Webinar "Making Our Churches More Dementia Friendly"

Tuesday 30 November, 2021

11am – 12:30pm

Thank you very much for your interest in our webinar entitled "Making Our Churches More Dementia Friendly". The webinar can now be viewed on our website in its entirety here:

www.methodist.org.uk/safeguarding/webinars/making-our-churches-more-dementia-friendlywebinar-tuesday-30-november-2021/

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Questions and Answers

Q 1) There are huge numbers of people in our churches who are carers. In many cases they are best placed to share the good news that we are all held in the memory of God with those they love. How can we support carers and those living with dementia together in this?

Answer = The Church needs to try to fulfil the difficult task of offering support to both the person with dementia and also the carer. The person with dementia may frequently experience being talked over and belittled, so it is important that you speak directly to the person with dementia. Yet the carer may well be struggling with the relentless nature of their caring duties so it is important that someone speaks to them too. The Church should try to assist the carer to find ways of getting breaks, whether this means putting them in touch with professional services or someone from church staying with the person with dementia to give the carer a break.

Q 2) What about where the adult with dementia becomes abusive, volatile or aggressive towards their carer/people in the home? My very elderly neighbour is caring for her husband who has been diagnosed with dementia. I have had conversations with her and she has told me "Don't worry if you hear anything going on". Sometimes I can hear him shouting at her. I don't want to step on her toes or disempower her, but I also don't want her to suffer. Additionally, I want her to feel she can trust me and find safety in my house/company where needed, which she may not feel if I step in when hearing shouting. How can I respond well in this situation?

Answer = Aggression is usually expressed by people with dementia because they are feeling frightened and/or have incorrectly processed information. It can help to get down to the person's eye level, to move slowly and deliberately and to speak very gently and calmly. You should try to go at the pace of the person living with dementia. The fact that your neighbour

has already spoken to you about her situation shows that she trusts you and is concerned about what you think. Expressly telling her that she can find safety and company with you may be helpful. You could be honest and explain to her that you are motivated by concern for her wellbeing, not a desire to interfere. If you can speak to her without her husband being there, you could ask her whether she has support from any professional respite services as there are services such as day centres, respite visits from befrienders or carer support workers or overnight respite stays in care homes available to support carers if the person with dementia will accept these.

Q 3) Can someone define the difference between Alzheimer's and Dementia? They sometimes seem interchangeable terms, but are they medically different? Should we treat them differently?

Dementia is an umbrella term encompassing over 200 distinct diseases, all of which affect memory, comprehension and reasoning. Alzheimer's disease is the most common and Vascular Dementia is the second most common. The word 'dementia' has many types, just as the word 'vehicle' has many sorts - cars, vans, buses etc.

Each type of dementia has particular characteristics, both in terms of the changes in the brain, but also in typical symptoms. Eg. Dementia with Lewy bodies may be marked by hallucinations or great variations in alertness, amongst other things, whereas the most common symptom of Alzheimer's disease is short term memory loss. But everyone is different and those with dementia should always be treated as individuals depending on their wishes, symptoms, severity, circumstances and relationships. Dementia is a term that covers many diseases all of which affect memory, comprehension and reasoning.

Q 4) Are there any video recordings of a Memory Worship service that we can watch to learn from and benefit from that could be shared with us?

This is a video of the Leigh-on-Sea Memory Worship service filmed for this webinar:

www.youtube.com/watch?v=ppznvUqjMFc

Q 5) What suggestions can you make for including items in normal, week by week worship that would help make connections with dementia sufferers?

It can help to use repetition so that things are the same across the services and to use familiar, traditional hymns from their childhood, the original "Our Father" version of the Lord's prayer and to use familiar and well-remembered Bible passages. Here are some suggestions on the MHA website for Worship Engagement in Later Life:

www.mha.org.uk/information-advice/worship-engagement-later-life/

Q 6) Does anyone have any guidelines for transporting people with dementia?

When running activities for people with dementia, it can be helpful to think about how your service users will access your activities, especially if they don't have a family carer who can drive them. If you are going to offer transport, you should remember that the person with dementia will probably need frequent reminders to get ready, perhaps phoning them the week

before, the day before and the morning of the event to ensure they are ready to go when you arrive to pick them up.

The Alzheimer's Society has a useful page about dementia-friendly transport: www.alzheimers.org.uk/get-involved/dementia-friendly-communities/organisations/transport

Recommended reading

- 'Dementia: Living in the Memories of God' (2017) by John Swinton
- A Great Place to Grow Old: Reimagining Ministry for Older People (2021) by Tina English
- 'Redeeming Dementia: Spirituality, Theology, and Science' (2018) by Dorothy Linthicum & Janice Hicks
- 'Will I still be me?: Finding a Continuing Sense of Self in the Lived Experience of Dementia' (2018) by Christine Bryden
- 'Worshipping with Dementia: Meditations, Scriptures and Prayers for Sufferers and Carers' (2010) by Louise Morse
- 'You Oughta Know: Acknowledging, recognising and responding to the steps in the journey through Dementias & Alzheimer's disease' (2014), by Sandra Ross

Useful Websites

1) **Alzheimer's Society's** website has a huge range of information leaflets from basic quick reads aimed at people with dementia, to longer more in-depth documents

www.alzheimers.org.uk/get-support/publications-factsheets/full-list

2) **MHA** (for resources for worship for people with dementia. There is also a link from there to 'faith community resources' where you can find information about the WELL (Worship Engagement in Later Life) programme including the videos that are used as part of the day.

www.mha.org.uk/get-involved/faith-communities

3) **Dementia Friendly Church – Prama Foundation** – useful tips on how to make your church more dementia-friendly

www.dementiafriendlychurch.org.uk

Transcripts of the talks in the webinar

Opening Devotions by the Revd Kate Le Sueur

Have you heard about Tithonos? He was a mortal who had the misfortune to fall in love with a goddess, Eos. Now, we can't help who we fall in love with, but this was particularly awkward. As you know, goddesses are immortal and mortals, well, aren't. So Eos went off to talk to Zeus and asked Zeus for the gift of immortality for Tithonos so they could be together forever. And Zeus granted their wish. Unfortunately Eos forgot to ask also for the gift of eternal youth. So as Eos stayed forever young and beautiful, Tithonos just got older and older. An ancient Greek poet puts it like this:

"But when loathsome old age pressed full upon him

And he could not move nor lift his limbs,

This seemed to her in her heart the best council:

She laid him in a room and put to the shining doors.

There he babbles endlessly and no more has strength at all as such he once had."

