

Namaste Care Project

Referral Criteria Guidance

Namaste Care was developed by Joyce Simard in the USA as an end-of-life programme for people living with advanced dementia. Whilst defining advanced dementia is quite difficult, given that individual symptoms differ and progression of symptoms can be so varied, the following criteria are intended to provide guidance on appropriate referrals for the community-based Namaste Care Project.

- The person living with dementia lives at home in the area.
- The person living with dementia is most likely in their last year of life.
- The person living with dementia is finding it more difficult to communicate verbally.
- They have become completely dependent on the support of others for activities of daily living.
- They would not now find it easy to leave the house or engage in group activities.
- They would benefit from a gentle, sensory approach, on a one-to-one basis by a trained volunteer, to enhance their wellbeing.
- The person with dementia and/or carer has consented to the referral and is aware that the carer needs to be present in the house during Namaste visits.

CONTACT DETAILS

Namaste Care Massage Consent Form

Hand massage (and where appropriate, foot massage) can be beneficial to people with advanced dementia by helping to relax tight, stiff limbs and joints and bringing overall relaxation, connection and wellbeing.

Our skilled and experienced volunteers would like to offer you this service as part of their Namaste volunteering role. As part of the Namaste volunteers' ongoing training and support, they may want to discuss their interaction with you at their regular supervision sessions to ensure you receive the best care.

If you would like to access this service we would appreciate your written consent and signature. This is to ensure that you are clear about what is being offered and that you feel happy about that.

The role of massage has been explained to me and I am happy to accept this service.

I am aware that if at any time I would like to stop the session I just need to indicate to the volunteer that I am ready for the session to end. I know that this will in no way affect my access to the Namaste service.

Community member signature (if able to sign):

Carer/relative/guardian signature:

Date

[Carer copy]

[File copy]

Namaste Care Service Referral

(For patients with **advanced** dementia living **at home with a family carer** in the area.)

Request for an assessment of suitability for Namaste Care for:

(*The patient/carer has consented to this referral*)

Patient name:	Date of birth:
Address:	Telephone
Postcode:	Home:
	Mobile:
NHS no.:	Main carer:
GP name:	Relationship to patient:
GP address:	Next of kin (if different):
	Relationship to patient:
Referrer name:	Referrer role:
Referrer contact no.:	Date of referral:
Referrer address:	

About the patient:
Diagnosis/type of dementia:
When was the condition diagnosed?
Summary of current level of functioning:
Any other services involved?
Are there any reasons why this patient should not have a gentle hand or foot massage?
Is there any information regarding safeguarding or risk that we need to be aware of, given that our staff member or volunteer will be alone working in the person's home?
Any additional information you feel would be useful?

Please send referral forms to:

CONTACT DETAILS

Who Am I?

Ideally this should be filled in with as much input of the person with dementia as possible (i.e. straight after diagnosis). Otherwise family members can fill it in on behalf of the person with dementia, based on what they have been told by them about their early life.

What kind of person was your father?
What kind of person was your mother?
Who were you closest to in your family? Why?
What were the house rules when you were a child?
What did you need to do to make your parents smile or laugh?
What was your father's favourite advice to you? And your mother's?
What would be your motto in life?

Adapted from the 'Brief Script Questionnaire' (Stewart 1996).

Namaste Care Session Record

Patient code:	Date:	Duration:
Activity tried and key observations	Products/items used	Tick
Face cream applied		
Hands massaged		
Feet massaged		
Fingernails filed		
Hair brushed/styled		
Snack offered		
Beverage offered		
Movement encouraged/ range of motion		
Reading		
Music		
Seasonal scents/items		
Observations about responses and preferences:		
Issues to raise in supervision:		

Observations on level of engagement and wellbeing

Indicator	Beginning of session	End of session
Facial expression (Passive/grimacing/frowning/frightened/smiling)		
Eye contact (Closed eyes/looking away/vacant/little eye contact/good eye contact)		
Interest in communicating (Avoiding/listening/non-verbal response/unclear verbal response/clear verbal response)		
Body posture (Restless/tense/slumped/relaxed/jerky)		
Mood (Depressed/anxious/calm/angry/happy)		

Carer response to feedback about the session:

Any notable/significant responses to capture ('magic moments'):

Namaste Care Session Record Summary

Visitor: _____

Patient Number/ Initials _____

Date	Mood at Start	Smiled	Laughed	Spoke	Eye Contact	Ate/ Drank	Teary/ Sad	Calm	Agitated	Mood at End
Notes on this visit: (e.g. activities, moods, issues to discuss in supervision)										
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Namaste Care Family Agreement

Namaste Care volunteer responsibilities:

- To arrange regular visits, up to 2 hours per week.
- To raise any issues of concern with the carer and the Namaste Lead to ensure the patient needs are met.
- To record session outcomes in order to monitor the effectiveness of providing Namaste Care.
- To inform the Namaste Lead as soon as possible if they are not able to attend a planned session so that the family can be informed.
- To respect the confidentiality of the patient and family.
- To involve the family/carers in learning Namaste Care and to feed back at the end of each visit.

Family/carers responsibilities:

- To be present during the Namaste Care visit.
- To ensure that supplies necessary for Namaste Care are provided.
- To inform the Namaste Lead as soon as possible if the patient is unwell and unable to participate in the session so that the volunteer can be informed.
- To respect the limits of the Namaste visit and not to ask the volunteer to do anything that is beyond the scope of the Namaste visit.

Namaste Lead responsibilities:

- Ensure Namaste volunteers are trained and well supervised.
- To be a point of contact between volunteers and families/carers.
- To manage communication between the volunteer and family/carers so that neither party need have the personal contact details of the other, unless this is agreed.
- To monitor progress and help to address any issues which arise.

Volunteer signature:	Carer signature:	Namaste Lead signature:
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Date:

My Namaste Care

Include at least one photo that sums up who the person is.

'This is me'

I prefer to be called

My history	
I was born and grew up in...	
Places significant or special to me	
'Home' to me is...	
Things I remember most about my childhood	
My fondest memories	
The significant people in my life then were...	
Things that have happened in my life which are important to me	

Work and interests	
I worked as/my roles in life were...	
What my work/roles in life mean to me	
My interests	
My favourite things	
Pets	
Music I like	
Things I like about the seasons	
Smells I like	
Smells that may bring back bad memories	

My life now	
Who is important to me now	
Things I need help with	
Important routines	

Things I need to help me communicate	
Things that are important about my appearance	
Things that may worry or upset me	
Things that relax me and give me comfort	
Food and drink I enjoy	
What matters to me	

Physical/medical needs to be aware of:

My spiritual/religious beliefs:

This information was gathered together by:

Date: