DELIVERING SPIRITUAL CARE

An Action Research project

Providing training on spiritual care

and to establish the training needs

of staff in residential homes for older people

A Report on the Project conducted by FIOP (Faith in Older People)

and Dr Harriet Mowat

Mowat Research
PUTTING AGEING INTO PERSPECTIVE

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Faith in Older People has worked extensively with congregations on an ecumenical basis, hospital chaplains, health and social care staff and carers on issues around dementia, loss and bereavement, the spiritual journey, the tasks of ageing and pain. Our work is based around developing an understanding of what gives meaning to peoples' lives. For some this might include religion but it encompasses many different factors including relationships with family and friends to love of music. This is integral to the definition from the World Health Organisation which defines health as encompassing body, mind and spirit.

5. To ensure that all care homes have a booklet, as in the NHS, which provides information on all the major religions and their particular practices and rituals.
6. To give stronger recognition to the issues for staff around loss and bereavement with particular emphasis on transitions for older people from their home to residential care.
7. To encourage discussion with the faith communities as to how stronger connections could be maintained or developed with residents and care homes.

Conclusion

The interviews in the three care homes clearly demonstrated that staff were very aware of the importance of the spiritual needs of older people but were lacking in knowledge, expertise and confidence in terms of translating this into everyday practice. There was a clear desire to understand 'what lifts the spirits' for the residents as well as acknowledging the importance of religious structures in the lives of many older people and that they should not be seen as synonymous.

It was clear from staff that they would welcome on-going support in meeting these needs in order to enhance the well-being of the residents in their care.

Summary:

The report is written in five parts. The introduction includes the background to the project, the remit and the general and current issues surrounding delivery of spiritual care in residential homes. The method section describes how the team gathered the data which makes up the substance of this report and the process by which this data was sorted and understood, using a consensus enquiry. The findings section reports on what was discovered using the four questions that prompted the data collection namely; the current spiritual care practices in the home, the training already received in this area, the important skills knowledge and attitudes to deliver spiritual care and the kind of training and support that is thought to be the most useful in this area. Finally the report looks at what these findings mean in terms of training programmes and suggests a model of training that is appropriate to these settings.

Faith in Older People Care Home Project Team

The interviews were conducted by the following members of the Project.

Maureen O'Neill – Project Coordinator

Mary Moffett

Revd Alison Newell

Dr Fran Marquis

Jean Myers

Dr Harriet Mowat of Mowat Research evaluated the project and produced the final report.

The work was carried out in three residential care homes in different areas in Scotland. The care homes were chosen as they represented affiliations to different denominations or none.

We would like to thank the staff and residents for their enthusiasm and their recognition of the importance of the spiritual lives of their residents.

Faith in Older People
21a Grosvenor Crescent
EDINBURGH
EH12 5EL
Registered Charity SC038225
Registered Company SC322915

Tel: 0131 346 7981
email: info@fiop.org.uk

website: www.faithinolderpeople.org.uk

Part 6 - Summary, Recommendations and conclusions

The work has been carried out by FIOP (Faith in Older People) in collaboration with Mowat Research.

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The method section describes how the team gathered the data which makes up the substance of this report and the process by which this data was sorted and understood, using a consensus enquiry.

The findings section reports on what was discovered using the four questions that prompted the data collection namely; the current spiritual care practices in the home, the training already received in this area, the important skills knowledge and attitudes to deliver spiritual care and the kind of training and support that is thought to be the most useful in this area.

The report looks at what these findings mean in terms of training programmes.

Finally we suggest a model of training that is appropriate to these settings.

Recommendations

1. That the proposed programme be rolled out to all care homes in Scotland.
2. That consideration be given to assisting care home staff in the completion of the assessments and care plans in relation to religious activity and spiritual need.
3. That more on-going support is provided to care home staff in interpreting and enabling residents to have their spiritual care needs met.
4. That consideration be given to the funding of education in relation to spiritual care in addition to the module in the SVQ in order to embed the concepts in daily practice.

Part 5 - The proposed training model

As a consequence of this data collection process we have been able to construct a participant validated, evidence based staff training process. This essentially follows the structure of an action research spiral in so far as it starts with identifying the specific circumstances of the home about to be trained and works to prepare the home and the trainers for the most mutually suitable way of working with them.

