

# The Essential Features of a Meeting Centre

UK Meeting Centres Support Programme  
(UKMCSP)

<b>Essential features of a Meeting Centre</b>	<b>1</b> <b>On-going regular Meeting Centre Club</b>	<b>2</b> We are in this together 
	 <small>MEETING CENTRES UK</small>	<b>3</b>  <b>Adjusting to change</b>
<b>6</b> <b>Focus on both members living with dementia and family carers</b> 	<b>7</b>  <b>Programme of activities</b>	<b>8</b> <b>Location</b> 
	<b>10</b> <b>Community of learning and practice</b>	<b>9</b> <b>Community engagement</b>
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# How do organisations qualify to use the Meeting Centre UK logo?

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Every Meeting Centre is different. These differences are determined by the needs and interests of the people using them, their families and their local communities. However, there are certain 'Essential Features' both in the way that Meeting Centres develop and in how they operate that define them.

Some of these features may be common with other types of support but taken together they make a Meeting Centre. Although it is recognised that it may be difficult to maintain all the 'Essential Features' all of the time, they are important in terms of the validity of the Meeting Centre model. This model, which is based on sound research evidence, helps people to cope well in adjusting to living with the symptoms and changes that dementia brings.

The following table enables an organisation to assess whether they measure up to the Essential Features of a Meeting Centre. Meeting these criteria entitles the organisation to use the Meeting Centres UK logo and be listed as a Meeting Centre operating as part of the UK Meeting Centres Support Programme. If you are not already in contact with us, then contact us at the Association for Dementia Studies at the University of Worcester via [meetingcentres@worc.ac.uk](mailto:meetingcentres@worc.ac.uk) to see if you qualify.



# How does your organisation measure up to the Essential Features of a Meeting Centre?

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Essential Features of a Meeting Centre Support Programme	tick if this occurs
<p><b>1. On-going regular Meeting Centre Club</b> The Meeting Centre club meets regularly at a fixed time for at least one day (min 5hrs) and is attended by around 15 members most days, plus family carers who wish to attend.</p>	
<p><b>2. We are in there together</b> Everyone experiences a warm and inclusive atmosphere at the Meeting Centre and there are processes in place (such as regular discussions and feedback) to ensure this is the case for members, families and friends</p>	
<p><b>3. Adjusting to Change</b> The Meeting Centre is a place that promotes practical, emotional and social adjustments for members (people with dementia) and family carers. There are processes in place for this to be promoted and monitored for all members over time.</p>	
<p><b>4. Skilled and stable team plus volunteers</b> There is an identifiable skilled and stable team which is fully conversant with the Meeting Centre ethos and is known and valued by the Meeting Centre members.</p>	
<p><b>5. Meeting Centre Leadership</b> There is a named person who has an in-depth understanding of the Meeting Centre approach and is able to lead the team to deliver the Meeting Centre Support Programme in an enjoyable manner with due regard for safety and well-being of all concerned.</p>	

## **6. Focusses on both members living with dementia and family carers**

The Meeting Centre meets the needs of the members and family carers in a safe and enjoyable manner. Both people with dementia and family carers feel actively supported by the Meeting Centre and to be able to attend.

## **7. Programme of Activities**

The programme reflects the interests and utilises the talents of those attending. Mechanisms are in place (regular centre meetings, discussions and feedback opportunities) to ensure this is the case. The programme includes a range of evidence-based physical, cognitive, (re)creative and social activities that occur within the Meeting Centre and in the wider community.

## **8. Location**

Members feel comfortable about attending a Meeting Centre at the location where it meets. The location provides adequate facilities in which to run the programme.

## **9. Community Engagement**

The Meeting Centre includes a variety of community stakeholders in positively contributing to the planning and the delivery of the Meeting Centre Programme.

## **10. Meeting Centres Community of Learning and Practice**

The Meeting Centre is open to receiving visits and information sharing, share examples of good practice and attends updates and networking events.

## **11. UK Meeting Centres Data Collection**

The Meeting Centre provides the minimum data set as required by the Association for Dementia Studies at the University of Worcester [meetingcentres@worc.ac.uk](mailto:meetingcentres@worc.ac.uk)

## **Comments**

# 1

## On-Going Regular Meeting Centre Club

There is strong evidence that bringing people together in their local community helps most people to build resilience in coping with dementia. The heart of the Meeting Centre is a club where people can have fun, talk to others and get help that focusses on what they need. The Meeting Centre club meets at a regular time every week for at least one day a week (minimum 5hrs) and caters for around 15 people with dementia per day alongside family carers who want to attend. The majority of Meeting Centres meet 3 times a week during the day-time. Some members attend every day that the Meeting Centre club is open, others less frequently. Some Meeting Centre clubs meet less frequently or cater for slightly more or fewer members. People know that they can rely on the Meeting Centre and that membership is not fixed term. Absolute member numbers are not in themselves an essential feature of a Meeting Centre. What is key is that there is on-going regular support that is at a small enough scale for people not to feel overwhelmed.

