

## Notes from a *Christians on Ageing* Conference Call J

### Supporting care home staff and care at home staff

**This was a discussion held via Zoom on 15 June 2021.** It was led by Maureen O'Neill of *Faith in Older People*. Also taking part were: Helen McCormick, Christine Roddam, Ruth Aird, Albert Jewell, Margaret Wright, William Bekoe, Eileen Simmonds, David Lewis, Bernadine Portbury, Vikki Bunce, Julia Burton-Jones, Janet Hopewell and David Jolley (who hosted the meeting and took notes).

Brief introductions revealed we were coming from Scotland to the south coast of England and from a number of denominations. Maureen introduced herself and told us a little about *Faith in Older People* before presenting her paper. Ruth, who has worked with Maureen on a number of projects, added a number of observations.

**Maureen O'Neill** is CEO of Faith in Older People (FiOP) [Faith in Older People – Enabling a better understanding of the importance of the spiritual dimension to the well-being of older people](#).

- **FiOP** was constituted 2007. It now has two part-time staff and a dedicated board of trustees. Its aim is to understand the spiritual dimension of older people and to celebrate their contributions to church and the wider community. It works in association with faith communities, health and social care staff and others.
- Work over a number of years has focussed especially on **education and training of nurses and care staff**, encouraging students and others to consider their personal spirituality, to become confident to listen to the hopes and fears of those they care for, accepting that faith and the faith community is important to some.
- Surveys and focus group studies in care homes have led to an understanding that **spirituality is often not recognised in name**, but the essence is understood. The need to demystify 'spirituality' was articulated by one interviewee. [De-mystifying spiritual care \(Jan 2018\) \(faithinolderpeople.org.uk\)](#)
- Staff 'own' a **holistic approach**: emotional support and spiritual support are as important as their physical care'.
- Supporting what a resident values and believes with respect and in practice is accepted routine. '**It is not just about religion.**'
- Residents are helped to experience love, hope and happiness. They are listened to. Where they have a faith, this is supported. End of life considerations surface for discussion by a significant few.
- Most recently FiOP undertook a review of **spiritual care education** in Scottish Universities. Issues identified include:
  - The language of spirituality
  - Anxiety in discussing religion
  - Overload in the curriculum
  - Spirituality is most identified with end of life and mental health
  - Many nurses and carers **fear talking about spirituality, faith, hope and love**, though these are the foundations of care.

In consultation with nurses and care staff FiOP developed eLearning modules on spiritual care, designed to help staff understand themselves, their own spirituality and how to feel confident and competent to discuss problems, death, dying and more.

- Known for these interests and expertise FiOP was approached by the Care Inspectorate in Scotland [Welcome to the Care Inspectorate - Care Inspectorate](#) to provide a chaplaincy Listening service to their staff who were additionally stressed during the pandemic. FiOP provided this as a free service, using trained volunteers. They quickly learned to drop the label 'chaplaincy' as people hesitated at this: 'I am not religious'
- The service was then extended to be available to staff of care homes and care-at-home services. This has not been used with the enthusiasm which was anticipated. There is learning to be gained from this: the service was put together and launched as an urgency in response to the crisis – Thus without a preliminary series of consultations with stakeholders and potential users. External Listening Services take time to become known and trusted.
- At this time Scottish Government established a Well-being hub which provides information on counselling services. NHS Chaplaincy includes a Listening service accessed usually via a GP [Community Chaplaincy Listening \(nhsgrampian.org\)](#)

Reviewing FiOP experience in this identified some issues:

- staff were overwhelmed and not giving time to think about themselves,
- FiOP is not widely known but might be perceived to be 'religious',
- people had doubts about trusting an outside agency,
- doubts about digital communications,
- too much information from all sources asking for attention,
- doubt about what a Listening Service is; Care Managers preferred to provide a listening facility in house.

FiOP continues to have confidence in the validity of the concept and are looking to bring together other interested agencies to consider prospects for an effective facility

As illustration of how communication on spiritual matters can occur naturally in the course of care, we heard about 'Sink Moments' – sharing thoughts and matters of personal meaning whilst washing hands and faces. This is the humble reality of how things can work in care. FiOP seeks to facilitate:

- Stronger focus on spirituality in education and training of nurses and carers
- Beginning before students start their clinical work
- A greater formal consideration of spiritual care in practice
- Greater collaboration between faith communities and care homes and care agencies
- Greater appreciation of chaplaincy