Part 1 - Background to project

FIOP (Faith in Older People) is a charitable organisation which provides training, education and awareness-raising on the importance of the spiritual aspects of peoples' lives in order to enhance the quality of life and well-being of older people by working with those providing practical, pastoral or spiritual care.

The remit

In Autumn 2008 FIOP received a grant from the Older People & Age Team in the Scottish Government to work with residential care homes on delivering spiritual care training to staff. It was decided that the project would take the form of action research. Action research is a very useful form of practice which encourages change and development by combining the gathering of information and feedback from this with interventions and modifications which are agreed upon by all concerned (Ref Stringer). This project lent itself to an action research model.

The context

There is an increasing interest in the spiritual needs of individuals generally and a growing awareness that whilst people are reducing their church going or public worship in all faiths there is an increase in the idea of spirituality as an essential component of our lives and selves. The spiritual life and therefore the spiritual care of people is now part of the NHS agenda and the faith inclusion work within the broader field of equality, diversity and patient choice. This has now been established in the NHS in Scotland and is gaining momentum in the social work setting. (Ref HDL 76 2002 and Standard 12 of the National Care Standards for Older People, Regulation of Care Commission Scotland).

There is also an increasing acknowledgement that despite breathtaking advances in medical care there is still a need for basic dignity, and value based practice that attends to the day to day routines of care as well as the high tech end of care. Older people living in residential care tend to be at the care end of the cure-care continuum. They deserve society's great respect and attention. Recent Government report based pronouncements about dignity; choice and mutuality are testament to this.

The imperative of evidence based practice, which is common to all caring professions, does not preclude a basic style of respect and acknowledgement that the spiritual is of importance albeit less measurable than other styles of care and cure. This is shown in

Alexander Clark's (2003) work very starkly. In his study he showed that positive satisfaction survey returns from patients about hospital stays are directly associated with three factors; inclusion in the discussion about treatment, having complaints listened to and, most importantly, being recognised as a person. This was expressed by the patient feeling that the staff had recognised that the illness event was disrupting normal life. This is highly relevant to care of older people in residential care. Being recognised as a person with a full life history and present and having it acknowledged by word and deed is of crucial importance to the way in which an older person will experience their time in residential care. It is the basis of good care and is promoted in the work of Vanier and Hauerwas and Nouwen and Tom Kitwood in his work on personhood.

Older people and spirituality is increasingly a topic of interest both with academics and theologians. The discussion centres on the importance of spiritual lives and the idea of the spiritual journey in the preparation for and conduct of ageing and end of life to the individual and their caring circle

Residential homes for older people are places where spiritual lives are rarely discussed but keenly ***felt*** by both staff and residents. Previous work in this area shows that staff and residents alike have an understanding of its importance but struggle to articulate quite what this thing called spirituality might be. Sometimes they understand spirituality to be rooted in an understanding of faith. In our current Scottish context this tends to be the Christian faith, but includes adherence to other mainstream faiths. More complex is the wider spirituality which is about belief and search for meaning (MacKinlay 2008).

Building on previous work

FIOP and Mowat Research Ltd have developed a number of initiatives, reports and papers which indicate that there is a real need to address the issue of spirituality in residential homes. (Ref Church of Scotland study, FIOP's work, Voicing the spiritual Part 1 and 2: 2007 and 2008) The meaningful work of the care staff is shown in their ability to grasp the importance of accompanying the residents on their spiritual journeys through the daily tasks of care. Non-anxious presence in the face of depression, death and dying, (Newell in MacKinlay 2008) and the vicissitudes of ageing as well as in the warmth of friendship and relationship which so characterises the relationship between staff and residents, is of central importance to the well being of older people and the staff.

Much has recently been written about the continued paucity of care for older people. For example the report recently written about care in Edinburgh chaired by ex chief nursing officer Ann Jarvie in 2006 notes the delivery of technical care rather than compassionate care. The report shows there are huge gaps and errors in care delivery often

Findings include

- Spiritual care in older people's homes is something that is carried out on a daily basis but is not recognised as such.
- Spiritual care is thought to be about religious care rather than a broader concept of personal caring.
- Staff do not have time to attend long training programmes. The training must fit in with the smooth running of the home.
- Training needs to be sustainable and "walk with" the mood and tempo of the organisation
- Staff have spiritual needs which can be met to some extent by the training programme which will in part focus on their spiritual selves.
- Existing training tends to be around the SVQ model and focus on policy rather than experiential practice.
- Routine caring tasks can become important spiritual encounters with appropriate connections made between the two. The training can make these connections.
- Naturally occurring events, such as death, dying, depression, birthday, seasonal markers are opportunities for spiritual care practice.

