaction, thus preventing or reducing the need for clinical hospital based interventions.
- Maximising use of existing infrastructure.

In order to work on a sustainable business model, the partners have taken the following actions:

- Be an open house and work together with or involve different stakeholders in the community to promote interactions between staff, residents, care groups and the local community.
- Involve technology providers who are willing to work with stakeholders to tailor existing products to be suitable for people living with dementia.
- Involve clinician's and managers with experience of the community healthcare model and of people living with dementia.
- Promote the facilities externally.
- Convert existing low value facilities or buildings create the new facility. Use a co-design process with stakeholders to ensure the new facility meets the needs of people living with dementia and the local community.
- Organize events where information is given and experience can be shared (e.g. talk cafe takes place internally and external parties are invited)
- Using technology that meets the needs of people living with dementia, but only when effectiveness and added value can be illustrated.

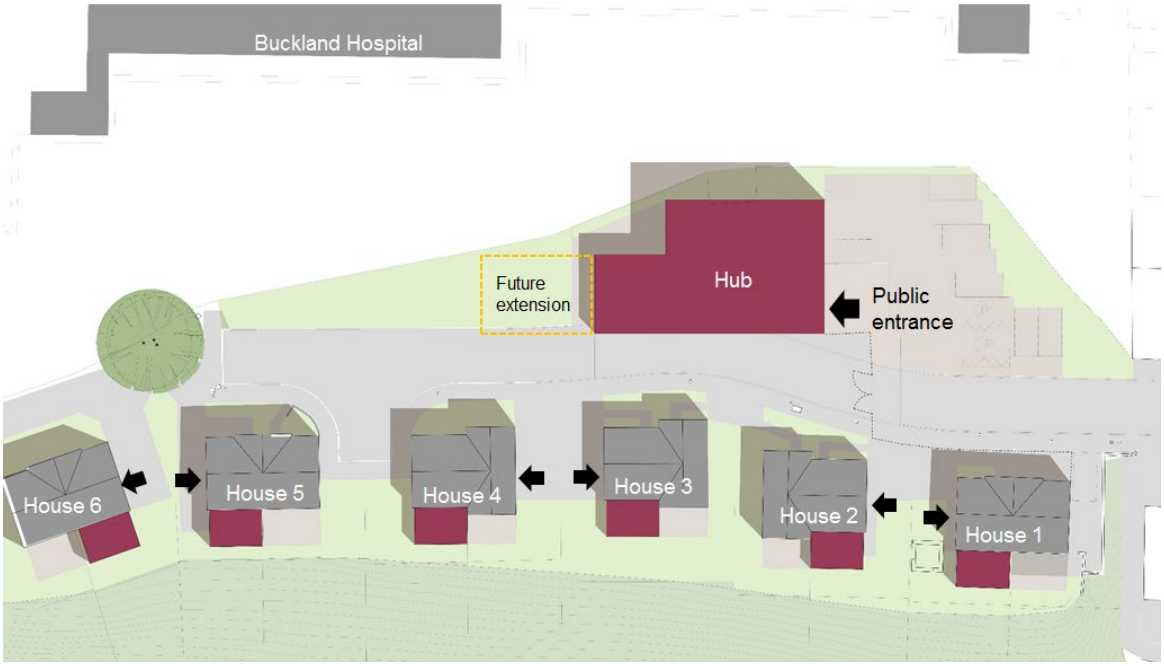
4. Delivery sites

The four partners that are rolling out and piloting the CASCADE model at a (existing) facilities in their region are described below. The information in this chapter mainly focuses on how the location for people with dementia is set up.

4.1 The Harmonia Village at Dover, United Kingdom

The Harmonia Village consists of 12 houses that are owned by the East Kent Hospitals University NHS Foundation Trust. These houses were previously used for staff at the adjacent Buckland Hospital but had fallen into disuse and were in a poor state of repair. The houses are part of a residential street which leads up to the entrance. They are located in an area of significant deprivation in Dover. They have now been converted into 6 houses, each house providing accommodation for five residents who are living with Dementia. A community facility has also been constructed, which provides a community café and activity space and is being used, via working with local organization and services, to support the wider community. The Hub also has 6 double/twin rooms to provide guesthouse facilities for more temporary residents.