The story of Eos and Tithonus was not a success. How tempting it can be to put to those shining doors, to keep those of weak limbs and frail minds firmly out of sight, perhaps particularly those who babble endlessly. Dementia-friendly church means creating community where the shining doors are flung open and cognitive ability is not tested upon entry but it is not just a community of tolerance where those with dementia are included out of pity or duty. It must be a community of love and friendship where we're missed if we're not there, where we are loved with all our frailties, where we can feel we belong and I need that just as much as you or anyone else.

Words of God we find in Isaiah Chapter 46:

"3"Listen to me, O house of Jacob, all the remnant of the house of Israel, who have been borne by me from before your birth, carried from the womb;
4even to your old age I am he, and to grey hairs I will carry you.
I have made, and I will bear;
I will carry and will save."

Let us pray:

Timeless God, be with us in this time, we pray.

Heart-filling God, open our hearts to all those who need to know that they are loved.

Infinite God, open our minds to see others as you do, equal in your sight and in your love.

Welcoming God, keep us open to the possibilities, as we explore together the joys and challenges of being an inclusive, welcoming, friendly church.

Amen.

SPEAKER 1: Professor John Swinton

Dementia is obviously a neurological condition. It is to do with damage to the brain...the various aspects of the brain, so therefore it's not unreasonable to take that into consideration. But why would you begin there? Why begin with a negative? We are not just our brains, we're whole people. So there is a whole range of ways that we can begin to tell stories about people living with dementia: their husbands, their friends, their family – there's all sorts of things. So my point really is that if we begin by simply focusing on the negative, and the things that have gone wrong and the neurological, then that blinds us to the other things that are more positive, things that relate to people's quality of life, their spirituality, the things they love. So, I am not denying by any sense that dementia is a neurological and serious condition but I just would like us to start in a different place and ask a different set of questions.

Sometimes we think that who we are is who we remember ourselves to be. Certainly within western culture, we have what you might call an autobiographical understanding of ourselves. As long as we can tell the right stories about ourselves, about our history, about who we are today and who we are in the future, then we remain ourselves. So our identity is shaped and formed in that way, which is why people sometimes use negative language when they say, "He or she is not the person they used to be." What does that mean? It means usually that they cannot remember their story. So all of who you are is held in your own story according to the way we frame it in culture

When you look at scripture, you see something different. The apostle Paul talks about our identity being "held in Christ" and more than that in Colossians he says that our identity is somehow "hidden in Christ". So for all of is there is a mystery about who we are and about what we think we are. Paul says we find who we are in Christ, so it is God's memory that holds us. God always remembers us, always loves us, always holds us in that sense. The fickleness of our own memory is just that. It is not something that makes us who we are. It is God who makes us who we are and holds us in who we are. When we get that perspective, you can realise that it is nothing to do with your forgetting. It's everything to do with God's remembering. And when we get that concept we begin to move towards a hopeful understanding of even the most difficult situations of people living with dementia.

Think about the language that we use when we talk about time. We buy time, we spend time, we waste time, we save time. Everything that we do with our money in a

capitalist society we do with our time. It becomes a commodity, something to be bought and sold. And it's always moving really, really guickly. What you guickly encounter when you're with someone who has dementia in particular, is that you need to slow down, because that version of time that our culture teaches us doesn't work. Because if you move into that space and if you have that understanding of the instrumentality of time, then you lose people. People are left behind. So you have to learn that spiritual practice of the sacrament of the present moment: recognising that every breath you take and every moment that you are in the world is a gift to you from God. So you slow down and you live with gratitude and when you slow down and live with gratitude, you lock into the speed and time that the person with you is experiencing. Because they cannot think quickly any more. They cannot move at the speed of cultural time so you need to slow down. And when that happens, you very often get moments when you lock into people in a way that you cannot at other moments in time. When you really feel you are together and you are moving at that special time-space, even if it only last for a few seconds, you know that it's there. If you are moving too quickly, you miss that. But If you slow down and take time you can see surprising things. So I think it's important that we use our time in a godly way. A lot of the time that God gives to us is slow time, time for the other, time for the neighbour, time to love.

So this was a story that was given to me by one of my colleagues in Australia, Margaret Hutchinson, who worked at that time in what was then called a 'Dementia' Ward'. Basically it was a ward where people of varying levels of dementia lived. She tells a story of one woman who was really normally a very passive, pleasant, friendly person, but for whatever reason on this occasion, she became really disturbed. And she started to walk up and down the ward, repeating the same word, over and over and over again. The ward staff thought, "What shall we do here? Will we medicate her? Shall we lock her door? Should we restrain her?" But when the nurse got alongside her and began to listen to her and the word that was being repeated over and over again by this woman was "God" so she was saying "God, God, God, God, God, God" and the nurse worked out was going on and she said to this woman who was a deeply committed Christian, she said, "Are you afraid that you're going to forget God?" and the woman stopped in that moment and said, "Exactly". She had been a Christian all of her life, all of her perception of her identity was wrapped up in God and that relationship and she was terrified that she was going to lose that. And the nurse said to her, "Well, it may be that you do forget God, but God will never forget you." And at that moment she found her peace and she stopped that behaviour, that agitated behaviour and it did not return. So that is an example of the way a story reminds us that we are remembered even when we're forgetting.

The second story relates to a chaplain friend of mine who works with people who live with dementia and she tells the story of Beatrice. She had worked with Beatrice for very many months. For the most part she had accompanied her but hadn't really got very much back from her so she had made the assumption that Beatrice really was non-communicative. Until one day, she sat down with her and said, "Beatrice, would you like to pray?" and Beatrice said nothing. So my friend, the chaplain, began to say the Lord's Prayer and she said, "Our Father" and as soon as she said, "Our Father," Beatrice started to pray. My chaplain friend couldn't work out what she was saying but she was intense and it was intentional - she was praying. And she prayed and she prayed and she prayed. Then after 10 minutes my friend felt she had to stop things and all she said was "Amen" and Beatrice stopped praying. I think that's a really powerful story that even in the midst of the difficulties of advanced dementia, you might actually have a prayer ministry if somebody's there to help you to facilitate that. You don't normally think of people with dementia as prayer warriors but maybe there is something else there. The Holy Spirit moves in groans that you cannot understand. Once God gives you a vocation he doesn't take it back. So that kind of surprising thing happens when you begin to accompany people in their journey into dementia. I'm not saying that happens all the time but it just seems to me: keep your options open and give people the benefit of the doubt and you might be surprised at what you see.