This material was used in a consensus group enquiry, the aim of which was to come up with a model of training that suited the needs of the residents, home staff and home routines.

A training model must include:

- a philosophy that embraces the idea that we are all spiritual beings with spiritual needs and the potential to be spiritual carers.
- that each home is different and requires preparation for training including observation and understanding of the culture and philosophy of the home.
- that part of the spiritual care training for staff includes supporting the sense of community within the home and between residents.
- that the organisation itself can be seen as having a spiritual history and presence.
- reference to the use of narrative and story both as the means of eliciting spiritual care meaning and doing spiritual care
- reference to the naturally occurring markers and life of the home such as dying, death, and seasonal events.
- celebration as community building and spiritual reference

Content: this referred to the specific topics that needed to be covered. These came out of the observational and interview data.

- Loss and bereavement and end of life issues. Staff report that again and again these processes, so obviously apparent in a residential home for older people, came up as moments of opportunity and importance in spiritual care.
- Transitions. Again this was seen as an inevitable part of movement into residential care and a good place to start the spiritual care process. This included work with families.
- Community relationships: this included the movement in and out of the home of the "outsiders" such as hairdressers, relatives, children's singing groups and so on. It was felt that more reference to the home being part of a community, and some actions that could promote that, was part of the spiritual life of the home.
- It also included the importance of building community within the home and facilitating the sense of community friendship and support between residents most of whom will only know each other as a consequence of being resident in the home. Part of the spiritual task is to help others in community.
- Specific topics such as other religions, Christianity, religious festivals, fresh air and garden, and other ways in which spirits can be lifted.
- Work on the care plans to make them more relevant and useful in terms of spiritual needs and response.
- What is spiritual care: definitions and the importance of identifying the individual and group as "sacred" (not meaning holy but special and purposeful and worthwhile of its self).

generated by a misplaced understanding of time and task. All care staff will be required to have completed SVQ level 3 in order to register with the Scottish Social Services Council by 2012 and the Care Commission will take this into account in their inspections. There are however, concerns about recruitment, retention and quality of service. In relation to spiritual care we are concerned that staff can be put into a position where they have to see time as the dictator of task rather than the task as dictator of time. Sitting with somebody, hearing a call for silent companionship or a need to talk should determine the pace and content of the task rather than the temporal imperative of lunch or bed making or activity. This imbalance is not confined to residential care of course but to all our lives.

If spiritual care is seen as fundamental to our practice rather than a bonus if there is time, then the basic need that we all have to be loved and respected will be more easily met.

Part 2 - Method

This paper reports the first stage in an action research programme. Action research is a method of social research enquiry which assumes change as part of its remit. There is an initial collective agreement for the need to do things differently and it uses the views and experiences of participants to set up the "intervention" that will lead to change based on what is possible and operates a continuous feedback loop between researchers and participants. It is an inclusive and participatory method. The process has been as follows:

The project staff from FIOP met with the project evaluator Dr Harriet Mowat to discuss the process of action research and identify the key questions required of the familiarisation stage in which residents, staff and FIOP staff discuss the current situation regarding the spiritual care training in the homes (described in the diagram). These were:

- What are the current spiritual care practices in the home?
- What training have you already had?
- What are the knowledge skills and attitudes needed to support spiritual care practices?
- What is the best form in which to deliver spiritual care training?

Staff from FIOP identified three residential homes that were willing to discuss the issues around spiritual care and the training possibilities therein. They were approached with an information sheet, welcome letter and consent form.

Each home identified a sample of staff who were willing to participate in an interview. The project staff wrote up the notes from these interviews and added to them with observation notes and discussion with residents. These notes were then sent to the evaluator (Mowat Research).

The evaluator read the notes, elicited a reflection of the learning from project staff and conducted a consensus enquiry process with FIOP staff.

The evaluator then wrote up a draft of the findings and this was circulated to FIOP staff and care home contacts.

Any feedback was incorporated into final draft of stage 1 report before completion.

In total 20 staff were interviewed across three homes. Observation notes were written about the three homes and two trial training events were conducted in one home with a further short training event planned for February in one of the other homes.

Part 4 - Consensus discussion findings

The interviews and observational data and reflection fed into the consensus discussion which generated the training model outlined in diagram below.

The process of the consensus discussion is found in appendix. The key themes that emerged from the process were as follows:

Philosophy and principles: This referred to the reasoning and value base of any training programme. It included the importance of seeing ourselves as all the same, all in need of spiritual support and all able to give it. It also referred to the spirituality of the organisation or institution as well as the individual. Four themes were identified.

- Affirmation of co- dependence, community and relationality
- To spiritually care for others we must know and spiritually care for ourselves
- Inclusivity: all staff and residents have spiritual needs which are expressed differently through their cultural backgrounds. It is important to understand and work with these differences
- Support and affirmation of personhood.

Preparation and negotiation: this referred to the importance of negotiating a customised training package within a framework which reflected the basic principles. It involves:

- Negotiation with management: the inclusion of all levels of staff in the training. Again this referred to seeing the home as an organisation or community as well as comprising individuals within it.
- A pre training period of finding out about the home and its environment and philosophy in order to understand the processes better.
- Co-ordinating the training with existing training which may be underway or forthcoming, so that this can be maximised.

Method: this referred to the style of delivery and approach to learning. Central to this was the idea of story telling, in which story and narrative generated by individuals is used in order to work through specific content and encourage understanding and insight. Other methods included

- Informal small groups
- Clearing space and time
- Use of a variety of media including art, music and movement
- Sharing stories
- Modelling good spiritual care practice with each other
- Encouraging reflection and staff looking inside themselves

Question 4: What is the best form in which to deliver spiritual care training?

Timing

There was no doubt that time was of a premium. It was suggested by one home that no more than ¾ hour could be given and the maximum for a group was around 1.5 hours if the training was provided within the care home. There was usually one day each week when two shifts were on together and this time was seen as valuable both in terms of handover but ensuring that the residents could go out to do personal shopping or a particular activity with a member of staff. So there is a critical balance between meeting staff needs and those of the residents. However, the message was loud and clear: keep it short and keep it regular.

Content

Staff wanted to learn more about how to convert daily kindnesses and "normal" caring practice into spiritual care. They identified key issues of *transition, loss, end of life, bereavement, pain and death.* They also thought that more contact with people outside the home including ministers and clergy would be helpful and important. They identified working with the relatives as part of the possibilities. Families tended to feel guilty about relatives being in the home and sometimes responded by withdrawing from their lives or projecting their anxieties onto the staff. Residents required more not less visits, which gave more opportunities for remembrance and memory and maintaining community links. Some staff had worked with memory boxes and reminiscence and they would value more ideas and techniques.

Part 3 - Findings

Using the written up notes the project staff and the reflection exercise notes gathered, the initial questions could be answered as follows:

Question 1: What are the current spiritual care practices in the home?

Spiritual care exists on a daily basis but is not understood in those terms

Most of the respondents were not able to specifically identify spiritual care practices, feeling rather at sea about the definition and language of spirituality. They were able to describe excellent personal daily tasks that indicated a strong understanding of the need for building relationships listening to the needs of the older person and encouraging the stories but they did not necessarily see this as spiritual work. For instance the cook in one of the homes very much concerned herself with making sure the food was nicely presented and full of choice for the older people. She also spoke to them about the food and involved them in the decision making about favourite recipes and dishes. This work "fed" the older residents in wider ways that simple nutrition and could certainly be seen as spiritual care. The food took on significance in terms of the offering of choice, warmth and memory which acted as a trigger for other staff to engage with the residents. It helped build relationships. All these are characteristics of spiritual care that are recognised in the literature but not in the residential home. The language of spirituality was not part of the care workers vocabulary.

