



Dementia Newsletter

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A letter from the vice-Chair of Christians on Ageing

Dear Readers

Delivering Fair Dementia care for People with Advanced Dementia week on week through this year, questions and answers in the House of Commons and discussion in the House of Lords have confirmed that we have a problem: the need for care of older people, particularly those with dementia is greater than the supply of that care.

Alzheimer Scotland and the Scottish Fair Dementia Care Commission have taken a very realistic and practical approach which asks government to get to grips with anomalies of care as people approach the end of life with dementia or other terminal illnesses:

(www.alzscot.org/sites/default/files/images/0003/2670/McLeish_Report_WEB.pdf).

The Commission seeks to right the double wrongs of people with advanced dementia being denied the health care which is appropriate for their condition and perversely being charged for care in the alternative social care model.

They propose a definition drawn from European work ‘developed through a managed democratic process involving healthcare practitioners and family carers’: ‘Advanced dementia is associated with the later stages of illness when the complexity and severity of dementia-related changes to the brain lead to recognisable symptoms associated with dependency and an escalation of health care needs and risks. Addressing advanced dementia related health care needs requires expert health care, nursing and palliative care assessments with insights provided by family carers and others particularly when the person has difficulty communicating their own needs and emotions. Advanced dementia involves living sometimes for years with advanced illness and the advanced dementia continuum includes the terminal stages of death and dying.’ The Commission recommends that the definition begins to be used – emphasising that advanced dementia is a continuum and not confined to the end of life and dying.

The report asks that Government, in this case the Scottish Government, commits to recognition that the health care needs of people with advanced dementia are health care needs and ensures equality of access to appropriate health and nursing care, free at the point of delivery (as is the case for people affected by other terminal illnesses).

These are brave words and an honest reflection on a status quo which is scandalous in its inequity, but which has simply been allowed to grow. This report provides a call to challenge this and to return fairness to the funding and delivery of services to people affected by advanced dementia. This is work which we should make use of in England and Wales, in thanks and respect to colleagues in Scotland. Combined approaches from individuals and relevant organisation, including Christians on Ageing, will surely achieve the changes which are recommended.

David Jolley

NEWS

Some excitement appeared in the press on 18 April following the somewhat gruesome publication in the journal Nature of research at Yale University which had been successful in **partially reviving the brains of decapitated pigs** several hours after death when an oxygen-rich fluid had been circulated through the brains, preventing brain cells from suffering irreparable damage as blood stops circulating. It is suggested that this could prove a step towards the development of new therapies for stroke and other conditions, including some dementias, in which blood flow to parts of the brain is blocked causing cells to die

A report appeared at the end of April in the Annals of Medicine of a thirteen-year study of 2,200 participants aged between 71 and 82 which appeared to show that a **poor sense of smell** in relation to 12 common odours was linked to death from dementia and Parkinson's disease.

At about the same time scientists identified a **form of dementia ('Late')** that mimics but is distinct from Alzheimer's disease and is thought to affect one in five elderly people. Like the former, Late shows symptoms of memory problems, cognitive decline and mood disorders but appears to be caused by a protein called TDP-43 rather than amyloid plaques and progresses more slowly. This is likely to account for the fact that over many years some autopsies of persons with dementia have not shown the classic signs of Alzheimer's disease.

It is good to see much more commitment in the media to encourage organisations and people to become more **dementia friendly**. The fictional 'Holby City' hospital as featured in 'Casualty' is evidently taking steps in support of 'Duffy'! Particularly impressive has been the BBC1 two-part documentary on 'Our Dementia Choir' with Vicky McClure' who cared for her grandmother when she had Alzheimer's. In association with the University of Nottingham and Professor Seb Crutch of University College London, a band and choir was formed to raise awareness of how music therapy over 12 weeks greatly improved the lives of participants aged between 31 and 87 with a variety of dementias, charting the physical and emotional effects on their brains through the use of a new type of scanner. To undertake this McClure herself underwent a brain-imaging scan which registered the stimulation when her favourite Beatles song ('In my life') was played and she has remained in touch with those who took part since the filming was completed. The choir's climactic performance in Nottingham's 2,500 seat Royal Concert Hall was particularly moving. Even in the case of those with advanced dementia, the value of music therapy was demonstrated in the broadcast. McClure says: 'There isn't medication to stop dementia, there isn't anything currently to cure it, it's about trying to live well with dementia' and lobbies for more money to be made available for music therapy in care homes as well as in local communities.

