

LIVING WELL WITH DEMENTIA: BETTER COMMUNITY PROVISION FOR ALL



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ABOUT THE AUTHORS

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Richard's research focuses on identifying the early causes of neurodegeneration in Alzheimer's disease and how these may be targeted as therapeutic options. Richard also has an interest in how exercise can be used to improve brain health and prevent disease, and he's currently investigating how exercise can favourably modify biochemical pathways that may contribute to the pathogenesis of Alzheimer's disease.

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FOREWORD

I'd noticed symptoms of dementia in my husband for a while, but his journey to diagnosis was a long one.

Over time his symptoms got worse. It was a very challenging time. His temperament changed and he'd often become upset or argumentative. We could no longer have proper conversations like we used to.

We weren't offered any support by our medical team and quickly realised there was very little available. In fact, nothing at all in our neighbourhood. I was surprised. Most people know someone with dementia, but it felt like support for those affected had been put on the back burner.

We were very fortunate to discover a weekly dementia support group run by Royal Voluntary Service in a nearby town, for those living with dementia and their loved ones. We signed up and started attending in 2018.

It was so beneficial. My husband enjoyed the social side, and the staff and volunteers were so friendly and understanding. The team also appreciated what carers go through and it was valuable for me to spend time with others in a similar situation. It was a chance to offload and share advice. We all helped each other out.

My husband passed away in 2022, and a while afterwards I was asked if I'd consider becoming a volunteer with the group. I was apprehensive at first, but decided to give it a go. I've been volunteering there ever since! The group was so greatly appreciated by me and my husband. Volunteering has been my chance to give back.

I welcome this report that puts the significant impact dementia has on all those affected in the spotlight, and strongly back calls to expand and increase support services nationwide.

Dementia is not going away and more and more family members will, like me, have to take on caring responsibilities for their loved ones. No one expects to become a carer, but at the very least, we should expect support to be available to help us. It's not a journey anyone should have to face alone.

Irene

Former carer of a loved one with dementia and volunteer at a Royal Voluntary Service Dementia Group



EXECUTIVE SUMMARY

In the last five years we've made tremendous gains in our understanding of dementia. Yet, despite medical advances, there are still no approved treatments in the UK to prevent or reverse the causes of dementia.

With rates of dementia projected to increase to over 1.4 million by 2040¹, there is now an immediate need to shore up non-medical support to enable more people to live well with dementia.

This report sets out to understand more about the realities of living with dementia for individuals and their caregivers and the availability and effectiveness of non-medical, community based support. It focuses on what can be done to plug significant gaps in provision and the role of volunteers in delivering local services. It also summarises the latest advice on reducing risk of developing dementia.

Analysis is drawn from a specially commissioned survey of 1000 UK adult carers² (unpaid) of loved ones with dementia, a separate public opinion survey of over 2,000 GB adults³, a literature review by Dr Richard Elsworth, Research Fellow at the University of Birmingham and impact studies from attendees of Royal Voluntary Service's dementia groups including people living with dementia and carers.

A WORRYING PICTURE

While optimism is provided in the form of new medical advances, the report brings to light stark figures on the shortage of dementia support currently available.

More than half (51%) of people surveyed caring (unpaid) for a loved one with dementia agree there is not enough support and since diagnosis, over one third (37%) have been offered no external support whatsoever to help them cope.

Access to dementia services is limited and even when support is offered, locality and availability can hinder take-up. For example, for one in five carers the journey made it impossible to attend.

The knock-on impact is evident with the responsibility of looking after loved ones with dementia, taking its toll. Many carers say it's taken over their life, and report feeling helpless, unable to cope and isolated.

Encouragingly, when in-person support is offered, available and used, it can make a positive difference for those living with dementia and their caregivers.

Data collected from attendees of existing dementia services run by Royal Voluntary Service, found 81% had noticed some form of improvement in their loved one with dementia, from mood to general wellbeing, appetite and physical functioning. A large majority (98%) of caregivers said the groups had also benefitted them⁴.

Delivery of such dementia services however, relies heavily on the third sector and with demand for support set to increase, we're likely to see even greater strain on already limited provision.

Royal Voluntary Service has grown its dementia services built on a model of involving highly engaged volunteer helpers and its proven to be greatly valued by clients and their carers. But for service models like these to be radically upscaled and expanded to benefit more dementia communities nationwide, it will require increased funding alongside volunteer recruitment, training and education.

