

This Issue

- 01 Welcome
- 02 Getting Creative with the Memory Assessment and Management Service
- 04 Dementia in People with a Learning Disability
- 07 What is the Role of Speech and Language Therapy in Dementia?
- 08 MSNAP Artwork Competition Entries
- 09 Dementia Support Services
- 11 Reflections on a Cognitive Stimulation Group
- 13 Musical Walkabout's THRIVE Project
- 15 Upcoming MSNAP Initiatives
- 16 Meet the MSNAP Team!
- 17 Useful Links
- 17 Contact Details

WELCOME

Welcome to the 20th issue of our MSNAP newsletter! As this is the first newsletter of 2021, it feels appropriate to reflect on the challenges this year has brought with the second wave of COVID-19. It is positive to note that things have appeared to settle and we can reflect on how services nationally had risen to the challenge and continued supporting staff, patients and carers during this time.

We are very pleased to be sharing some great areas of good practice within this newsletter, ranging from occupational therapy and speech and language therapy, to supporting those with a learning disability. You will also find interesting innovations around music groups and cognitive stimulation groups, as well as dementia support services.

There have been several changes within the past year to the MSNAP team. We thought we would therefore put together a 'meet the team' page in this edition of the newsletter, so that our members can get to know who we are and what we do on the network. We are also pleased to share entries from our recent artwork competition!

Over the rest of this year, we are excited to launch some new initiatives for MSNAP. Some of which are highlighted in this newsletter and a majority of these will be discussed in more detail at our 12th Annual Forum which is taking place in October this year.

Finally, I'd just like to thank our contributors to this edition of the newsletter and we very much hope you enjoy reading it.

Jemini Jethwa, MSNAP Programme Manager



HIGHLIGHTS

**MSNAP
Initiatives**

Page 15

**Artwork
Competition**

**Meet the
Team!**

Page 16

Getting Creative with the Memory Assessment and Management Service

Dr Charlotte Allan, *Consultant Psychiatrist for Older People, Newcastle Memory Assessment and Management Service*

Patients and staff at the Memory Assessment and Management Service (MAMS) have been getting creative thanks to an exciting project.

The Getting Creative group began in April and has seen patients, their families and carers turn their hand to a number of different artistic activities, including print making, ceramics, poetry and glass.

Funded by the Health Foundation's Innovating for Improvement programme, the project was made up of three different cohorts, the last of which came to an end in November.

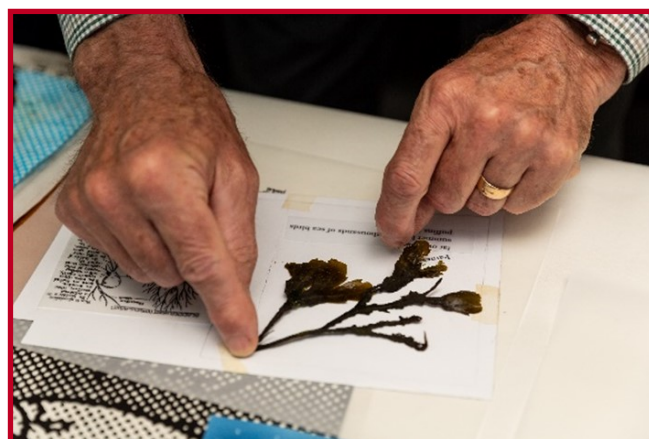
Occupational therapists and nurses from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) joined forces with creative charity Equal Arts to run the sessions. Equal Arts works to improve the lives of older people and those living with dementia through creativity.



The groups met at the Campus of Ageing and Vitality in Newcastle for a range of arts and creative activities ran by professional artists. A variety of artistic approaches were used to communicate thoughts and feelings through visual arts and creative writing.

Jeni McAuley, Specialist Occupational Therapist at CNTW, said: "The Getting Creative group has been a great help to both patients and carers. It has given carers some time and support and something relaxing to do for their own wellbeing, while it has enabled patients to express themselves in a creative way."

Patients were able to produce something they were proud of despite their diagnosis or memory problems. The sessions have also helped with communication skills as they were able to go home and tell their families what they had made in the sessions.



Dr Charlotte Allan, Consultant Psychiatrist at CNTW, said: "The response from the project has been really positive. It has been fantastic in supporting the wellbeing of patients, carers and staff and has enabled staff to find new ways of engaging with patients."

The final session saw the group reading poetry they had written and making Christmas decorations. It was a relaxing atmosphere, with one group member saying Fridays would never be the same again without the group.

Another group member said: "I look forward to every Friday afternoon and tick off the days on my calendar."

Jeni added: "There has been a lot of fun and laughter and nobody was put under any pressure to produce anything. It's been a lovely group and

we hope that it can continue in some shape of form.”

The MAMS team are planning on holding an exhibition of the artwork in the new year.