**EVIDENCE: The Meeting Centre club meets regularly at a fixed time for at least one day a week (5hrs) and is attended by around 15 members most days, plus family carers who wish to attend.**

NB: See Section 5 for the definition of 'family carers' in this document



# 2 We are in this Together

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Dementia is a feature of everyday life and is on the increase. People are diagnosed at an earlier stage than in years gone by. There is no “us and them” at Meeting Centres. Everyone has needs for care and support and we all have ways (big and small) to help each other. People living with dementia who use the Meeting Centre are called members, not service users or patients. Everyone uses the same facilities, enjoys eating together and joins in with activities that please them. Everyone (including people living with dementia, their family and friends, staff, volunteers and visitors) contributes to the Meeting Centre in their unique way. There are no uniforms, staff badges or special lanyards to mark people out. Everyone wears a visible name badge that helps everyone to get people’s name right.



**EVIDENCE:** Everyone experiences a warm and inclusive atmosphere at the Meeting Centre and there are processes in place (such as regular discussions and feedback) to ensure this is the case for members, families and friends.

# 3 Adjusting to Change

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A diagnosis of dementia is a huge challenge to come to terms with. If people make good emotional, social and practical adjustment following diagnosis, then it is likely that they will experience fewer distressing symptoms later and will be able to live at home for longer with a better quality of life for them and their families. The Meeting Centre supports people with dementia and their family members in helping them cope with the consequences of living with dementia and to make the best possible lifestyle adjustments.

- Firstly, it helps people adjust to cognitive impairments by providing advice and guidance on the disabilities that dementia brings. People are helped to understand their individual strengths and changing symptoms including how best to deal with them and getting help, where needed.
- Secondly, it helps with emotional adjustment by supporting people to get back on an even keel, to promote a positive self-image and to prepare for and deal with the uncertain future that dementia brings.
- Thirdly, it helps people adapt socially by developing and maintaining good social contacts with family and friends, their local community and the professional services that they will need support from as time goes by.

**EVIDENCE: The Meeting Centre is a place that promotes practical, emotional and social adjustments for members (people with dementia) and family carers. There are processes in place for this to be promoted and monitored for all members over time.**

# 4 **Skilled and Stable Team plus Volunteers**

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A stable team, who fully understand and buy-in to the Meeting Centre ethos, deliver an enjoyable and flexible programme for both the person with dementia and family carers.

**EVIDENCE: There is an identifiable skilled and stable team which is fully conversant with the Meeting Centre ethos and is known and valued by the Meeting Centre members.**

# 5 **Meeting Centre Leadership**

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There is a named person who leads the team. The team is supported by people and organisations from the local community who can also bring their specific skills and talents to the Meeting Centre. The Meeting Centre team and volunteers receive on-going practice development and appropriate training and supervision so that they can deliver this programme.

**EVIDENCE: There is a named person who has an in-depth understanding of the Meeting Centre approach and is able to lead the team to deliver the Meeting Centre Support Programme in an enjoyable manner with due regard for safety and well-being of all concerned.**

# 6

## Focus on both Members Living with Dementia and Family Carers

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Meeting Centres are specifically for people directly affected by dementia. This includes both the person living with dementia and people who are undertaking an active caring role. The person who takes on a caring role is sometimes a spouse or partner, son or daughter or sometimes a friend or other relative. The health and well-being of both the person living with dementia and the “carer” is seen as important. Both parties are making adjustments and coping with changing circumstances.

There is a recognition that the relationships that people with dementia have are as diverse as the people themselves. Some may have no “carer” in any formal sense and others may have a network of people that they draw upon at different times. The Meeting Centre is inclusive to people who are affected by dementia whatever their situation. For the purposes of this document those undertaking a caring role are referred to as ‘family carers’.

In some situations, the family carer may depend on the Meeting Centre to provide a break from the caring role. The person living with dementia may value having an enjoyable time in their own right without depending on someone else. In other situations, the person living with dementia and their family carer will take part in the Meeting Centre together. In practice, this changes over time according to the needs of both.