Encouragingly, the public appear ready and willing to help. Around one in four GB adults voiced an interest in volunteering to help at a local dementia support group, representing a potentially huge pool from which to recruit⁵.

Based on the evidence of this report we have put together four recommendations:

1

Cross-sector collaboration to scale up community provision

Dementia support and activity groups are in short supply. Where they do exist, demand is often high and services oversubscribed. It's all of our responsibility to ensure more equal and effective support is available. Investment and cross-sector partnerships between the voluntary sector, businesses, health and social care organisations, integrated care boards and funding trusts and foundations will aid a much-needed scaling up of this vital support and meet rising demand in more communities across Britain.

2

Drive evidence-based community practice

There's strong evidence on the benefits of community-based dementia groups. However, research into how to get maximum benefits from these sessions and how this type of support interacts with pharmacological treatments is yet to be undertaken in the UK. Research partnerships bringing together the voluntary sector, academics and dementia experts, including people with lived experience, could address these knowledge gaps, delivering fresh insight that could be transformative in our collective efforts.

3

Mobilise volunteers

Volunteers are an essential component in delivering effective dementia support. Volunteer recruitment done at scale and that seeks to further educate the public on dementia will help convert interest to action.

4

Volunteering as a social prescription

There's robust evidence to suggest volunteering can keep individuals cognitively and physically active, which can play a part in reducing dementia risk. Volunteering is a great option for social prescribing and there's scope to link this with other activities such as NHS health checks.

DEMENTIA: A GROWING CHALLENGE

An estimated 944,000 people live with dementia in the United Kingdom⁶, however new figures reported by Alzheimer's Society in May 2024 suggest this figure could be even higher - 982,000.

It's a growing challenge. Rates of dementia are projected to increase to over 1.4 million by 2040 and one in two of us will be affected in our lifetime, either by developing it or caring for someone with dementia, or both⁷.

The economic burden is also forecast to rise with a recent report estimating that dementia related costs to the UK economy could soar to £90 billion by 2040⁸.

DEMENTIA IS UNPREDICTABLE AND COMPLEX

Dementia is a term used to describe a wide range of symptoms, often associated with memory loss. But it can affect much more; mobility, the senses, planning and organising, speech, mood and language. It's a progressive illness, with a decline in abilities and affects people of all ages. Over 70,000 people are living with young onset dementia, having been diagnosed under the age of 65⁹.

There are over 200 types of dementia. Some, like Alzheimer's Disease, are more prevalent than others.

With dementia, no one can predict the speed of progression, adding uncertainty and unpredictability to the many concerns. For those affected, it's a case of taking each day as it comes and waiting to see what symptoms may or may not present themselves.

DEMENTIA INVESTMENT AND RESEARCH

Optimistically, in the last five to ten years our knowledge, awareness and investment in dementia has increased significantly. £107.9 million was invested into dementia research by the UK Government in 2019/2020, compared to just under £30 million in 2010. That being said, this remains 2.5 times less than funding allocated to cancer research¹⁰.

Following this increased investment in dementia research, we are now in a much more hopeful position, with greater knowledge of the potential causes, risk factors and actions we can take to reduce our risk of developing dementia. Additionally, new research trials commencing this year aiming to identify blood tests to diagnose dementia, could lead to earlier diagnosis.

New drug treatments have been identified, however the recent decision from the National Institute for Health and Care Excellence (NICE) not to approve Lecanemab due to the cost and lack of evidence on long-term effects, strengthens the argument to get the support for those living with dementia now, right.

It's highly likely a combination of medical and non- medical interventions will be needed to maximise outcomes for individuals with dementia (and those caring for them). Lifestyle management and social engagement is crucial and the need for dementia related services greater than ever.

