

# South East Region Welfare/Wellbeing Guidelines

Guidelines for u3a's members experiencing problems relating to memory or cognitive function.

## Statement:

Dementia/Alzheimer's illness covers many diseases, in a variety of levels. No two cases are the same.

U3a philosophy encourages; Inclusiveness, Enablement and Abhors Discrimination ("EDI").

These Guidelines are general, to offer support within SER u3a's.

Education is the key to understanding these issues and the successful management of these problems when they arise.

- U3a members are NOT carers.
- Members and [their] families with Cognitive Impairment ("CI") issues should not expect other members to take responsibility for caring.
- Communication is fundamental, where possible speak to the member who is showing signs of having a need.

*(Please see appendix on communication attached).*

- Where this is not appropriate, if possible, speak to the family or next of kin. Membership application forms should have this information. If this is required, check membership form does not state 'for emergency only'. Application for membership forms should ask for **Next of Kin ("NOK") and state... 'In case of emergency, illness, or untoward event'**.
- Advise Next of Kin ("NOK") can accompany said member as a carer. They do not have to be a member, they would be expected to pay incurred expenses.
- Use recommended communication techniques so as not to cause distress. This will often be the Welfare/Wellbeing person allocated the role, within that u3a branch. Failing this, a committee member.
- If there are behaviour issues speak to the 'NOK' or family, as this would constitute a matter of concern (emergency). Inform them that the member concerned **MUST** be accompanied. There is a duty of care for the member and other members.
- Use u3a Code of Conduct.
- Group leaders and Committee members should have deputies or be shadowed.
- The Committee should be kept updated, names should be redacted and initials used in the minutes, in the early stages.
- Advise the member to seek medical help e.g. a GP. Remember confusion can

be transient, and not dementia.

- Seek help from dementia organisations, such as Dementia Champions or Age Concern for advice.

- Do NOT ADVISE actions other than to seek help.

- Needs should not exclude members, if managed.

- A risk assessment of needs may be required if the members needs cannot be met without involving other members. It may be safest for all, if the affected person takes a break from attending, pending improvement. (Committee Discussion).

Members should NOT assist with personal care or physical care. This could cause harm to either member.

If a person applies to join a u3a under "Social Prescribing", this should be discussed by the Committee as to whether their needs can be assimilated without involving or disadvantaging other members.

NB: The appendix is the result of professional advice and cannot be changed.

These Guidelines were composed by Jenny Carney, SER Welfare Adviser, following 6 weeks consultation with members.