Pictures 1, 2 and 3: The site previously



Picture 4: New site plan view

Pictures 5 and 6: The site now

Pictures 7,8 and 9: Interiors

4.2 The Harmony Guesthouse in Rochester at Gillingham, United Kingdom

The Harmony house in Rochester is a 20-bed guesthouse for people living with dementia. It's a respite facility like a hotel, your home away from home.

People living with dementia and their families/informal carers were asked to consider what they would like the environment to be like, to make them feel at home. This information was used to inform the decoration and the facilities available within the guesthouse. The guesthouse environment is not formal, guests are able to bring their own belongings. Rooms are designed using environmental dementia guidelines. The furniture is high end and designed to support the people living with dementia (e.g. rounded corners and vision panels). The kitchen looks and feels like a proper kitchen with equipment that you would find at home. Absence or continuation of formal routine or hospital/care when staying at the guesthouse is dependent upon the guest and what they would like.

Support workers act like the patient's personal assistant and are tasked with promoting the person's independence and normal life. They plan what they will eat that week and do shopping and cooking together. If the person likes to go for fish and chips, they go to the nearest pub. They really like to promote social integration wherein the person with dementia should still be able to access community facilities and feel very much part of the community. Whatever the person is doing at home, they promote normality and independence.

Picture 10: The Harmony guesthouse at Rochester


Pictures 11 and 12: Welcome desk and the hallway


Pictures 13 and 14: The kitchen and dining room


Pictures 15 and 16: Bedrooms

4.3 Ten Kerselaere from Emmaüs at Heist-op-den-Berg, Belgium

Ten Kerselaere is one of the facilities delivering elderly care within Emmaus, starting from the concept of small scale and normalized living. This means “living like you live at home”. This concept focuses on living, care, and well-being.

Ten Kerselaere has 14 small scale houses for residential care, of which 8 are for people living with dementia. Residents live with 8 together in a house. Each house has a care officer and module assistant (“house wife”). Care is organised for 16 residents (= cluster of two houses). Each cluster has a nurse, physical therapist, occupational therapist and team coach. The 16 residents share a kitchen, living room, bathroom, a front door with delivery boxes, and a garden. There is no “nursing room”.

Picture 17: Two houses share a common (closed) garden

Pictures 18 and 19: Kitchen and living space

Not only the architecture is important, but also the decoration and interior; the home-like smells and sounds, activities of daily living, and living at your own rhythm. Examples are decorating the home in the theme of the year, cooking or baking together, chatting, dancing, etc.


Pictures 20 and 21: Decorating the home together for Christmas or in summertime with the beach theme

Picture 22: Residents baking pancakes together with staff and volunteers

Picture 23: Chatting, laughing together / building a relationship

The houses of Ten Kerselaere are integrated in the neighbourhood (see picture below). Neighbours, family, and also pets are invited into the facility to take part in the life in Ten Kerselaere to lower the treshold. For example, the yearly winterbbq for staff, neighbours and volunteers, playing petanque with the local club, walks together with schoolchildren, or neighbour dog “Millie” coming to visit twice a week. Residents also take part in the life of the neighbourhood, e.g. participating in the senior show, going to the market or for a drink in the mainstreet of the city.

Picture 24: Location of Ten Kerselaere in the community

4.4 Holy Hart at Kortrijk, Belgium

The CASCADE model is being implemented at the Kortrijk location from H. Hart. At this location there is one specific department for people with dementia in addition to three departments with a different target group. There 66 people with dementia divided over six small houses.

Environmental aspects exert an important influence on the behaviour and well-being of persons with dementia. To create a domestic and recognisable environment, the housing unit has a separate living area, but there are also connections with the surrounding community.

The residents have a view on the inner garden with chapel and the green lung of the Buda Island. The communal inner garden accommodates a terrace. Under supervision, residents can enjoy a drink or socialise in the trendy bar of Buda Kitchen or make an excursion along the river Leie or to the lively city centre of Kortrijk.

They organise the living and life with care in a small-scaled environment, within a large-scale event. Each mini-team of about four staff members is responsible for a group of an average of 10 residents. This

way, they can better respond to the individual needs of the residents. They do not only work according to expectations, but give residents experiences so that perceptions arise. The staff members know the resident in all his/her facets. In that sense, residents and family see the same staff members as much as possible.

