The *Care Cameos* series is designed to present short but challenging sketches of various issues and to provide a forum to encourage and foster debate on a whole range of issues important for the delivering of care and support for older individuals across Scotland.

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Voice of the independent care sector

SPIRITUAL CARE IS EVERYONE'S BUSINESS

A CARE CAMEO

Preface

Welcome to Scottish Care's latest Care Cameo.

Its central theme is spirituality and spiritual care.

As will be clear once you start exploring this Cameo, there are many divergent views on what is meant by 'spirituality' and also what it means to offer and deliver 'spiritual care'. This is for some people a difficult area both to explore and to engage with and that is precisely why we are dedicating this Cameo to this important issue.

Spirituality has to do with the heart and pulse of being human. It is the soundless language which communicates our deepest emotions of love, anger, fear and belonging. It is the rhythm which gives form to many of our innermost thoughts and feelings. It is the space where we rest in the awareness of meaning beyond comprehension and experience beyond description. To offer spiritual care is to give opportunity, time and place to enable an individual to explore and to express who they are as a human individual.

As we seek to embed a human rights-based approach to care and support through the new National Care Standards it is an important that we not only understand the role of formal religion and belief systems but wider understandings of spirituality. As a care sector and as carers we need continuously to explore what this may mean for the work we do and the services we offer.

I am therefore delighted and grateful that we have three authors who are steeped in spirituality and spiritual care offering their insights, research and perspective in this publication. I have no doubt it will raise as many questions as it will seek to offer answers, but I hope you will find it, as I have, a thoroughly interesting and thought-provoking piece of work which is all about putting the individual and their holistic needs at the heart of person-led care and support.

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About the Authors

Maureen O'Neill has been the Director of Faith in Older People for the past 10 years. She is responsible for stimulating research and educational approaches to developing greater awareness of spiritual care. She has been a contributor to several research projects with health and social care staff around spiritual care and organised events, seminars and conferences to highlight issues around spiritual and palliative care, the role of faith communities in relation to dementia, loneliness and isolation. She is the co-author with Harriet Mowat of 'Spirituality and Ageing: implications for the care and support of Older People (2013) IRISS Insights (19).

Simon Jaquet, Director of Simon Jaquet Consultancy Services Ltd, has been a youth worker, manager, volunteer, chief executive, and board member. He has worked in the third sector for 40 years, including as founder and director of Fast Forward Positive Lifestyles Ltd 1987 - 2001 and Chief Executive of YouthLink Scotland 2001 - 2004. He set up Simon Jaquet Consultancy Services Ltd in 2004. Working at the interface between the third and public sectors, he specialises in research, evaluation, and organisational development.

Dr Lesley Greenaway is an experienced researcher, evaluator, facilitator and training consultant working in a range of health, care and third sector organisations including Community Food and Health Scotland, Includem, Scottish Health Council, Evaluation Support Scotland and Cashback for Communities. She has worked for over 30 years in the voluntary and community sectors in Scotland leading the design and delivery of innovative learning and training to support professional practice including: action learning, online learning, resources and toolkits, and accredited programmes and modules. She completed her doctoral studies in 2016 at the University of Dundee, School of Education and Social Work, where she is an Honorary Research Fellow.

Spiritual Care is Everyone's Business

Spiritual care is often seen as a difficult concept. The initial perception of many people is to equate it solely with religion; thus, if they do not have a faith, they don't consider it to be relevant. This ignores the fact that faith may be of great importance to the person for whom they care. However, they often fail to recognise that they are in fact delivering spiritual care in the broadest sense - without consciously realising it.

Defining spiritual care is complex and many definitions are used, but fundamental to all of them is 'what gives meaning and purpose to our lives and how we express it'.

In this Care Cameo we aim to highlight what spiritual care means: why it is important; what our research has shown; and, how we are developing educational tools to assist staff in social care to meet the spiritual care needs of those they care for.

The article is based on current projects developed by Faith in Older People (FiOP) and has contributions from three authors who have been involved in the different aspects. FiOP is a voluntary organisation whose aim is to 'develop a stronger understanding of the importance of the spiritual dimension to the well-being of older people'. We stimulate research, training, education and policy development in collaboration with a range of individuals and organisations.

The article has three distinct but complementary contributions:

Part 1, the introduction, aims to give a general overview of how spiritual care is defined and its relevance in current Scottish Government policy (Maureen O'Neill, Director Faith in Older People).

