

## Things available for people living with dementia and their carers' in Croydon

### ***Without formal diagnosis of dementia***

#### **1. The Magnolia Club – every Monday - 10.30am-12.30pm**

Christ Church, 1 Highland Road, Gipsy Hill, London SE19 1DP

A social group drop in for people with dementia and/or their carers or family.

The club is free to attend with no need to book. Refreshments, fun, companionship and support will be provided.

#### **2. Age UK Memory Tree Café, every Wednesday - 1.30pm -3pm**

Age UK, 81 Brigstock Road, Thornton Heath, CR7 7JH

The café is available to any person and/or carer who are concerned about their memory. A referral form is required to be completed for each attendee of the Café. This can be done before first attendance or on the day. Carers are asked to stay for the first session so staff can assess if attendee is happy to be left at future sessions.

Referral form attached.

#### **3. Croydon Neighbourhood Care Association**

This organisation has information on a number of lunch clubs and befriending services.

Opening Hours: Monday to Thursday- 9.30am to 4.30pm

Telephone: 020 8662 1000

#### **4. Dementia Friendly Cinema Screenings first Tuesday, monthly (no film in Aug)**

Time: 10.30am – 1pm **NB: *NB: December Christmas film is on a different day and time, family are also welcome (check the website)***

David Lean Cinema, Croydon Clocktower, Katharine Street, Croydon, CR9 1ET

Every month at the David Lean Cinema in Croydon, they screen familiar films (see link to brochure below). Each screening is free, the lights are kept low and the sound is softer than normal so it's not so intrusive, people are welcome to move around or sing. Everyone welcome.

<http://www.davidleancinema.org.uk/dementia-friendly-screenings/>

If you don't have access to a computer, please do turn up on the day.

**5. Shopping bus for older people (60+) living in Thornton Heath, post codes CR7 and CR0 (Broad Green area only)**

Every Monday (apart from Bank Holidays) a door-to-door service to ASDA in Marlow Way.

Older people with dementia are welcome but need to be accompanied by someone who can look after them.

The cost is £3 per shopper (people who accompany the shopper do not pay)

The cost includes tea/coffee/cake/fruit we share when we socialise, after the shopping.

Bookings should be made on Tuesday or Wednesday for a shopping trip on the following Monday

It's a fun service and people come to chat and make new friends!

To book a place, please contact:

Anna D'Agostino Tel: 020 8684 3719

Email: [anna@bmeforum.org](mailto:anna@bmeforum.org)

NB: Anna is looking for reliable volunteer escorts so if anyone is interested please contact her.

## ***With a diagnosis of dementia***

### **6. Age UK Memory Tree Café, every Wednesday - 1.30pm -3pm**

Age UK, 81 Brigstock Road, Thornton Heath, CR7 7JH

The café is available to any person and/or carer who are concerned about their memory. A referral form is required to be completed for each attendee of the Café. This can be done before first attendance or on the day. Carers are asked to stay for the first session so staff can assess if attendee is happy to be left on future sessions.

Referral form attached.

### **7. Alzheimer's Society Croydon**

Heavers Resource Centre, 122 Selhurst Road, London SE25 6LL

Tel: 020 8653 2818 Email: [croydon@alzheimers.org.uk](mailto:croydon@alzheimers.org.uk)

For anyone affected by dementia including people with a diagnosis, family members and carers. Anyone can refer to our support services including health professionals and people affected by dementia, our staff will then be able to refer you to one of our groups if you are interested.

**7.1 Support services** - Dementia Advisers support people soon after a diagnosis of dementia. We can visit you at home and can provide information about topics such as living with memory problems, benefits and lasting power of attorney, aids and equipment to make life easier at home and social support. We can make referrals and tell you about other services you may be interested in.

Dementia Support Workers provide more in-depth support to people caring for someone with dementia and can provide information and support on issues such as respite care, support for yourself and care homes.

