

A Co-designed, Culturally Tailored Community Engagement To Improve Dementia Awareness Among British South Asian Communities

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Background

- **Higher dementia risk** among British South Asian communities compared with White British populations.
- **Earlier age of diagnosis**, highlighting the need for timely detection and intervention.
- **Ethnicity accounts for 9.7%** of the population-attributable dementia risk.

Key Barriers

Dementia is often perceived as a **normal part of ageing**. **Cultural stigma** and family concealment delay help-seeking. **Language barriers** and limited health literacy reduce awareness. **Mistrust of healthcare services** hinders engagement with diagnosis and care.

Consequences

Delayed, crisis-stage diagnosis and reduced opportunities for early intervention. **Low uptake of dementia support services**. **Conventional awareness campaigns** often fail to reach these communities. **Existing resources lack cultural and linguistic accessibility**.

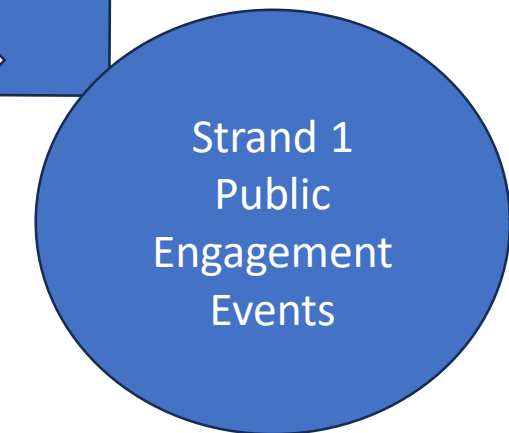
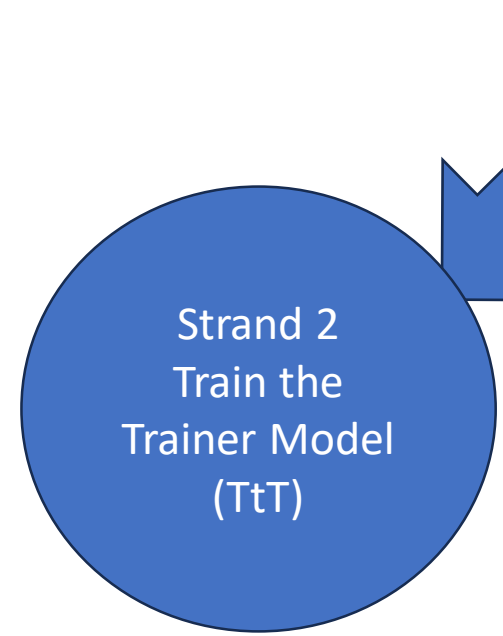
Our Solution: Connect Culture with Care (CCC) Education Toolkit