Sometimes it can be awkward and difficult to speak with people with dementia, because you are not sure whether people are communicating. You are not sure whether they are listening and they may not respond in the way that you expect them to. The temptation then is just to withdraw. But I would suggest that the best thing to do is give people the benefit of the doubt. Get over your own awkwardness. It's not about you, it's about them. I remember one of my friends, Peter, who lived with Alzheimer's and I remember somebody, a good friend of his and a good friend of mine saying, "I never go to visit Peter, I prefer to remember him the way he was," and I'm thinking to myself, "It's not about you, it's about him. It's not about your memory of history, it's about him". And it's not about your awkwardness, it's about being faithful to the task that's given to you: to reach out and visit with this person. And it's not easy. Sometimes it's not easy, particularly with people in the more advanced stages of their dementia journey. It can be complicated and sometimes people substitute words, so they use words to articulate something that maybe are not the right words, but the intention is still there. So just put to one side your own anxiety and just try to be there for that individual. That's the first place to go. Maybe that's the only place to go.

Sometimes when churches think about dementia they think about it as some kind of a secondary thing. So it's only to do with pastoral care, so we need to build up pastoral care structures and sometimes that means passing on the task to a particular group of people while everybody else gets on with other things. I think a better framework is to think about it in terms of discipleship. And the question I think churches should be asking is, "How can we best facilitate the vocation and the call of this disciple at this moment and time in their ministry?" That is a much more difficult question but it is

actually a much more faithful question, I think. So somebody like Beatrice that I spoke about earlier on, she finds a strange vocation if people find time to be with her. So frame it in terms of discipleship and see what that looks like in relation to the nature and shape of your community. Pastoral care is obviously very important. Stick with that, put in care structures but remember that these people are not at the side, they are actually at the centre of what we are supposed to be doing as Christian communities.

SPEAKER 2: Eileen Jowitt, Circuit Safeguarding Officer





What is Dementia Friends?

An Initiative Led by Alzheimer's Society to create dementia-friendly communities **Goal of the initiative:** To raise awareness of dementia

and to help people with dementia feel part of their community.

How: one of the ways - Improving the understanding of dementia and inspiring them to take action.

Focus: We want to change the way people think, speak

and act around dementia

And at the end of the session - Have a basic understanding of what it is like to live with dementia and the little ways they can help.

Until the pandemic the sessions were all face to face and last about 45 minutes - 1hour and can be delivered to 1 person or a large group. Technology is not needed and they can be delivered in any environment.

During the pandemic an online version was developed and so now we can deliver the sessions either face to face, online using zoom or Microsoft teams.

In helping churches become Dementia Friendly, a basic understanding of dementia by the all the church attenders is key, not just the staff and people in key roles. Without people having an understanding the church is not going to be able to move forward and become dementia friendly.

There are different ways this can be achieved but using a tried and tested awareness session would to me seem to be the answer. There are Dementia Friend Champions all over the country and almost 4 million people have attended sessions across the country

If people cannot attend a session there is an online video on the Dementia Friends website although I would use this as a last resort as I am of the opinion it is better to have face to face or online so that conversations can take place.

If you are interested in becoming a Dementia Friend Champion unfortunately due to the pandemic they are not doing any training sessions at the moment but you can register an interest on the website.

If you would like a session at your church then if you have a Dementia Friendly Community near you then that is the best place to go or you can ask on the DF website and they email around the Champions and ask who can do it.



The scale of the problem – in 2019

1 in 14 people over the age of 65 have dementia - looking at the size of your churches and age profiles we will all have several people with dementia 850,000 people in the UK are living with dementia

40% of people with dementia felt lonely recently and 34% do not feel part of their community

By 2051 there will be over 2 million people living with dementia in the UK This is why Dementia Friends has been set up





3. The different parts of the brain are responsible for different actions and therefore it depends which area of the brain is affected what symptoms and difficulties they may have. – they could be motor skills, perception, lack of inhibition, coordination, sequencing.

4. It is possible to live well with dementia. – down to the people around us

5. We all have past experiences and life stories and it is important that people around us have an understanding of our life in order to connect with a person with dementia. If we all wrote down our life stories this would make this a lot easier.



Dementia Friends are encouraged to turn **understanding into** action.

Actions could include:

Terminology - saying 'living with dementia' rather than 'dementia sufferer' – see the person first not the dementia.

Behaving patiently with someone showing the signs of dementia Spending more time with, helping or supporting a friend or

relative affected by dementia

Volunteering or fundraising for a dementia-related cause.

Helping your workplace to be more dementia friendly.

Telling other people about Dementia Friends or spreading the word through social media.

No action is too big or too small.

In a church context it could be

- •Chatting to someone affected by dementia,
- •joining in some research or
- •fundraising,
- •sitting with them,
- •helping them find their place in a hymnbook
- •Developing an activity such as a Wellbeing café, singing group etc.
- •or changing the environment make it more accessible to people affected by dementia, supporting carers and family There are lots of ways we can to help make a difference.
- •It is about seeing the person first and not the Dementia.



SPEAKER 3: The Revd Philip Wagstaff, Superintendent Minister

In this first part of today's webinar we are looking at aspects of theology and ageing as we continue to find ways of engaging with those with dementia and their carers so as to be more fully a dementia friendly church. We have heard from John Swinton about how we might develop a theology of personhood which looks to the way that we, as individuals, are held in God's memory. We are sharing today some thoughts around the changes that take place as we age and explore some of the impacts that ageing has on us. Within this webinar we are

exploring aspects of caring for, and learning about faith with, those who have a form of dementia, so that we in our local churches can understand more about dementia, personhood, theology and faith. How we understand a theology of personhood as a local church is important, as we seek to develop a safe space for a continuing spiritual journey for all who are part, or will be part, of our church.

For a number of years now, the Methodist church has looked at 'Our calling' exploring aspects of the life of the church and the way of faith within it. As Methodists we have always had a theology which has sought to allow people to respond to God in the world in which they find themselves, in ways that we can all experience something of the hope and blessing of God, regardless of their story and ours.

We have a long tradition within the Methodist Church which points to a theology of inclusion, which seeks to find ways of human flourishing for all. Sometimes though inclusion is difficult to achieve and we need to particularly focus on ways of engaging people in the place where they are so that we can join in a journey of faith together. We need to find common ground, a starting point for our conversation about God, a meeting place. When we speak with people who have memory loss or dementia we need to find ways of joining with them in the place where they are so that we can share a journey together. This is where our local outworking of a theology of personhood comes in. If we take our theological starting point as being that we are all 'held in the memory of God' we see that we are not defined by our memories but by who we are as a person.