**7.2 Group services** – *NB: These are run on different dates, if we recommend them to you, you'll be given full information in advance.*

Carers Support Groups give you the opportunity to meet other carers in a similar situation and share information and support each other. We have four monthly groups in Croydon including one for people caring for a parent.

Our Peer Support Group for people in the early stages of dementia gives an opportunity to meet others in a similar situation, take part in discussions and gain social support.

Forget Me Not Café – running twice a month on a Saturday afternoon, our café is an opportunity for people with dementia and their carers to socialise together, gain information and engage in activities.

Jasmine café – runs twice a month on a Thursday afternoon for people from BME communities.

Singing for the brain – fun, engaging singing sessions for people with dementia and their carers, based on the principles of music therapy and shown to improve communication and mood.

Dementia activities in Croydon – Version 1.2 accurate at 23 July 2019

**8. Marsh & Willow Day Service, Heavers Resource Centre, Selhurst, SE25 6LL  
Langley Oaks Day Service, 2 Langley Oaks Avenue, South Croydon CR2 8DH**

**What we do:** The Dementia Day Centres - Langley Oaks service and Marsh & Willow service support people mainly over 65 who have a diagnosis of dementia including Alzheimer's.

Langley Oaks has one unit providing 16 places daily.

Marsh & Willow has two units providing a total of 36 places. Both centres have people attending who are at differing stages of dementia.

These facilities support Croydon residents with dementia, their relatives and their carers to achieve the best possible quality of life.

We aim to provide an environment which is relaxed, sociable and secure.

**How to Access Dementia Day Services:** If you wish to come to one of the day centres, a referral must be made via a social worker first. You can do this by contacting the Council on 020 8726 6000 or contacting the centres directly and you will be supported with this.

People wanting to attend the Centres will need to meet the following:

- Residence within the Centre's catchment area.
- Have a confirmed medical assessment of dementia.
- Living alone or with a carer within the community.
- Be able to walk and or stand with help of no more than one person.

There is a charge for coming to a day centre and a financial assessment will need to be completed. This will be discussed with you.

Once the Centres receive the referral we will make contact to arrange an Initial Screening Visit which will happen in the home of the person needing support.

**8.1 Monthly carers group**

2<sup>nd</sup> Mon every month Marsh & Willow

2<sup>nd</sup> Wed every month Langley Oaks

**9. Carers Information Service, Carers Support Centre, 24 George Street Croydon, Croydon CR0 1PB – Monday to Friday 10am – 4pm**

Contact: 020 8649 9339, option 1 (Information and Advice)  
020 8663 5664 (Carer's Assessment)

The Carers Information Service provides information, advice and support for carers in Croydon.

Carers can drop in to the Carers Support Centre Monday to Friday, 10am-4pm, and speak to an advice worker about anything to do with caring. Carers can also take part in health and wellbeing activities, visit the Carers Café on weekday mornings and attend free workshops.

The Carers Information Service provides Carer's Assessments for carers supporting a Croydon resident on behalf of Croydon Council. The assessment will look at how caring impacts a carer's life and the support they require. Assessments can take place over the phone or face to face. To request an assessment, carers can contact the Carer's Assessment team or ask a professional to refer them.

**10. Shopping bus for older people (60+) living in Thornton Heath, post codes CR7 and CR0 (Broad Green area only)**

Every Monday (apart from Bank Holidays) a door-to-door service to ASDA in Marlow Way.

Older people with dementia are welcome but need to be accompanied by someone who can look after them.

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NB: Anna is looking for reliable volunteer escorts so if anyone is interested please contact her.

11. **Safe and found form (Known as the Herbert Protocol)** This is extremely helpful if people are at risk of getting lost (sometimes called wandering).

In essence, the carer fills it in and keeps it somewhere safe (it's worth having a duplicate copy). If a carer gives this form to the police officer who will attend if there is a missing vulnerable person, within two hours all the information (including photo) will be in every squad car across Croydon, Sutton and Bromley.

Attached is a form.

12. **Home Fire Safety visit** – the London Fire Brigade prioritises people with dementia for their home safety visits. Attached a referral form.

Can you explain to the carer they will be contacted by the South East Fire Brigade Team by phone once the form is sent in.

If the carer is worried about scam callers, they can ask the person on the phone  
a) What is the local code for Croydon (it's Croydon 12)

That way they'll know the caller is who they say they are.

The fire team then set up a password with the carer during the call so when the Fire Officers visit the property the carer can ask for the password and feel secure that the Fire Officers are genuine.

## Safe & Found form

### Background

First name

Last Name / Family Name

Known as / Nickname      First Spoken Language

Mobile phone number

Do they have a GPS Tracker /if yes give details.

Current address

Living here since

Please attached a recent  
photo here.

Please find one that is up to  
date and a good likeness of  
the person.

## Physical Description

Date of Birth / Age

Gender

Build

Race / Ethnicity / Complexion

Height

Weight

Marks / Scars / Tattoos

Hair colour / cut

Eye colour / glasses

Other distinctive feature (e.g. facial hair)

## Medical History

Medical conditions

Communication difficulties

Physical impairments



## Medical History cont'd...

Vital medication

Frequency

Symptoms if missed

GP's name, address and telephone number

Information for searchers (e.g. scared of being touched, things that make me anxious, scared of dogs, etc.)

## Life History (use 'Additional information' space at the end if required)

All Occupation/Hobbies/Passions/Interests/Volunteer work

All Favourite place(s) to spend time

Typical modes of travel (Bus pass etc.) List Oyster card/freedom pass number

**Life History cont'd...** (use 'Additional information' space at the end if required)

All Favourite / likely destination(s)

All Favourite footpath / track

Question

Answer

How easily can the person walk?

If walking, how far can they get before becoming tired?

Do they use a stick or other walking aid?

How might they react to being upset or scared?

Are they able to drive?

Do they have a car?

Church/Mosque/Synagogue/Temple?

Houses/friends who they visit?

**ALL** Previous addresses

Approximate dates

**Life History cont'd...** (use 'Additional information' space at the end if required)

**All** work / school name and address *(please use extra pages if necessary)* Approximate dates

If missing previously, where found?

Circumstances: How found / how far / time missing

Additional information

## Carer/Family Information

Your name

Relationship to person reported missing

Address

Home phone number

Mobile phone number

Alternative contacts (guardian/social worker)

## Missing now

Time last seen

Place last seen

Medication last taken

Clothing

Car details/carrying anything/have cash or bank cards

Situation/recent discussion/recent notable date/contact with friends or family

Any other information

## Home Fire Safety Visit - Referral Form

### London Fire Brigade working with Advisory Services in South East London

The London Fire Brigade carry out **FREE** Home Fire Safety Visits. This includes visiting the person's home, giving fire safety advice and fitting a free smoke alarm/s if required. We would especially like referrals from those you know are vulnerable, this includes those who misuse alcohol or drugs.

**Please gain consent from your client/service user before completing this form**

**The checklist below may help you identify if your client is at risk and would benefit from a Home Fire Safety Visit**

- |   |   |
|---|---|
| • Is anyone in the home a smoker?   | • Is there any evidence of hoarding in your client's home?                          |
| • Does anyone in the home use candles?                                    | • Does your client experience any mental health issues?                             |
| • Is the home fitted with at least one working smoke alarm in their home? | • Does anyone in the home use or misuse drugs (prescribed or otherwise) or alcohol? |
| • Does your client have a history of near misses with fire?               | • Would your client be able to escape from fire without assistance from others?     |

### Applicant Details

Name			
Address			
Postcode		Telephone Number	
Would your client need a support worker or a family member/friend present during the visit? If yes, please give contact details for this person.			
Does your client have any special needs we should be aware of?			
Date	Can telephone contact be made in English?	Yes	No
If no, please indicate which language you would like us to use when contacting you or if a BSL signer is required:			
Name of Organisation			
Name of support officer/carer		Contact phone	
E-mail	Project code (LFB purposes only)		
Please be assured that all information contained in this form will be treated in confidence.			