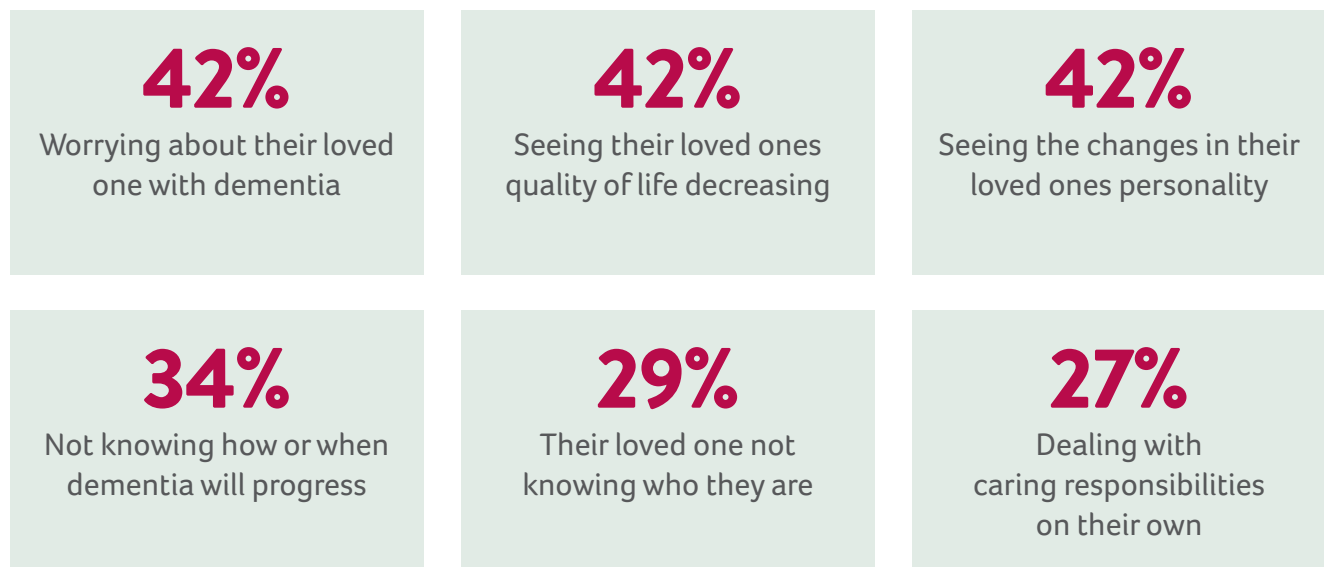
ISOLATING AND LONELY: THE REALITY OF CARING FOR A LOVED ONE WITH DEMENTIA

700,000 people are estimated to be involved in providing unpaid care for someone living with dementia¹¹.

Caring for someone living with dementia is challenging, not knowing what each day will bring. The role can often result in lack of sleep, alongside feelings of guilt – particularly when help is sought from others (be it either family/friends or external providers).

Following the diagnosis of dementia of a loved one, carers process feelings of sadness, grief and confusion watching a loved one change significantly before their eyes. Unlike many other conditions it can be difficult to communicate these feelings with the person.

COMMON CHALLENGES EXPERIENCED BY THOSE CARING FOR A LOVED ONE WITH DEMENTIA



Source: Censuswide 2024

The caring responsibility can also have significant impact on wellbeing, particularly emotional wellbeing with 22% of the carers surveyed even questioning whether life is worth living.

As becoming a carer for a loved one with dementia can happen at any age, there are implications for employment prospects too. The study found one in five (20%) of those surveyed had lost paid work due to their caring responsibilities and a quarter (25%) who've been impacted by caring for someone living with dementia cited it having a negative impact on their job or career.

THE IMPACT OF CARING FOR A LOVED ONE WITH DEMENTIA

40%

It has broken my heart

35%

It has made me feel helpless

32%

It has taken over my life

31%

It has taken away my freedom

27%

It has made me feel isolated and lonely

26%

It has made me feel unable to cope

Source: Censuswide 2024

Perhaps unsurprisingly, the research suggests carers aged 55+ are more likely to feel the negative impact of their caring responsibilities:



Amongst individuals who have been negatively impacted by caring for a loved one with dementia, **69%** cite it as having a profound effect on their quality of life, this rises noticeably to **91%** of carers aged 55 and over.

CAREGIVERS CRYING OUT FOR MORE SUPPORT

Added to the emotional challenges and impact on quality of life, the unpredictability of dementia can make things even tougher for all concerned, as there is no known timeline and the care period can be lengthy. For instance, people with Alzheimer's Disease (AD) have an average life expectancy of around 5.8 years from diagnosis, and those with other types of dementia, one -year less than this¹². However the reality is this varies hugely, and no one can predict at what rate each person will progress.

Consequently, pleas from carers for improved support are high:

- Almost two thirds of caregivers (63%) surveyed say they and their loved ones would benefit from the help of a dementia service run by professionals and volunteers.
- More than two in five (44%) respondents say they'd benefit from access to more community based support e.g. health and wellbeing activities – rising to over half (52%) of caregivers aged 55 and over.
- 42% of respondents want greater access to respite and more support from other carers in a similar situation.