People attend as little or as often as they need, although evidence suggests that regular and frequent attendance brings greater benefit. Specific inclusion and exclusion criteria will depend on the context in which the Meeting Centre operates. Some Meeting Centres may include people with cognitive impairment that isn’t serious enough to reach full diagnosis. Meeting Centres generally welcome people regardless of age or type of dementia diagnosis. Most members who attend will be living in their own home and experience what is classified as mild to moderate dementia. However, there may be exceptions to this.

Meeting Centres cannot usually support members with significant personal care needs unless they have a carer who can attend with them who is able to meet those needs.

**EVIDENCE: The Meeting Centre meets the needs of the members and family carers in a safe and enjoyable manner. Both people with dementia and family carers feel actively supported by the Meeting Centre and to be able to attend.**

## 7 Programme of Activities

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Activities are designed to help people adapt to the challenges that living with dementia can bring. This involves a chance to get together socially, to be creative, to get active and to share lunch. Everyone brings their skills and talents to the Meeting Centre and the programme is driven by what people want to do. The programme contains elements that are known to support the health and wellbeing of members. This includes regular opportunities to take part in movement activities for psychological wellbeing. Family carers get assistance with practical and emotional issues, as well as being able to contribute to social club activities. Some carers use the opportunity to have a break from their caring role. Some enjoy the club alongside their care partner or develop friendships with other carers. Couples consulting sessions, social activities and excursions also help people to enjoy life together.

**EVIDENCE: The programme reflects the interests and utilises the talents of those attending. Mechanisms are in place (regular centre meetings, discussions and feedback opportunities) to ensure this is the case. The programme includes a range of evidence-based physical, cognitive, (re) creative and social activities that occur within the Meeting Centre and in the wider community.**

# 8

## Location

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Meeting Centres operate out of ordinary community buildings that have the facilities (e.g. large room, kitchen, small meeting room, disabled toilet facilities) to operate the Meeting Centre programme. The venue needs to be acceptable to members and accessible. Hospitals, clinics and care homes are usually not suitable venues for the Meeting Centre club. The acceptability of various locations is usually determined at the Meeting Centre planning stage which will actively engage with people living with dementia and family carers. If a change of location is needed, then those using the Meeting Centre alongside potential Meeting Centre members should be canvassed about their views.



**EVIDENCE:** Members feel comfortable about attending a Meeting Centre at the location where it meets. The location provides adequate facilities in which to run the programme.

# 9

## Community Engagement

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Meeting Centres generally start from a care organisation or group of people recognising that there is a need for more structured support for people affected by dementia in a local community. It is not really important who comes up with the idea to initiate a Meeting Centre, because collaboration with other organisations is essential to getting the initiative off the ground. There is a well-developed community process for developing new Meeting Centres that engages all local stakeholders in both the local development and longer-term implementation. Once the Meeting Centre is established, there is a programme of education and awareness available to the local community. Everyone who has an interest in dementia in the local community should know about the Meeting Centre. This includes health professionals, social care workers and providers, charities, businesses, sports, heritage, arts and leisure facilities and anyone who has an active part to play in supporting people and their families to live well in their community. The public and care professionals should know about their local Meeting Centre and how to access it. Many towns have initiated Dementia Friendly Communities. Meeting Centres build on this.



**EVIDENCE:** The Meeting Centre includes a variety of community stakeholders in positively contributing to the planning and the delivery of the Meeting Centre Programme.

# 10 UK Meeting Centres Community of Learning and Practice

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There is an expectation that those using the Meeting Centres logo will be part of the on-going UK Meeting Centres Community of Learning and Practice facilitated by the Association for Dementia Studies at the University of Worcester.

**EVIDENCE: The Meeting Centre is open to receiving visits and information sharing, share examples of good practice and attends updates and networking events.**

# 11 UK Meeting Centres Data Collection

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All Meeting Centres will be required to produce reports on who uses them and the impact Meeting Centres have on members. A minimum data set that all registered Meeting Centres are expected to provide is set out below. In return, Meeting Centres will receive update summaries on how Meeting Centres are operating across the country.

None of the information sent to Worcester should have any personal identifiable data in it. Staff from the University of Worcester will supply Meeting Centres with booklets and templates for all the information required. The information below summarises what this will include.

## Attendances by all members

This includes separate reporting on number of members living with dementia and family carers.