An **Age UK study** published in mid-May found that more than a million people aged over 80 live in areas of England where there are no care homes and that two-thirds of those with more acute problems had no local access to nursing home beds. The study highlighted in particular the lack of staff in social care.

A Guardian supplement on Mental Health on 15 May tells of Woffington House, a dementia care home in Gwent, where the need for anti-psychotic drugs has all but disappeared following the introduction two years ago of **Apple iPads, Amazon Echo Dots and virtual reality headsets** which enable residents to undertake virtual travel to places they know through the headset or projectors. The original reason for investing in technology was to help regularly visiting children to bond with residents to enable them to share their life experiences. Reportedly, the use of YouTube to listen to Tom Jones singing has also helped to reduce their anxieties!

A further **Guardian supplement published on May 21 to mark Dementia Action Week** consisted of up-to-date information from Alzheimer's Society, Alzheimer's Research UK and Carers UK. There was an emphasis on being willing to talk about dementia and especially to talk with persons with dementia who are often socially isolated; on the value of getting out of doors; on pressing the government to increase research funding from 0.3% to 1% of the annual cost of dementia; and on the need for family carers of those with dementia not to lose sight of themselves.

June 2019 saw the four-part '**The Restaurant that Makes Mistakes**' programme filmed by Channel 4 and CPL productions. Following a similar social experiment in Tokyo, a pop-up venue on Silver Street in Bristol was set up by Michelin-starred chef Josh Eggleton who recruited a team of 14 people with early-onset dementia of various kinds, all of whom had been forced to give up work as a consequence of their diagnosis. Eggleton wished to challenge the widespread belief that such people are no longer fit to hold down a job. The team coped with a gradation of difficulty presented by catering for a group of their friends and family, a rugby club outing, a children's party, an evening when Eggleton absented himself and left his team to get on with the work without his assuring presence, culminating in making and serving canapes at Bristol city hall to the mayor and local business leaders. The programme was candid about their occasional errors and difficulties but overall, they coped well, and the food served proved most acceptable. Moreover, they evidently benefited greatly from rediscovering a sense of purpose and working together as a group. Comparison of baseline tests and tests at the end of the programme, carried out by Dr Zoe Wyrko of Birmingham University Colleges, showed really significant improvement in the participants' sense of well-being and self-image.

One wonders whether this encouraging outcome for participants would be in danger of collapsing rapidly once the experiment was over. The employment aspect is of course less relevant to much older people with dementia, but they too want to continue to feel useful and appreciated in church and community.

Mid-July brought interesting findings in dementia research. It has been believed for a long time that a healthy lifestyle including regular exercise, a balanced diet, refraining from smoking and watching alcohol intake could reduce the risk of developing dementia. Professor David Llewellyn and colleagues at Exeter University found from data collected on almost 200,000 individuals of European ancestry over eight years that a **healthy lifestyle was linked with about a 30% lower risk of dementia** - including in those with a genetic predisposition to such conditions. Researchers from Vanderbilt University in Los Angeles studying the higher incidence of dementia in women suggest from their findings presented at the recent Alzheimer's Association conference that, apart from greater female longevity, protein tangles may spread more rapidly in women's brains than men's. At the same conference researchers from the University of California found from their study of 6,300 women that memory loss in old age appeared to be 61% faster amongst married women who had never been employed compared with those who had worked until middle age.

Significantly, The Global Council on Brain Health (GCBH) advised in July **that brain health food supplements like fish oils are a waste of money**. After reviewing all available scientific evidence GCBH suggests people follow general healthy lifestyle habits instead of believing that dietary additives will stave off Alzheimer's disease.

At the time of writing, we await clarification of the new government's programme to deal with **the crisis in social care**. Suggesting that £8 billion will be needed to make social care fit for purpose, the House of Lords Economic Affairs Committee has published a report calling for free personal care to be introduced over a period of five years and funded by general taxation. 'The whole system is riddled with unfairness. Someone with dementia can pay hundreds of thousands of pounds for their care, while someone with cancer receives it for free. Local authorities are increasingly expected to fund social care themselves, despite differences in local care demands and budgets. The reduction in social care funding has been greatest in the most deprived areas. And local authorities can't afford to pay care providers a fair price, forcing providers to choose whether to market to those people who fund their own care or risk going bankrupt.'