SERIOUS GAPS IN DEMENTIA SUPPORT

Ongoing support, readily available as and when needed, is essential following a diagnosis of dementia. Without it people don't know who to turn to when the need for help arises. For many, choosing to do nothing is the easier alternative. That is, until crisis point is reached.

Too often people are either bombarded with information during the difficult time of diagnosis or simply left to find out what support is available through their own efforts. This can result in missing out on vital support; emotional, social and financial.

The Left Alone to Cope Report, published by Alzheimer's Society (2022)¹³ identified three out of five people felt unsupported by the health and social care system following a diagnosis of dementia.

Similar outcomes were identified in our most recent Dementia Services Annual Feedback survey:¹⁴

56%

of people who access our services report limited provision in their local area

67%

of people who attend our groups do not access any other social group support

Support requirements following a diagnosis of dementia are frequently being overlooked. Our carer study found almost half (49%) of those surveyed believe there is still inadequate support available for those living with dementia and over half (51%) say support for carers is also lacking.

These figures remain too high, and calls for action to significantly improve the day-to-day support available for those living with and caring for people with dementia must be a priority.

Of even greater concern is over a third (37%) of all carers surveyed, and 62% of carers over the age of 55, have been offered no external

support since diagnosis. Nearly one in three (30%) report having no one (friends, family or professionals) to turn to for advice.

The carer research also suggests being offered external support (such as a local dementia group) and then actually being able to take it up varies according to where they live.

As an example, just over six in 10 (61%) carers surveyed living in the West Midlands and over half (54%) in the East of England have been offered no external support since diagnosis. This compares to just under one in three (31%) saying the same in Scotland and one in 10 in Wales¹⁵.

Accessibility and locality are another factor:

Over **one in five** carers have been offered support a long distance away or in a hard to reach location

For **22%** the journey made it impossible to attend

Nearly half (**49%**) have been offered support four or more miles away

UNDERSTANDING THE POSITIVE IMPACT OF DEMENTIA SUPPORT SERVICES

Non-medical dementia support services are commonly delivered by the voluntary sector with approaches concentrating on the wellbeing of individuals and their social and emotional needs to improve quality of life. This might include providing information and advice or running activities to stimulate physical and cognitive health.

One model adopted by Royal Voluntary Service is providing support in the form of activity and support groups run by staff and volunteers, for people living with dementia and/or their carers, family and friends.

These groups and activity sessions are based on the principles of Cognitive Stimulation Therapy (CST), an evidence-based, structured programme recommended by NICE for people living with mild to moderate dementia. CST is designed to promote cognition, independence and wellbeing, focusing on orientation and a range of multi-sensory and multi-skill activities.

Many people living with dementia and their loved ones report that taking part in these types of activities and remaining integrated within their local community, makes living with dementia easier, helps them form much needed friendships and support networks and helps them realise there is life after diagnosis.

A new member attended one of our activity groups after some persuasion by a family member.

She had been a nurse throughout her working life and thought her life was over with a diagnosis of vascular dementia, becoming very low in her mood. At the end of her first session, she said how she had been so nervous coming and had been so surprised how she enjoyed her day and felt so relaxed, like a weight had been lifted off her shoulders. She says she now understands there is life after diagnosis and there are so many amazing people to help her at this group.

Impact studies conducted by Royal Voluntary Service show attendance at these group is making a positive difference: Over a three to six month period, 81% of attendees noticed some form of improvement in their loved one with dementia, including positive changes in mood (63%), appetite (19%), attention (33%) and wellbeing (52%)¹⁶.

Existing studies also suggests participation in groups like these encourages the sharing of personal experiences, shared engagement in activities and the opportunity to learn from others which can significantly enrich relationships between people with dementia and caregivers¹⁷.

“The group increases my mood and wellbeing. Without this group I wouldn’t get any other social interaction or stimulation.”

Royal Voluntary Service group attendee living with dementia

“I look forward to coming. Wish it was on every day”

Royal Voluntary Service group attendee living with dementia

“My wife appreciates that I can attend and enjoy the activities on my own which gives her a break”

Royal Voluntary Service group attendee living with dementia

BUILDING VITAL SUPPORT NETWORKS

Dementia is very much a journey faced together and we must not forget the impact on carers, family and friends.

