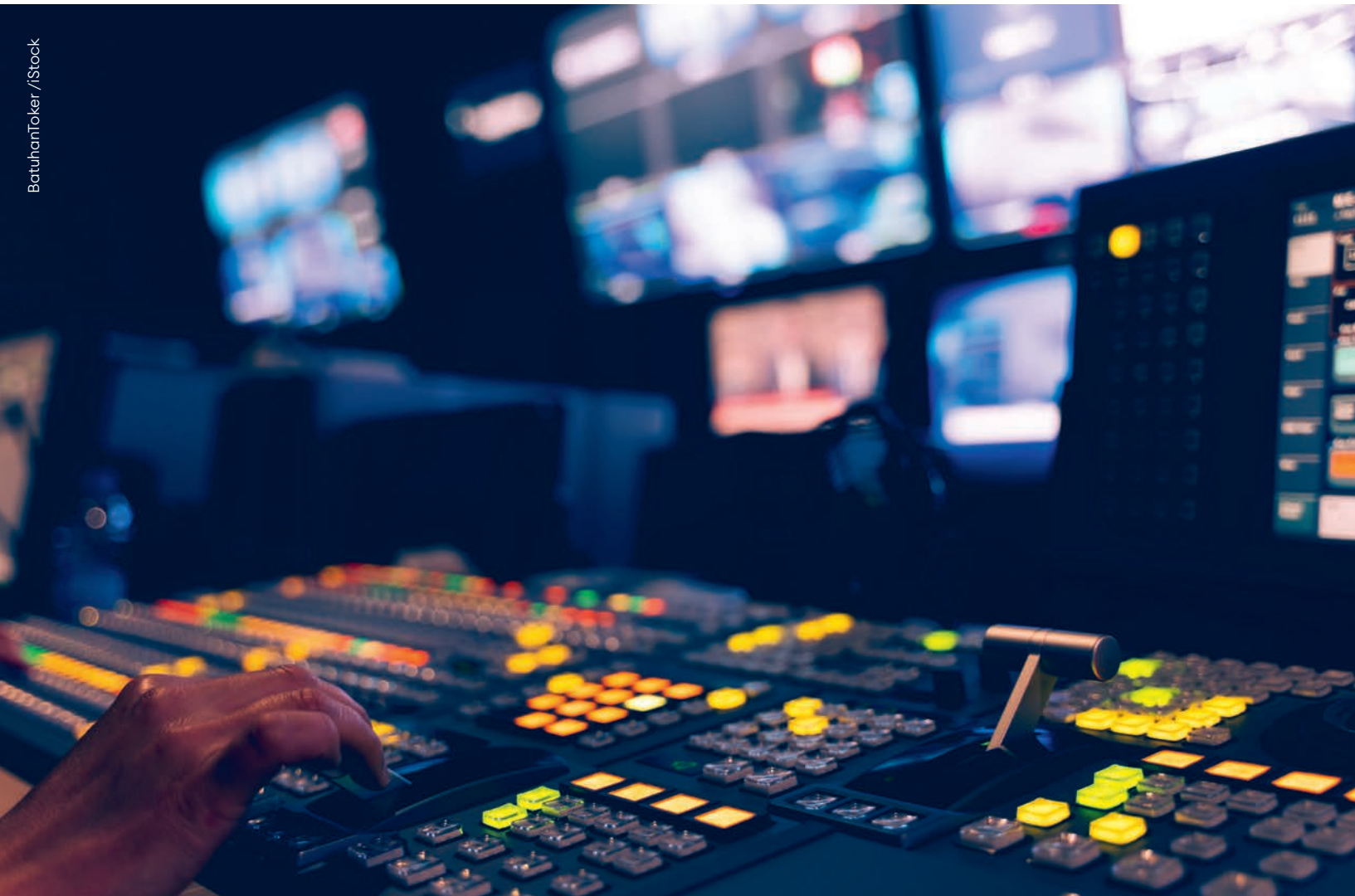
My Life Films

The inclusive screen

How to make TV dementia-friendly



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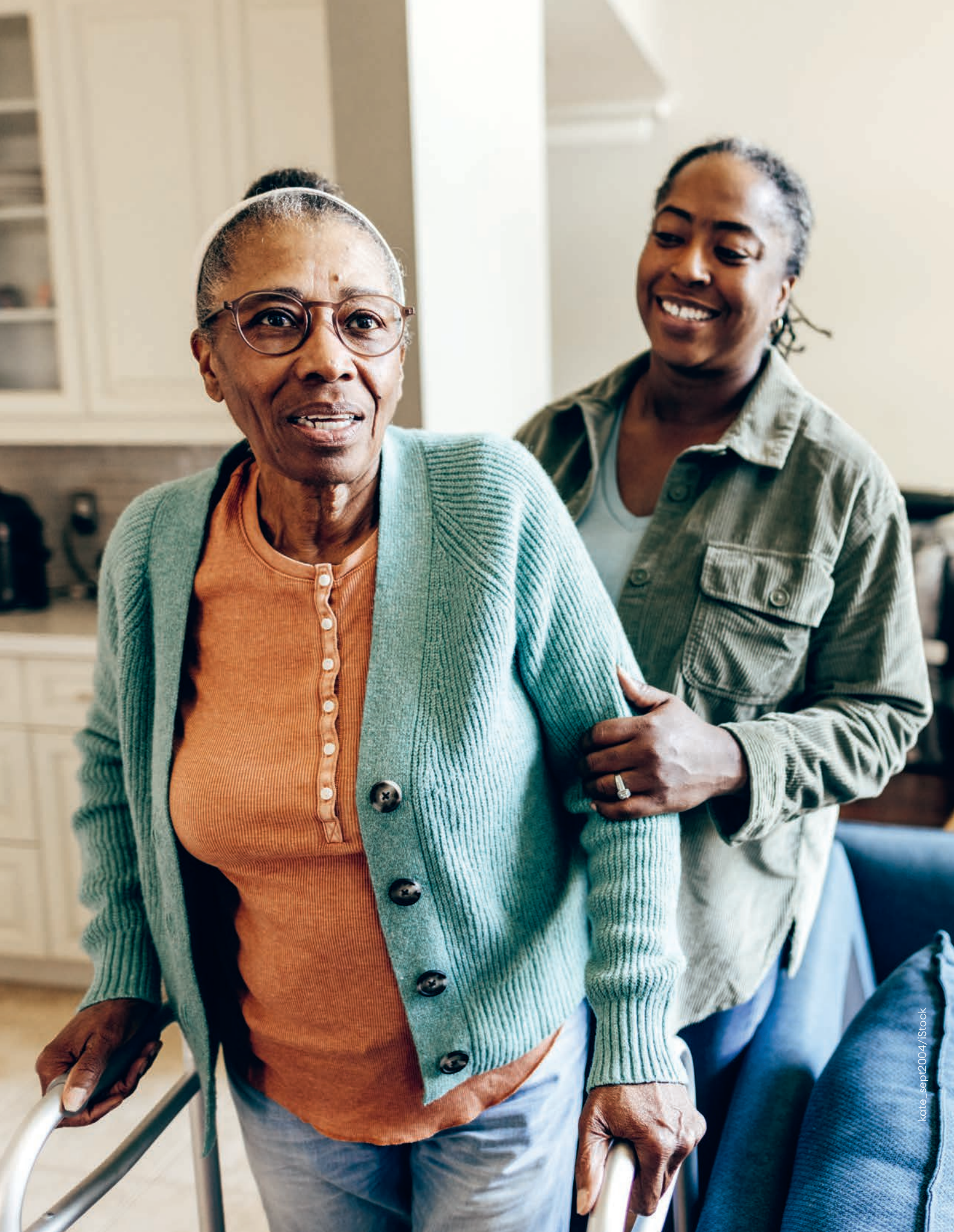