Healthwatch England, based on interviews with 700 people receiving care, says that **people often lack understanding of the support available to them and how to access it**. People wait on average over two months from requesting support to getting it and are already at crisis point when they ask for that support. Less than half councils achieve an annual review of care plans for people known to have dementia.

Research from a charity coalition led by Carers UK finds that carers, including those caring for people with dementia, are **seven times more likely to be lonely** than the general public: 35% being always or often lonely as against 5%.

Research by Dr Jim Burton of Cardiff University has found that **prisoners** in England and Wales are more likely to be released early on compassionate grounds if they have cancer

than if they have dementia or other conditions such as chronic obstructive pulmonary disease, dementia, or heart failure.

Fifty-three members of the Scottish parliament have thrown their weight behind **Alzheimer Scotland's Fair Dementia Care campaign** that people with advanced dementia 'should receive the expert health care services that they need on an equal basis with other progressive terminal conditions.' See David Jolley's letter above.

Dementia diagnoses have increased to record levels in the past three years. 453,881 over-65s had a diagnosis in May this year, compared with 424,390 people when figures were first recorded in June 2016. This is an important step toward planning and providing necessary care and treatment for the individual and support for families. Sadly, however, the evidence is that the services required are largely not there.

The outcome of a longitudinal study by researchers at Washington University in St Louis, published in the journal *Neurology* at the end of July, found that a new test measuring levels of the **protein amyloid beta** in the blood of 158 adults aged over 50 was 94% accurate in identifying those who subsequently developed Alzheimer's.

Published in the *PLOS Medical Journal*, another longitudinal study at University College London tracking 10,000 people from 1985 to 2013 has found that someone who saw friends almost daily at the age of 60 was 12% less likely to develop dementia than someone who only saw one or two friends every couple of months, adding to the growing evidence regarding the **importance of an active social life** for older people. However, seeing relatives did not show the same beneficial association.

The *Yorkshire Post* on 24 August featured two items on dementia. The first introduced the new series of **Love Your Garden by Alan Titchmarsh** who in one episode featured 32-year-old Daniel Bradbury who was diagnosed with early-onset Alzheimer's disease in 2017 and dreamed of a green space for his wife and young family. Titchmarsh commented how a garden can help people living with dementia to take part in physical activity, thus stimulating their senses and memories. An article by Jeremy Hughes, CEO of the Alzheimer's Society, highlighted the enormous cost to families caring for their loved ones with dementia and to the NHS when those with the condition are stuck in hospital beds because social care is in crisis. He describes **dementia as 'a most discriminated against condition'**, in that, whereas free treatment is provided for those with heart disease or cancer, the same does not apply to those with dementia. The Society is calling the establishment of an immediate dedicated NHS Dementia Fund until such time as the social care impasse is resolved.

A long-awaited report investigating links between **footballers and Alzheimer's disease**, commissioned by the FA and the Professional Footballers Association, was published in late October. The University of Glasgow's Brain Injury Group found there was a five-fold increase in the risk of developing the disease, a four-fold increase in motor neurone disease and a two-fold increase in Parkinson's. Their study was based upon data comparing

the causes of death of 7,676 former male professional players born between 1900 and 1976 against more than 23,000 people from the general population. It had long been thought that there was a connection with heading footballs in the days when they were made of heavy leather which became even heavier through absorbing moisture. However, the situation may well now have changed in an era of lighter footballs and the game becoming more dependent upon close passing rather than high balls. Dr Carol Routledge, director of research at Alzheimer's UK says that nonetheless the benefits of playing football outweigh the possible disadvantages.

On 22 October the US drug company Biogen announced that it has created the first drug, aducanumab, that could **slow Alzheimer's disease**. Currently, there are no drugs that can do this - existing ones only help with symptoms. Regulatory approval is now being sought in the US. This announcement is somewhat surprising because the company had discontinued work on the drug in March 2019, after disappointing trial results. However, the company says a new analysis of a larger dataset of the same studies shows that higher doses of the drug can provide a significant benefit to patients with early Alzheimer's, slowing their clinical decline so they preserve more of their memory and everyday living skills.