Specialised support for carers of people living with dementia is essential. Importantly, it also needs to be flexible and available at a time that works for them and fits around work, or their caring role.

Royal Voluntary Service finds that for some carers being able to attend groups with their loved one is invaluable. They benefit from getting to know other carers and forming new support networks which helps them in their caring role and to understand and process life after diagnosis.

99%

of people say attending our groups provides them with the support they need¹⁸

97%

say it has increased their social contact

98%

of caregivers attending our groups said they were beneficial¹⁹

Other carers may use the group time as respite to take a break from their caring role. It’s a time for them to do something for themselves, whether it’s a medical appointment, haircut or simply to relax without worrying where or what their loved one is doing. Since joining our groups, carers have overall, reported an increase in life satisfaction for them and their loved one²⁰.

“I always leave the group feeling lighter in mood and more able to continue with my caring role”

Carer, Member of Royal Voluntary Service Carer Support Group

“It very much helps encourage my wife, who has dementia, in going forward. The class help slow down any decline and gives daily positives”

Carer, Male, 75-79, England

“My husband has Alzheimer’s. The support group is excellent and helps my husband feel less isolated. It also helps me to mix with other carers who experience similar problems”

Carer, Female, 75-79, England



UPSCALING THROUGH VOLUNTARY SERVICE

When we consider the impact of in-person group support combined with the high numbers of people who do not have access to any support, it highlights the need to do more. Support needs to be available in every area, not dependent on where an individual lives.

Effective delivery of dementia support however, relies heavily on the voluntary sector with growing demand likely to cause even more strain on already over-stretched services.

For models like those offered by Royal Voluntary Service's to be radically upscaled, expanded and duplicated to benefit more dementia communities nationwide, greater funding and investment needs to be priority, alongside more volunteer training and education.

Volunteering of course, is already an integral part of effective dementia support, with volunteers giving their time to visit or call people who are isolated, visit with their pet therapy animals or support at local in person dementia groups such as those run by Royal Voluntary Service.

The research suggests even more volunteers may be prepared to step up to the plate. When questioned about their willingness to volunteer to support a dementia group in

their community, almost one in four (24%) GB adults said they'd be interested, signifying a potentially vast pool from which to recruit²¹.

This desire to lend a hand becomes even more prevalent amongst Britons who've been affected by dementia in some way. For example, enthusiasm to volunteer rises to 35% of individuals who are or were a carer for someone living with dementia.



Across Royal Voluntary Service dementia groups 48% of volunteers and 77% of staff have a family member or close friend living with dementia²².

Interestingly, appetite to volunteer for dementia support groups was particularly high amongst younger people. 42% of people aged 18-24 expressed an interest in volunteering for a dementia service, considerably higher than any other age group. This indicates more could be done to engage younger audiences in relevant volunteer recruitment drives.

ADDRESSING GAPS IN DEMENTIA SUPPORT: THE ROYAL VOLUNTARY SERVICE WAY

To address gaps in regular and continued support, Royal Voluntary Service has, since 2017, developed a steady growth of activity and support groups for people living with dementia and/or their carers, family and friends.

Built on a foundation of local volunteering, these include Remember Me cafes, Living Well with dementia groups and Memory Lane CST groups.

We run 60+ groups in 12 areas across Scotland, England and Wales, inviting those affected by dementia to meet on a regular basis in a safe space, form peer support networks and take part in a wide variety of activities to promote physical and cognitive wellbeing.

The groups are designed to help people realise they aren't alone, supporting them to have fun in a welcoming setting and giving them an opportunity to retain, regain and learn new

skills, whilst keeping them active within their local communities.

We currently support over 1,100 people each year and due to demand and the support we provide, many of our groups operate waiting lists. The benefits for attendees can be varied, offering support with wellbeing, mobility, appetite, attention and much more. In 22/23 94% of people reported a positive impact of attending groups, this year that rose to 99%.

These groups wouldn't be possible without the support of volunteers and local and national Charitable Trusts and Foundations, to whom we are extremely thankful.

A CARER'S STORY

"My husband was diagnosed with Alzheimer's in June 2023. We started visiting Chesham House at around this time and picked up a leaflet about the Dementia Groups. We met with Janet (staff member) and Derek said he would 'give it a try' but was quite reluctant. However, following a couple of encouraging phone calls from Janet we went to our first meeting. We received a warm welcome from Janet, Hilary, a volunteer and all those attending and found the atmosphere supportive, inclusive and relaxed.