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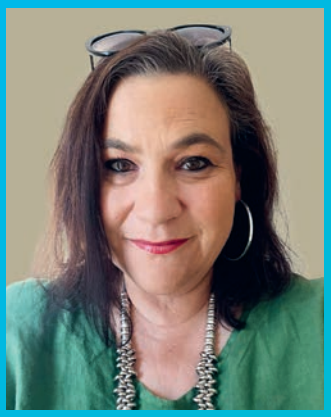


Hilary Woodhead, CEO – National Activity Providers Association (NAPA)

Nearly a million people in the UK are living with dementia today, a figure projected to rise to 1.4 million within the next 15 years. Behind these numbers are individuals who deserve opportunities to connect deeply with others, to enjoy meaningful stimulation, and to experience moments of joy every single day.

At NAPA, our mission is to champion activity, arts, and engagement as fundamental to good care. As the sector faces unprecedented pressure, with a stretched workforce and increasing complexity of need, partnerships that drive innovation and deliver real-world outcomes have never been more critical.

This report demonstrates what is possible when expertise in activity provision, evidence-based research and digital innovation come together. By working with a wide range of partners, including carers and allied professionals, My Life Films have been able to explore how dementia-friendly TV can be transformed from a passive pastime into a purposeful tool for connection, wellbeing, and inclusion.

Too often, traditional television is inaccessible to people living with dementia, with rapid pacing or complex storylines that can cause confusion or distress. The dementia-inclusive approach set out here proves that, when thoughtfully designed and co-produced with those with lived experience, TV can support reminiscence and participation, outcomes that are central to person-centred engagement.

What makes this work particularly significant is its focus on impact. The ten guiding principles and production recommendations in this report provide the sector with a practical framework for embedding dementia-friendly TV as part of wider activity programmes. The emphasis on accessibility, cultural relevance, and generational appropriateness ensures that the approach is scalable across diverse settings.

NAPA is proud to champion The My Life Films approach, it shows how partnerships can help the sector harness technology to extend reach, improve quality of life, and reduce inequalities in access to meaningful engagement.

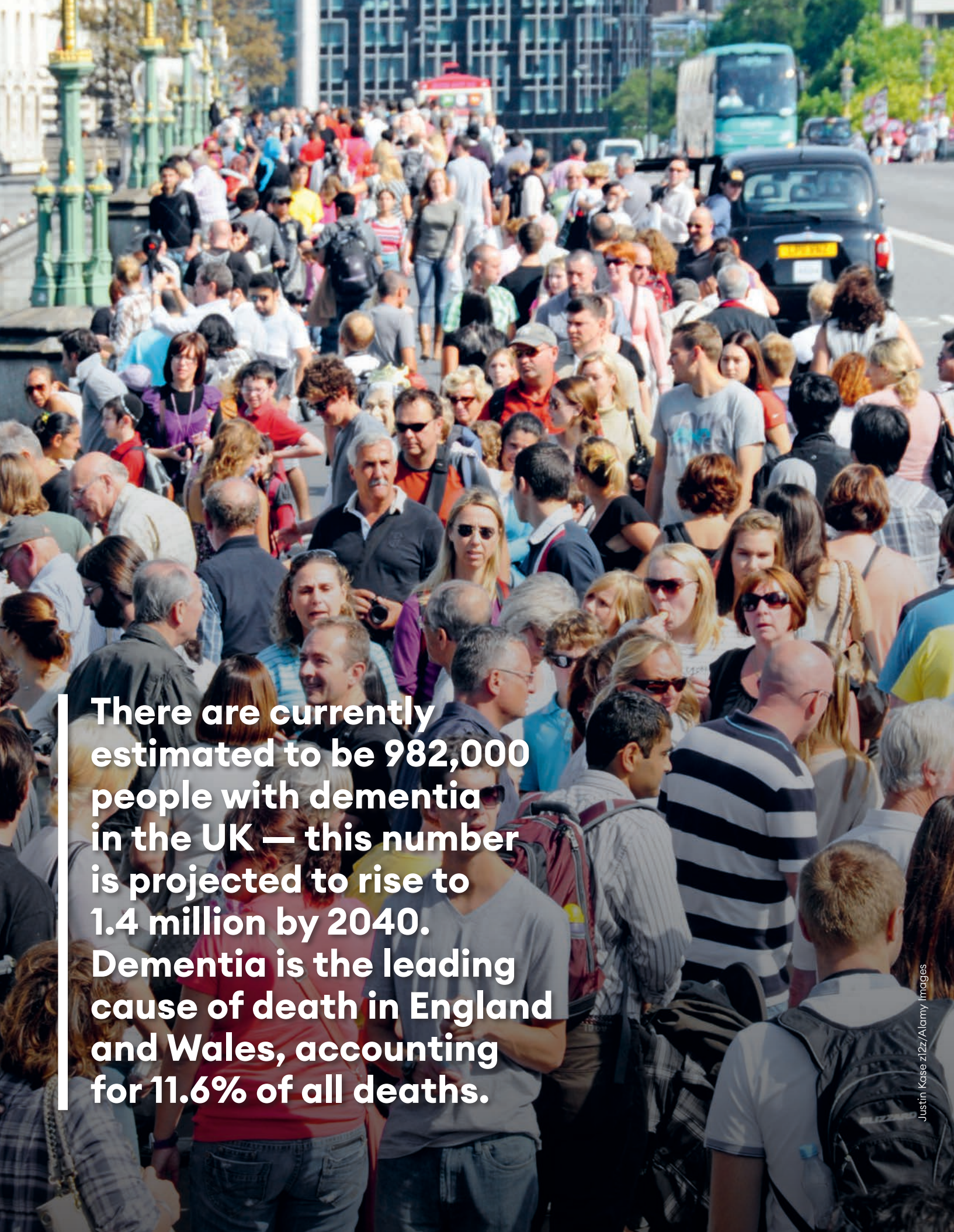
My Life Films

My Life Films is a UK-registered charity dedicated to improving the lives of people affected by dementia.

We are passionate about the power of film and television to bring people deep connection, wide-ranging stimulation, and moments of pure joy. We know however that people living with dementia are often excluded from, and even distressed by, many mainstream television programmes– the plots might be too complex, the music, too loud.

Through our on-demand streaming service, My Life TV, we offer dementia-friendly television to thousands of people at home and in care across the UK every year– improving mood, reducing anxiety, and providing vital respite for carers at home, and enjoyable and stimulating group activities for care staff in care home settings.

My Life TV offers a wide variety of carefully selected and created content to meet the cognitive needs of people living with dementia. The wide range of programmes include specially produced quizzes, singalongs, drawing, and chair yoga, as well as animal and nature programmes, feel-good content, popular shows from the 1960s onwards and more.



There are currently estimated to be 982,000 people with dementia in the UK — this number is projected to rise to 1.4 million by 2040. Dementia is the leading cause of death in England and Wales, accounting for 11.6% of all deaths.

Justin Kase z12z/Alamy Images

Background

What is dementia?

Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily tasks. The symptoms may include memory loss, difficulty concentrating, confusion, problems with language and understanding any changes in behaviour. Dementia affects each person in a different way, depending on the underlying cause, other health conditions, and the person's cognitive functioning before becoming ill[1].

Around 19 out of 20 people will have one of four main types of dementia. The four most common forms of dementia are: Alzheimer's disease, vascular dementia, dementia with Lewy bodies and frontotemporal dementia. A person may also have mixed dementia where they have symptoms of more than one type[2].

Dementia is more common among women than men and typically affects people over the age of 65, although dementia can affect younger people too[3]. In the UK, one in 11 people over the age of 65 have dementia[4]. The mean age at diagnosis of dementia is 83.3 years for women and 80 years for men[5].

There are currently estimated to be 982,000 people with dementia in the UK–this number is projected to rise to 1.4 million by 2040[6]. Dementia is the leading cause of death in England and Wales, accounting for 11.6% of all deaths[7].

How does TV impact people living with dementia?

It is important to distinguish between "traditional" TV by which we mean TV that is made for mainstream audiences and "dementia-friendly" TV which is produced or curated with people living with dementia in mind.

Research on the impact of watching TV on people living with dementia has evolved significantly over time. There has been a movement from initial scepticism, particularly when traditional TV is used, to a growing recognition of the potential of dementia-friendly media for supporting people living with dementia[8].

Concerns about the use of traditional TV with people living with dementia are valid:

- Traditional TV may fail to engage people living with dementia, perhaps due to complex storylines or fast paced action.
- Sedentary TV watching could limit participation in more active pastimes, negatively impacting cardiovascular health[9].
- Excessive watching of traditional TV (e.g. more than four hours per day) may even contribute to cognitive decline[10] and could be indicative of a loss of autonomy[11].

Lyndhurst, Jason, Pearce, Only Fools and Horses, 1982/Alamy Images

Traditional TV can be inappropriate for people living with dementia. However, when used intentionally, TV can be a powerful tool to support care. A 2025 study from the University of British Columbia examined the perspectives of nurses and healthcare providers on the use of TV for people with moderate to severe dementia.[8] Their analysis identified five ways that TV was used:

- to calm people in emotional distress
- to form connections with the person with dementia
- to bring people with dementia together
- to facilitate the person's activities of daily living
- to help the person to connect with their past

Our aim is to allow people living with dementia to continue to enjoy TV and to produce programmes that calm, connect people and facilitate care and activity.

In addition, for many older people in the UK, TV has been a core facet of daily life since childhood[12]. Television emerged in the UK in the 1930s, with the BBC launching the world's first regular public television service[13]. Initially a luxury for the few who could afford a set, TV gained widespread importance after World War II[14]. By the 1960s, television had become a dominant medium–it was a force that shaped national culture and identity in ways that radio and print had previously done[15].

As TV became a fixture in nearly every household, it played a crucial social role in bringing people together, creating shared cultural experiences through landmark events, from royal ceremonies and political debates to popular soap operas and sporting occasions. It influenced fashion, music, and lifestyles, while also serving as a tool for public information and social change, such as coverage of political movements or public health campaigns[16].

Our aim is to allow people living with dementia to continue to enjoy TV and to produce programmes that calm, connect people and facilitate care and activity. We want to tap into these beneficial uses of dementia-friendly TV while avoiding excessive passive consumption of traditional TV.

What research has been published on dementia-friendly TV?

Dementia-friendly TV is made or selected for people living with dementia. But what makes TV appropriate for this group? This literature review pulls together the relevant academic publications on the subject.

A 2009 study from Athabasca University in Canada examined the importance of **cognitively appropriate** video resources for people living with dementia. They broadly defined this as "programming that relies on simple plots, familiarity, contiguous presentation and/or informationally/visually sparse background". This concept assumes simpler content places fewer cognitive demands on the viewer and maximises the opportunity for comprehension.

These researchers found that simpler videos resulted in a significantly higher level of attentional engagement. This was measured by measuring look duration and proportion of the video viewed. Cognitively appropriate programs appear to be more engaging for people with dementia.[17]

> **Dementia-friendly TV that incorporates person-centred, biographical, or reminiscence-based content could help trigger positive memories, reduce agitation, and support emotional wellbeing**

In 2019, a study conducted by the University of Salford explored how news broadcasts could be designed in a dementia-friendly way using focus groups made up of people living with dementia (n=4) and their carers (n=4)[18]. These focus groups were used to generate guidelines to support the production of dementia-friendly news broadcasts.

Some of the guidelines were very specific to news broadcasting, however the guidelines that had broader relevance included: simplified titles, no background noise, bright and cheerful colour schemes (without introducing too many colours at once), tightly framed camera shots of presenters, no camera movement, no wipe transitions, and content that is lighthearted and not too heavy going. This study concluded that dementia-friendly news needed to be **as simple as possible whilst still containing enough factors to sustain attention**.

Also in 2019, researchers from Kings College London worked with My Life Films on a feasibility study[19]. This study explored whether biographical films could reduce neuropsychiatric symptoms in people with

moderate to severe dementia living in residential care (n=11). Personalised 30-minute films about their lives were created and regularly shown over 32 weeks. Carer reports showed significant improvements in residents' neuropsychiatric symptoms and quality of life, particularly in agitation, depression, and irritability, with large effect sizes by the end of the study.

Thematic analysis of carers' feedback highlighted that the films triggered residents' memories, increased carers' knowledge for providing person-centred care, and enhanced residents' psychosocial wellbeing and engagement. The study's findings suggest that dementia-friendly TV that incorporates **person-centred, biographical, or reminiscence-based content** could help trigger positive memories, reduce agitation, and support emotional wellbeing.

In 2023, the University of British Columbia published research into cultural adaption in TV technology for older adults with dementia in care settings[20]. They used the Cultural Adaptation Process model to guide their process and incorporated feedback from different stakeholders into a video that was tailored for a Chinese language community living in Canada. This process involved 1) local consultations, 2) iterative testing, and 3) finalizing the adaptation. Their research highlights that people with dementia are heterogenous with diverse cultural backgrounds. Much dementia-friendly media is produced in English, however, there is scope for dementia-friendly TV to be adjusted to better **suit a person's language, cultural values and norms**.

Current research into dementia-friendly TV is limited and leaves several gaps to be addressed. While studies highlight the value of cognitively appropriate programming, simplified news formats, and reminiscence-based films, there is little consensus on how these principles translate into broader TV content across genres. Most research has been small-scale, short-term, or highly specific (e.g., news, personal films). Cultural adaptation has also been identified as an underexplored area, with most media developed in English and not accounting for diverse linguistic and cultural needs. Overall, more research is needed to establish clear, evidence-based guidelines for dementia-friendly TV.

Given the sparsity of research in this area and My Life Films' position as a pioneer in this field, we are well positioned to contribute to the body of knowledge concerning dementia-friendly TV. We have done this by bringing together over 10 years of organisational expertise, focus group discussions with our co-production panel and interviews with allied professionals in the field of dementia care and accessible filmmaking.

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Co-production panel

What is Co-production?

Co-production is a way of working that represents a move away from top-down service design and toward the **sharing of power** between service users and providers in a relationship based on equality and respect.

Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what will make a positive difference to their lives. Co-production is important as it grounds discussions in reality and ensures that services meet people's needs.

Co-production projects should break down barriers between service users and professionals, recognise the skills of those who access services and ensure that relationships are reciprocal (e.g., time and effort put in is recognised).[21]

The My Life TV Co-production Panel

This report gives equal prominence to the input received from our co-production panel to that received by the allied professionals we have spoken to as part of our research. Our co-production panellists have a wealth of knowledge and experience that we are honoured to be able to draw upon. We have ensured the work we have done is reciprocal by giving all panellists free access to the My Life TV streaming platform for a year.

The My Life TV co-production panel is currently made up of six carers encompassing family members of people living with dementia, care home staff and domiciliary workers. We are actively recruiting to our panel to include people living with dementia. More details about our co-production panel are included in the Appendix.

The co-production panel meets once every two months to discuss ways to improve the service and to develop new content ideas in collaboration. The panel has a mutual aim of producing the best possible video resources for people living with dementia.

For this report, our co-production panel was asked "what makes TV dementia-friendly?" The interview transcripts were then analysed thematically to produce a set of key features. These features have been organised into three groups–patient, content, and technical considerations.

Individual Considerations

Person-Centred. People have a range of TV preferences and that does not change just because someone has dementia. People living with dementia have varied life experiences, personal histories, interests, and diagnoses. For TV to really be dementia-friendly, it must be selected with these factors in mind and for a streaming platform to be dementia-friendly there must be sufficient variety to cater for a wide range of users. As one panellist

highlighted *"Everybody is unique, everybody experiences dementia uniquely; it's important to offer a real variety of programmes [on a dementia-friendly streaming service]"*.

Stage Appropriate. Content needs to be appropriate to the stage of dementia a person is experiencing. Too complex and it is hard for people to engage but if the content is too simple, it could be perceived as patronising. Content should be cognitively appropriate for the person watching it. This can be challenging in group settings like the lounges in care homes where different people may be at varying stages of disease. One of our panellists described the process of *"finding that healthy balance between different levels"* of dementia in a group setting when considering which activities would be appropriate for each group. In addition, as cognition changes so will the content which is appropriate for a person. As one panellist put it, *"What a person may find condescending at the early stages of dementia can then speak to them in a different way further along the journey."*

Generation Appropriate. There was a sense amongst our panellists that a lot of dementia content was geared toward an older generation that lived through the war. They described the "Vera Lynn" assumption–the misplaced belief that lots of people living with dementia today want to reminisce on wartime Britain and like songs like "We'll Meet Again" by Vera Lynn. Our panel felt like this idea was based on an outdated stereotype of an older person. Many of them felt that this type of content wasn't appropriate for many of the current generation of people living with dementia.

People tend to have enhanced memory recall of their lives around the ages of 10 to 30 years old–this effect is known as the "reminiscence bump"[22]. It is considered one of the most robust findings in autobiographical memory research. For example, a person turning 80 years old in 2025–who would have been born in 1945–would have the most vivid memories of the years 1955 to 1975 according to this theory. People are more likely to recall and connect with the content they were exposed to during their youth (rather than generic wartime content from the 30s and 40s).

> **Everybody is unique, everybody experiences dementia uniquely; it's important to offer a real variety of programmes [on a dementia-friendly streaming service]**

As one panellist said *"We're getting into a whole different generation now–we've got a baby boomer generation coming up. They're all used to using technology, they all went to festivals and clubs and those are the things that they want to reminisce back on"*. They added *"we're getting patients younger and younger these days, so we need to bring things forward into the 70s and 80s"*. Clearly, it's time to move past Vera Lynn and stop using lazy stereotypes of what older people want.

Content Considerations

Familiar. Content that was familiar or that was reminiscent of their childhoods was seen to contribute to content being dementia-friendly. For example, one panellist spoke about their father who had *"always loved anything that harked back to music that he had really enjoyed when he was younger, often going back to his childhood"*.

Engaging. It was seen as important for viewers to have something to respond to (e.g., images or music) that ensured that they were actively involved in what was going on. Having multiple levels at which people living with dementia could engage with the content was also seen as a plus. Panellists felt that the quizzes on My Life TV were particularly good examples of engaging content: *"The quizzes are lovely because even if they're not joining in with the quiz, they're still enjoying the music and the pictures plus the voiceovers really help to maintain engagement throughout"*. One panellist described how having these different levels of engagement allowed her to *"keep all of [her] group involved in some way"*.