BOOK REVIEWS

What Dementia Teaches Us About Love by Nicci Gerrard. 2019, Allen Lane, Penguin Random House, 259pp, £16.99.

There is no doubt that the incidence of dementia has increased exponentially over the years. The reasons for this are various, not least that we are living longer (though this has very recently stalled in the UK) and dementia in its different forms is primarily a disease of older age. Earlier and more accurate diagnosis has contributed and recent research points to possible environmental, dietary and other factors. It seems likely that one in three persons living into their 80s will develop the condition. Certainly, since my own retirement I have become aware of many contemporaries who are amongst that number.

For the first twenty-five years of my pastoral ministry I encountered very few cases of dementia, although on reflection there were sometimes what appeared to be eccentric older relatives who were tucked away in the back rooms of homes and those with more advanced dementia tended to be locked away in the wards of the large Victorian psychiatric hospitals that were a feature of those days. People with dementia were certainly marginalised and sometimes airbrushed from society. The indignity inflicted upon them had been truly inhuman.

Increased awareness of dementia is not enough since it has also exposed the way in which those living with it tend to be objectified and other people can all too easily draw back from supporting those with the condition and their family carers leading to heart-breaking isolation. Nicci Gerrard, who is a novelist and Observer journalist, presents a much more subjective approach based upon her experience of her father's dementia and her conversations with a number of very articulate carers and their loved ones with dementia. She also consulted a number of acknowledged experts in the field. This has led her to campaign very successfully for those carers to be given the same access to visit and stay with their loved ones in hospital as parents have with their sick children. Some readers may have heard her taking part in a discussion on Radio 4's Start the Week on April 8.

The book comprises fourteen chapters tracing the stages of loss experienced by family carers from diagnosis to death (and the grief that lies beyond). Her presentation is not primarily medically based and, because dementia varies greatly from person to person, similar factors tend to recur throughout this process. What impresses is her patent honesty: she is fully aware of the exhaustion, despair, shame guilt and anger that carers can feel.

But reading this book is not a depressing experience. Gerrard touches upon some of the heights of caring for those with dementia as well as its depths. The total commitment of the carers, most of whom are themselves very old, is inspiring. She is very ready to affirm good practice in hospitals and care homes whilst calling out bad practice and abuse. There is a gem of a chapter on the value of 'connecting through the arts', what she calls 'everyday creativity'.

Gerrard is equally honest in declaring that she is neither Christian nor 'religious'. Indeed, she is a humanist funeral celebrant who has no belief in any afterlife. She believes that after death we carry the deceased in our hearts, and they continue to be part of us. Nonetheless I believe that she is a truly spiritual person. She confesses that she can suggest no adequate replacement for the concept of 'the soul'. She is aware that some people with dementia can be described as 'being "saved" by music, like a gush of clear water in the desert'. My own recent study of Christian family carers endorses so much of what Gerrard says. Both her findings and mine reveal a love that is so often committed and truly sacrificial. Christians would say that this is an imperfect reflection of the love of God we see most fully in Jesus.

Few of us will not be impacted by dementia in one way or another. We are being encouraged to become dementia-friendly churches and communities. I highly recommend reading and acting upon this profound and deeply moving book with its very rich final sections of notes on sources and bibliography. My copy is now splattered with underlinings and marginal notes. Do read it!

Albert Jewell

Becoming Friends of Time: Disability, Timefullness and Gentle Discipling by John Swinton. 2017, SCM Press, £20.

Readers may have already come across John Swinton's earlier book, *Dementia, Living in the Memories of God*, and will know the way in which he brings great sympathy and understanding to people who all too often are thought of as having little or no value, because they are 'not all there'. Swinton argues powerfully that these people are indeed there, and that we need to widen our own understandings of different, non-intellectual ways in which people can be called by, and live with God.