Alongside the creative sessions for patients, staff have also been taking part in wellbeing sessions. These sessions have been an opportunity for staff to take a short break from their roles and engage in artistic activities, promoting wellbeing and encouraging creative thinking at work.

The Memory Assessment and Management Service (MAMS) is part of CNTW, a provider of mental health and learning disability services. MAMS is for people of any age who live in Newcastle and parts of North Tyneside who have been referred due to concerns about their memory.

Its work includes assessing and diagnosing memory difficulties, offering support and advice for patients and their families, and providing a range of treatments and interventions.



It Happened and We Liked It

It was another world doing loads of lovely activities. We liked it here, and all got along wonderfully with lots of laughter. It felt good to take risks, to try new things.

Everything we made led to pride and happiness. Concentration helped to stop minds from sailing far away – we relaxed and had fun together.

Staff were superb with good attitudes, they helped us feel safe. Everyone felt safe. Each week, we looked forwards to meeting and laughing and making.

Before, some found it hard, but here we all felt better – began to accept our lives, ourselves and each other.

We loved to create things to give – special presents for Christmas.

Now, our Fridays won't be the same again, we wish they could go on and on.

Our final thought, is this: thanks for drinks of coffee and tea, (hot cups that cheer). Just one complaint – no beer!

And after all – it happened, and we liked it.

*Drawn from the words of:
Irene, Michael, Bev, Fiona, Ethel, Rebecca,
Denise, Nancy, Irene, Eileen, Stan, Eric and Pat*

Dementia in People with a Learning Disability

Victoria Lyons, Senior Consultant Admiral Nurse and **Jane Nickels**, Learning Disabilities Admiral Nurse, MacIntyre Charity

Dementia UK's first Learning Disabilities Admiral Nurse - Jane Nickels



Jane has been in post since June 2020 after Vic Lyons was successful in receiving award money. The post has been developed by Dementia UK in collaboration with the charity, MacIntyre, which provides learning, support and care for more than 1,200 children, young people and adults who have a learning disability and/or autism at locations across England and Wales.

The Admiral Nurse role

Jane's role is divided into supporting best practice and education, raising awareness and providing direct support to clients. She told us "I aim to ensure that people with a learning disability can obtain a timely diagnosis of dementia and receive the support that they need." She has focused on the people supported by MacIntyre who have a diagnosis of dementia, or a suspected diagnosis. Currently, Jane works remotely with care teams, professionals and families via virtual platforms to establish where the person is on their 'dementia pathway', learning about the person's life-story

and supporting them to maintain their independence for as long as possible.

She provides education and resources for MacIntyre staff on the early signs and symptoms of dementia, environmental factors and what to look for in behaviour changes as well as providing links to relevant professionals.

Jane also told us "the benefit of my role is I can be flexible to people's needs. I listen to the people MacIntyre supports, and their circle of support to see what is needed, at this point I can begin to implement ideas." This service will be fully reviewed and evaluated and we are confident that Jane's role will be the first of many Learning Disability Admiral Nurse posts.

So what is a learning disability?

We are developing a learning module for Blackboard that will provide you with more information about dementia in people with learning disabilities. However, the information below will provide you with a broad overview.

MacIntyre defines a learning disability as affecting the way a person learns new things in any area of life, how they understand information and how they communicate. This can mean they can have difficulty:

- Understanding new or complex information
- Learning new skills
- Being independent

You may hear terms used such as **Global Developmental Delay (GDD)**, **Intellectual Disabilities (ID)**, **Intellectual Developmental Disability (IDD)** and most recently the term **Neurodevelopmental Disorder** but the term learning disability is the preferred term in the UK.

These terms are different from a '**learning difficulty**' which refers to people with conditions such as dyslexia or ADHD which means a person may struggle with specific forms of learning e.g. letters or numbers but a learning difficulty doesn't affect the way a person learns in all aspects of life.

Neurodevelopmental Disorder is a term adopted by the World Health Organisation within its new coding (ICD-11).

Global Developmental Delay, Intellectual Disability and Intellectual Developmental Disability in essence are all other terms used to describe somebody with a learning disability. They are often used by professionals and are terms used internationally.

Ok we have the definitions but what does this mean in reality?

A person with a learning disability can experience difficulty with everyday tasks such as house work, socialising or managing their finances. It may take longer to learn new skills and require extra support to do this. They may need support with understanding complicated information and guidance with how to interact with other people. There are varying degrees of learning disability (there are four: mild, moderate, severe and profound/multiple), so as with anyone else in the general population, their levels of abilities will differ from person to person.

For example, many people with a mild learning disability can live independently in the community with minimal support or no support at all. Whereas somebody with a severe or profound/multiple learning disability is more likely to need 24-hour support which includes complete support with personal care, taking adequate nutrition and fluids and having their general health care needs met by others.