Even after moving, the resident maintains as much as possible the life he/she has lived. Living and life are central, care is invisibly present. They let happen what happens in daily life and minimally steer and determine. The resident does what he has always done. Staff does not always look for great things but knows that they can contribute to happiness in small things. They want to allow social relationships to continue. New relationships are actively encouraged.

The resident can find his own place in the house. Both materially and emotionally he/she connects with his new living environment.

To keep abreast of new trends, a “see the person” working group was set up. This is the basis for sowing ideas. Here is room for them to slowly germinate into beautiful projects/successes. For and by residents, their informal carers and healthcare staff.

Location Kortrijk also offers housing facilities for people with dementia who can stay temporarily for a holiday. In the apartments they can use the facilities that H. Heart has to offer.

Pictures 25 and 26: Bathroom and kitchen of the holiday appartements in Kortrijk


Pictures 27 and 28: Living room of the holiday appartements in Kortrijk

Picture 29: Bedroom of the holiday appartements in Kortrijk

5. Critical steps in creating a CASCADE based facility

A suitable facility starts with a shared vision on care for people living with dementia and with an accompanying architecture. If this has already been determined, you can make changes to the looks and feels from the environment. Create a home environment with focus on relationships, warmth, and a feeling of safety, while still keeping a sense of freedom. A crucial aspect of the process is a co-design approach with people living with dementia, carers and clinical staff.

5.1 Where

Identify (a) building(s) or a location that can be used to modify or create a new set of homes for people living with dementia.

- Reintroducing dementia into the local community (rather than out of town care homes)
- Using + promoting local home base projects
- Low value housing can be used to reduce investment costs and to revitalise and provide economic benefits to a local community

5.2 What

Work with local focus groups, that include a range of stakeholders, to identify what type of facility will give the most benefit to the local community, the local economy and to the healthcare system.

- Revitalising community – pride
- Shared facilities with flexible use of space and resources
- Work with external organisations such as leisure centres, hairdressers, sports clubs etc, to organise access for residents. This also helps to normalise the presence of people with dementia in the community and de-stigmatise the condition
- What our focus groups told us:

> "Make the model of care fit the person rather than making the person fit the model"

5.3 How

To make this major change a success, more ingredients are crucial. According to the Lippitt-Knoster Model, there are six elements required for effective change: vision, consensus, skills, incentives, resources and an action plan. If one of these elements is missing, the change effort will fail, with varying negative change outcome.