When we look at a person with dementia who do we see? Jesus recognised the individuality of all his disciples, they all looked at the world in different ways but their stories were woven together through their encounter with Jesus. In their journey they faced challenges, they shared joys and hopes and dreams, and they found that they were loved by God. Love goes beyond words and is the place where God remembers us. Faith is a lived experience and is therefore unique to each of us, even though there are many common factors which define our Christian life together. We are sharers of the story of God's love, hope, challenge and commitment in our lives and in our world.

Within our denomination we live out the shared story of what it means to be Methodist people today. As disciples of Jesus we bring our story, our uniqueness and our calling which is there throughout our lives. We learn about faith, we share insights into God and we recognise that

God is with us in our world. We see that God is involved with us, in who we are and who we are to become at every stage of life and every experience of ageing that we share.

Our lives reflect our relationships, the people we have met, the things that we have done, the things that we have shared, the insights that we bring to each other. Part of our being human is that our lives tell a story and that story remains with us. We live in a dynamic world and that world impacts on us all in the ageing process, which leads us to uncharted places and which for some means living with dementia. That may mean that we find ourselves in a place when we cannot articulate our story or we are in a place where we cannot remember it. But that story remains.

As we seek to develop a theology of personhood in our local church we focus on the individual and their relationship with God. Many churches are refocusing on what it means to find God in older life. Ageing is a process and as part of that process we are always exploring ways that God can speak with us as individuals and as a church. Many churches are exploring ways of engaging with those with dementia as part of their developing theological and practical experience of being church. As we do so we find ways of relating to people which brings them, and us, closer into the presence of God. The way that we do this in all of our churches will be different because of the nature of Church. How we do things will be part of our own context but one way that we can all explore this aspect of the life of the church is from the perspective of a theology of personhood.

Our ageing means that our perception of the world changes as we grow older. As a Church we are seeking to find ways of engaging faith with the world which people inhabit. This is particularly the case when we seek to explore faith with those with dementia. Faith is a developing and ongoing relationship with God, seen in our calling as disciples of Jesus and explored in the world in which we find ourselves. We do this in the story, the people, the places where our faith has been shaped and moulded. And that story remains. Faith continues to be life affirming at whatever stage of life we are, as we share something of the richness of God's love, hope and possibility in our lives.

Faith is about engagement with God and that engagement changes as we grow older. When we are children we explore the world and faith with awe and wonder. As we grow we gain new and different insights into God, into ourselves and into our world. When we are older we cannot do all that we did when we were younger but we have a rich story which is held in the

memory of those who have shared that story with us. And as importantly we are held in the memory of God.

As we reflect today on the way that a theology of personhood can be explored in our church let us seek to share God's hope and celebrate the individual. We can focus Our Calling in a way so as to explore how faith is discovered and expressed by those with memory loss and dementia. As we do so, I trust that we will find something of God and of God's abiding memory in which we are all held.

SPEAKER 4: Susan Wishart, District Safeguarding Officer

I'm going to start with the Safeguarding & Care Act 2014 which states a vulnerable adult is a "person aged 18 or over whose ability to protect themselves from violence, abuse, neglect or exploitation is significantly impaired through physical or mental disability or illness, old age emotional fragility, or distress or otherwise". I think it's important to recognise that safeguarding vulnerable adults has nothing to do with age as it does with children. Children are vulnerable because of their age. And that reference to being impaired could either be a temporary thing or it could be an indefinite thing. If we think, we have all at some point in our lives been vulnerable. It could be through illness, the illness could be physical or mental. Some people: you are good on some days, you're better on some days, ill on other days.

If we think about it, there are 1.3 million people in England and Wales aged 65 or over who have been carers and those numbers are rising significantly. So all of those people are having to look after their (usually if they're over 65) elderly relatives. The medical magazine the *Lancet* projects the number of over 85s requiring 24-hour care is going to double by 2035, which means there's going to be a lot of work for us to do.

What are the aims of adult safeguarding? Well, it's to prevent harm and reduce the risk of abuse and neglect and stop it wherever we can. We should safeguard adults in a way that supports them making choices and having controls how they live. We all remember the phrase about somebody asking "does he take sugar?" and I think this is a bit similar as well. Sometimes when we try to have a conversation with somebody with Alzheimer's their carer feels a bit embarrassed about their silence and wants to answer on their behalf. We need to promote an approach that concentrates on improving life for these adults and raising public awareness, as Eileen said earlier, is something that we really need to do and providing information on how to stay safe. Interestingly, the *European Journal of Public Health* has

recently published some research which shows that 1 in 6 older adults experience abuse in the community and they probably think that is a bit of an underestimation.

What are the types of abuse? Well, the first one is physical. In a church, if we saw people with finger bruising we would be worried about that. Elderly people fall – we all fall, but if they fall perhaps more than you would expect, we would probably want to worry about that.

Domestic abuse. Domestic abuse happens very regularly with people. It could be in a care home, but it could be in their own home. If you think about it, some of the people that look after their elderly relatives sometimes just get to the end of their tether and they might smack somebody. They don't really mean to. Because nowadays, the lack of support for these people is just appalling. We have to be understanding sometimes and try to support those carers who sometimes are actually at the end of their tether.

Psychological and emotional abuse, and threats of harm or abandonment. Because a lot of elderly people who do receive abuse from their relatives are very reluctant to report the relatives for fear, if they do, the relatives will abandon them, they won't come and see them anymore.

One other thing that I think which is very important nowadays is Organisational neglect and poor care practice. There's two care homes near where I live, and I pass them very regularly, which specialise in looking after people with dementia. I've never seen anybody in the gardens. I have never seen the windows opened. I have never seen the net curtains pulled. So, whoever is sitting in there must be just sitting in there, waiting. I don't know what they're actually doing because it seems a sort of a secretive place. The same European Journal with their research found that 64% of staff admit to elder abuse and that's probably an under estimate again.

One of our local elderly persons' homes, privately owned in Bradford, recently had one of the relatives, a woman was worried about her mother, she went into her mother's room, smelt strongly of urine and her mother had faeces under her nails, and so the woman set up a camera and found out her mother was very badly looked after, she was neglected, she wasn't fed. Then again, the people that run these homes usually pay the lowest wages they possibly can, they don't train the staff, so there is a lot of work to be done there.

What other types of abuse are there? There is neglect, which is ignoring medical and emotional, physical care needs. We've seen all sorts of things where, I think like the Winterbourne Care Home, where people were just left. They weren't changed. They were not taken to the toilet. They weren't given their correct medication or they were given too much medication. Something one of my colleagues is going to talk about shortly is Financial. Financial abuse is fairly common. Again elderly people are not likely to want to report their relatives even when they know they are taking their money because they think they won't come again. One of the things we have seen in churches is grooming, So there's an elderly person comes to one of our churches who we know has got quite a bit of money. Somebody else comes along, grooms them and in some cases marries them and they have all their money. We have had instances where people have been left houses because the person had groomed that person. The relatives don't know. The West Yorkshire police where we live have had an elder Safeguarding week recently which I think is really helpful. They sent out lots of messages to say, "Here we are, If you think of anything, please give us a ring".