Why is Dementia UK focusing on people with learning disabilities?

- Over the last 30 years, the lifespan of people living with a learning disability has increased markedly
- Studies have shown that one in ten people with a learning disability will develop young onset dementia
- The number of people with Down's syndrome who go on to develop dementia is even greater with: one in 50 developing the condition aged 30-39, one in 10 aged 40-49 and one in three in their 50s

Points to consider when supporting someone with a learning disability

As you would for anyone, consider all the underlying health issues which could be causing a similar presentation to dementia. Here are some of the underlying conditions more pertinent to

somebody with a learning disability:

1. **Poor eyesight** - the person may not be able to communicate changes in eyesight so asking staff to monitor the small changes is helpful i.e. when drawing they may miss picking up the pencil
2. **Hearing loss** - if someone has partly or full hearing loss, communication may be difficult, and the person may no longer respond to their name
3. **Unhealthy diet** - people with a learning disability, as with many members of the general population, can have difficulty following a healthy diet. Vitamin deficiencies could cause presentations which may be mistaken for dementia such as lack of vitamin B's
4. **Effects of medication and polypharmacy concerns** - people with a learning disability historically are often on many different types of medications, some of which may no longer be required or can have a negative effect on mood, sleep etc
5. **Poor sleep** - can lead to confusion during daytime, reluctance to engage in social activities, reduced mood
6. **Menopause in women with Down's syndrome** - The evidence shows that women with Down's syndrome will experience the menopause at an earlier age than women in the general population. For this group of women it is paramount that we establish if the changes we are seeing are due to menopause or the start of a cognitive decline due to dementia. Changes in hormones during menopause can lead to 'increased confusion', 'brain fog', 'hot flushes', 'difficulty sleeping'. 'Tiredness' and any combination of these things could mask as dementia, and the person themselves might not understand these changes or communicate what is happening very well. It is also worth remembering (1) with treatment the effects of menopause can often be managed, and (2) the two things are not exclusive of each other, so hormone levels should be checked when screening and on a regular basis
7. **Cardiac abnormalities** - more common in people with Down's syndrome—e.g. increased tiredness
8. **Hyperthyroidism** - more common in people with Down's syndrome – e.g. weight gain, tiredness

As we know **early warning signs** that somebody may have early-stage dementia include

- loss of daily living skills
- short-term memory loss

- apathy and inactivity
- reduced sociability
- loss of interest in previously enjoyed hobbies
- lack of spontaneous communication
- disorientation and confusion
- poor comprehension
- appearing to wander for no reason
- difficulty with steps and curbs

When considering a person with a learning disability, many of these signs may already be present due to their cognitive abilities, meaning the assessment might be more challenging and it is important that working with the people who know the person best is crucial. Looking regularly for evidence of any deterioration and having a baseline is vital to support a timely and accurate diagnosis.

Points to initially consider when providing advice to a person supporting someone with a learning disability:

- Most areas have a community learning disability team (CLDT) and the learning disability nurse may already be supporting a person. Members of the CLDT are specialists in learning disabilities who can support the Admiral Nurse with implementing support and liaising with primary healthcare services
- Ascertain if the person considered to have a dementia has capacity (in line with the Mental Capacity Act)
- Do they have an anticipatory care calendar or black book? Both these systems are known

within the world of learning disability and often provide the evidence for subtle soft changes in a person’s presentation. If they don’t have one, you could suggest that they start to provide this with their teams

- Request a copy of their pen portrait (sometimes known as a one-person profile) or hospital grab sheet as this will help give you a snapshot of the person when at their best and how support is offered when they are not well
 - Establish if any life story work has been undertaken in the past as this may identify current presentations reflecting what a person used to do when they were younger (could help identify changes associated with dementia)
 - When considering pain presentation for somebody with a learning disability, staff teams can use a tool known as a disDAT (Disability Distress Assessment Tool) which can identify pain in a non-verbal person
 - Identify what their normal routine is within a typical day and discuss how this may have changed
 - Consider how the people they live with may be feeling and offer support for them. Beyond Words provides an amazing range of picture books for adults to encourage difficult discussions
 - Consider and be alert to changes in eating habits
- You may also be interested in reading the information on our [website](#).

You will also find useful information, and a number of free resources that can help you support someone with a learning disability, on the [MacIntyre site](#).

MSNAP Peer-Reviewer Training

Peer-reviewer training is a free event for staff that are from an MSNAP member service. The training is a great learning experience for those who are interested in participating in peer-reviews.

We strongly encourage individuals organizing and reviewing other services to attend this training.

The training will enable participants to describe the MSNAP review process, understand the review timetable and what each meeting entails, as well as any troubleshooting or managing difficulties on a peer-review.