CCC toolkit won London Social Venture competition 2025

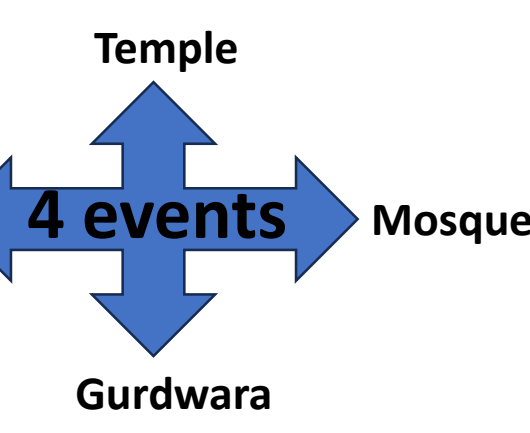


Methodology: A mixed method qualitative approach

72~
18
Facilitators



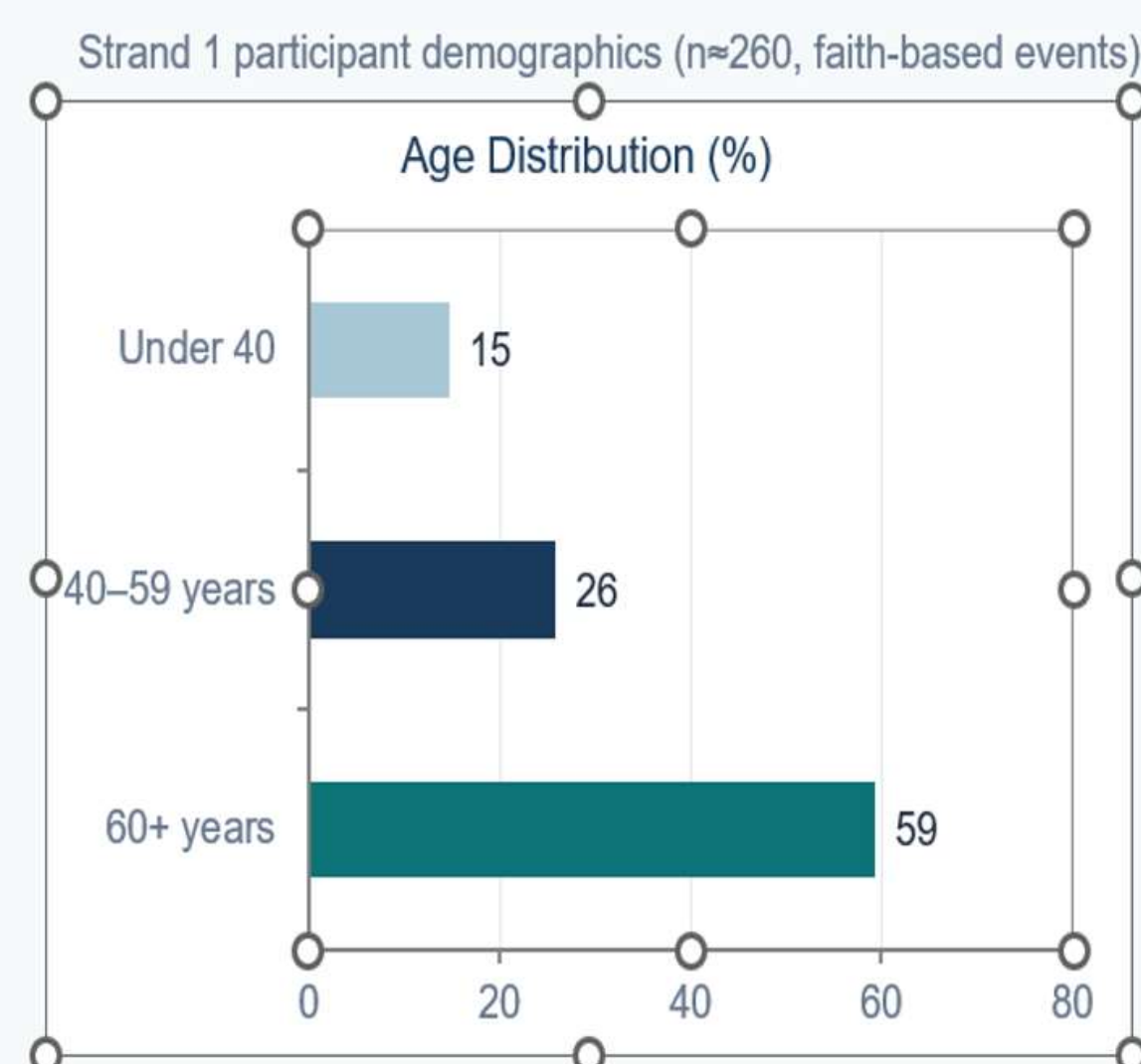
260~



CCC tool kit
background

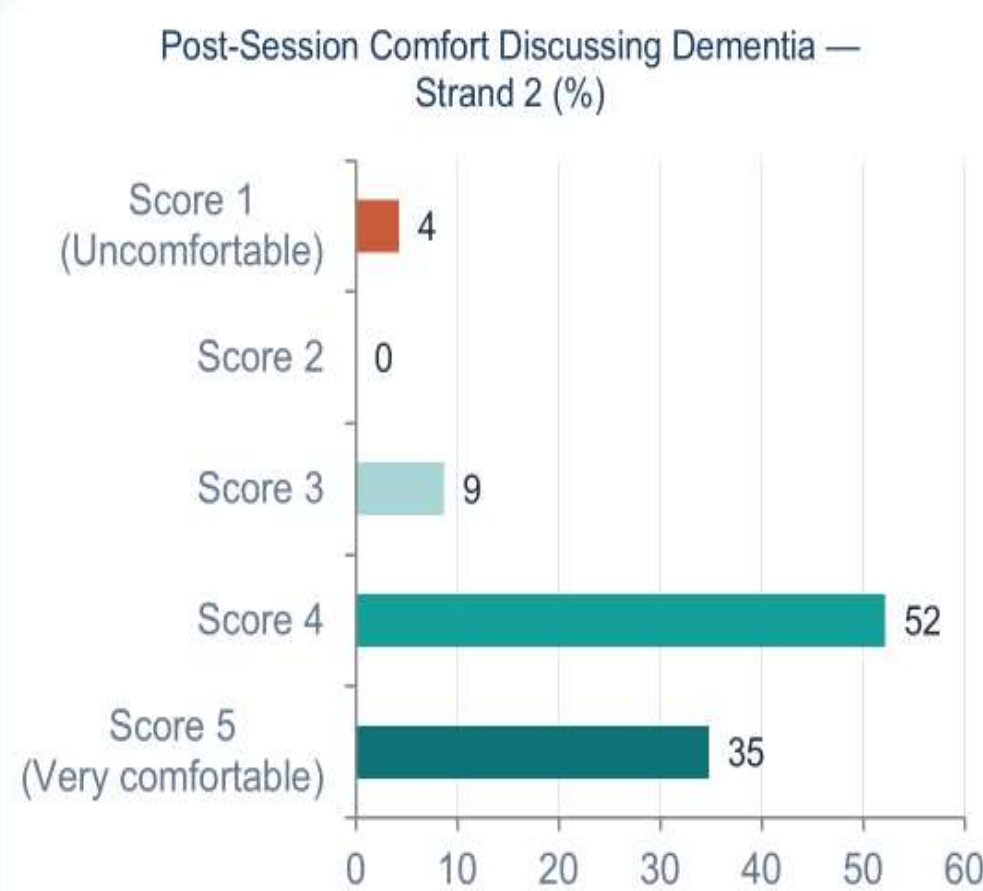
Results

Who Did We Reach?



Knowledge Change & Stigma Reduction

Research Questions 1 & 2 — findings across both strands



87%

scored 4 or 5 — comfortable discussing dementia

Post-Session Dementia Definition — Strand 2

Definition	%
Brain illness affecting memory & thinking	68.2%
Only affects memory (misconception)	22.7%
Normal part of ageing (misconception)	9.1%

What Participants Valued Most

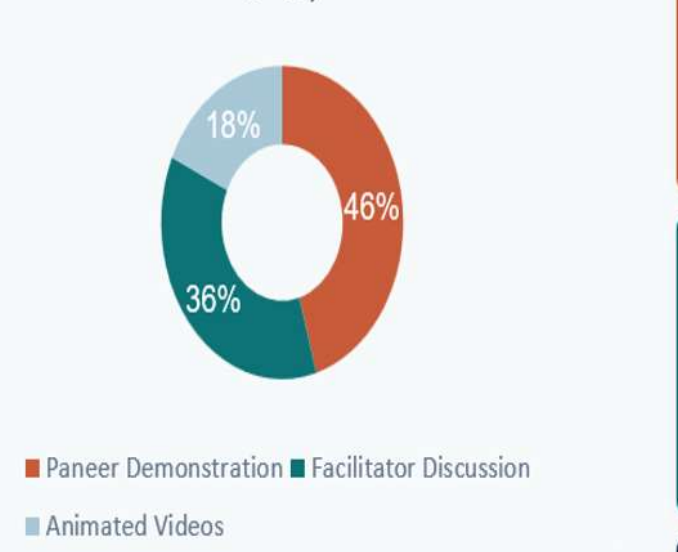
Thematic analysis — Strand 1 open-ended responses (n=260)



What Worked Best?

Toolkit component engagement across both strands

Most Engaging Component (Strand 2, n=44)



■ Paneeer Demonstration ■ Facilitator Discussion
■ Animated Videos

Paneeer Demonstration rated most effective in BOTH delivery strands - experiential, embodied, culturally resonant

Cross-Strand Synthesis

Where the two delivery contexts converge and diverge

CONVERGENT FINDINGS — consistent across faith-based events (n=260) and TTT pilot (n=44)

- ✓ Paneeer Demonstration: most effective component in both strands
- ✓ Trusted community settings: enabling condition for open engagement
- ✓ Multilingual delivery: essential, not supplementary
- ✓ High overall satisfaction and comfort post-session

Strand 1 adds

Breadth: 300+ reach - Demographic range - Real-time multilingual delivery at scale

Strand 2 adds

Depth: facilitator experience - signposting gaps - TTT enablers - implementation learning

Implementation Findings

Train-the-Trainer model and the role of trusted settings

TTT Model — What Enabled Success

- Free training removed financial barriers for volunteers
- Organisational reimbursement acknowledged community contribution
- Certificates validated facilitator involvement
- WhatsApp group sustained peer support between sessions
- Script + handbook gave structure with flexibility
- LSV/Care City backing provided institutional credibility

Trusted Settings Effect

- Both faith venues & community orgs enabled open discussion
- Non-clinical environment reduced stigma barriers
- Social familiarity lowered threshold for engagement

Gaps Identified

- Signposting: facilitators uncertain on clinical follow-on questions
- Language: Gujarati and Tamil materials requested
- Printed physical takeaways preferred over digital links
- Session information density felt dense for some older adults

Take Home Message

Culturally tailored, community-led dementia education can reduce stigma, improve dementia literacy, and promote earlier engagement with dementia care among British South Asian communities. The Connect Culture with Care (CCC) Education Toolkit provides a scalable model to support more equitable dementia care.

4 Collaborations & more is under progress