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<b>Date Received:</b>
<b>Consent Provided:</b>
<b>Date of 1<sup>st</sup> Visit:</b>

## DEMENTIA MEMORY TREE CAFÉ REFERRAL FORM

All questions contained in this questionnaire are strictly confidential \* **ESSENTIAL INFORMATION**

Please send completed referrals to: [memorytreecafe@ageukcroydon.org.uk](mailto:memorytreecafe@ageukcroydon.org.uk)

<b>Name:*</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:*</b>
<b>Marital status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>Ethnicity:</b>	<b>Name of referrer:*</b>	
<b>Address</b>	Telephone: * ..... Mobile: .....	
	Email: .....	

PERSONAL HEALTH HISTORY	
<b>Illnesses:</b>	<input type="checkbox"/> Dementia <input type="checkbox"/> Memory Loss <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Parkinsons <input type="checkbox"/> Other .....
Brief description of current impact of memory loss or dementia on daily activities: .....	
<b>Mobility:</b>	<input type="checkbox"/> In wheelchair <input type="checkbox"/> Rollator <input type="checkbox"/> Sticks or frames <input type="checkbox"/> Other
<b>GP Surgery:*</b>	

Carers / NOK Contact Details*	
<b>Name:</b>	<input type="checkbox"/> M <input type="checkbox"/> F <b>Relationship to Client:</b>
Telephone: ..... Mobile: ..... Email: .....	

HEALTH HABITS AND PERSONAL SAFETY			
<b>Personal Safety</b>	Do you live alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have frequent falls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have vision or hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you feel depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you panic when stressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I or my carer, give my consent and permit Age UK Croydon to record personal information about myself in accordance with Age UK Croydon's Safeguarding Adults and Confidentiality Policies** (I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn).

For carers; I understand that staff running the Memory Tree Café are NOT carers and CANNOT undertake caring duties or be held responsible for anybody's personal care, safety or whereabouts.

For carers; I understand if the person I care for/am responsible for (named above) is not independent enough, they should be accompanied by myself or someone else who can be responsible for them.

Name of Client (print clearly): .....

Signature: ..... Date: .....

Name of Carer (print clearly): .....

Signature: ..... Date: .....

## Pre-activity readiness health questionnaire – Memory Tree Cafe

For most people, physical activity does not pose a hazard, however, you are advised to consult your doctor before undertaking any physical activities.

1. Are you accustomed to physical exercise? Yes ☐ No ☐
2. Has your doctor ever said you have a heart condition? Yes ☐ No ☐
3. Do you feel pain in your chest or legs when you do physical activity? Yes ☐ No ☐
4. Do you ever lose balance because of dizziness or ever lose consciousness? Yes ☐ No ☐
5. Do you have uncontrolled high/low blood pressure? Yes ☐ No ☐
6. Do you have a bone or joint problem such as arthritis that could be made worse by a change in your physical activity? Yes ☐ No ☐
7. Is there a physical reason not mentioned here, or has a doctor ever advised that you should not follow an activity programme? Yes ☐ No ☐

Any other health/medical conditions

Medication prescribed.

GP Details: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Emergency Contact Details: \_\_\_\_\_ Tel: \_\_\_\_\_

### Declaration

I understand that if I have answered 'Yes' to one or more of the above medical questions, or have any unstable condition not controlled with medication, I should seek medical advice before attending an activity programme. I do not wish to do so at present. I agree to inform AUKC if there is a change in my medical condition. I understand that this information will be shared with other activity leaders, but will be kept confidential from third parties, and I take part in the activity at my own risk. I am fully aware of the risks involved; I understand I am responsible for my own safety.

Signature.....Date.....

**Or**

Carers Signature (on behalf of client)..... Date.....