Wednesday 24 November 2021



09:00 - 12:00



Online (Microsoft Teams)

What is the Role of Speech and Language Therapy in Dementia?

Anna Robinson, *Speech and Language Therapist, Camden Neurology and Stroke Service and Integrated Primary Care*

Communication problems occur in all forms of dementia and in the later stages these problems become increasingly challenging (Bourgeois, 2009). Particular patterns of communication change are associated with different types of dementia and are therefore an important part of differential diagnosis (Gorno-Tempini et al, 2011). Language impairment may be an initial presenting feature of the disease, particularly in frontotemporal dementia (FTD).

Speech and language therapists have a role supporting the communication and swallowing of people with dementia. "People with dementia are one of the biggest expanding caseloads for speech and language therapists" (Mahendra and Arkin 2003). Whilst most dementia patients may have access to speech and language therapy for swallowing difficulties which often occur at later stages in the disease, awareness and provision of speech therapy to support communication in this group remains variable.

Whilst some work has been done to investigate the benefits of speech therapy for rarer types of dementia such as Primary Progressive Aphasia, it is less clear what the role of the speech therapist should be in this group. Despite many Alzheimer's patients presenting with impaired language, it remains unclear which specific groups of patients would benefit most from speech and language therapy input, and in what form.

What is recommended?

Memory Services National Accreditation Programme (MSNAP) standards (2020)

– Under their "standards that an accredited team would be expected to meet;" MNSAP document that the memory service should have access to a speech and language therapist. They also expect that the memory service "provides or can signpost/ refer on to services that will offer information, advice and support with communication problems".

National Institute for Clinical Excellence (NICE) guidelines (2018)

- The NICE guidelines recommend clinicians "consider involving a speech and language therapist if there are concerns about a person's safety when eating and drinking." However, they do not mention the role of speech and language therapists in the field of language and communication assessment and interventions. The NICE guidelines do refer to the importance of training people interacting with people with dementia, both informal carers and professionals, in adapting their communication styles to improve these interactions.

Royal College of Speech and Language Therapists (RCSLT) guidelines

The RCSLT's position paper (2014) outlines the numerous roles speech therapists can have in working with people with dementia. These include:

- Identifying and analysing the specific nature of the speech and language impairment of persons with suspected or actual dementia
- Direct intervention with the person with dementia to provide specific programmes to maintain and maximise communication function
- Work with formal and informal carers to implement personalised communication strategies
- Advocate for an individual with complex communication needs arising from their dementia
- Working with the multidisciplinary team to disseminate information in an accessible format
- Assessing the capacity for decision making in those who are experiencing significant language disorder including strategies to facilitate this.
- Specialist assessment of any eating, drinking and swallowing problems.

Stakeholder engagement is currently underway to explore varying perspectives on the role of speech and language therapy in dementia, in particular with patients with Alzheimer's. The aim of this work is to determine what further research needs to be done, who to involve in this research, and how to best ensure the research is accessible to people with communication problems associated with dementia.

I would appreciate any feedback or comments/ suggestions about this work.

Please contact anna-robinson@ucl.ac.uk.

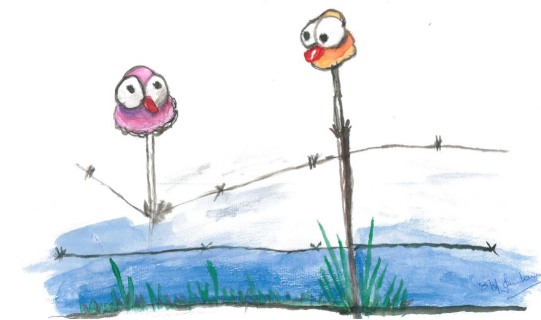
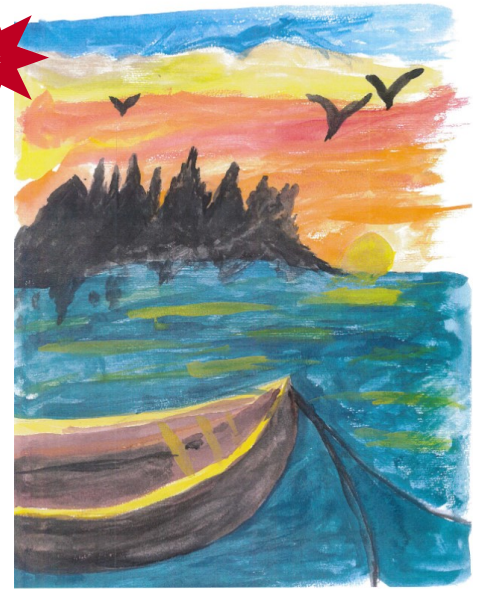
References available on request.

MSNAP Artwork Competition Entries

We are delighted to share the entries from the recent MSNAP artwork competition that we ran this Summer.