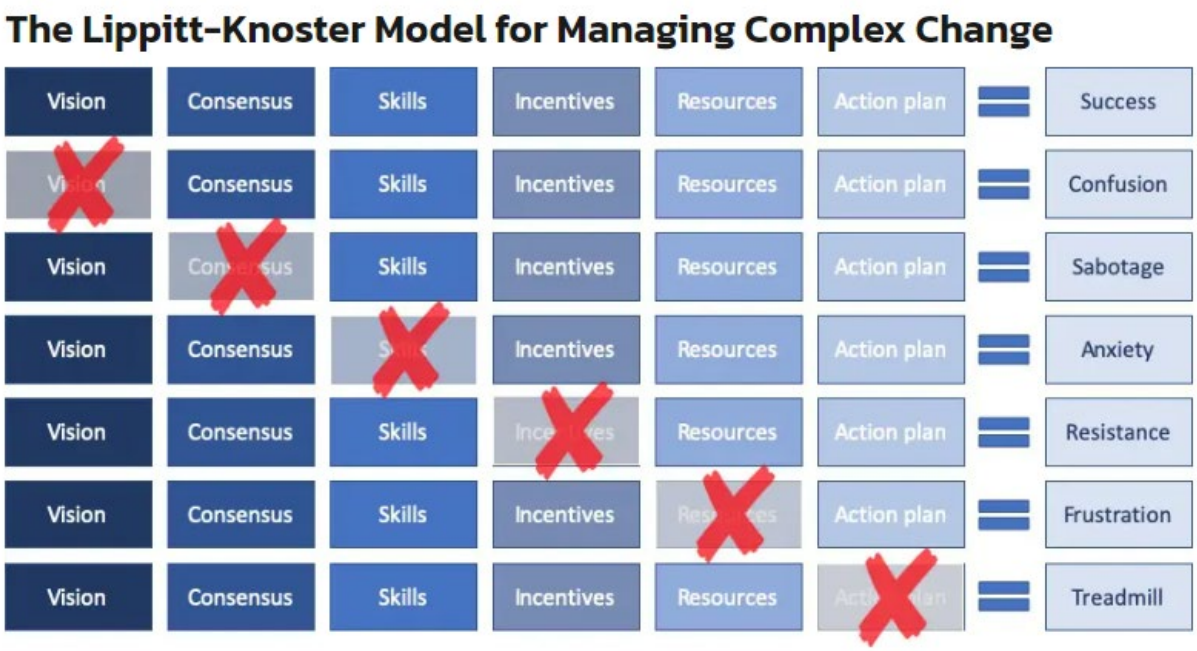


Figure 4 The Lippitt-Knoster Model (source: Sergio Caredda)

To transform your organisation to a CASCADE based facility, the CASCADE team recommends going through and elaborating the following topics in the table below. The topics consist of the eight steps of the model: Kotter's Eight Steps process for Leading Change (figure 5). Its elaboration is a combination of the existing model to achieve transformation and the input from the delivery sites of the CASCADE model about how they have worked in practice to implement CASCADE ways of working.

Eight steps of Change	**Content**

Establishing a sense of urgency	The process should start with establishing a sense of urgency, this may help spark internal motivations. To create a sense of urgency a few steps can be taken:
	• Identify existing problems and opportunities by creating a SWOT-analysis and develop scenarios showing what could happen in the future. Get inspiration from “best practices” by conducting a literature search and produce a report outlining broad design principles to strengthen the argument. Local Universities with expertise in dementia should also be consulted, examples are:
	  • Loughborough University has converted an existing house to be suitable for people with dementia, providing a good starting point for discussion
	  • Interesting literature: Smart Age-Friendly Housing
	  • University of Stirling
	  • Amsterdam Institute for Social Science Research (AISSR)
	  • Alzheimer Centre Amsterdam
	  • University of Leuven

	• Another way to establish a sense of urgency is to provide local benefits, this is essential for local engagement and should be considered throughout the design and construction process. • Calculate overall economic benefits for the whole area. • Discuss the potentials crisis, existing problems and major opportunities with stakeholders to get people talking an thinking.

Forming a powerful guiding coalition	This step is dedicated to bring together a competent team with the right skills, qualifications, reputation, connections and sufficient power to provide leadership to the change efforts and influence stakeholders. Provide structural meetings, so that synergy is created between the various components. Team members should include:
	• Project manager
	• Clinician(s)
	• Architect(s)
	• Community healthcare representative(s)
	• People with dementia/Carer/Relative representative
	• Finance
	• Operational
	• Representatives from sub-teams
	  ○ Construction (contractor)
	  ○ Technology
	  ○ Estates
	
	In addition, appoint a so-called initiator: an officer who occupies a key position, who has sufficient powers and influence options at all levels of the organization and, above all, who has great perseverance. Secondly, in addition to the initiator, install a steering group in which members of the board and/or higher management participate, so that the initiator is not the only person responsible and in the lead.

Creating a vision	The objective of this step is to create a sensible vision to direct the initiative and to develop effective strategies to help the team achieve it. It helps create a picture of what the future looks like once the change is implemented. The fundaments of CASCADE can be used as a starting point for a vision. It can be tailored with the norms and values of the own organisation to create a new vision and design: • For the design a local architect should be recruited to lead the process. There are various publications that can be used as a starting point for discussions e.g. 'Architectonica, een thuis voor mensen met dementie' ('Architectonica, a home for people with dementia'). • Furthermore, a co-design approach should be used involving stakeholders such as People living with dementia/Carers/Clinical professionals. • Furniture and equipment selection should be conducted by the same group involved in co-design and using supplier demonstrations.

