



Observatory for Sociopolitical Developments in Europe

National dementia strategies: Examples of good practice in Switzerland and Scotland

1. Dementia and the call for dementia strategies

Introduction by Maike Merkle, Observatory for Sociopolitical Developments in Europe

The risk of falling ill to dementia increases rapidly with age. An increase in such diseases can be expected due to rising life expectancies and the associated rise in the number of very old people: experts assume that the number of people with dementia across the world could triple by 2050, from 47 million today to 135 million.¹

The European Parliament (EP) and the umbrella association Alzheimer Europe (AE) have assumed for some time now that dementia will become one of the greatest challenges facing health and social services in Europe. The European Parliament therefore called on the member states in 2011 to make dementia a priority of health policies in the EU and to develop dedicated national strategies to deal with the social and political issues and the consequences for health.

National dementia strategies

Numerous countries in Europe have already worked out their own national dementia strategies, thereby setting targets to be achieved within a certain period of time. These strategies usually centre people with dementia themselves and on the question of maintaining a dignified, self-sufficient life despite dementia, and to enable them to stay as long as possible in their own homes. Appropriate measures and pilot projects have been initiated in the strategies to enable the necessary supervision, support and care to be provided.

The situation in Germany

Germany has not yet resolved a strategy, although it is working on one. Some 1.5 million people with dementia currently live in Germany. It is assumed that some 300.000 people with dementia are added each year, so that the number could double to around 3 million by 2050. The Alliance for People with Dementia (*Allianz für Menschen mit Demenz*) is an initiative launched by the German government and is a component of the demographic strategy in the form of a working group. The agenda adopted by the Alliance is the first milestone on the way towards a national dementia strategy. The Alliance started work in September 2012 under the joint guidance of both the German Ministry for Family Affairs, Senior, Citizens, Women and Youth (BMFSFJ) and the German Ministry of Health (BMG) and signed the agenda on the 15th September 2014. The implementation phase will be documented in an interim report in 2016 and will be finalised with a final report coming in 2018.²

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1 This estimate was published by the World Health Organisation (WHO) and applies only under the premise that medical progress or breakthroughs are not made with therapies or medicaments.
2 More information available at www.allianz-fuer-Demenz.de (in German).

National Alzheimer societies and their work

The work of Alzheimer societies in different countries is an important factor in drafting dementia strategies and in helping to implement them. This newsletter therefore reports on the work and projects undertaken by the Swiss Alzheimer's Association (*Schweizerische Alzheimervereinigung*) and by Alzheimer Scotland.

The **Swiss Alzheimer's Association** is made up of 21 sections. The principles to which the Swiss Alzheimer's Association is committed concern the right of people with dementia and their relatives to live in dignity and to improve the quality of their lives. Providing information about dementia and raising public awareness should lead to greater acceptance of people with dementia.

The Swiss Alzheimer's Association's contribution to this newsletter concerns action to increase knowledge about dementia among the general public. This action aims to remove the social taboos and to raise awareness of people with dementia and their relatives. Firstly, the dementia barometer (an instrument to gauge the attitudes of people towards people with dementia) is introduced. Secondly, a campaign to raise awareness is described as one of the first projects to be implemented under the dementia strategy.

Alzheimer Scotland is the leading Alzheimer society in Scotland. It stands up for the rights of people with dementia and their families. The main goals of Alzheimer Scotland are to enable the best possible development of provision and care for people with dementia and to propose health policy initiatives.

Alzheimer Scotland has developed a 5 pillar model in the context of post diagnostic support. These established structures are intended to ensure that people with dementia receive care and support for one year after their diagnosis. This gives people with dementia and their relatives the chance to come to terms with the disease and allows the victims to decide how they want to live the rest of their lives. The care and support given after the diagnosis helps the affected person to improve the quality of their lives and to avoid crisis situations.

In addition, an introduction is given to **Alzheimer Europe**, the European umbrella organisation of the national Alzheimer's societies. Alzheimer Europe supports the efforts and the calls for a European dementia strategy with the Glasgow Declaration.

Last but not least, thanks again to the Swiss Alzheimer's Association, to Alzheimer Scotland and to Alzheimer Europe for their informative articles and their continued commitment to improve the situation of those affected. The Observatory hopes that you enjoy the reading material.