We received some wonderful entries of artwork which we are looking forward to using in upcoming publications, documents and resources produced by MSNAP.

Thank you very much to those that entered the competition and congratulations to our winners!



Dementia Support Services

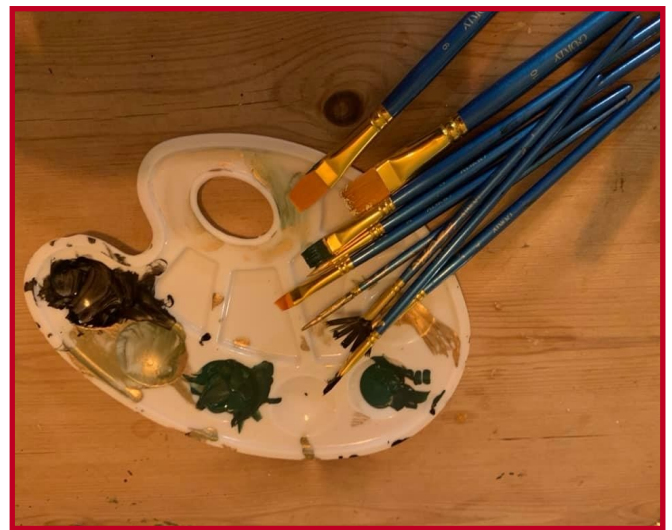
Lisa Doherty, Occupational Therapist,
Shepway Memory Service

Dementia Support Services is a new and exciting service based in Folkestone in Kent. The company has been set up by Lisa Doherty and Caroline Sted-Smith, both Occupational Therapists with 30 years of experience between them. Lisa's specialism was initially in Learning Disabilities before she moved into Dementia Care 10 years ago. As part of the service she provides, she carries out dementia care mapping and trains people in dementia awareness. Caroline has specialised in the provision of aids and adaptations, rehabilitation and the Mental Capacity Act before, more recently, becoming a Moving and Handling trainer. We both continue to work part time in our current posts as Dementia Support Service becomes established, Caroline as an Independent Occupational Therapist and Lisa as Team Leader for a memory service outside the Folkestone area.



The initial phase of Dementia Support Services has seen us hold a focus group for young people living with dementia, professionals, care givers and families to discuss what they felt their needs were. Since then, several community groups for people living with a dementia and their care givers have been set up, with a particular focus on younger people. Lisa is leading and facilitating these groups.

So far groups that have been arranged include a **social hub creative group for young people** that runs once a month at The Glassworks in Folkestone, to include music sessions, art and writing workshops. These sessions run in conjunction with a secondary social group for care givers so that they can relax and socialise themselves whilst those they care for are in a safe friendly environment immersed in activity.



An evening dementia cafe for young people is taking place for the first time in March at one of Folkestone's leading food, drink, live music & events venues, 'The Chambers', who have very kindly agreed to offer us a safe meeting space on the last Tuesday of the month so that those living with dementia can attend a social outlet whilst again feeling safe in a friendly environment.

Afternoon tea dances for all ages are being held once a month at the Tin Tabernacle in Hythe. Live music, tea and cake are all provided and those living with dementia can come along and dance or just sit and enjoy a relaxing fun afternoon.

As we grow and listen to our members needs, we hope to provide professional support to people living with dementia in an informal, fun and interactive way. So far, our groups have been met with a great deal of support and enthusiasm. You can find out more about us by visiting Dementia Support Services on Facebook and liking our page or following us on Instagram [@dementia_support_services](https://www.instagram.com/dementia_support_services).

Groups for young people living with dementia

Dementia Support Services

WHAT: "Social Hub Group" run by Dementia Support Services.

WHERE: Glassworks, Mill Bay, Folkestone CT20 1JG.

WHEN: 3rd March, 7th April, 5th May and the 7th July 2020.

TIME: 10:15am until 11:45pm.

ACTIVITIES: Music sessions with Musical Walkabout, Painting/Art workshops, Writing workshop hosted by Hand of Doom Productions' Folkestone Story Map. Plus many more.

COST: £5 each to attend which includes refreshments.

RSVP: For more information please call Lisa on 07983711392. We do encourage you to call to let us know that you wish to attend.



Dementia Support Services.

HAND OF
DOOM
PRODUCTIONS
CIC

www.handofdoom.online

www.musicwalkabout.com

www.ninaclarkmusic.com



THE MUSICAL WALKABOUT
PROJECT



Reflections on a Cognitive Stimulation Group

Olga Nynaes, Assistant Psychologist, Harrow Memory Service

The purpose of a Memory Service is to create a sustainable service that supports wellbeing among people with dementia and their carers. This paper briefly illustrates how the Harrow Memory Service implemented an evidence-based psychosocial intervention, which offered long-term support without increasing funding.

