

## **The Finance Project**

We set up this project in September 2009 with funding from the Capital Community Foundation. It focussed specifically on supporting people with financial difficulties created by the economic crisis and worked alongside the BLF project. As a result of the extra capacity, we were able not only to increase our capacity to provide advocacy services in Greenwich by almost 50%, but we were also able to focus on older people with much more complex and time-consuming issues. We were also able to increase our accessibility as well by doubling the number of drop-in surgeries and holding them weekly rather than fortnightly.

The feedback from the older people supported on the project was very positive and a number reported an improvement in their health and well-being as a result. We hope to find funding over the next year to continue this work.

## **The Dementia Advocacy Project**

The successful bid to the City Bridge Fund in early 2010 has meant that Advocacy for Older People in Greenwich can offer older people with dementia a specialist advocacy service and I am really excited to be part of this. The aim of the project is to work alongside the other advocacy services we offer and at the same time expand our expertise.

We became aware of the need for this specialised service when we increasingly got more referrals from people who live with dementia, their carers or family members and sheltered housing, care homes and support workers asking for independent advocacy. The number of people who have a diagnosis of dementia in the UK is rising. According to the

Dementia Action Alliance it will be over one million by 2025 so our service seems even more vital. However, it is not only people who have a diagnosis we want to offer advocacy to but also people who have not been diagnosed but who live with memory loss, confusion and depression everyday and have no other service to turn to.

Providing advocacy for people with memory loss and dementia can sometimes be challenging as the very basis of advocacy from instructed to non-instructed is delicate and I at first struggled with the idea of non-instructed advocacy, but with the help and support of other professional advocates I am becoming more confident in this area, especially when I see the positive outcomes that can be achieved.

The other strand of our project is to set up and run reminiscence groups in local care homes. The purpose is to identify potential advocacy issues with the help of reminiscence activities, which include producing life history books, working with memory boxes to bring back long lost memories with the aid of smells, touch, sounds, voice, pictures and movement. I have met many people who have witnessed their relative or resident suddenly 'coming to life' and regaining self-worth after a time of disengagement. This is an experience that we strive to attain for every person who lives with memory loss and dementia. We are planning our first reminiscence group to start in January.

The number of partnerships is growing steadily and are witness to the range of needs we are working with. Some partners are living independently and others in sheltered housing, care homes or with relatives and they are at different stages of dementia. This means the project needs to be both flexible and diverse in its approach. I feel privileged to be part of this

and I will do my utmost best to contribute to improve the quality of life for people with dementia in Greenwich.

**Angelika Welzel, Dementia Advocacy Project Worker**