



Dementia Strategy

**A draft plan of what we want to do
between 2026 and 2036**

How to use this document



This is an Easy Read version of: **Dementia Strategy 2026 – 2036.**



There is also a Response Form to go with this document. You might need help to read it. Ask someone you know to help you.



Words in **bold blue** may be hard to understand. You can check what they mean on **page 40.**



Llywodraeth Cymru
Welsh Government

Where the document says **we**, this means **Welsh Government.** For more information contact:

Website:

www.gov.wales/draft-dementia-strategy-wales-2026-2036

Email:

mentalhealthandvulnerablegroups@gov.wales



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What this is about



Welsh Government is making a new **Dementia** Strategy to run from 2026 to 2036.



A strategy is a plan. This is a plan for what we need to do to improve the lives of people living with **Dementia**.



Dementia is a condition that affect the brain. It makes it harder to remember, think and do things. There are different types of **Dementia**. The most common type is called Alzheimer's disease.



This is a draft strategy. This means it is not the final version.



We want to find out what people think about this strategy. We will listen to what people have to say and make changes.



This will replace the Dementia Action Plan that came out in 2018.



The Dementia Strategy aims to improve **Dementia** care and support across Wales.

How to respond



Please respond by completing the online response form. Or you can email it to: Email: mentalhealthandvulnerablegroups@gov.wales



You can also post your answers to:
Mental Health and Vulnerable Groups
Welsh Government
Cathays Park
Cardiff
CF10 3NQ.



Having your own discussions

If you would like to respond as a group. Please email: mentalhealthandvulnerablegroups@gov.wales

How we use your personal information



The Welsh Government will be looking after any personal information you send us.



We will follow a law called UK General Data Protection Regulation (UK GDPR).



If you would like an Easy Read version of how we use your information, please contact us:

Data Protection Officer
Welsh Government
Cathays Park
Cardiff
CF10 3NQ



Email: dataprotectionofficer@gov.wales



What has been done so far

Our last plan, **Dementia** Action Plan, came out in 2018.



The plan set out how Wales would become **Dementia** friendly.



We found out the plan improved the lives of people with **Dementia**. But we also learnt there is more to do to improve people's lives and care.



There are a number of things we need to do in the new strategy.



We have spoken to many people to be involved with this work. In 2024 we asked questions about what we should do in the new strategy.



We believe this new strategy must be made by working closely with others.



This document is a chance for people to have a say on what will be included in the final strategy.

What we want Wales to look like for people living with Dementia



Wales will be a place where people with **Dementia** are respected and supported to live independently in their communities.



People in society will understand **Dementia** better.



People living with **Dementia** will get the care and treatment they need.

Things to think about



We want to make sure the new **Dementia** strategy focuses on the things that matter most to people.



Person-centred: Offering care and support which right for each person.



Rights-based approach: Supporting people to develop their own strengths and to make decisions about their own health and care. Making sure care and support respects people.



Co-production: A way of working where people with lived experience and organisations work together to improve services.



People are treated equally and fairly: This means treating people equally, whoever they are. Also making sure they are included and not left out.



Making sure people are not waiting a long time to be diagnosed. Or waiting for support.



Supporting people to look after the health of their brains.



Services should also work together well. This will help make sure people get the best support.



There will be the right support for unpaid carers and families. We will recognise the rights that unpaid carers and families have.



We will make sure staff working across health and social care understand **Dementia**.



We will support research into **Dementia**.

Important areas for the next Dementia strategy

There are 7 areas we will focus on in the new strategy. We will now talk more about each area.

1. Reducing the risk of Dementia



Some types of **Dementia** can be reduced or delayed. This is through lifestyle changes.



It is never too early or too late to think about your brain health.



Learning new skills, being social, and staying mentally active can improve brain health. Even in later life. Small changes can support good brain health.



Research shows that nearly half of all **Dementia** cases worldwide could be prevented or delayed.

These are the risk factors in life we can change:

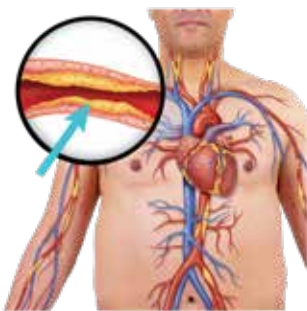


- Having less education in early life.