	• The CASCADE team can provide floor plans, furniture and colour palette information for the Harmonia Village.
Communicating the vision	In this step, the focus is on effectively communicating the vision and the strategies in ways that help encourage everyone to accept and support the initiative. Announce the plans through social media, (local) newspaper, website, posters etc. so that people can join and know what is going on. Inform stakeholders at every step of the implementation and the process through the various communication channels. Also address the stakeholders personally so that they feel involved and want to participate. The following groups should be consulted: • Voluntary • Charity sector • Neighbourhood based support • Schools Agreements can be discussed and put in place with the following groups/organisations: • Leisure hire out space for community groups to use • Use GP practices, other paramedics and patient participation groups • Tie in with community healthcare/social prescribing • Services
Empowering others to act on the vision and remove obstacles	When implementing change, obstacles may occur frequently. Barriers may come in the form of insufficient processes, resistance to change by stakeholders or employees , organizational policies and its structure, etc. Therefore, this step focusses on removing such obstacles that block the path to achieving the change vision. Important steps to keep in mind when implementing new buildings/ constructions: • A detailed design and a construction cost estimate must be available to make sure the construction phase runs without problems and minimal obstacles. • Working with the Architect, an application for planning permission can be made and any required surveys completed. • A procurement exercise for a construction company must be carried out, this should only be open to local organisations. As part of the process at an early stage a presentation should be made, to all organisations that have expressed an interest in the construction work, on the CASCADE approach and principles. • A construction sub-team should be set up including representation from the construction company. • A construction timeline/plan can then be produced and progress can be monitored against this using project management best practice principles. • Whole healthcare systems costs and benefits should be calculated when determining the overall benefits of the new facility.

	An exercise should be conducted by the team to determine and define regional any local services and integrate them in the project. The community facility at the site should then be set up to deliver: • Hosting of community groups • One stop shops for dementia on a monthly basis • A simple signposting service for people living with dementia and carers living in the community Financial aspects are often seen as barriers and obstacles. The CASCADE teams recommends to look for opportunities instead of limitations. Some tips are: • Don't start from the money, the money should follow the people. Try not to look at what is possible according to the budget and adjust the plans to that. Instead try to look what the wishes and needs are from the target group and from there on look what is possible within the budget. • Savings to one organization should be reinvested in another. • Individual vs/and system costs. Look what each individual needs instead of looking at it all together as one system. • Create situations where money can be made to then put back in project i.e. hiring facilities.
Planning for and creating short-term wins	Achieving complete real transformation may take time. Going so long without any victories to celebrate may discourage project members, employers or stakeholders. To keep the momentum going and to encourage everyone to keep backing the initiative, it's important to have short-term goals to accomplish and celebrate early in the change process: • Evaluate and monitor the interventions and changes regularly in focus groups or working groups to make success and improvements visible to gain insight into the progress and achievements and to give recognition to employments who ensured those changes.
Consolidating improvements and producing still more change	This step is all about keeping the change going by ensuring that the teams are working hard to achieve the change vision while keeping track of their progress and to continue working on larger-scale change. For example, developing alternative pathways for active care or grow the workforce over the whole community.
Institutionalize new approach and make the changes stick	Articulate the connections between new behaviours and organizational success, making sure they continue until they become strong enough to replace old habits. Evaluate systems and processes to ensure management practices reinforce the new behaviours, mindsets, and ways of working you invested in. Staff who worked with the CASCADE model emphasized that it is important to repeat the trainings yearly because it is easy to fall back in old habits. Keep each other aware of the importance of the new CASCADE ways of working.