Soothing. A soothing presenter and mood of the program was seen as essential and as a useful tool to help set the tone in a home or group setting. *"I think having it soothing and calm transmits to the audience; there is a sense of peacefulness and restfulness that I think is vital."*

Simple. The content should be clear and easy to follow. Panellists highlighted *"simplicity of use"* and clarity within narratives as essential aspects of dementia-friendly TV.

Short. It was highlighted that people tend to lose interest in long programmes. The panel considered half an hour short enough to maintain people's attention but long enough that (in a care home setting) care staff could manage disruptions in that time without having to monitor the TV the whole time. Multiple panellists mentioned this as an appropriate time span saying, *"about half an hour is long enough"* and *"The attention span of people with dementia can be short so it is important to keep things to a certain length; if something's going to be longer than half an hour it should be broken down into sections"*.

Technical Considerations

Aligned. It is important that images, text on the screen, and voiceover are used together in alignment to prevent confusion and to help guide viewers through the experience at different levels. One panellist highlighted the confusion that might be experienced by a viewer if an image was up on the screen during a quiz without any supportive text to guide them through the activity, e.g., *"Why is there a picture of a tiger on the screen? What am I meant to be doing?"*.

Use of colour. The use of contrasting colours was seen as helping people with dementia more easily identify visual cues: *"If you give a patient a white dinner mat and then you put a white plate on, they can't differentiate. What's the plate? What's the mat? Having those separate colours really helps people with dementia."*

Gentle Pace. Giving people time to process what was being presented to them was also seen as key, particularly for interactive content like quizzes. One panellist describes the importance of having bold and large images displayed for longer periods of time to allow *"sufficient time for the thought process and to get people engaging and give them a chance to respond"*.

Appropriate Volume. An appropriate volume was seen as important to prevent TV being overstimulating and confusing. One panellist said *"dementia-friendly TV is at a pace and volume that is suitable"*. They outlined a scenario in a group setting where Wimbledon tennis was playing with the volume turned up high. It was noisy and distracting and people became overstimulated by it, so a decision was made to turn it off.

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Allied professionals

To ensure our report reflects a broad, multidisciplinary understanding of dementia-friendly TV, we invited comments from a range of allied professionals. With insights from psychologists, occupational therapists, music facilitators and more, these voices provide clinical, therapeutic, creative, practical, and accessibility expertise. These perspectives allow us to learn from best practice across the sector.

> **It's really important to make sure that there's a range of activities throughout the day, to make sure there's routine and predictability and we can use technology to support us**

Dr Frances Duffy – Clinical Psychologist

Dr Frances Duffy is consultant clinical psychologist, NHS clinical entrepreneur, and founder of 6D Dementia. She emphasises that people with dementia have the same core needs as everyone else–health, happiness, independence, and dignity–and should not be defined solely by their diagnosis. Dr Duffy stresses the importance of recognising individuality, as no two people experience dementia in the same way.

For dementia-friendly TV, this means programming should avoid assumptions about what people "can" or "cannot" do and instead prioritise having a variety of content so that individuals can make meaningful choices about what they want to watch. My Life TV caters for this by having hundreds of different videos on the platform, with content ranging from calming music to image-based quizzes to yoga workshops.

> **We really need to support people to live their lives in the way that they would choose to live their lives**

Dr Duffy warns against the risk of families and carers withdrawing from a person socially after they receive a dementia diagnosis. She explains how people can feel uncomfortable or unsure how to interact,

particularly if verbal communication skills decline in the person living with dementia. Dr Duffy explains how there are many creative, non-verbal ways to connect with people living with dementia, such as using photographs, games or music. Platforms like My Life TV can be used to help facilitate such activities and support connection.

In addition, Dr Duffy explained how ensuring people have access to sufficient and appropriate activity and entertainment in their daily lives can reduce the risk of independent mobilisations that can lead to injury.

> **There really isn't a one size fits all approach to this**

Listen to the interview with Dr Frances Duffy in full here

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Sam Dondi-Smith – Occupational Therapist

Sam Dondi-Smith is a Senior Occupational Therapist and co-founder of the National Dementia Care Accreditation Scheme. Sam felt that traditional TV could often be used as background noise. He felt frustrated that in his observations of care homes the TV would be on, but people would not be watching. Dementia-friendly TV should actively engage viewers, rather than just be used to fill silence.

> **When you see that connection happen, it's absolutely magical**

Sam emphasises that excellent dementia care is rooted in connection–knowing even a few meaningful things about a person can help to build rapport and engagement. For the dementia-friendly use of TV, this means moving away from generic broadcasting and towards content curation and selection that reflects personal histories, interests, and preferences. For Sam, for TV to be dementia-friendly it must support connection between people–it should support relationships between people, not replace them.

Listen to the interview with Sam Dondi Smith in full here

Dr Joshua Freitas – Researcher

Dr Joshua Freitas, Chief Research Officer at the CERTUS Institute, breaks down the varying ways in which different types of dementia can impact perception and behaviour. He also emphasises that despite this variation in disease, the common thread is that all people benefit from having meaning, purpose, and connection. His work shows that small, structured activities–like tending plants or taking on community roles–can significantly reduce symptoms, improve wellbeing, and restore identity.

> **Giving people a sense of purpose, whether it's very small or big, can be powerful**

For dementia-friendly TV, this points to the importance of creating programming that offers a sense of purpose and engagement rather than passive distraction. Content that stimulates reminiscence, fosters participation, or provides a feeling of contribution can help viewers feel more anchored and valued.

Joshua also underlines how environmental cues–light, sound, music, clothing, and routines–can help orient people with dementia throughout the day. This has direct implications for TV design: programmes can be timed or themed to support daily rhythms (e.g., energising music and imagery in the morning, calming content in the evening), while visual and auditory cues can reinforce orientation and comfort.

Dementia-friendly TV can act as a temporal anchor, reduce anxiety, and create meaningful daily rituals that promote independence and emotional wellbeing.

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> **If you listen to music that is very familiar, your favourite song for example, it releases dopamine, it makes you happy**

Listen to the interview with Dr Joshua Freitas in full here

Amy Dunning – Music Facilitator

Amy Dunning is a Project Manager at Manchester Camerata and runs music workshops with community groups. Amy's work highlights how music can facilitate connection, autonomy, and emotional expression, even when memory or language decline make other forms of communication difficult. Offering different ways to participate in music can make it more than a passive experience: it can become a vehicle for presence, independence, and meaningful interaction, both for people with dementia and their carers. Dementia-friendly TV programmes that centre on music should actively invite participation and viewers should be offered a choice as to how they want to engage with TV content (e.g., to sing or clap along).