What's our reaction when we hear the words "Alzheimer's and dementia? Well when I say these words to people, a cloud descends over them. When they say to me, "what do you do?" and I say, "Well I'm interested in elderly people with dementia and when I did a university course I looked after some people with dementia", they say to me, "why don't you do children, that's a lot better, it will look a lot better on your cv!". But you think "no, I am actually interested in people with dementia". The fear and stigma is wrapped so tightly around these words. It means family and friends fade away, including members of the church. They don't know how to be in your company. They don't know what to say. People have said to me, they went to church really often and then their relative had dementia and somebody might have visited them a few times then didn't come anymore.

One of the other speakers is going to talk about how we can help in the church. One of the things I have read about is how we can be dementia unfriendly in our churches with the best of intentions. And so if say, Muriel has been helping with the coffee morning for the last 15 years and develops dementia, instead of saying to her "Here's a bunch of flowers, I think you should stop doing that", something she enjoys doing and it gives meaning to her life. We ought to say "We will give you a bit of help. We would love for you to continue doing that. We just need you to have some help", but not to take that from her as long as we can. There are some absolutely excellent examples of working with vulnerable adults throughout the Methodist church. In Yorkshire West we aim to collect a compendium of all the work going on in the

District. We hope that these local champions will be able to share their knowledge with those hoping to start something similar. We need to loosen the grip of stigma and fear, which would ease the pain of so many people.

SPEAKER 5: Sara Wilcox, Pathways Through Dementia

As Susan has touched upon, people who have dementia are unfortunately at greater risk of being abused or manipulated. Research into mild cognitive impairment revealed that, one of the first skills that we lose when our memory is failing is the ability to spot a financial con. So we think that financial abuse is probably the most common form of abuse of vulnerable adults. When I was thinking about delivering this session, I considered the role that mental capacity plays in safeguarding people with dementia. We know that people with dementia can continue to make their own decisions if properly supported to do so. The law also states that people are allowed to make unwise decisions as long as they have mental capacity.

So to illustrate: People with dementia are often reluctant to accept home care packages, perceiving this as a potential infringement on their independence. If someone was to say to a social worker, "I don't need carers because I am washing, dressing, eating and drinking healthily," when in fact they are not washing, dressing, eating or drinking enough water, they have failed the test for capacity, as they are unable to weigh up the pros and cons of rejecting that home care package. However, if someone said that they were aware that they were not washing, dressing, eating and/or drinking enough fluids, but preferred to place themselves at risk rather than accept a care package, they may be deemed to have capacity to make this unwise decision.

We're deemed to have mental capacity if we can pass this 4-stage test:

- 1) Can we understand the information in front of us?
- 2) Can we weigh up the pros and cons of the decision we're making?
- 3) Can we retain the information for as long as is necessary to make the decision? This is very important for our client group, because I often hear from people who say, "My relative can't remember what day of the week it is or who the prime minister is. They wouldn't remember what they had for breakfast. How could they have gone to a Solicitor's firm and drawn up a Lasting Power of Attorney form and made a will and by the afternoon they couldn't remember where they'd been". Well In the morning, the solicitor would have ascertained that that person passed the 4-stage test. That they

had retained the information as long as was necessary to make that decision and therefore they could appoint an attorney because they understood the authority they were giving that person and they also knew who they wanted to leave their estate to in their will.

4) Can we communicate our decision?

Where people usually fail the test for capacity when they have dementia is actually weighing up the pros and cons of their decision, because often they're not living in reality. So they're not really able to weigh up the consequences of their decisions and that's when someone else steps in and makes the decisions for them based on best interests. As susan mentioned, cases where a congregant may be at risk of being manipulated are Predatory marriage, giivng away money, appointing an attorney who does not have their best interests at heart. And changing their will to benefit someone they'd previously not considered leaving money to. Registrars will have training around forced marriages but sometimes no training around mental capacity. One of the real issues for families here is that as soon as you get married, any will you may previously have drawn up becomes obsolete, unless you write a new will, your estate will automatically pass to your new spouse. When it comes to areas such as Lasting Powers of Attorney and wills, it's often very hard, often impossible, to prove that the person who drew up these forms lacked capacity. On my helpline I talk to lots of people who were sure their relative was coerced into signing legal documents that they didn't understand. I always ask whether a lawyer was involved as they would have assessed their relative's capacity on that day to perform that task. We do have to remember that capacity is task specific. So even if someone doesn't know what day of the week it is, they might still understand what a will is for example. So really the message is to be vigilant and to ensure if anyone raises a concern about a vulnerable adult that this is taken seriously. Occasionally people with dementia are not believed when they report possible theft or abuse because they are deemed to be too forgetful to give reliable information.

During our dress rehearsal for this webinar, we discussed the possibility of somebody starting to donate a large amount to the collection box at church and what somebody at the church might do about that, having observed that last week they were giving £10 and now they seem to be giving, say £100. The law does state that we assume capacity unless proven otherwise. However, if you were told this gentleman has had a deteriorating memory over the past x number of months and is now giving a large amount of money to the collection box, this is concerning, you might want to have a conversation with that person. That person might be

giving money away because they know they are over the inheritance tax threshold and they would rather the church got that money than the government did. But they also may have a diagnosis of dementia, so that would trigger a concern in that maybe you do need to sit them down and talk to them about why they are giving that amount of money ,. It may be that on a Saturday they have always withdrawn £100 from the cashpoint for the week, and when they get to church they see that money in their wallet and just put it all in the collection box, and they're not really aware of what they're doing. So you can have these kinds of decisions with people while you're supporting them to make their own decisions.

Finally, I'll just tell you a nice story I heard on my helpline. A nice story I heard on my helpline. A lady called me because a social worker had been out to see her mother who has dementia in the early stages. And the Social worker had discovered that mum was playing the Irish lottery twice a week, the lady was Irish so maybe that was her connection with that particular syndicate. And she said to the daughter, "I think this is a bit worrying really, I think you should use your power of Attorney form to take over the finances at this point".