Monthly data will need to be provided on:

- How many attendances by members were there this month?
- How many members have attended the Meeting Centre during the month?
- How many members on average attended the Meeting Centre per day?
- How many members attended at least two thirds of the days this month?
- How many attendances by family carers were there this month?
- How many family carers have attended the Meeting Centre during the month?
- How many family carers on average attended the Meeting Centre per day?
- How many family carers attended at least two thirds of the days this month?

## New Meeting Centre members

This will not include personally identifying data but for each new member we need to know:

- Age
- First part of home post code
- Gender
- Previous occupation
- Ethnicity
- Living situation (alone, with another)
- Who introduced the new member
- Diagnosis details (type of dementia, date of diagnosis) OR relationship to member with dementia for care-partner members.

## **Meeting Centre members who have been absent each**

**month** This will not include personally identifying data but for each absent member we need to know:

- Age
- Reason for absence (if known) – e.g. in hospital, sickness, holiday, other
- Reason for leaving (if known) – e.g. moved away, ill health, died, care-home, day-care

## **The regular 'staff' team plus additional volunteers and visitor attendance**

- How many regular staff members in total have worked at the Meeting Centre this month?
- How many new regular staff members started at the Meeting Centre this month?
- How many regular staff members left the Meeting Centre this month?
- How many additional volunteers in total have worked at the Meeting Centre this month?
- How many additional volunteers started at the Meeting Centre this month? How many additional volunteers left the Meeting Centre this month?
- How many health care professionals (and visitors from other organisations) have there been this month?

In addition, University of Worcester research staff will work with the individual Meeting Centres to collect feedback on the impact of the Meeting Centres Support Programme on health and well-being. It is expected that Meeting Centre staff will assist in completing a short set of questionnaires with members every 6 months. This will include standardised questionnaires such as the EuroQol 5 level instrument (EQ-5D)<sup>1</sup> and the Short Warwick Mental Well-Being Scale (SWEMWBS)<sup>2</sup>, the UCLA Loneliness scale<sup>3</sup> and a satisfaction questionnaire.

Where appropriate, it is expected that Meeting Centres will facilitate a meeting attended by University staff on how the Meeting Centre is helping members adjust to the challenges that dementia brings and to provide materials for illustrative case studies of how Meeting Centres have impacted on the lives of different members.

This evaluation process has been approved by the Research Ethics Committee at the University of Worcester CHLES18190018-R.

**EVIDENCE: The Meeting Centre provides the minimum data set as required by the Association for Dementia Studies at the University of Worcester [meetingcentres@worc.ac.uk](mailto:meetingcentres@worc.ac.uk)**

<sup>1</sup>(EQ-5D, UK(English) v2 ©2009 EuroQol Group. EQ-5D™ is a trademark of the EuroQol Group)

<sup>2</sup>Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved

<sup>3</sup>(© Russell, D. (1996) UCLA Loneliness Scale)

## The Magic

That makes a meeting centre

So the eye of the visitor who walks through the door

Sees no segregation

For that is our score

Firstly it's everyone's unique presence and cheer,

The fun the support the listening ear

The ingredients you will need:

One lovely building

That's happy and light

A view from the window

A few trees in sight

A genuine welcome, for each who arrives

From someone who is interested

In everyone's lives

The warmth of a circle and music that plays,

In the background to varied and interesting days

Links with other places

That offer us more

For a meeting centre works

Both sides of its door

What to leave out?

Now here are the things we want to leave out;

Like cliques in the kitchen

And the dinner served out

Share and pass around food together

Have all kinds of ideas for all kinds of weather

No uniforms, no labels, or separate spaces,

then Equality shows in everyone's faces

The method;  
Ask everyone regularly  
What they love to do  
And also remember to try something new

A facilitator is needed  
To juggle and balance  
For keeping things fair  
Takes experience and talents

Use as a guide the list of WHATS ON  
Be it massage, discussion  
Movement or song  
Ideas of the members  
Need to be foremost  
But inclusion of all  
Is what you will toast

And just like some friends  
Who are out on the lash  
Toss contributions, for food  
Through a kitty of cash

Combine imagination information  
And skills enjoyed in the past  
Add chat and meaning  
Think of a fun task

Timings and Temperature,  
Keep to the openness  
Of a place to drop in  
That is warm and inviting  
And welcomes all Kin

This poem is meant as a  
Momentous try  
To ensure, like the Red Kite,  
We soar and fly high!

# Acknowledgements and Thanks

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Yvie George for The Magic. Written with love for all Meeting Centres everywhere on completion of a year's learning at Leominster Meeting Centre.

Professor Dawn Brooker PhD CPsychol (clin) AFBPsS  
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