- Hearing loss.

- Depression.



- Brain injury.

- Cholesterol - this is a substance that affects the heart. It is caused by things like high fat food.



- Lack of exercise.



- Diabetes - this is a health condition that affects how the body processes sugar in the blood.



- Smoking.

- High blood pressure.

- Being overweight.

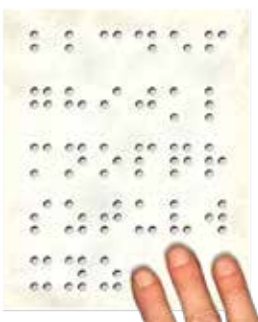


- Social isolation later in life. This means being cut off from other people.



- Drinking too much alcohol.

- Air pollution.



- Sight loss.

Doing things to keep your brains healthy

This means doing things like:



- Being active.



- Healthy diet.



- Drinking less alcohol.
- Being social - which is seeing friends and speaking to people.



- Supporting mental wellbeing.
- Stopping smoking.

Activities that challenge your mind



- Like learning something new, solving puzzles.



- Being social or having good conversations can support the brain.



Supportive, **Dementia**-friendly communities can make a big difference.



For example, for Welsh speakers, being able to continue to speak Welsh can help people remain socially active.

2. Raising awareness and understanding of Dementia



We must make sure we communicate in ways people can understand.



We need to think of the range of needs people have. For example, people with a learning disability.



By doing this we can make sure we improve people's understanding of **Dementia**.



Social prescribing can help people recognise their needs and strengths.



Social prescribing helps connect people to groups and services in the community. It is a way to help them manage their health and wellbeing.



It supports people to connect with their communities for support with their personal health and wellbeing



It can mean getting support to improve their lifestyle or get involved in their community. But it can have many more benefits.



For this to work we need to know what services are available in communities. We sometimes call these community assets.

People who are at greater risk of Dementia



Our Dementia strategy will be for the whole population. But some groups are at a greater risk.

Age



Most people with **Dementia** are over 65. But many people in the UK under 65 also live with **Dementia**.

Black, Asian and Minority Ethnic groups.



Dementia is higher in some Black, Asian and Minority Ethnic groups.



Women are more likely to develop **Dementia**.

People with learning disabilities



People with learning disabilities are more likely to develop **Dementia**.



Also, they may not present the symptoms in the same way. **Dementia** may progress more quickly. This is due to late **diagnosis** and other health conditions.



Diagnosis means checking someone's health and doing tests to see if they have a health condition.



The risk is high for people with Down's Syndrome.

People with a poor quality of life or physical or social isolation.



Social isolation is about being cut off from people or services. Being less involved with the community can affect brain health.



We need to make sure people can recognise early signs and symptoms of **Dementia**. Also to understand the benefits of a **diagnosis**.

3. Improving Dementia diagnosis, treatment, care and support

Diagnosis of Dementia



A **Dementia** diagnosis is important to make sure people have access to information and support services.



Early **diagnosis** and support can support someone to live as well as possible with their condition.



Supporting brain health is still really important after a **diagnosis**. Early support can help with symptoms. It can mean less hospital admissions. It can also help with independence.

Treating people equally and fairly



All people must have access to good and timely support. We must think about:



- People on a low-income and the difficulties they may face. For example, accessing services due to cost, transport, or life pressures.



- Rural communities often have less access to some services.



- Services must understand and include all communities.



- Language differences can affect communication and understanding during **diagnosis** and care.



- Disability and health issues: disabled people, and people with health conditions, may need specific support.



- Digital services: Services are working online more. But not everyone can use these or access them.

Meeting the Needs of Other Language Speakers in Dementia Care



We must support people who speak other languages and make sure they are treated fairly. This includes the Welsh language.



Welsh speakers have the right to receive services in Welsh.

British Sign Language - BSL



People who are Deaf and use BSL face difficulties in accessing **Dementia** care. Services should:

- Offer access to qualified BSL interpreters.
- Provide **Dementia** information in BSL.
- Train staff in Deaf awareness.



Other languages



For speakers of other languages, services should:

- Offer interpretation and translation services.
- Provide materials and support for people from diverse backgrounds.
- Make sure staff are well trained to understand the needs of groups of people.