2. Dementia can affect anyone – on the significance of a broadly based campaign to inform and to raise awareness

An article by Susanne Bandi, Swiss Alzheimer's Association

There has been a rapid rise in dementia diseases. Some 116.000 people with dementia currently live in Switzerland. Due to the ageing population, this figure is likely to increase dramatically and could triple by 2050. An adequate reaction to this development requires that the public at large becomes involved. Dementia is not only a challenge for health care policies, it is also a social issue – and perhaps a very pressing one. That is why it is useful to find out about the public's attitudes, opinions and knowledge – about dementia and about people with dementia. With regard to a national dementia strategy, the Swiss Alzheimer's Association commissioned the Gerontology Centre at Zurich University to conduct a representative survey. The survey is designed as a "barometer"; if it is repeated in future, it should be possible to identify any changes that have occurred.

Important dates:

World Alzheimer's Day, 21st September of each year since 1994, is a day on which Alzheimer's organisations around the world concentrate their efforts on raising awareness about Alzheimer's sufferers and their relatives. The entire week from 21st – 27th September has been nominated "Dementia Week" in Germany for the first time. Local alliances will be arranging a variety of events and campaigns. More information on events in Germany can be found in the event calendar published on-line by the German Alzheimer Society.

I. Infobox: First Ministerial Conference on Global Action Against Dementia in Geneva in March 2015

The First WHO Ministerial Conference on Global Action Against Dementia was held in Geneva on 16th – 17th March this year. The health ministers, research specialists, experts from practice and representatives of NGOs in Geneva discussed the changes that are likely to occur in the wake of the increasing number of people with dementia, and thereby again issued an unambiguous call for more research, better care and greater support for the (caring) relatives. The WHO currently forecasts that the number of people with dementia will triple by 2050, from 47m today to 135m.

At the aforesaid conference, Luxembourg announced that high priority will be given to dementia under the Luxembourg Presidency of the Council of the EU, which runs from July to December 2015.

To see the complete the programme of the Luxembourg Presidency, please click on this link:

www.eu2015lu.eu/en/la-presidence/a-propos-presidence/programme-et-priorites/PROGR_POLI-TIQUE_EN.pdf



Dementia barometer 2012 – the first national survey

A telephone survey of some 1.000 people was held in the autumn of 2012 in French-speaking Romandy, the German-speaking region and in Italian-speaking Ticino. The interview data (which featured an overbalance of older people and of females) were corrected by subsequent weighting for the descriptive evaluation. A differentiation was made in the data analysis (not lastly to account for possible distortions in the random sampling method) between those polled who had had contact to someone with dementia and those who had not.

General levels of knowledge about dementia

A large majority of those polled had at least heard of Alzheimer's and dementia; more than 70% believed that they were reasonably or even quite well informed about dementia. Some facts are indeed widely known:

- Over 90% know that there are still no vaccinations available today.
- 70% know that there are no medicaments at present that can cure Alzheimer's.
- Almost 70% realised that the number of people with dementia will rise.

However, there was a lack of knowledge when it came to the symptoms and to preventative action: asked about the symptoms of Alzheimer's or other forms of dementia, two thirds said loss of memory. Only a few, however, could spontaneously cite other abnormalities, such as difficulties in spatial orientation, changes in behaviour or transformations in personality. Yet over 90% of those asked recognised the three major symptoms from a list as being typical: *difficulty in remembering things that happened yesterday*, *problems in coping with everyday life* and *getting lost in familiar surroundings*. Nevertheless, quite a few other symptoms were incorrectly judged to be typical of dementia.

The fact that preventive action can lower the risk of dementia is not widely known amongst the Swiss public: just over half of those polled answered "yes" when asked if something could be done in younger years to avoid Alzheimer's or some other form of dementia diseases, before the first symptoms appear. A third spontaneously answered "no". When asked to name potential prevention strategies, a number of measures were deemed to be helpful, although one had the impression that these views were rather an expression of hope than of any great conviction.

Attitudes & opinions on and about people with dementia

It was apparent that dementia is a cause for concern among the public. Around 60% of those interviewed had already had direct contact with people with dementia. It is thus hardly surprising that the great majority believe that dementia is a problem that concerns society as a whole.

Dementia diseases affect not only the 116.000 people with dementia themselves, they also raise great concern among large parts of the population:

- Every fourth person is worried that they might suffer from a dementia disease one day.
- Every sixth person would rather not go on living after being diagnosed with dementia.
- Some 90% of those asked believe that the relatives of people with dementia are often or almost always overwhelmed.
- Something like half of those polled think that the relatives of people with dementia are seldom or hardly ever satisfied with their lives.
- In the German-speaking region of Switzerland, half of those asked believe that relatives are often or almost always ashamed that a member of their family has fallen ill. In the French-speaking Romandy region, in contrast, the figure is only 30%.