> **We all have some kind of relationship with music and that connection doesn't go away with dementia**

Amy also stresses the importance of diversity and authenticity in music-making, from cultural inclusivity to recognising the full range of human emotions–not just joy but sadness, frustration, and humour too. The implications of this for dementia-friendly TV are that there is a need to curate a varied, culturally sensitive repertoire that resonates with different audiences and moods. By embedding these principles, TV content can help participants feel recognised as individuals with history and personality rather than just as patients with a diagnosis.

Listen to the interview with Amy Dunning in full here

Elaine Harvey – Dance Facilitator

Elaine Harvey is the Director at Moving Minds who run dance workshops for people living with dementia. Her work with Moving Minds highlights how dance engages people physically, emotionally, and cognitively, while also creating opportunities for non-verbal self-expression, belonging, and joy. Elaine considers creative engagement not as recreation but as a vital health intervention that restores agency, identity, and connection. Filmed dance workshops may recreate some of these benefits–supporting cardiovascular health whilst also fostering creativity and wellbeing.

> **Dance gives people a way to express themselves without being dependent on spoken language**

Elaine also emphasises the importance of slowness, responsiveness, and co-creation in her work at Moving Minds. These are also principles that can guide dementia-friendly TV design. Slowing down the pace of content allows people more time to connect with what is happening on the screen. The co-production of films helps to ensure that the content produced is relevant to the audience.

Listen to the interview with Elaine Harvey in full here

Natalie Ravenscroft – Activity Provider

Natalie Ravenscroft, Services Manager at the National Activity Providers Association (NAPA), stresses that dementia-friendly activities should be rooted in personal identity, life stories, and meaningful engagement. She thinks that watching TV can be a great activity, if it is used intentionally and for the right person.

Used thoughtfully, TV can provide comfort, spark reminiscence, or act as part of an activity programme–whether through favourite shows, quizzes, or themed content. Natalie highlights that the key is adaptation: simplifying and tailoring content so that it remains accessible, enjoyable, and empowering for people at different stages of dementia.

> **TV absolutely is a wonderful tool when used with purpose**

She also sees great potential in communal TV as a shared, structured activity rather than a "missed opportunity". Smart TVs can bring walks in nature, comedy, documentaries, or reminiscence-based content into care settings. Natalie emphasises that TV use should be collaborative, with residents helping shape what's shown, creating a cinema-like experience that fosters belonging and shared enjoyment. When used intentionally in this way, TV becomes not passive but a meaningful medium for engagement, self-expression, and social connection.

Listen to the interview with Natalie Ravenscroft in full here

Dr Zoe Moores — Accessibility Expert

Dr Zoe Moores emphasises that accessibility in film and TV goes beyond language translation, extending to sensory measures such as subtitles for the deaf and hard of hearing or audio description for blind and partially sighted viewers. For dementia-friendly TV, this highlights how adapting content–through clear subtitling, simplified audio description, or slow-paced visual storytelling–can make programmes easier to follow and more engaging. For example, using simple audio introductions or extending screen time for key images can reduce cognitive load, allowing people with dementia to stay oriented and connected to video content without being overwhelmed by dense information.

> **If we really want to make it accessible, we have to make it available for people who are deaf, deaf and hard of hearing, blind or visually impaired**

She also stresses the importance of integrating accessibility into the creative process from the start, rather than adding it as an afterthought. Producers of dementia-friendly TV should consider accessibility at every stage, from programme design to final edit. In addition, inclusion can be fostered through processes like co-production–helping people with dementia to feel represented, engaged, and part of the filmmaking experience, rather than like an excluded audience.

Listen to the interview with Dr. Zoe Moores in full here

Conclusion

Drawing on a decade of organisational expertise, the latest research, the lived experience of carers, and the insights of allied professionals, My Life Films have created a pioneering framework for dementia-friendly TV. This work distils rigorous evidence and practical wisdom into 10 guiding principles and 10 clear production recommendations–offering the sector a definitive blueprint for making TV that truly meets the needs of people living with dementia.

Principles of Dementia-Friendly TV

1. **Content should support connection.** Rather than replacing human contact, dementia-friendly TV should act as a bridge – helping people connect through reminiscence, laughter, music, and shared experience.

2. **Respect individuality and choice.** People with dementia have diverse tastes; content should reflect variety rather than assume uniform preferences.

3. **Viewers should be treated with dignity.** Programmes should avoid being patronising and should treat viewers as adults with rich histories and capacities.

4. **Familiarity supports comfort.** Content that connects to personal or cultural memories fosters recognition, joy, and a sense of belonging.

5. **Content should nurture emotional wellbeing.** TV can calm distress, reduce agitation, and bring joy – but should also leave space for the full range of human emotion.

6. **Videos should be generationally relevant.** Today's viewers may resonate more with 1960s-80s culture than wartime nostalgia; content must evolve with each generation.

7. **Co-creation is essential.** Involving people with dementia, carers, and families in design ensures content truly meets real needs.

8. **Inclusivity means cultural and linguistic diversity.** Dementia-friendly TV should cater for different cultural and linguistic backgrounds, not only be produced in English.

9. **Creativity is as important as care.** Art, music, dance, and storytelling should be central, helping to restore identity, agency, and connection.

10. **Invite Engagement.** TV should encourage viewers to join in – through music, movement or reminiscence – while still allowing space for the simple enjoyment of watching when that feels right.

Production Recommendations for Filmmakers

1. **Prioritise clear and simple visuals.** Minimising background clutter and using bold, recognisable images supports comprehension and focus.

2. **Use gentle pacing with pauses.** A slower rhythm allows time for viewers to process information and respond, avoiding feelings of being rushed or confused.

3. **Align visual, audio, and text cues.** Synchronising narration, subtitles, and images avoids cognitive overload and helps guide attention.

4. **Keep programmes short (no more than 30 minutes).** Shorter content helps sustain attention and reduces fatigue, while still allowing meaningful engagement.

5. **Design for layered engagement across dementia stages.** Provide multiple ways to connect–through music, visuals, and narration–while adjusting complexity so content is accessible without being patronising.