Over the past six months or more, Derek has at times been quite withdrawn and sometimes reluctant to engage with family and friends, especially on the phone. At Wednesday's group he engaged in

conversation with the lady sitting next to him, which went on for some time, with much laughter. He also joined in with some of the activities. He seemed much more animated than he usually is at home. The day after his visit to the group was his birthday and he spent a lot of his day talking to family members and friends, either in person or on the phone. Over the next few days, he rang a couple of friends himself and took calls from two others, whereas he had been previously handing the phone to me.

We are so pleased to have found Chesham House and the Dementia Group at the beginning of our Alzheimer's journey. Our grateful thanks to all involved"

RISK FACTORS FOR DEMENTIA AND PREVENTION

As research into the causes of dementia continues to grow, many people are now also wondering what, if anything, can be done to reduce or prevent their risk of developing dementia.

Prevention is particularly important for dementia as the pathology can begin to develop years before symptoms start to display.

The latest research published in The Lancet Review (2024) presents 14 potentially modifiable risk factors that could reduce, delay or prevent nearly half (45%) of all dementia cases globally²³. This is a relatively new area of study but well worthy of attention, building our understanding of how lifestyle differences could reduce dementia risk.



Percentage reduction in risk of dementia should these risk factors be eliminated

EARLY LIFE (<45 YEARS)		MID LIFE (45-65 YEARS)		LATER LIFE (OVER 65)	
Less education	5%	Hearing loss	7%	Social Isolation	5%
		Traumatic Brain Injury	3%	Air Pollution	3%
		Hypertension	2%	Untreated vision loss	2%
		Excessive Alcohol	1%		
		Obesity (BMI over 30)	1%		
		High LDL Cholesterol	7%		
		Physical Inactivity	2%		
		Diabetes	2%		
		Depression	3%		
		Smoking	2%		

COULD VOLUNTEERING HELP REDUCE DEMENTIA RISK?

Volunteering is already an integral part of effective dementia support, but is also associated with an ageing well society, helping maintain wellbeing and functionality of those who give their time to help others²⁴.

Voluntary work in later life is also associated with lower levels of self-reported cognitive decline and could therefore lower the risk of developing dementia. It's been shown to play a role in reducing stress levels, consequently reducing the level of depressive symptoms and major depression²⁵.

More research into the link between volunteering and dementia risk is required, but there's some indication voluntary service could be one way to prevent or delay onset. It's never too late to begin!



SEVEN WAYS TO REDUCE DEMENTIA RISK

- 1 Take a hearing and vision test.** Hearing aid usage could be one of the biggest protective factors from decline in cognition.
- 2 Get a check-up.** Taking medication to lower blood pressure, following a diagnosis of hypertension and effective management of diabetes can all lessen dementia risk.
- 3 Aim for, at least weekly, ongoing moderate to vigorous physical exercise.** This can include hoovering, brisk walking, biking, swimming. But anything you can do to keep moving is positive.
- 4 Reduce alcohol intake.** Current NHS guidelines state both men and women should limit their intake to less than 14 units per week²⁶
- 5 Keep BMI below 25.** Maintain a healthy diet and exercise.
- 6 Continue and/or increase your social contact.** Look for social events and activities in your area
- 7 Stop smoking: It's never too late.**

RECOMMENDATIONS

Our ambition is to achieve a better world for those living with and affected by dementia.

We believe this can be realised, not just by significantly increasing the availability of community support services, but also by building our knowledge as to how to maximise their quality and effectiveness. This provision will be particularly vital given the further wait we will have for new medical advances.

These are our initial recommendations to help achieve this:

Cross-sector collaboration to scale up community provision

The current focus on dementia is understandably on pharmacological treatments which delay and might prevent this disease; however, more needs to be done to support those who currently have dementia and their carers to live well and extend their quality of life for as long as possible.

We know from the community groups we run how valuable these are for improving the physical & cognitive function, mood and wellbeing of those living with dementia and how vital they can be in providing respite and social networks for carers. However, demand for these groups is high.

It is all of our responsibility to ensure the availability of more equal and effective support. Through funding and cross-sector partnerships between the voluntary sector, business, health and social care organisations, integrated care boards and funding trusts and foundations, this vital support can be scaled up to meet rising demand in more communities across Britain.