The daughter spoke to her mum and she discovered her mother really enjoyed playing the Irish lottery, that she was spending a proportional amount of money on these bets and that occasionally she had won, and it was something that she looked forward to every week. On my helpline, I can never tell people what they should do, I just tell them what they could do so I said "based on what you've told me, it sounds like you've had a really nice conversation with your mum, she's assured you that she knows what she's doing, you're reassured that she is not spending a ridiculous amount of money betting and this is bringing her a lot of joy actually", and at the end of the day, that's a really important part of our retirement and our lives, doing things which other people might consider unwise but which we actually get a lot of enjoyment from.

So if you have any questions, put them in the Q&A and they will be referred to me and I'm happy to follow up with anybody who has any questions arising from my session.

SPEAKER 6: The Revd Vicci Davidson

When I was a teenager, I was in Manchester with a friend of mine and we went off the main drag and we decided that it was time to go home. We decided it was time to go home because we realised that neither of us had a watch. So having realised neither of us had a watch, we thought "right we must get back home" and we started to walk and along came a chap who

appeared to be holding in his hands a digital watch with a stainless steel band – this had become tremendously popular because I'm talking about the mid 80s, perhaps because we were talking about watches ourselves, when we realised we wanted to go home, I put my hand up and I said "no, no I'm really sorry, neither of us have a watch on us" and kept walking and I've always been quite a decisive person so I kept walking in this decisive way and so did my friend. When we got back to the main drag, she collapsed into a heap and cried and explained to me that what I had thought was a watch was actually a knife.

I love to tell that story because it's a story about how someone tried to mug me as a teenager and I said "I'm really sorry I don't have the time". But actually if we think about what it looks like, if the man had approached me with a watch saying "I'm really sorry my watch had stopped, do you know what the time is?" and I thought it was a knife and we start to understand something of what can be going on. Our brains make sense not just be what we see but on how we decode it. For those with dementia decoding is not always working properly. In fact sometimes the code is being run through the wrong decoder. Suddenly a shiny floor looks like a wet floor, a dark coloured rug looks like a hole in the floor, an oddly shaped tree becomes a frightening creature, there is a level at which those old childhood nightmares of headless monks we had because we saw a dressing gown hanging on the door in the darkness and failed to register it come back to us. For those of us seeking to make our buildings dementia friendly, the first thing we can do is simply to walk through the building and ask ourselves "if my brain was running the wrong decoding software, what might I see this as?" Another thing to consider is that codes change. The standard image for ladies and gentlemen's lavatories has changed in my lifetime, and that's even when we discount the trendy designer trying to do something original with the font. We've all had to do a second take when in an unfamiliar style-conscious venue. Keeping our signage consistent and clear is really important.

When I was in my mid-30s, I transferred from teaching higher and further level education to early years. the first time I entered the little prep school where I was to spend a few days a week for the next 5 years, I walked confidently through the playground, head held high and eyes looking ahead at my eye level and was brought to a halt by the fact that I had just neatly mown down by half a dozen curious 4 year olds, who had run across to see who the new adult was.

Eyeline, whether entering venues of very small people or whether catering for the needs of those living with dementia, is really important. So we need to watch the level of our signage as well.

In the end though, all people need to know they are valued. We may as people working within a building make changes to the building, in the hope that it will work better for our users, whoever they are. But the thing that really helps people is Knowing we genuinely care about them. Conversation with someone who listens matters and the opportunity to tell the stories that matter to us to someone who is interested can make all the difference to the quality of a day. Does it matter if during a 30 minute conversation, the same story is told 5 times if telling the story gives joy to the teller? One of the gifts we can give as church is to give that 30 minutes, so one of the important things is to talk to the person not to the position, and not to the carer but to the person themselves, in an ideal world of course someone else is talking to the carer who may have had to listen to the story more than 5 times and needs someone to speak to them.

So what we can do is this: Walk through our buildings thinking, "What might this look like? What could I imagine this looks like?" and if the answer to that is a worry, think of a change that can be made to make it clearer. Make sure that your accessible toilets have enough space for two people so that if one needs help it is possible. Have clear signage for toilets, Kitchen hall worship space and have it at eye level. Try to have contrasting colours at door frames and make sure the edges of steps etc are clearly marked, remember it's not about you and don't feel embarrassed to try the conversation because you're not sure what to say or how the person living with dementia may respond.

All people are valued because all people are made in the image of God. Try to live that truth so that people can see that they are cared for, and they still belong and are valued,. Don't worry if someone has forgotten your name, just say, "Hi I'm Vicci from church", in fact that's a good tip generally, your friendly neighbourhood minister will probably welcome the reminder, especially if you're out of context. When people are diagnosed with dementia, it becomes very easy for them and their carer to lose touch, especially at the moment when we don't quite know who has come back to church and who is still shielding. So be proactive in making phonecalls and dropping the news sheets or other things they may be interested in. Listening to the stories, even if you have heard them before. Help people remember. Think about asking someone in the congregation to sit with them and steer them in the right direction after worship if they're coming back for tea or look for the right hymn number.

Finally, I'd like to recommend a book by Tina English. It's called "A Great Place to Grow Old: Reimaging ministry among older ministry". Tina and I set up the Memory Café at Hampton together and she has some really great tips from a long time working in this field.

SPEAKER 7: Julie Peek, Mission Enabler for Older People

When I started in post back in January 2016, I remember googling 'Mission Enabler for Older People' to find there weren't any out there. The first 4 lines of my job description read as follows-

- To support and advocate for the elderly within the local community.
- To nurture the physical emotional and spiritual needs of the individuals supported by this role.
- To support those who are housebound and socially isolated.
- To support the spiritual wellbeing of those unable to attend church.

And it goes on...

You may say that all of these points should be covered by the pastoral visitor team and when I came to this role six years ago I didn't know that, so, I simply launched into how to fulfil this job description.

Now having worked through the last isolating 18 months the entire pastoral team in our church were shielding. In those isolating times, I found myself considered what the average age of the pastoral team would have been envisaged by John Wesley and then considering what it is in reality today.

Initially my marketing background led me to network with local charities, the local authority and ecumenically with other churches. I also offered to edit the church magazine. The specific nature of my job allows me (using an analogy from my previous career) to see the wood for the trees. I can advocate for the older members of our church and mission enabling includes offering a lift to church, during covid times standing on doorsteps delivering the church magazine, making an online Memory Worship service for the housebound and activities coordinators in care homes can stream on YouTube, in freer times hosting community days with a church service lead by our minister leading prayers at local care homes and monthly movie afternoons.

My role is to work alongside the minister and pastoral team. In some cases assisting older church members to continue to feel valued and contribute to church life. The role doesn't always sit comfortably alongside the older church members but it has taught me to listen, value and re-think the way I work to accommodate the needs of the people I serve.