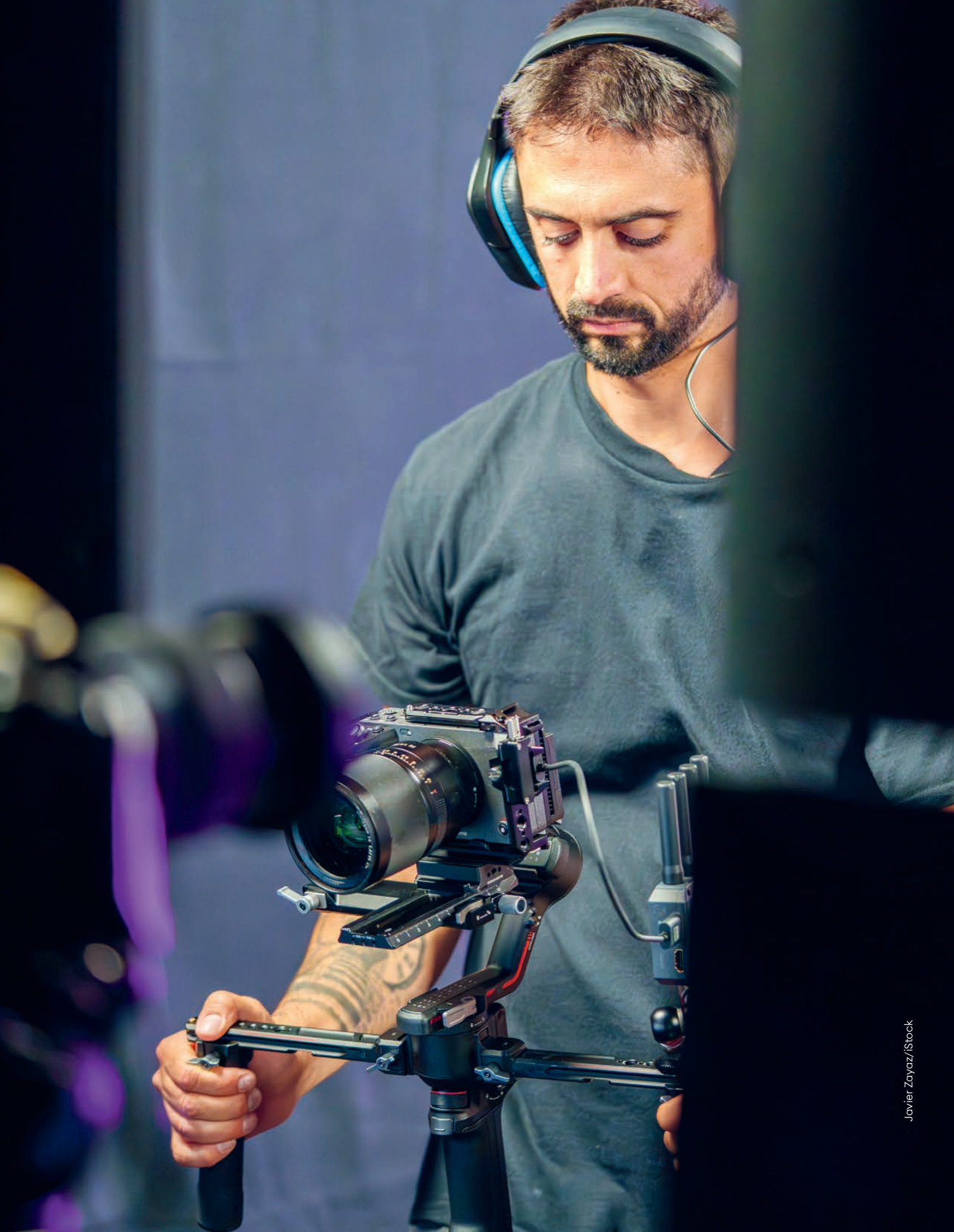
6. **Control audio carefully (soothing tone, appropriate volume).** Controlling audio prevents overstimulation and ensures speech, music, and sound effects are calm and easy to follow.

7. **Avoid complex editing (e.g., wipes, fast cuts, moving cameras).** Smooth, stable shots make content easier to follow and reduces disorientation.

8. **Incorporate familiar and era-appropriate music.** Music is a powerful tool for reminiscence and emotional connection, and different generations respond to different cultural touchstones.

9. **Use strong colour contrast without visual clutter.** Contrasting colours help viewers distinguish objects and visual cues, aiding focus and accessibility.

10. **Integrate accessibility tools from the start (subtitles, audio description).** Early integration ensures inclusivity for people with additional sensory needs and avoids accessibility feeling like an afterthought.



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Appendix

Case Study 1 Making Music

Making Music was a two-part folk music workshop produced in collaboration with music therapists from Richmond Music Trust. It was produced in response to the demand for more music content on the platform and to provide opportunities for people living with dementia to learn new things[23].

This included a brief audio introduction where a description of the environment was given to improve its accessibility to those with visual impairments.

Participants were offered different ways to participate. They could simply listen to the performance of the song, or they could clap, tap, play or sing along. Subtitles were added to support people singing along.

Some light detail was provided on the history and musical style of the songs in question. This was done to contextualise the music and to offer the opportunity for participants to learn something about the songs that they perhaps did not know before.

In addition to the facilitator, who was a music therapist, two older people also participated in the film. This decision was done to make taking part seem less intimidating and offer an opportunity for people to mirror those on screen.

Case Study 2 Come Breathe with Me

This project aimed to fulfil demand for more mindful content on the platform. Carers and care home staff were interested in delivering meditation sessions and breathing exercises but felt ill equipped to do so. This project aimed to provide exercises that care staff and carers could use to support participation in these activities.

Breathing exercises are safe, practical, and easily accessible tools for use in any setting or during a sudden onset of acute psychological distress[24]. Research suggests that breathwork can improve mood and reduce anxiety[25].

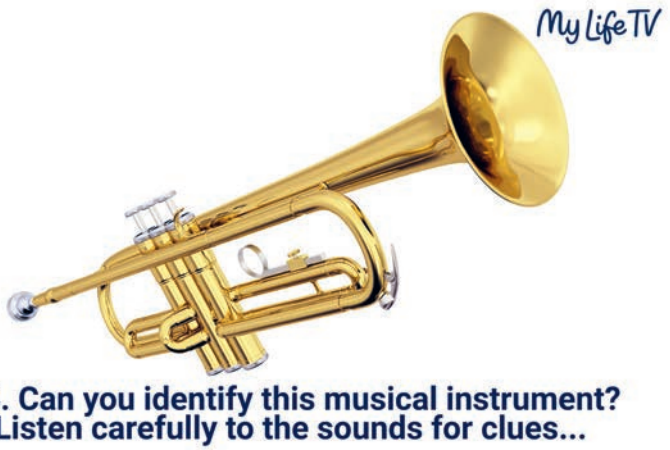
The instructions for the breathing exercises were simplified for enhanced clarity, and the pace of instruction was slower than in a typical session. Contrasting colours were chosen between the presenter's outfit and the background to make it easier for people living with dementia to see the presenter.