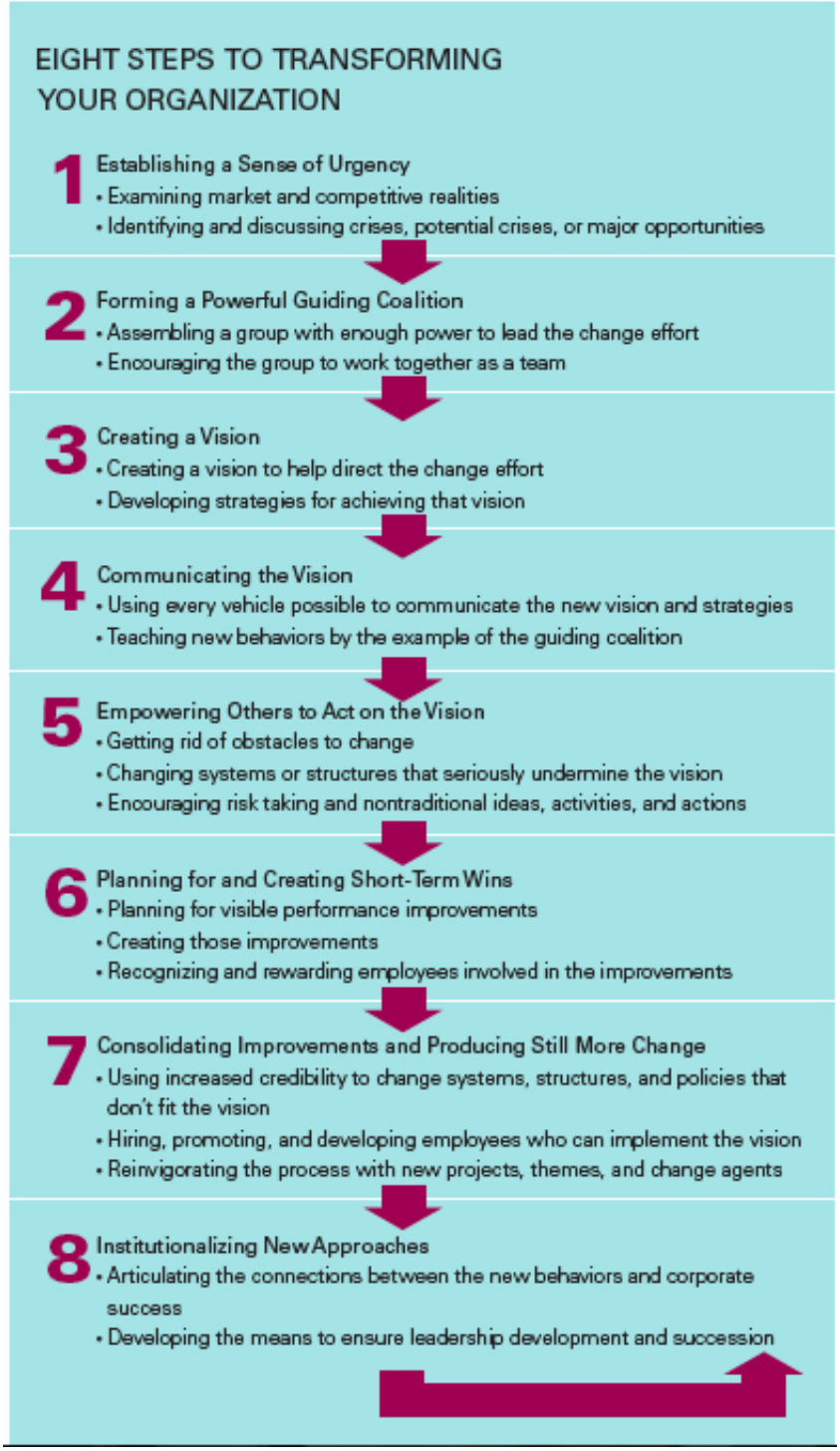


Figure 5 Kotter's Eight Steps Process for Leading Change (source: The Dynamics of HR)

Closing word

The purpose of this manual is to show how the model was created and how the model could be applied in practice to inspire people who work with people with dementia to maximise independence and quality of life for people living with dementia. If you have been inspired and you would like more information or to get in touch with someone from the CASCADE project, you can contact one of the following persons/organisations:

- Research Group Healthy Region at the HZ University of Applied sciences (Vlissingen, The Netherlands): healthyregion@hz.nl
- Flemish Expertise Centre on Dementia (Antwerp, Belgium): info@dementie.be
- Ten Kerselaere, Emmaus (Heist-op-den-Berg, Belgium): ten.kerselaere@emmaus.be
- Zorggroep H.Hart (Kortrijk, Belgium): receptie@h-hart.be
- The Harmonia Village (Dover, England): ekhuft.theharmoniavillage@nhs.net
- Harmony House (Rochester, England): MEDCH.customercare@nhs.net

For more (actual) information visit our CASCADE website