Personally I think every circuit could do with a Mission Enabler for Older People.

And now we come to explain Memory Worship, worship for those with and without dementia.

After attending a Methodist study day at St John's Methodist church, Potters Bar in June 2016 entitled "The Spiritual needs of Older People and those living with dementia," led by Revd Dr Albert Jewell, my focus was drawn to the difficulties for people living with dementia in expressing and connecting with their own spiritual needs. I came away with the conviction that as churches we really should be doing more.

When I broached the subject with my minister; at the time Rev Julia Monaghan, it felt as if a door had opened. She immediately understood and shared with me her experience with a similar ministry in a previous post. From then the planning blocks fell into place.

My first steps were practical ones; networking with the local authority to draft a proposal for our church, Wesley Methodist Church in Leigh-on-Sea to join the Southend Dementia Action Alliance. I set out an Action Plan as to how Wesley could address the spiritual needs of people living with dementia and their carers and the church joined a growing number of churches with the same objective. You can read Wesley's Action Plan by visiting http://www.dementiaaction.org.uk/members and action plans/5971-

One local church was offering a Dementia Peer support group, another was offering a Dementia Day Centre and another was offering one-off Memory Cafés but there were no churches offering "dementia friendly" services. Memory Cafés were springing up around the country but there were no church services locally or nationally, so it felt logical and practical to combine the support of a Memory Café with the spirituality of a church service. Therefore, I believe it was God that led me to 'Memory Worship, worship for those with and without Dementia'.

Through an ongoing learning process, I now understand worship to be a channel for recalling the past, creating feelings of comfort, familiarity and spiritual fulfilment. We all have a continuing need to worship and experience a loving encounter with God but for people living with dementia it becomes increasingly difficult to make these connections. So stimulus can be introduced in the form of Music, Bible stories, the Lord's Prayer and other familiar liturgy.

Music is a very powerful trigger for memory recall and can take people back to a time when they felt safe and held by God. Many times during Memory Worship, I have seen examples of the power of music creating a sense of spiritual fulfilment: a familiar hymn has the ability to awaken feelings of wellbeing and a memory for words without the need for a hymn sheet.

Later that year I attended a Conference entitled "Memory & Spirituality, the role of faith /belief in promoting the wellbeing of people living with dementia & their carers" at Chelmsford Cathedral. One of the guest speakers, Dr Peter Kevern: Associate Professor in Values in Care at Staffordshire University was at the time part of a team rolling out a 'Dementia Friendly Churches' programme across the Diocese of Lichfield, evaluating its impact on the worshipping community and the lives of people with dementia within the diocese. As part of his conference paper, Dr Peter Kevern showed the following clip to illustrate the power of music in making spiritual connections https://www.youtube.com/watch?v=CrZXz10FcVM

After seeing this clip it made me even more attentive to the choice of hymns for each service.

Repetition is key in the Memory Worship service and nowhere is this more evident in the symbolism in the opening of the Memory Worship Box. The Memory Box contains a Red cloth, a cross, a candle and a Bible. We unpack the Memory Box in the same way each service. Firstly, we open the box and take out the red cloth with the words, "This beautiful red cloth reminds us that our hearts are alive to Jesus". This cloth then dresses the table. We take out the cross and give it to a member of the congregation by name to hold saying, "We remember that Jesus died on the cross and we remember that it is a sign of forgiveness". Then we take a candle and give it to another member of the congregation by name to hold saying, "We remember that Jesus came as the light of the world". Then we take the Bible and give to another member of hold saying, "We remember that the Bible is the word of God and we remember that through the Bible God speaks to us".

Then we are ready to prepare the Memory Worship table by collecting back the cross saying, "We remember that the cross is a symbol of hope and we remember that Jesus is alive and with us". Lastly, the Bible is collected back and we then consider "what are we reading from scripture today?" Then we collect back the candle saying, "We remember that we all have dark times but dark times cannot put out Jesus' light".

This is where we come to what I find to be the most profound part of the service when we light the Memory Worship candle. This is when the person leading the service calls to the congregation "And The Lord said Let there be ..." No matter how badly we struggle with memory everyone knows that God said let there be Light.

Rev Julia and I devised a programme of monthly services with a regular pattern of welcome, singing well-known hymns, reading familiar passages of scripture and saying the Lord's Prayer together. We also held a Memory Worship training day when all the volunteers attended the Dementia Friend guidance delivered by Alzheimer's Society. The Memory Worship team came together formed from a strong community network; Age Concern, Waitrose, carers, family members with experience of caring for loved ones and church members with a real gift for listening and caring.

After each service, carers have the opportunity to share with professionals working in the Memory field and meet with other people in the same situation. Everyone also has opportunity to connect with their own creativity by participating in art activities where we always aim to reinforce the theme of the service.

It was our vision when we set up this new ministry six years ago to find a way that people with or without dementia could join in worship and take comfort that God accepts us all and meets us where we are today. It has become a warm safe supportive environment for everyone involved where all understand they are held by God.

Memory Worship has also become a beacon for churches across the country to support the spiritual needs of people living with dementia. Every month, churches contact me wanting to come and learn how they can emulate for their own community, from Somerset to Scotland, Yorkshire, Hereford, Birmingham and South Woodham Ferrers and many others in between.

It feels tangible to me that God wants me to follow Memory Worship where ever that leads me but like you I wasn't expecting a global pandemic to be thrown into the mix!

In March 2020, we held our last live Memory Worship service. The shock to our Memory Worship family was devastating and to find a way to carry on worshipping was an absolute necessity. So from April 2020, I started posting a monthly Memory Worship service at home. Has it been easy? No, it certainly hasn't but God never said it was going to be easy.

Every month, God puts wonderful people in my line of vision that propel the Memory Worship story forward. In the 6 years I have been in post, I have been supported and encouraged along the way by 3 different ministers, Revd Julia Monaghan, Revd Norman Hooks and now Pastor Steve Mayo. God has taught me along this journey; we need each other; we need to learn and collaborate and I am sure that we will all take away new ways to support our congregations from getting together today.

Thank you for listening.

SPEAKER 7: Revd Dr Pat Malham

I'm going to talk about one church and their response to the call to care for people with dementia in their community. The church is in a small Yorkshire market town. It's surrounded by villages and farms and moors and to be frank, there are more sheep than people. They weren't a big church, they had just over 50 members but they were already busy doing an awful lot in their community, such as a community coffee morning including visits from our local community police, a knitting group, afternoon tea and chat at a local sheltered accommodation, monthly Sunday lunches and they bought an allotment. They had a team of volunteers for shopping and small jobs, even changing a lightbulb. They had hospital and clinic transport and a befriending group. They had started to look at helping those who had dementia within church services and there were monthly services open to everybody in the local sheltered accommodation but also in the local residential and nursing homes in the nearby towns. But in the market town itself, there was nothing specifically for people with dementia.