During the summer of 2019 we ran a Cognitive Stimulation Therapy (CST) group. CST is a psychosocial intervention for dementia which encourages cognitive stimulation in a group setting. CST has been shown to improve cognition and quality of life (Spector, 2003). Participants report attending the group is a positive experience (Spector, 2011). It has also been suggested to be cost effective (Knapp, 2005). In light of this, the NICE guidelines recommend the use of CST for individuals with mild-moderate dementia (National Institute for Health and Clinical Excellence, 2018).

Participants were referred after an initial assessment and diagnosis of dementia from our service. Eight service users were invited to an initial meeting to establish suitability for CST. This suitability assessment aimed to provide a thorough understanding of the clients' needs and interests. Following this, they were invited to attend the group. We decided to organise ten weekly sessions based on the manual produced by the team who developed CST (Spector, 2006).

Starting a new group can be difficult sometimes. On reflection, there was a certain amount of apprehension among the facilitators as they had limited practical

experience with CST. This was addressed by examining theory to practice links, discussing possible obstacles and ways around them. The service users were also new to this format and unfamiliar with each other. To address this we started the group with introductions and explanations of how the group will run. We then followed with an icebreaker where everyone picked a picture that represented how they felt. At this point participants started to share about their feelings and many shared difficulties they experience due to dementia. We decided to name the group "All in the Same Boat" as a reminder that all participants experienced memory problems and that this was nothing to be embarrassed of.

We continued to meet weekly and we noticed that as the group cohesion increased the service users appeared more at ease with each other and reported increased enjoyment. While not all participants enjoyed all activities, the variety meant that no week was ever the same. It was interesting to see how the activities encouraged different conversation in the group. For example, many of the participants were children during the war and in some sessions exciting and sometimes sad stories were shared. When participants shared and felt listened to, they also appeared more confident and more likely to voice their opinions. Few people have the opportunity to hear first-hand accounts from this time period. I felt privileged to learn about their experiences.

Our last session was memorable. The participants spent the last group sharing what they had enjoyed about getting to know each other. We then organised a tea party with cake, biscuits and fruit to which a family member/carer was welcome. While this was a fun occasion, I felt slightly sad saying goodbye to people I had become used to seeing every week. However, during the last session the participants decided they wanted to continue meeting up. I felt optimistic when they wanted to continue the group outside a formal NHS setting.

We organised individual feedback sessions following the end of the group. Participants reported they continue to enjoy meeting and supporting each other. Carers also told me they have appreciated the continued meet-ups, as they now have a safe space to share. They feel less alone in difficulties that come with caring for someone with dementia. I enjoyed seeing the formation of this supportive social network which was initiated in a formal, clinical setting and continued to develop in the community.

Reflecting on the group I believe both facilitators and participants enjoyed the sessions. In the beginning of the group I sometimes felt we should “get through” tasks to complete what we had planned on doing, however I realised it is important to allow time to listen to all participants. This seemed to encourage everyone to take their time and we sometimes sat waiting for a participant to think of a word they wanted to say. Sometimes participants surprised themselves when they realised what they could remember when provided time and a supportive atmosphere. I think the participants appreciated that we moved at their pace. This has helped me further develop my person-centered therapeutic skills. I realised how people’s narratives and unique perspectives become relevant to understanding not only their needs, but also

their strengths and abilities.

An important aspect of organising a CST group is to make it fun. Some activities did not appear to engage the group. This may have been because tasks were too difficult for some participants. For example, when completing word searches one participant quickly gave up. I was able to find an easier version which they then enjoyed. When I run future groups I also hope to be more flexible. If I notice the group is not enjoying an activity I want to offer another activity. I can achieve this by always having a back-up activity planned. I have learnt that benefit and enjoyment are linked. As one participant reflected “I enjoyed it... everybody would benefit from it.”

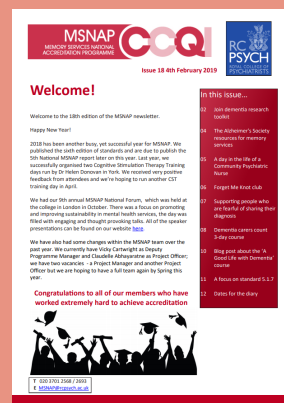
Given current direction within the NHS and the likelihood of continued difficulties with funding, services deemed non-essential may not be commissioned. However, services such as this should be promoted from the outset. As a Memory Service we can advocate for funding of these services. I have seen the value of the combination of cognitive stimulation and a supportive atmosphere. Individuals with dementia deserve to receive services that improve their wellbeing and encourage their confidence.

References available on request.

Enjoying this newsletter?

We hope that you are enjoying this newsletter. We are pleased to share previous issues of the MSNAP newsletter on our website, or by clicking the images to the right for some of our most recent issues.

You can download additional resources, such as the MSNAP standards, national reports and other resources on our [website](http://www.msnap.org.uk).



Musical Walkabout's THRIVE Project

Nina Clark, Founder and Inclusive Music Practitioner, Musical Walkabout CIC **and Lisa Doherty**, Occupational Therapist, Shepway Memory Service



What is THRIVE?

Musical Walkabout delivering

- Inclusive Music Sessions
- 1-2-1 and Group Activities
- Creative Care Planning
- Staff Training + Consultancy
- Workshops + Webinars
- Public Presentations
- Musical Activism

Music For Wellbeing

WHO Musical Walkabout WORK WITH

- People Living With a Dementia
- Family, Friends and People in Caregiving Roles
- Health & Social Care Staff and Care Homes
- NHS and Care Sector Professionals
- Inclusive Creative Practitioners
- Local Government and Legislators
- Memory Services and Primary Care Networks
- Social Prescribing Link Workers
- Community Volunteers

...and YOU?

Click [here](#) for photos!

YO SONGSTERS

FREE MUSIC & WELLBEING SESSIONS

A FUN AND INCLUSIVE MUSIC GROUP FOR PEOPLE LIVING WITH A YOUNG ONSET DEMENTIA

FAMILY MEMBERS AND CAREGIVERS ARE MOST WELCOME TO JOIN US!

PLEASE APPLY VIA REFERRAL FROM A HEALTH & SOCIAL CARE PROFESSIONAL

EMAIL [NINA@MUSICALWALKABOUT.COM](mailto:nina@musicalwalkabout.com) FOR MORE INFORMATION

FUNDED BY ARTS COUNCIL ENGLAND

SONGSTERS CARE

FREE MUSIC & WELLBEING SESSIONS

A JOYFUL SINGING + SONGWRITING GROUP ESPECIALLY FOR FAMILY MEMBERS AND CAREGIVERS OF PEOPLE LIVING WITH A YOUNG ONSET DEMENTIA

RESPIRE CARE COST FUNDING AVAILABLE FOR A LIMITED TIME

FOSTER INDEPENDENT TIME FOR EVERYONE

SPACES LIMITED ~ COMPLETE BEGINNERS MOST WELCOME!

PLEASE APPLY VIA A REFERRAL FROM A HEALTH & SOCIAL CARE PROFESSIONAL

Email nina@musicalwalkabout.com for more information

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MUSICAL WALKABOUT CIC
PRESENTS
THRIVE 2021



4 GROUPS TO IMPROVE WELLBEING, PROMOTE SOCIAL PRESCRIBING AND ENCOURAGE COMMUNITY COHESION - ALL USING MUSIC!

Music Helps Staff Training

A year long free online staff training initiative, co-curated by trainees from the Health & Social Care sector. Learn about social prescribing, how to use music to support your daily role and build Creative Care Plans



YO Songsters Music & Dementia

23 free and fun inclusive Zoom music sessions delivered for and with people living with a young onset dementia. Open to families and staff too, we learn and write new songs, develop skills and use music to foster social inclusion



Songsters Care Music & Families

A music group specifically curated for and with family members and caregivers of people living with a young onset dementia. Designed to promote independent time and social support. Funding exists for respite care costs on request



MWUK National Virtual Training

Inclusive music sessions for Kent clients, and online training for care sector staff at varied care facilities around the UK. Learn how to develop creative care plans, incorporating the benefits of inclusive music for socially isolated residents



THRIVE WEBINAR

Connecting Professionals

Come along to our free THRIVE Webinar on October 13th 2021, and help us raise awareness about the power of music for wellbeing, social prescribing and sharing our practices

HOW TO GET INVOLVED

You're Invited

Don't miss out on the chance to develop your skills while supporting your staff and resident wellbeing. No prior experience is necessary to join in!

CONTACT

For more information email nina@musicalwalkabout.com

WWW.MUSICALWALKABOUT.COM

FOLLOW US
ONLINE



MUSIC
HELPS

"THRIVE" 2021

4 FREE Staff Training Sessions
Music & Dementia

- 1 - Mon 17th May 2021
- 2 - Mon 5th July 2021
- 3 - Mon 13th Sep 2021
- 4 - Mon 15th Nov 2021

SPACES LIMITED!
BOOK NOW
TO ATTEND

- Learn about;
- Music & Dementia
 - Social Prescribing
 - Creative Care Planning
 - Self-Care Practices

All sessions via Zoom from 10.30am to 11.30am


Email nina@musicalwalkabout.com for more information


FUNDED BY ARTS COUNCIL ENGLAND



Upcoming MSNAP Initiatives

12th MSNAP Annual Forum

 Tuesday 05 October 2021

 10:00—16:00 (exact timings TBC)

 Online (Zoom)

We are pleased to announce that the Memory Services National Accreditation Programme (MSNAP) will be running its 12th Annual Forum for National Memory Services! We hope to make this event as engaging and interactive as possible and will provide you with the opportunity to learn and share best practice.