Spiritual care is understood to be religious care

The other way in which carers understood spirituality was to assume that it meant religious observance and this again rather put them off understanding that they were delivering spiritual care in their daily activities with the residents. There was a disappointment or nervousness about the lack of real connection with the local churches although this was not expressed by all the respondents in the sample. In one of the homes the daily devotions marked the tempo of the day but there was a concern that they were not always the most suitable format to stimulate the interest and participation of the residents. Visits from local clergy were mentioned as part of the understanding of religious care needs but the clergy or other congregational visitors often found it difficult to engage with individual residents either because of lack of time or confidence in being with someone with dementia (Ref Alzheimer's Scotland 'Lighting Up Lives' Report).

Younger staff who perhaps did not have a religious affiliation or tradition were at a disadvantage or at least felt so because they had less understanding of the importance a faith or church structure had to the daily life of an older person and were unsure of the steps they could take.

Structures for spiritual care

The care plan which takes into account the spiritual and religious needs of the resident is used to record the religious needs of residents as they arrived in the home but these tended to be brief and factual and staff felt that they were intruding into personal territory and belief. It was felt that these aspects of the care plan should be seen as evolving process as the resident settled and staff could gradually find out through daily routines and one to one discussion the important factors to be recorded.

Where there was an activities co-ordinator there was an increased opportunity to explore spiritual need. A problem for staff in providing activity and spiritual care is that they are constantly interrupted by the practical needs of residents in the group and of the home routine. This makes concentration of the detail of story telling difficult.

Question 2: What training have you already had?

SVQ section 12 spiritual needs assessment

There was very little reporting of specific training in spiritual care although there is a module within the Social Care SVQ which many of the staff have or are in the process of completing. It was felt that the module was more focussed on policy and process whilst the staff really needed practical ways of incorporating spiritual care into practice. There was a requirement to have a booklet to explain different practices in different faiths similar to the NHS booklet. Spiritual care training was bound up with assessing for spiritual need. The general feeling was that more was needed on the recognition that the daily routines of staff and the current way they conducted their relationships with the residents had spiritual elements in it. Harnessing these seemed important.

Question 3: What are the knowledge skills and attitudes needed to support spiritual care?

Time

Staff reported simply not having the time or space to do what they knew was required to offer comfort and companionship to the residents. The daily demands of the work which included caring for the dying meant that other residents could not always be given the attention they deserved or needed. Managing time and resisting the march of institutional time seemed to be a strong theme and something that could only be addressed at a collective level.

Spirit lifting activities

Staff knew that there were activities which were part of the daily routines which enhanced the spiritual lives of the residents. Facilitating these activities such as getting some fresh air, baking, being given

choice over food, attention to personal routines were the bones of good spiritual care. One example sticks out. The staff member in charge of the residents' laundry saw her work as far more than cleaning clothes. This was a personal private service for each resident. She knew how they liked their clothes washed, and she returned them to the drawers with care and attention. Bathing, doing nails and hair, supporting the residents in doing as much for themselves as they could were all seen as spirit lifting activities. There was a strong theme around the importance of ensuring that residents 'had a sense of purpose' and that they were encouraged to view the care home as their own home and therefore within their capabilities and choice to participate in some of the domestic routines like laying a table, making tea or tidying their room. This also provided and opportunity to help each other and build relationships. Community building in the home as well as between the home and the wider community is of great importance. Connection and relationship was important between staff and residents inside the home as well as connecting to the wider community and with those coming in from churches, community services, hairdressing and so on. The story telling helps to connect and build community in the home as does cooking "as if it was my home" or celebrating special events that lifts everyone's spirits together. This in turn means that spiritual care from staff can be about enabling the residents to care for each other as they hear one another's stories or celebrate Christmas with carol singing or birthdays. This is much more than just staff offering care to individual residents.

Jean Vanier (ref) lays great emphasis on community celebrations as part of what is spiritual care.

Events that raised spiritual issues

Inevitably the staff found it possible to identify specific events that raised spiritual concerns to the surface. Moments of transition, arriving in the home, loss sometimes of children and certainly of friends, end of life issues, pain and death were all events that required specific spiritual attention and which affected the whole home and atmosphere.

Values

The staff group was also able to identify the kinds of values that underpinned their understanding of what was required to give spiritual care. Patience, flexibility, security, valuing memories, giving time, appreciation of the older person's life and experience and making connections and keeping connections in the community were all recognised as spiritual tasks.