The time seemed right and the group had started to look at what it could do in order to help people with dementia, because they had also noticed they were slipping out of church, just disappearing, and they were also slipping out of the other groups that they seemed to have been involved in. Perhaps it was the time when I became the minister and because I had a special interest in dementia, we decided that we would actually go on and try to do something very practical.

In the areas round the church, it was very rural, and to say that the bus service was a little under par would be very polite. People could become very isolated and it's well recognised that mental health in older people and dementia both become much worse when isolation is added into the mix. So although we thought worship was important we decided that a club offering companionship and fellowship was the way forward.

So we had a time of consultation and we talked to and took advice from everyone we thought would be interested: Dementia Forward was our local organisation working with people with dementia, the local GPs the Red Cross, the local parish church, carers and those in congregations those who had a diagnosis of dementia or had a relative with dementia and we visited a dementia café in our next district.

After the consultation we found that all welcomed the idea and so our fellowship club was planned but then we had to do all the paperwork, the risk assessment, the safeguarding policy and other bits of paper like, making sure the loos were well lit and took our thoughts to the church council and they agreed so we started to look for volunteers, we had training days from dementia forward, and I did a training day on dementia as well as the foundation safeguarding training course, which I used as it is but with focusing more on safeguarding vulnerable adults, and using the training examples for older people.

We were ready and on Wed 6 June 2017, we opened our Wednesday Welcome Club. We chose a name that did not include dementia because for many people with dementia, they did to want to announce that they had dementia and some did not accept it. By calling it the Wednesday Welcome Club, it was open to all, and very interestingly many of those who came along as helpers were actually the people who had dementia and we encouraged everyone to use their gifts, that they had to help us run this club. Everyone looked the same, we all wore the same badges but although the leaders and volunteers were aware who was there as a person with dementia, no one looked any different to anyone else.

So what did we do? Well, we met every Wednesday from 12:30 to 3:30. There was no charge to come and we began with lunch: Soup and buns followed by cake and a drink and time to chat. We then do things: Craft, knitting, jigsaw, singing, bowls, dominoes, darts, Lego, share the news, chair-ercise.

Here are some photos of our Wednesday Welcome Club. The Wednesday Welcome Club, these are just a few snaps taken during it. You can see there are people singing around the piano, people eating cakes, (cake is very important at the Wednesday Welcome Club!) people doing craft and people doing exercises, these all are there and anyone can join or leave each group as they want and do what they want. We also try each month to have a themed meeting every month this is so we can mark the year and help people know the year. In this next picture you can see two pictures from each of our themed months, although we have done Valentine's Day, Easter and Christmas, these two are summer holidays when we had a Punch and Judy show, all had fish and chips, quite a treat apart from our soup lunches, the icecream van came and served icecreams in the church car park. We also had a remembrance day when we brought a model plane which you can see is quite big and an aircraft man as well as

having things on the table and poppies. We do include worship, we did include worship on this occasion but most of the time it is fun, games and charity. When we look at our next picture, we had special gifts. We had the therapy pony, he was a great success but perhaps not quite as well behaved as we had hoped. We had the primary school choir with the nativity story. We shared Time Slip where a picture is shown to people and they are just asked to say a sentence about the picture, no is memory required but often memories came out. The nursery group who shared the building came and visited regularly.

I'd like to finish this by telling you a story of joy and laughter. This is a lady who attended our dementia friendly group. As you can see, behind her is a dartboard. She was a lady that in her younger years was the champion darts player in the county and darts played a really big part in her life. She did join in other things but when we got the dartboard, you can see by the smile on her face that this was the moment of connection. Connecting is the important thing, and as has been said, listening to stories and finding something that will still connect is so important. This lady who didn't talk a lot in the rest of the meetings took over running and teaching people to play darts. This was her gift and this was her joy. She remembered how to score. She remembered how to play darts.

You may notice that in the first picture the protection behind the dartboard is much smaller than in the second picture. You need to adapt. Behind the dartboard is a grade 2 listed pew. We are a grade 2 listed building. Unfortunately the darts did not always go in the dartboard. Some of the holes got some of the people in charge of the building quite worried as they thought we might have woodworm, so a bigger board was definitely needed. This is what we do and when we too, like Julie explained, got shut down because of covid, we continued to reach out to these people with telephone calls, with visits, i.e. waving through windows, showing pictures and delivering newsletters.

Whatever you can do, we can all do something in order to make sure that the people with dementia still remain connected with the community, connected with people they know and somebody misses them if they don't turn up.

MHA's Worship Engagement in Later Life – Revd Kate Le Sueur, MHA

If some of this has sparked your excitement about leading worship that can engage people living with dementia, either in churches or in care homes, MHA has developed a workshop called Worship Engagement in Later Life or WELL for short. It lasts for about 5 hours with a break for lunch, we look at what we mean by later life, what worship is, and how to engage people living with dementia. It includes discussion and videos and groupwork and practical content too. All we ask is that you organise a room with AV equipment and a reasonable number of people and we will come and lead the day for free for you. If you are interested, you just need to email <u>chaplaincy@mha.org.uk</u>

Closing Devotions – the Revd Kate Le Sueur

One thing that we have been very conscious of in planning for today is that we haven't been able to include a speaker who is knowingly living with dementia, though that's not for want of trying.so I just want to end by sharing some words from Christine Bryden, an Australian theologian diagnosed with dementia in 1995.

In 2018 she wrote about how relationships might work with people living with advanced dementia. How do we communicate that love that goes beyond words that we heard about earlier and she writes this:

"When I meet my Japanese friend, we become 'we' as two selves despite having no common language. We relate to each other and between us is a connection without words".

So as we've heard, a smile, some time, some attention, a gentle touch, a hymn from childhood, all these things may help to create this connection without words, to break through what may sometimes feel like an impenetrable barrier to communication. It's all about the relationship, 'we as two selves'.

Let us pray:

Timeless God, thank you for being with us in this time. When the present is all that we can grasp, may you be in our lives, moment by moment.

Heart-filling god, open our hearts to those who need to know that they are loved. When all we can remember is how someone made us feel, may we feel your love.

Gracious God, we hold those before you those we know and love who are living with dementia, in themselves or those they care for and we remember those who have died.

Welcoming God, keep our hearts and minds open to the possibilities as we take what we have heard into the lives of our churches, may they be places of welcome, belonging, friendship and joy.

Amen.