The Annual Forum will be an opportunity for members to come together and learn about new and innovative areas of work in the field of memory services.

Book your place!

To register to attend, please complete this [online booking form](#).

Calling for presentation proposals!

We would like to hear from you if you have an area of good practice within your service! If you are interested in presenting a workshop, please complete our [online proposal form](#) by Tuesday 24th August 2021.

Some suggested topics include:

- Quality improvement and/or research in memory services
- Equality and diversity within memory services
- Involvement of people with dementia and/or their carers
- Advances in the use of technology
- COVID-19 restoration
- Staff health and wellbeing

Cost: This forum is FREE for anyone working in a member service, people with dementia and cares. For non-members, the cost is £55.

Knowledge Hub

We are pleased to announce that we will be launching an online discussion platform for members, in place of the current Memory Chat.



Knowledge Hub allows members to:

- Ask questions, have conversations, discuss solutions to problems and share experiences
- Network with one another independently
- Upload, share and comment on documents
- Promote forthcoming events and access APPTS events and booking forms

We are currently running a trial period with a few members, before we launch the platform fully with the rest of our membership!


MSNAP Developmental Membership


MSNAP will be introducing a supportive, developmental membership option to new psychological therapies services to the network, which will act as a stepping stone to receiving accreditation. Please get in touch with us to find out more.

Save the Date! MSNAP Special Interest Day: Addressing Equality and Diversity in Memory Services

We will shortly be releasing more information about our upcoming special interest day. But for now, please save the date!

 Tuesday 07 December 2021

 10:00—16:00 (exact timings TBC)

 Online (Zoom)

Meet the MSNAP Team!

Claudelle Abhayaratne
Project Officer



I joined the College in 2018 starting as a temp on the ECTAS project and then moved to the MSNAP team as a permanent project officer.

My role involves working with the MSNAP team, regularly supporting memory services throughout the

review process on their way to achieving accreditation, working closely and collaborating with our patient and carer representatives to help improve the quality of care in our member services across the UK.

Before I joined the MSNAP team I was working at Save the Children UK, doing various things which included supporting the volunteers and working in retail operations.

An interesting fact about me is I love music and have been playing acoustic guitar since I was about 14!

Kulvinder Wariabharaj
Project Officer



I joined the College in January 2021 and moved to the MSNAP team in May.

My role involves working with the MSNAP team to support the review process.

Before I joined the MSNAP team I was working at the RCPsych on a feedback system and a child and adolescent psychiatry project. Before that, I worked for a care home company.

An interesting fact about me is I was part of a dance group and performed at the Royal Palladium and Trafalgar Square.

Miranda Fern
Deputy Programme Manager



I joined the College in 2018, and moved to the MSNAP team in December 2020.

My role involves overseeing and supporting the MSNAP review process and working with the rest of the team to organise

events, including our Annual Forum and Special Interest Days.

Before I joined the MSNAP team I was working at the RCPsych on the Quality Mark for Elder-Friendly Hospital Wards, an award programme for elderly care wards in general hospitals.

An interesting fact about me is I am a keen amateur singer and have performed in St Paul's Cathedral, the Royal Albert Hall and at the 2016 Rugby World Cup!

Jemini Jethwa
Programme Manager



I joined the College in 2017, but joined the MSNAP team in 2021.

My role involves supporting the MSNAP team and overseeing the project outputs and objectives. I tend to do more of the project organisational and developmental bits!

Before I joined the MSNAP team I was working in and later managing the forensic mental health Quality Network in the CCQI. I studied Psychology at university and did my masters in Forensic Psychology, but have always had a keen interest in mental health and quality improvement.

An interesting fact about me is I am an amateur artist and mainly get asked to do a lot of pet portraits - but I have had some of my artwork displayed on the Saatchi Gallery website!

Useful Links

Discussion group:

Memory-CHAT@rcpsych.ac.uk

General queries:

MSNAP@rcpsych.ac.uk

The Royal College of Psychiatrists:

www.rcpsych.ac.uk

MSNAP page:

www.rcpsych.ac.uk/msnap

MSNAP standards—7th edition

[Access the standards here](#)

Resources for people with dementia and carers

[Access information here](#)

Twitter

Follow us: [@rcpsych](https://twitter.com/rcpsych)

[@RCPsychCCQI](https://twitter.com/RCPsychCCQI)

And use [#MSNAP](https://twitter.com/hashtag/MSNAP) for up-to-date information

Royal College of Psychiatrists' Centre for Quality for Improvement

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Kulvinder Wariabharaj | Project Officer

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www.rcpsych.co.uk/MSNAP