

# Educating for Inclusive, Caring Communities

Case Studies

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### Using the case studies

Below are two composite case studies. Neither is based on the experience of real individuals: rather, they are both constructed from stories told in interviews. In this sense they are 'true to life.'

They also capture themes which ran through the *Dementia and the Church* section of the report and illustrate the extremes of participants' experiences in local churches.

They also begin pointing to the broader applicability of issues relating to access and inclusion which affect people living with dementia, but are also of broader concern regarding other categories of exclusion, vulnerability, disability and neurodiversity

to which the church ought to give greater consideration.

We hope readers find these case studies useful for personal reflection, or discussion with others. These suggested questions might help as a starting point:

- What do you think it is like to be a member of these two churches? Which church would you 'fit in' better?
- What is each church doing well?
- What are each church's weaknesses?
- What more could these churches do to support people living with dementia?

The Recommendations towards the close of the report include some further suggestions for reflection aimed at churches.



### *Doris and Dave*

Married couple Doris and Dave are both in their mid-70s. Having enjoyed stimulating careers, and after raising three children, they embraced retirement and downsized to a new area several years ago. This meant leaving the church where they had been for decades - but they had instead joined St Mary's church. St Mary's was vibrant and intergenerational, with thriving children's ministry. The main Sunday family services were often noisy affairs, so sometimes Dave and Doris went to the earlier prayer-book service for some peace and quiet.

Dave was diagnosed with Alzheimer's a few months ago. For Doris, that explained several things that had been troubling her for a while. She felt increasingly reluctant to leave Dave alone in case he became forgetful, disorientated and distressed. Always so polite, Dave had rather lost his filter, now much more likely to verbalise his thoughts about people's appearance. His knees had long troubled him, but Doris had started to notice how laboured Dave looked getting up and down – especially given the suddenly increased frequency of his toilet breaks.

Newly attuned to Dave's needs, Doris had realised how tricky church could be for someone with mobility issues. Getting to the toilet required a long walk to the church hall next door, and they had only recently had the ramp installed to replace the rickety steps. No-one explained how you were supposed to get up and queue for communion – it was just assumed everybody knew. Same with navigating the prayer book, actually. She was quite nervous about Dave's new tendency to

talk out of turn in public too. Noisy though family services were, Doris had heard rumours about a family whose son with a diagnosis of autism stopped coming to St Mary's because people told them his habit of shouting out at strange moments was disruptive.

While Doris and Dave's daughter, Sarah, came round whenever she could to chat and to check Doris was managing, she was busy with young children and a full-time job. And the other two children lived too far away, really, to 'pop in', and only visited once or twice a year. Doris also felt a strange grief when, on occasion, Dave didn't seem to know who Sarah was. She wondered who he might forget next.

While Doris and Dave had told a few friends at church about the diagnosis, they were reluctant to spread word around – not that it was easy to hide Dave's forgetfulness. But they had noticed recently that fewer people were checking in with them on Sundays, or inviting them for dinner. Both Dave and Doris had previously volunteered to help with tea and coffee on Sunday mornings, and for the occasional charity coffee mornings the church hosted. But in the last few months, they hadn't been asked to.

The minister at St Mary's had recently left and been replaced by a new minister, Rachel. Nice as Rachel was, Doris didn't really know her very well, and didn't want to admit how badly she was struggling to process what was happening to Dave. She didn't want the new vicar to think her faith was weak. It wasn't weak – she was just adjusting. It did make her pine, though, for the minister at their old church, who had known her and Dave so well. She fondly remembered a time when she was in hospital after an operation, and he made the time to come and visit her.



### *Jim*

Jim is 82 and long retired from a successful career in sales that saw him travel the world. Nowadays, he lives in a retirement village. He moved there after his wife, Jane, passed away a few years ago. Their only son, Simon, visits regularly, and is pleased to see that, despite being diagnosed with vascular dementia a few years ago, Jim is still active and sociable, keeping up old hobbies of pool, bridge and reading.

When visiting places for Jim to live, they had looked for somewhere with friendly staff who knew how important it was to facilitate activities. They had also been pleased to find somewhere with a chapel and a chaplain, who hosted prayer sessions and made time to sit and chat with individual residents of all faiths, as well as leading two interdenominational services a week. Jim often goes along to the Wednesday services and can regularly be found in the lounge sharing a joke with Pete, the chaplain.

On Sundays, though, Jim heads to the local methodist church. The minister there – Richard – has known Jim for many years, since before he moved. Knowing Simon often works weekends, Richard asked some congregation members to set up an informal schedule for someone to collect Jim to take him to church each week.

A lifelong methodist, Jim is known for his beaming smiles and booming voice as he joins in with old favourite hymns with gusto (though not necessarily in tune). Provided he's given a helping hand up to the lectern, Jim does the Bible readings every so often, using a large-

print Bible that's kept on stand-by to make it easier for him. Others in the congregation – particularly some who are dyslexic - also find this Bible helpful, whether they are leading the readings or following along from the congregation. Every week after the service, the congregation enjoys tea and coffee served at the back of church, and Jim wouldn't miss it for the world – provided someone can point him in the right direction: he has been known to wander off outside rather than to the kitchen. He loves an opportunity to natter and - ever the salesman - needs no time at all to charm his way to an extra biscuit or two.

When Jim was recently hospitalised with pneumonia, both Pete and Richard came to visit him. While they enjoyed their usual talk about sport and played some card games, they both noticed Jim was more tired and confused than normal, and the nurses seemed concerned about how quickly his health was deteriorating. Though Pete wasn't sure Jim would remember it, he made sure to spend some time praying, and was pleased to hear him muttering the Lord's Prayer along with him. Both Pete and Richard spent time listening as Jim told stories about Jane, his travels, and snooker tournaments from the 1970s. Richard made a mental note to call Simon and check on him. He didn't know the man well, but knew from his own experience of caring for his mother that someone else taking the time to ask after you was very valuable.



## Notes







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