Assessment and Support for Mild Cognitive Impairment



Mild Cognitive Impairment is when someone has problems with memory or other thinking skills. But they are milder than **Dementia**.



It is important to support people with Mild Cognitive Impairment. It does not always lead to **Dementia**. But early support can improve brain health.

Support after a Dementia diagnosis



People must get ongoing support after a **diagnosis**. The support must be person-centred and right for that person.



An important part is a **Dementia** Connector. This is a person who is a main point of contact with the person and services.



The **Dementia** Connector provides practical support and emotional support. This support is for the person, family and unpaid carers.

Person-Centred Care and planning



Care plans must be based on each person's needs and choices.



They must also look at the future. And what happens if someone can no longer make decisions.



These care plans will also make sure people receive the right treatment, support and therapies for **Dementia**.



Everyone should have access to person-centred care that supports people to be independent.

Dementia treatment



There is no cure yet for **Dementia**. But treatment options are growing as we learn more about it.



There are different types of treatment and support options.



There are ways to find **Dementia** early on. This research keeps growing.

People with learning disabilities



People with learning disabilities are at higher risk of developing **Dementia**. This is often at a younger age.

Diagnosis can be missed if symptoms are mistaken for other issues. It is important to make sure there is:



- Accessible information about **Dementia** risk factors and signs.



- Access to annual health checks that include **Dementia** risk assessment. A risk assessment is a check that looks at what makes a person at risk.



- Equal and fair access to memory services and support.

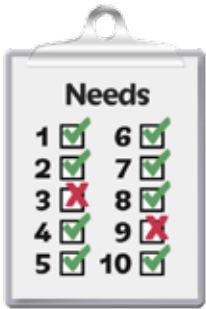


- Communication support and how people communicate in different ways.

Young onset Dementia



Young onset **Dementia** affects people in their 40s to early 60s.



Support needs to be right for this group and people's needs.

Women



Women are known to have a higher risk of **Dementia**.



We must make sure services are right for women.

Rural communities



Living in rural areas can affect access to **diagnosis** and support. We need to make sure people get the support they need on time.



This is also true for unpaid carers living in rural communities.

Ethnic Minority Communities



People from a range of backgrounds need to be understood and supported in ways that are right for them. Important areas to look at are:



- Making sure info is given in a way people can understand.

- Making sure there is access to language interpreters.



- Training for staff.

4. Supporting unpaid carers of people living with Dementia



Unpaid carers play a big role in supporting people living with **Dementia**. Carers need support too. For example:



- Respite care. This means short breaks and options to support carer wellbeing.



- Emotional support.



- Training and information about Dementia. This can help as it progresses.



- Crisis support to help carers in urgent or difficult situations.



Carers may also need support with things like benefits and social prescribing.



Local councils have a duty to involve carers in decisions and kept informed.



Health boards should make sure carers are included in the development of care and treatment plans.



A new National Strategy for Unpaid Carers will be published in 2026.

5. Supporting staff



It is important that staff are well trained to provide high quality **Dementia** care. They should be kind and confident in their job.



Dementia is a difficult condition. Staff need to be trained to understand this for patients and their carers.



There must be enough staff to support people.

6. Supporting Dementia research



We want to look at how research can be developed.



A clear research plan will be developed to look at gaps. Also to look at research carried out in the UK and the world.

Some important areas for research are:



- Young onset and rarer **Dementias**.
- Dementia and having other health issues.



- People with learning disabilities - Looking at how Dementia grows. Then making sure people have the right support.

7. Good Management



Good management is important to deliver a **Dementia** strategy well. This needs strong leadership, working together well and checking the work.



It is also important to make sure people are fully involved in checking it is working. Co-production must be central to the work.



There must also be a range of ways people can share their views.



We will create groups to help us carry out our plan. These groups will include many people, including people who have dementia.



We will check to see our plan is working well. We will share an update every year to tell you how things are going.

Hard words

Co-production

This is a way of working where people with lived experience and organisations work together to improve services.

Dementia

This is a condition that affect the brain. It makes it harder to remember, think and do things. There are different types of Dementia. The most common type is called Alzheimer's disease.

Diagnosis

Diagnosis means checking someone's health and doing tests to see if they have a health condition.

Social prescribing

Social prescribing helps connect people to groups and services in the community. It is a way to help them manage their health and wellbeing.