Subtitles in a large font were used to ensure that the exercises were accessible to those who had difficulty hearing. An introductory section explained what breathing exercises were to those who might not be familiar with the practice.

Case Study 3 Musical Instruments Quiz

This project was produced to cater for the demand for interactive, multisensory quizzes on the platform. The quizzes ran at a slow pace with the questions written on the screen as was as the option to have a voiceover reading out the question. The questions were put up alongside images that related to the question and to relevant sounds. In this instance, the musical instrument quiz combined an image of an instrument, for example a trumpet, along with the sound that the instrument makes.

This alignment between text, sound and image was key to the efficacy of the quiz, as was its slow pace.



Co-Production Panel

Clare Hartland works as part of the Wellbeing Team at the Brynmawr Care Village Site, in Ebbw Vale, Wales. She has worked closely with residents with various stages of dementia for several years. The team endeavour to promote a sense of wellbeing for the residents through engagement in activities and social events. She is pleased to have been introduced to My Life TV and to be sharing her views and comments on the panel. She considers it to be a project with scope to positively impact care home residents, and others who may have dementia and is looking forward to taking part.

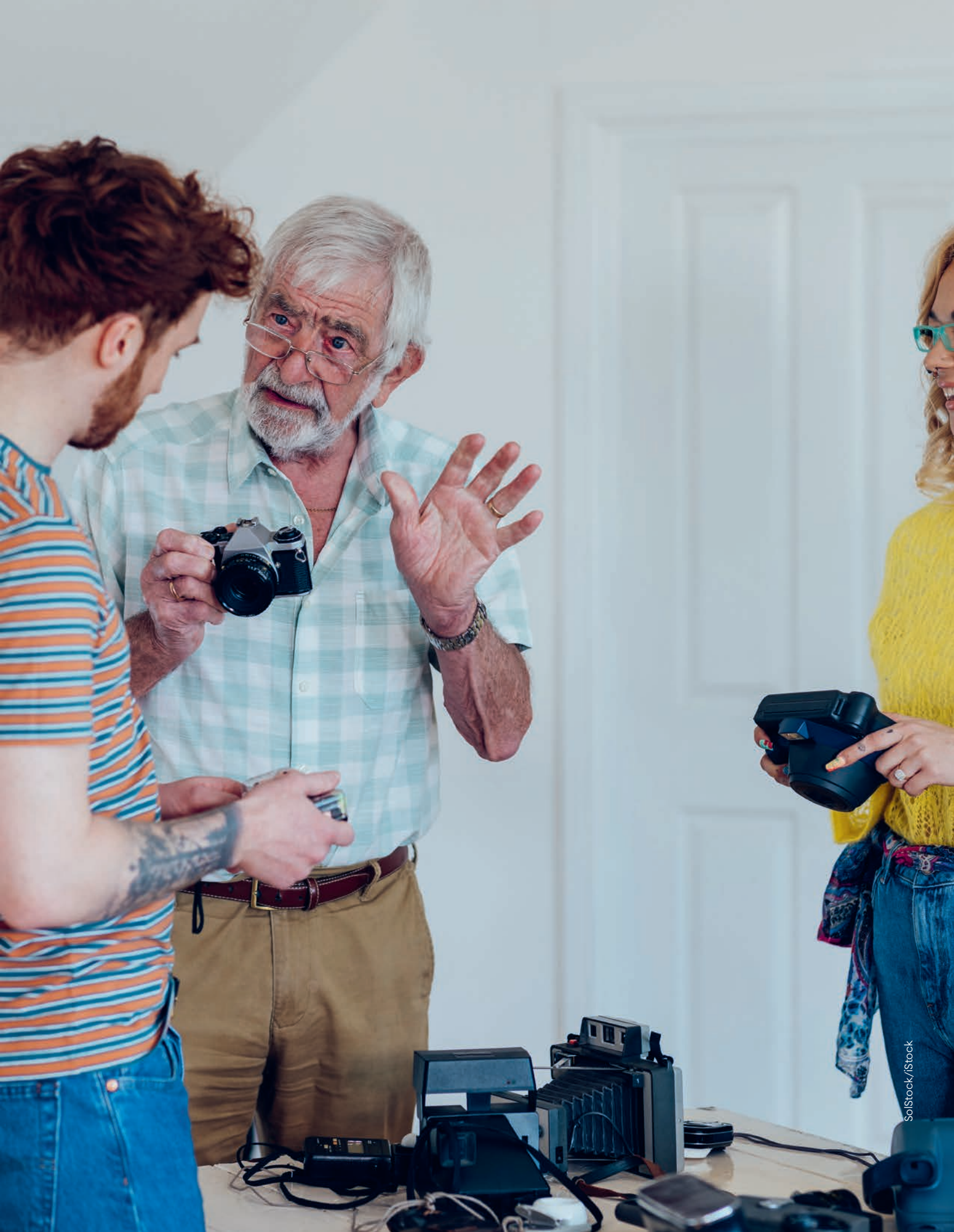
Suzi Lewis-Barned is a health writer and author based in Sussex. Her recent children's book, Grandpa Forgets, explores some of the challenges of living with dementia from a child's point of view and is based on Suzi's own experience of caring for her father. A companion book, Granny Forgets, is due to be published later this year.

Vicky Evans is a Dementia Link Worker with The Memory Clinic in Hounslow. She assists patients to access services so that they are included in the community and do not feel isolated by their diagnosis of dementia.

Naomi Daglish has been working as a Wellbeing Coordinator for the last 8 years and is now the Lead Happiness and Wellbeing Ambassador at Advinia Healthcare. Naomi considers My Life TV to be an invaluable resource to help support person-centred meaningful engagements for residents living with dementia. She considers it to be the perfect addition to the wellbeing programme in the homes that she works with.

Catherine Wood is a registered nurse with over 30 years of experience, 20 of which are in the Hospice Sector. She is currently working as the Clinical and Quality Lead at Attend, a national charity that supports volunteering. She is also undertaking a PhD with the University of Hull, looking at how we can improve end-of-life discussions for people living with dementia.

Barbara Carlin works at Avon Manor Specialist Dementia Care Setting in Sussex. She is passionate about delivering high quality activities for people living with dementia and wants to improve the resources available to this group of people.



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