1

Drive evidence-based community practice

While there is some good evidence on the benefits of community-based dementia groups – such as those that include Cognitive Stimulation Therapy, cardiovascular/strength/balance exercise(s), and dining (e.g. food/hydration); we still lack understanding as to the optimum frequency, length, and key components of these groups to maximise impact in relation to brain health and quality of life. We also need greater insight on how this type of community provision, when combined with pharmacological interventions, might interact.

When considering the wider impact of dementia on the UK economy it strengthens the need to invest in further research to delay, prevent and treat dementia. Research partnerships formed with dementia experts (including those living with dementia), the voluntary sector and academics are crucial in developing our understanding of how we maximise the effectiveness of community provision. It's an area of research yet to be explored in the UK, yet having this knowledge could be transformative in our collective efforts to improve the wellbeing of those living with dementia and their families. Without this formal research, government funding is less likely to be attributed.

2

Mobilising volunteers

3

The delivery of dementia support services in the community relies heavily on the voluntary sector. Volunteers are a key component and a mass scaling-up of support services nationally will require a significant increase in public support. Encouragingly, the public opinion research suggests huge appetite amongst Britons, particularly those impacted by dementia, to volunteer for a local support group.

It's important we now capitalise on this altruism by creating relevant opportunities and roles and readying the appropriate training provision. Volunteer recruitment will need to be done at scale, with reach comparable to initiatives like Dementia Friends and through national and local campaigns that aim to convert interest to participation and further educate the public on dementia.

Volunteering as a social prescription

4

Staying socially connected and engaged can reduce the risk of dementia. According to the 14 risk factors outlined in this report – depression, social isolation and physical activity – account for 10% of the ~40% of dementia cases. Activities like volunteering have been found to keep people cognitive and physically active, plus improve the number of social connections, mental health and overall wellbeing.

Within the upcoming new 10 year health plan due in Spring 2025, there's likely to be a greater focus on the delivery of more preventative approaches. Volunteering makes a good option for social prescribing and as a route to reduce certain risk factors associated with dementia and promote brain health. The well documented health and wellbeing benefits of volunteering make it a great public health intervention²⁷, and there's scope to link in with services such as NHS health checks.



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- 15 Based on Censuswide survey data. Regional data provided only in areas where response rate was over 50.
- 16 Emerging data from baseline and impact evaluation of Royal Voluntary Service Dementia Groups as at 13/9/24. Based on 53 attendee responses to baseline and impact surveys over a three to six month period
- 17 Hoel, V., W.Q. Koh, and D. Sezgin, Enrichment of dementia caregiving relationships through psychosocial interventions: A scoping review. *Front Med (Lausanne)*, 2022. 9: p. 1069846.
- 18 Royal Voluntary Service: Annual Dementia Feedback Survey - April 2023 to March 2024
- 19 Emerging data from baseline and impact evaluation of Royal Voluntary Service Dementia Groups as at 13/9/24. Based on 53 attendee responses to baseline and impact surveys over a three to six month period
- 20 Emerging data from Royal Voluntary Service Dementia Groups as at 13.09.24. 46 carer responses recorded for baseline and impact surveys conducted over a three to six month period. Carers were asked to rate life satisfaction for themselves and their loved one on a scale of 0-10, with 0 being the lowest. Carers (based on 46 responses) Baseline: average 5.84. Follow up average: 6.41 Loved one (39 responses) baseline average 5.1, follow up average: 6.07
- 21 Figures from YouGov Plc
- 22 Data from Royal Voluntary Service dementia group staff and volunteers surveys in England, Scotland and Wales. 26 staff and 103 volunteers surveyed from 10 out of 12 services.
- 23 Dementia prevention, intervention, and care: Report of the Lancet standing Commission August 2024. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01296-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01296-0/abstract)
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- 25 Can volunteering in later life reduce the risk of dementia? A 5-year longitudinal study among volunteering and non-volunteering retired seniors. (Griep et al., 2017)
- 26 Alzheimer's Society – Alcohol and the risk of dementia: <https://www.alzheimers.org.uk/about-dementia/managing-the-risk-of-dementia/reduce-your-risk-of-dementia/alcohol>
- 27 https://www.royalvoluntaryservice.org.uk/media/hxxiyeht/volunteering_for_a_healthier_britain_report.pdf

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