#### Additional references

- [Scoping Review: Spiritual Care Education \(faithinolderpeople.org.uk\)](#)
  - [JOINT-REPORTS-ENHANCING-SUMMARY-REPORT-OF-STUDY.pdf \(kinstacdn.com\)](#)
  - [Enhancing spiritual care: a joint project with NHS Lothian Spiritual care team \(faithinolderpeople.org.uk\)](#)
  - [Resources in Spiritual Care Education for Health and Social Care Workers in Higher Education Institutions in Scotland \(faithinolderpeople.org.uk\)](#)
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There followed a fluid, friendly and informative discussion including the following:

- Often a **hairdresser proves to be the most acceptable confidant**, or a cleaner, or a visiting minister – a question of opportunity and an individual feels easy with
- **Long-stay hospitals** (apparently still known in Scotland) may give residents freedom to work in the grounds or on other tasks which they like to do. This can also provide opportunity to share feelings in informal conversation
- The FiOP interviews found that many **people did not have words/language** to talk about spirituality of spiritual care, but could find a way to discuss the essence of the concept indirectly
- **MHA is probably unique** in having systematic arrangements for chaplaincy in every home. The absence of a chaplain in most home leaves the opportunity for residents to have important conversations about their circumstances, reflections and prospects, void.

There was reference to Gaynor Hammond's writing which people find most helpful [Growing dementia-friendly churches – Gaynor Hammond \(christiansonageing.org.uk\)](http://christiansonageing.org.uk)

[The Baptist Union of Great Britain : Story 56 - Gaynor Hammond \(Podcast Episode 12\)](#)

Sometimes **when people attend a care home to offer support or provide a service**, they are not met with enthusiasm from staff:

- 'We do not need you today – We have an entertainer in'
- 'Sorry – we are just setting up for dinner'

**Questions:** Do you dress to be recognised? Does a dog-collar help or turn-off? One of us dresses regularly in pink. Not a uniform as such – but recognisable and reliable – The lady in pink

**Communion services** are usually well received

There is a **fear of proselytising**:

- In many places there is not a culture of faith. Yet in the north of Scotland and the islands, faith is still expected and lived as part of every day
- The presence of the listener gives individuals permission to speak about matters of the heart, which are otherwise often suppressed as 'taboo'
- We heard reference to a Scandinavian paper where people were encouraged to ask four questions: Is prayer important to you? What is the most important thing in life? What do you think about God?'

**People were often taken aback at first** by these questions – but then came to terms with them and entered into discussions in depth. But were these questions too personal?

The **use of terms of endearment** by care staff is often banned – deemed unprofessional:

- It is good to ask what an individual would like most of all: 'To go into the garden please' 'Not strong tea please'

Many people **shy away from talking about death in care homes**, but older residents often welcome chance to talk about it

We heard of a PhD study which included a small area of enquiry amongst 500 older Methodists and their attitude to dying and death. People said: 'Thank you – No one asks'.

- We wondered if we could **produce resources** to enable people to have conversations about death.
- There is helpful information on the internet: [Scottish Partnership for Palliative Care | Links to further information \(palliativecarescotland.org.uk\)](https://www.scottishpartnershipforpalliativecare.org.uk/)
- [Talking about death and dying | Dying Matters](#)
- The role of a **local minister** in this work can be instrumental in encouraging and supporting others to listen to older parishioners – take note of their stories, their wants and wishes. Malcolm Goldsmith (founder of FiOP) commented 'You will bring things with you that others may not know' [Obituary: Malcolm Goldsmith, rector | The Scotsman](#)
- We were directed to **Harriet Mowat's Purple Bicycle** project: [Spiritual-Care-for-People-with-Dementia-in-Care-Homes.pdf \(faihinolderpeople.org.uk\)](https://www.faihinolderpeople.org.uk/Spiritual-Care-for-People-with-Dementia-in-Care-Homes.pdf)
- **Anna Chaplains** provide a weekly blog which may include people's stories [Blog | Anna Chaplaincy | The Bible Reading Fellowship](#)
- **Age UK** have reported on conversations from their befriending service. People say how much they value chance to talk about dying and death: [Age UK Cheshire / Sharing Time](#)

**Liz L – after her husband died was told she should move on: 'I will not move on'.**

We reflected that **this session** had concentrated on helping paid/professional carers – There are many unpaid carers who need help and support. We were encouraged to run a session on their needs and how to help them

- They are not able to get to church or other activities because of their commitments
- We find that often the involvement of old people in church life is not understood and not fully valued
- One of our number is enthused to study these issues for her MA thesis
- We note that currently the Alzheimer's Society has withdrawn from face to face support activities
- In the relationship between care homes and local ministers, there is sometimes a question of who should contact who. If visiting can be achieved, it is always valued.

**This was an instructive, inspirational session. We are grateful to everyone who was involved, most particularly Maureen and Ruth.**

(Based on notes made during the session and a precis of the paper prepared by Maureen O'Neill)