The general public is quite conscious of the problem. "Dementia-friendly" attitudes are also quite widespread:

- Over 90% said that they are not afraid of people with dementia, and almost 80% would not go out of their way to avoid an agitated person with dementia.
- On average, almost 80% believe that people with dementia realise when others are being kind to them.
- Around 60% said they could imagine looking after someone with dementia.

- Likewise, almost 80% think that we can do a lot today to improve the lives of people with dementia.

Summary

The positive attitudes towards people with dementia that were established are an encouraging start in tackling the social issues. The survey showed that the public at large are quite aware of the facts regarding dementia disease. However, the step from awareness to becoming involved requires a still higher consciousness of what dementia is. Ordinary people should be able to recognise the warning signs of dementia in themselves or their relatives in good time – and seek a diagnosis.

An early diagnosis helps to better come to terms with the disease. It provides access to information, advice, treatment and care. It is not only people with dementia and their relatives who profit from this: if admittance to a nursing home can be put off and if crisis situations and emergency stays in hospital can be avoided, this has positive effects on health and social costs.

Early recognition is one thing, exploiting the preventative measures is another. It is possible to keep your brain healthy. Measures to reduce the risk of dementia have been proven, but these are still too little known among the general public. Everything that is good for the heart and blood circulation – e.g. healthy nutrition and movement – has a positive effect on brain capacity. A healthy lifestyle can lower the risk of dementia.

The results of the survey make it clear that more work is required to provide information and raise awareness among the public at large. The dementia barometer also proved useful to the Alzheimer's Association when it came to drawing up a national dementia strategy. In March of the same year (2012), the Swiss parliament passed two motions calling for a common strategy to be put in place between the federal government and the cantons and to monitor the controllability of the dementia policies. A year and a half later, in November 2013, the federal government and the cantons resolved the National Dementia Strategy 2014–2017. This defines 18 goals broken down into four fields of action. The primary goal is to bring about a better quality of life for people with dementia and their relatives over the whole course of the disease.

Project remit: informing the public and raising awareness

The goals and the course of a project undertaken under the auspices of the Swiss dementia strategy are described below.

Health services in Switzerland are the responsibility of the 26 cantons. It is their job to implement the dementia strategy. Some goals have been defined as priorities and are being tackled at federal level. The project to inform the public and raise awareness is one of these. This project is overseen by the Swiss Alzheimer's Association and Pro Senectute of Switzerland.³

National Dementia Strategy 2014–2017, p. 21:

GOAL 1 of the strategy:

The general public is better informed about dementia disease. It is aware of the varied realities of the lives of people with dementia. Prejudices have been overcome and barriers removed.

Project 1.1

Information and activities to raise awareness aimed at the general public and local authorities. The content of the information should be aligned to the realities of everyday life in the different target groups and to the variety of support services. The information should furthermore promote solidarity and integration. People with dementia should be involved as actors.



³ Pro Senectute is the largest professional and service organisation in Switzerland and advises senior citizens free-of-charge in over 130 advisory centres throughout Switzerland. For further information visit www.pro-senectute.ch (in French, German, and Italian)

The three project goals: know – understand – act

Greater knowledge about dementia and a better understanding of the disease are of primary importance. The needs of people with dementia must be recognised and understood. This particularly concerns knowledge of the disease, the warning signs, the symptoms and its course. A big step towards a more dementia-friendly society would be taken if more people were to familiarise themselves with the subject. Those who are aware can act accordingly and help the families affected. Whether it be in private surroundings, as relatives, neighbours, colleagues or friends, whether it be in the every-day routine at work, as an employee in a bank, as a police officer, a hairdresser, a bus driver or a shop assistant.

Dementia campaign: dementia can affect anyone

The first national dementia campaign in Switzerland was entitled “Dementia can affect anyone”. It was launched at the end of May by the Alzheimer’s Association and Pro Senectute. Both organisations see the campaign as fulfilling the remit they were given under the national dementia strategy, and regard it as laying the cornerstone for further projects. It is a key project for the Alzheimer’s Association because the campaign aims to dismantle taboos and stigmas and to promote the integration of both people with dementia and their relatives. The campaign heightens awareness of the social relevance of dementia. It makes clear that dementia does not just affect people with dementia and their relatives, but rather the entire population. Dementia concerns everyone.

The campaign is intended to be a traditional, long-term drive to raise awareness. It imparts knowledge in the short-term and aims to change attitudes and behaviour over the medium-term. In contrast to other campaigns aimed at raising awareness (tobacco, stop aids), the impact of the dementia campaign cannot be gauged directly. The project management therefore commissioned a 0-measurement. The dementia barometer questionnaire was reduced and the campaign’s intended goals have been adapted. The survey will be repeated at some time in the future and should provide a significant indication of whether or not the campaign has been successful.

For further information about the Swiss Alzheimer’s Association’s work visit www.alz.ch (in French, German, and Italian)

For further information about the dementia campaign in Switzerland visit www.memo-info.ch (in French, German, and Italian)

3. Scotland’s Post Diagnostic Support commitment for people with dementia

An article by Jim Pearson, Alzheimer Scotland

Alzheimer Scotland has been a key partner in developing, delivering and monitoring the implementation of Scotland’s first and second National Dementia Strategies. This engagement is informed by Alzheimer Scotland’s vision for the change required if people with dementia and their partners, families and carers are to have access to timely, skilled and co-ordinated support, care and treatment, from diagnosis to end of life. This includes continued work to improve the experience of people with dementia in hospital and similar environments, and supporting our communities to become more supportive of people with dementia. High quality Post Diagnostic Support is a key part of that vision and an essential element of recognising the human rights of people with dementia, their families and carers.

The importance of the Post Diagnostic Support for the patients, their families and carers

The key aims of the national Post Diagnostic Support commitment are to deliver better individual outcomes for people living with dementia and to support service redesign



through efficient investment of resources. Compared to other chronic diseases, dementia makes the greatest contribution towards the need for care.⁴ Early intervention has been shown to have positive effects on the quality of life of both the person with dementia⁵ and their carer⁶. In addition early provision of support can delay more costly interventions such as admission to a care home:⁷ Evidence shows that enhanced post diagnostic care and support for people with dementia leads to a 27% reduction in the number of people with moderate to severe dementia living in care homes.⁸ High quality and person centred Post Diagnostic Support, recognises the human rights of people with dementia, and can deliver better personal outcomes for people with dementia, their families and carers. It can help them better understand the illness so that they are better equipped to manage the symptoms and maintain family, social and other community connections to continue to live well for longer at home and as part of their community.

Alzheimer Scotland's 5 Pillar Model of Post Diagnostic Support

Improving Post Diagnostic Support for people with a diagnosis of dementia was a key priority for improvement in Scotland's first and second National Dementia Strategies published in 2010 and 2013. On the 1 April 2013 the Scottish Government introduced a national commitment to guarantee people newly diagnosed with dementia a minimum period of Post Diagnostic Support, which is coordinated by a named Link Worker. The commitment is based on the 5 Pillar Model of Post Diagnostic Support developed by Alzheimer Scotland as part of a Scottish Government funded pilot tested in several test sites across Scotland.

The 5 Pillar Model was developed to be personalised, flexible, and delivered both proactively and sensitively by skilled and well-trained Link Workers. The minimum one year period of Post Diagnostic Support allows the Link Worker to work at a pace set by the individual and their family. This allows time to develop a supportive relationship. The model is not prescriptive and there is no systematic order in delivering this support; each person needs a unique approach and professionals will need to identify when that person and their family are ready to engage in each of the activity areas.

The five pillars key areas of activity are the followings:

1. Help to understand the illness and manage its symptoms – supporting people with dementia and their partners and families to come to terms with and better understand dementia so that they are better equipped to self-manage their condition. This pillar must involve the person's family and natural support network. It will mean breaking away from the traditional patient-professional model, to a more patient-family/network model of living with dementia.

2. Support Community Connections – Working closely with people aiming at: Maintenance and building on their existing social networks; Enhancement of their quality of life and planning of community activities and connections as well as Engagement with community development partners and organisations to help people with dementia continue to use and be fully included in mainstream community activity.

3. Peer support from other people with dementia and their families and carers – this is highly effective in helping people come to terms with the illness and find coping strategies, and in maintaining their wellbeing and resilience. A good example of peer support is the dementia cafés run by Alzheimer Scotland and others. These allow people with dementia, their families and carers to attend together, in a relaxed informal atmosphere, where they can have the opportunity to meet other people facing similar experiences.