In this new book Swinton starts with a brief history of time, not in Stephen Hawking's sense of explaining the creation of the universe, but showing how through history society broke the day down into smaller and smaller units (from days to hours, to minutes and seconds) and in so doing turned time into a commodity which could be owned and sold: we sell our time to our employers and thus set a value on it as our own possession. We speak of some people – unemployed or retired – as being time-rich but money-poor, and who will thus tolerate longer queues in cheaper supermarkets. But is this the way we should see our time? Is it ours, or a gift from God?

One way of looking at this is to see how Jesus uses time in the Gospels. Most of his ministry was spent in Galilee with small groups of people, whether disciples or village communities – very differently from our modern emphasis on mass communications and social media. Jesus walks from place to place (one writer describes him as a three-miles-an-hour God), pausing on the way as needs emerge, such as the woman with the haemorrhage while he is on the way to heal Jairus' daughter. This is a very small-scale ministry, operating slowly. But slowness, says Swinton, is not the same as sloth: we should use the time we are given effectively, but without rush or guilt. He quotes John Hull, a theologian who became blind in his fifties, and found that now he was no longer bound by an invisible clock he worked effectively, and actually found that he sometimes got more, not less, work done. Swinton comments: 'the slowness of disability is...much closer to the slowness of God than is the speed that is demanded from modern societies.' (Indeed, modern society sometimes seems to value speed with little justification: do we really need to spend all that money on HS2 to save fifteen minutes on a journey from London to Manchester?)

And what has all this to do with disability and dementia? We come here to questions about the timefullness and gentleness of God. God has (literally!) all the time in the world for all his children, including those with disabilities. Swinton discusses at some length the work of Jean Vanier and the L'Arche community, and how, by giving both time and sympathy, the abled members of the community can engage in a genuine shared relationship with the disabled members, in which both can give to each other. So much of this comes down to valuing people for who they are. Apart from the issues of how disabled people may contribute to society economically or socially, there is the deeper question of whether people with severe intellectual disability can relate in any way to God. For many of us there are pragmatic answers to this – we have known people who could not communicate with us but who have shown real joy in hymn singing or receiving Holy Communion. But

Swinton argues further that we all have God-given vocations in our relationships with him, because our discipleship originates in the calling of Christ, rather than of any action by ourselves. This 'slow and gentle discipleship' can be a reassurance for those who worry whether their loved ones can still be accepted by God without any formal act of commitment. Swinton gives a number of examples of how disabled people have shown such awareness and joy, and in this way the book is very hopeful and encouraging.

This is a rich and rewarding book: not an easy read, and you need to concentrate on the argument, but it can deepen and strengthen our own understanding and care for others; I recommend it warmly.

John Lansley

(This review first appeared in the summer Issue of Christians on Ageing magazine *plus*)

NETWORKING

Faith in Older People

I have found the monthly newsletters/information sheets from this Edinburgh-based organisation immensely helpful (www.faithinolderpeople.org.uk) (Ed). Recently it has introduced me to the British Psychological Society Research Digest and in particular to two studies relating to dementia:

- a. Emma Young reports on a small study into the effect of a narrative intervention program for people living with dementia published in *Psychology and Neuroscience*. 43 people with Alzheimer's, vascular dementia or general cognitive decline were at the start assessed for attention, language, visuospatial abilities and both immediate and delayed memory. They were read to over 40 daily sessions by students of Perugia University using gradually more complex stories, with some time for discussion and inter-action, whilst a control group watched TV as usual. When re-tested at the end of the study there was an upward trend on all the measures whilst the control group showed no improvements and even some decrements. It is suggested that such daily narrative training might be more generally implemented as a non-drug treatment for those with dementia and a possible prevention tool in healthy older people and those with mild cognitive impairment.
- b. Christian Jarrett writes about a review by an international team of psychologists led by Muireann Irish at the University of Sydney, 'All is not lost - Rethinking the nature of the self in dementia'. On the basis of research literature on autobiographical episodic and semantic memory they take a more optimistic view than the assumption 'that without memory there can be no self' and highlight how despite severe memory disturbances for many people in the early to moderate stages of dementia 'self-continuity remains present to varying degrees'. Jarrett points out that other studies regarding aesthetic tastes and abilities are also often preserved for many years.