4. Planning for future decision-making – support to set up powers of attorney and other statements of their wishes, such as advanced statements or directives, while they are able to make their own choices about the future. This often requires dealing with very sensitive issues in a skilled and informed manner.

5. Planning for future care – together with those around them, developing a personal plan with their choices, hopes and aspirations, which can guide professionals. Person-centred planning offers a variety of tools and techniques to assist this process. This



- 4 Prince M, Prina M & Guerchet M (2013) *World Alzheimer Report 2013 Journey of Caring: an analysis of long-term care for dementia report to Alzheimer Disease International.*
- 5 Banerjee S, Willis R, Matthews D, Contell F, Chan J & Murray J (2007): *Improving the quality of dementia care: an evaluation of the Croydon Memory Service Model International Journal of Geriatric Psychiatry 22:782-8.*
- 6 Mittelman MS, Roth DL, Clay OJ & Haley WE (2007): *Preserving the health of Alzheimer's caregivers: impact of a spouse caregiver intervention American Journal of Geriatric Psychiatry 15:780-9.*
- 7 Prince M, Prina M & Guerchet M (2013): *World Alzheimer Report 2013 Journey of Caring: an analysis of long-term care for dementia report to Alzheimer Disease International.*
- 8 Knapp M, Comas-Herrera A, Wittenberg R, Hu B, King D, Rehill A, Adelaja B (2014): *Scenarios of Dementia Care: What are the impacts on cost and quality of life?, Personal Services Research Unit, London School of Economics and Political Science, available at www.pssru.ac.uk/pdf/dp2878.pdf.*

approach has been used extensively in other fields of practice, but not previously with people with dementia.

Post-diagnostic Link Workers

Post diagnostic Link Workers come from a variety of health and social care professions and work mainly within community mental health teams. These include community psychiatric nurses, social workers and allied health professions such as occupational therapists. A significant proportion of the Link Workers in Scotland are employed by Alzheimer Scotland, funded by new integrated health and social care partnerships. Link Workers are expected to be trained to the enhanced level of Promoting Excellence⁹, a national training framework which sets out the knowledge, skills, and behaviours of health and social care staff working with people with dementia. In addition they are expected to undergo specific training in Post Diagnostic Support and the 5 Pillar Model.

The national commitment was based on an estimated incidence level of approx. 10,000 people per annum. The Scottish Government, in partnership with Alzheimer Scotland, developed a costing model and staff planning tool based on these incidence estimates, an anticipated diagnosis rate of 50% and on an individual Link Worker supporting approximately 50 families per year. At a national level this requires about 100 Link Workers to meet the initial demand for 5,000 people. It now appears that the incidence levels are higher and this and rates of diagnosis are currently being reviewed to inform decisions about levels of resourcing.

Conclusion

The Scottish Governments Post Diagnostic Support commitment is making a significant impact on the quality of life, improved resilience and individual outcomes for people with dementia and their families.

There are however, some differences in how health boards have developed the Post Diagnostic Support Link Worker role. In some areas the role is in addition to existing responsibilities and in others at a lower professional grade. In many cases the role has received temporary funding. This has led to some of the variation and we have seen an increase in waiting times in some areas and reductions in quality of Post Diagnostic Support.

Nevertheless there remains a strong Scottish Government commitment to ensuring that the Post Diagnostic Support is delivered as intended. Alzheimer Scotland continues to work with the Scottish Government and local partners to ensure that Post Diagnostic Support is properly resourced to meet the levels of incidence in Scotland and delivered by skilled and appropriately trained Link Workers.

For further information about Alzheimer Scotland visit www.alzscot.org

4. The European cooperation: a summary of the work undertaken by Alzheimer Europe

An article by Alex Teligadas, Alzheimer Europe

Alzheimer Europe (AE) is an NGO aiming to raise awareness of all forms of dementia. Formed in 1996, AE is based in Luxembourg and operates a common European platform through co-operation among its 33 members, which are all active Alzheimer organisations in Europe.

AE is primarily a lobbying organisation that promotes dementia awareness, care and research within the EU institutions. This effort includes the European Alzheimer's Alliance, a group of 107 MEPs in the European Parliament that aims to make dementia a health priority.



⁹ Scottish Government (2011): Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers, available at <http://www.gov.scot/Publications/2011/05/31085332/0>.

In addition, AE is a source of information on all aspects of dementia, including annual research publications that focus on specific topics. AE's 2015 research reports focus on the ethical dilemmas faced by professional carers of people with dementia and on the efforts of AE members to move towards a dementia-friendly Europe. AE also publishes the "Dementia in Europe" magazine and delivers a monthly newsletter to more than 5,800 subscribers.

In 2006, AE and its members adopted the Paris Declaration which outlined a European plan to combat dementia. Two years later, AE participated in the French EU Presidency conference on dementia and also supported the European Parliament's declaration on dementia that was signed by 465 MEPs.

As a result, the European Commission passed its 2009 Alzheimer Initiative, leading to the creation of funding instruments that still operate today. These include the *Joint Programme – Neurodegenerative Disease Research (JPND)*, *Innovative Medicines Initiative (IMI)*, the *ALCOVE Joint EU Action* and *Horizon2020*, which is the newest funding programme. AE is an active participant in many projects funded by these bodies and will also take part in the *2nd Joint EU Action* on dementia that launched in 2015.

On a national level, AE's member associations have always been at the forefront of efforts to establish dementia strategies in their countries. The main thrust of these efforts is to launch national action plans for dementia care and to secure the necessary funds to implement them. Currently, there are operational national strategies in a dozen European countries and the past year has seen strategy launches in Greece, Ireland, Italy, and Malta.

AE's popular annual conferences attract people with varied backgrounds in dementia. This includes people with dementia, their carers, representatives of national Alzheimer associations, healthcare professionals, academics and researchers, as well as policy makers. This year, the 25th Alzheimer Europe Conference will take place in Ljubljana, Slovenia on 2 – 4 September 2015 under the theme "Dementia: putting strategies and research into practice".

At the 2014 conference in Glasgow, AE and its members adopted the Glasgow Declaration, a policy statement that calls for the creation of a European Dementia Strategy and national strategies in every country in Europe. The signatories also call upon world leaders to recognise dementia as a public health priority and to develop a global action plan on dementia.

As of early July, AE has gathered 3,000 signatories to the Glasgow Declaration and expects to reach its target of 10,000 signatures by December 2015. Jean Georges, Executive Director of Alzheimer Europe, said: "In Europe, there are many good examples of collaborative initiatives on dementia. The time has come now to bring these initiatives together under a comprehensive European strategy. The new Commission President should appoint a Commission official to coordinate all ongoing EU initiatives and link them with global developments by the G7, G20 or the World Health Organisation." Alzheimer Europe invites all the readers of this article to sign the Glasgow Declaration and help make dementia a European priority.¹⁰

For further information about Alzheimer Europe visit

www.alzheimer-europe.org

@AlzheimerEurope on Twitter

II. Infobox: the European Parliament's call to act

"MEPs call for dementia to be made an EU health priority and urge Member States to develop dedicated national plans and strategies to help alleviate Alzheimer's disease. [...] These strategies should address the social and health consequences, as well as provide services and support people with dementia and their families."

To see the complete document, please click on this link:
www.europarl.europa.eu/news/en/news-room/content/20110119IPR11964/html/Call-to-act-on-Alzheimer's-disease

¹⁰ You can sign the Glasgow Declaration here:
www.alzheimer-europe.org/Policy-in-Practice2/Glasgow-Declaration-2014

5. News from the Observatory

The Observatory analyses socio-political developments at a European level and their impact on Germany. To this end, it prepares comparative European analyses, monitors European policy developments and organises international events.

A summary of the topics currently being addressed by the Observatory is given below:

1. Policies and care for senior citizens: At the end of 2015, the Observatory will publish the working paper “*National dementia strategies – a European comparison*”.

A meeting of international experts has also been arranged in early October – the documentation of the event will be published soon afterwards.

2. Social Innovation: The Observatory will continue to research topics such as “Social Innovation 4.0” or “scaling of Social Innovations” in future.

3. Gender equality: the Observatory monitors developments in the European debate concerning gender equality. It will be publishing a study into the regulation of prostitution in EU Member States in the autumn of 2015.

4. Social services in Europe: the Observatory is now preparing an analysis of current developments regarding social services in Europe. It furthermore will publish a comparative work paper on the forms of Islamic welfare associations in Europe.

5. Family and reconciliation: reconciliation policy is a dynamic field and the Observatory monitors developments throughout Europe. The Observatory will soon publish a working paper on LGBTI-policy in European countries.

6. Child and youth policy: the Observatory organises an international dialogue on anti-discrimination policies and on the prevention of Islamism amongst young people. The next newsletter will be devoted to these topics.

Up-to-date information on our project’s work are available on our website:

www.sociopolitical-observatory.eu

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