Anna Chaplaincy

Their website in October contained two helpful items: an introduction to Marlena dementia-friendly books and a podcast, 'Things Unseen' by Dr Peter Kevern of Staffordshire University on what being human remains once we 'strip away' all the junk'. (annachaplaincy@brf.org.uk)

News from the Editor

My recent article, 'Dementia: Are we all on the spectrum,' has been published in Journal of Religion, Spirituality & Aging, vol 31, issue 3. I am allowed to permit up to 50 people to receive e-copies of the article. Please just get in touch with me (ajj633@btinternet.com) and I will happily send you the link you will need. Meanwhile, to whet your appetite, the following is the abstract: 'Reflecting on his own experience, recent research and the testimonies of persons with dementia, the author argues that too rigid a line is often drawn between those with the condition and those without. This is based on four grounds: the accumulation of brain damage throughout life; the debatable distinction between mild cognitive impairment and dementia; the extent to which some of those with dementia can continue to lead active and creative lives; and how lifestyle changes may offer some protection from, or reduce the effects of, dementia. A challenge is made to the still prevailing stigmatisation of people living with dementia.'

Memory Worship: Worship for those with and without Dementia

A Reflection by Julie Peek, Mission Enabler for Older People & Memory Worship facilitator, Highlands Methodist Church, Leigh on Sea, Essex

I have always vaguely held the belief that a calling is something unique to each individual and that timing has a part to play. It seems likely to me that many people feel a sense of calling over a sustained period of time but sometimes choose to ignore it for a number of reasons. This idea always comes to mind when I think of Jonah's story. Jonah really went out of his way to ignore his calling, but God wasn't prepared to let him get away lightly. I now believe that God has called me to a specific role, and I would like to elaborate further. After attending a Methodist study day in June 2016 entitled 'The Spiritual needs of Older People and those living with Dementia' 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 should be doing more. When I broached the subject with my minister; 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 Wesley church to join the Southend Dementia Action Alliance. I set out an Action Plan as to how we could address the spiritual needs of people living with dementia and their carers and the church joined a growing number of churches with this same objective. Read Wesley Action Plan here

http://www.dementiaaction.org.uk/members_and_action_plans/5971-wesley_methodist_church

One local church was offering a Dementia Peer Support Group, another a Dementia Day Centre and another a one-off Memory Café, but there were no churches offering 'dementia friendly worship services', so it felt logical and practical to combine the support of a Memory Café with the spirituality of a church service. 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 than 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 at each service. Firstly, we open the box and take out the red cloth with the words *'This beautiful red cloth reminding 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 it to another member of the congregation to hold saying *'We remember that the Bible is the word of God and we remember that through the Bible God speaks to us'*.

We are then 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'*. 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.

The person leading the service calls to the congregation '*And God said Let there be ...*'. No matter how badly we struggle with memory everyone knows that God said let there be *Light*. Lastly, the Bible is collected back, and we then consider '*What are we reading from scripture today?*'

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 our volunteers attended for Dementia Friend guidance delivered by Alzheimer's Society. Our 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.

On Monday 21st January 2019 Wesley Memory Worship celebrated its 2nd Birthday and 'Lord of all hopefulness' seemed a perfect theme for the day. Sixty people gathered to share worship together with dancing, singing, storytelling and yummy Birthday cake. It was our vision when we set up this new ministry nearly three 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 becoming 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 address the spiritual needs of people living with dementia and their carers. Every month, churches contact me wanting to come and learn how they can emulate for their own communities, from Somerset to Hereford and Birmingham to South Woodham Ferrers and many others in between. Recently I learned of a new Memory Worship service in Bedale Methodist Church in Yorkshire. In Essex there is a Memory Worship service at Thorpe Bay Methodist Church on 1st Monday of the Month and on 3rd Monday of the month Memory Worship services are held at Wesley Methodist Church in Leigh-on-sea and Holy Trinity Church in South Woodham Ferrers.

It feels tangible to me that God wants me to follow Memory Worship wherever He leads me. Furthermore, I feel He wants me to share this alternative form of worship with other churches. People living with dementia need continuity and familiarity therefore it is important to continue to support our consistent team of volunteers. Rev Julia Monaghan was pivotal in her support and encouragement of this new ministry and no doubt she too will continue to sow the seeds of dementia friendly churches wherever God leads her.