Part 2 describes the results of the mapping exercise undertaken in care homes in Scotland as part of a FiOP project to ascertain the understanding of spiritual care and how it is delivered (Simon Jaquet, Simon Jaquet Consultancy Services Ltd).

Finally, Part 3 recounts the development and implementation of an

eLearning course, drawing on the evidence from FiOP's current and past research and consultation (Lesley Greenaway, Evaluation and Professional Development Services).

FiOP is grateful to all our stakeholders in this work. These are drawn from statutory, independent and voluntary organisations who have informed, critiqued and supported our work. We are also grateful to the Scottish Government, The Life Changes Trust and the Queensberry House Trust for funding different elements of this work.

Part 1: An Overview of Spiritual Care

Maureen O'Neill

Understanding the spiritual needs of an individual is fundamental to person-centred care. *"Spiritual care is that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness"* (NHS Education for Scotland, (NES)[1]. It is where each of us builds our resilience to the challenges which we face throughout life and is unique to each of us. It is what motivates and sustains us. We often talk about a spirited person who brings energy into coping with life in general. Defining spiritual is not easy because it is specific to an individual, so the following definition helps to encompass some key elements.

"We mean the search for that which gives zest, energy, meaning and identity to the person's life, in relation to other people and the wider world." (Froggett and Moffett)[2]

This definition embodies the need to understand what has built a person's identity and sense of belonging and how this can be nurtured in a changed environment. It emphasises the importance of relationship; having a sense of purpose and meaning to make each day worthwhile, whatever diminishment is being faced and why having an opportunity to see more widely than an immediate environment is essential to well-being. This is the basis of compassionate care.

The importance of spiritual care is increasingly acknowledged in Scottish Government policy which upholds the World Health Organisation's definition *'that health is not just the absence of disease but is a state of physical, psychological, social and spiritual well-being."*[3] .

Just as spiritual care is important in the care of individuals, so it is for staff who must be supported when their work embraces end-of-life care, dying and death, and the demands of a stressful environment. The Scottish Care

[1] Spiritual Care Matters NHS Education for Scotland (NES) 2007.
[2] Froggatt K and Moffitt L (1997) Spiritual needs and religious practice in dementia care. State of the Art in Dementia Care, London: Centre for Policy on Ageing (Ed. M. Marshall).
[3] WHO 1948

Report 'Trees that bend in the wind' (2016) highlights the role played by staff in considering someone's end-of-life issues, and in triggering those important conversations. But this resource *"has to be recognised, nurtured and valued"*. A greater understanding of the spiritual dimension can help to increase confidence in these conversations which includes religion but acknowledges that it is so much wider.

"Faith is so important ... that interests me. When I was younger, you were either Church of Scotland or Catholic. It is wider now" (from Trees that Bend in the Wind)[4].

Remen stated that:

".. the expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet".[5]

The Scottish Care Report talks about caring for the 'soul', from where we draw our beliefs - whether religious or not. The stumbling block around spiritual care is that it is seen as being only about 'religion' and not the wider dimension of belief and culture. This can lead to the rejection of spiritual care because there may be little or no understanding of, or interest in, faith, and a lack of understanding as to what might really matter to someone within the wider perspective of spiritual care.

The following extract from 'Spiritual Care Matters' (NES 2007) sums up what we should look for in understanding how spiritual care contributes to our sense of identity, wholeness and belonging.

"A person's spirituality is not separate from the body, the mind or material reality, for it is their inner life. It is the practice of loving kindness, empathy and tolerance in daily life. It is a feeling of solidarity with our fellow humans while helping to alleviate their suffering. It brings a sense of peace, harmony and conviviality with all. It is the essence and significance behind all moral values and virtues such as benevolence, compassion, honesty, sympathy, respect, forgiveness, integrity, loving kindness towards

[4] Trees that Bend in the Wind, Scottish Care.2016
[5] Remen, RN (2006) Kitchen Table Wisdom, Stories that Heal; Riverhead Trade.

strangers and respect for nature. Spirituality creates and connects these virtues. This is what lies behind moral intuition. It is about knowing and experiencing deep meaning and connection behind apparently random events and processes such as illness and an awareness of human vulnerability". (Spiritual Care Matters, NES 2007)

The NHS defines spiritual care as being given in a one-to-one relationship and is completely person centred. Religious care is given in the context of a shared religious belief, with values of their own faith community. Both are about spiritual comfort. To truly provide person centred care we must gain a strong understanding of a person's fundamental values. We do not need to share them, and it is not for us to judge them, but to appreciate that they are the basis for the way in which someone has lived their life.

Spiritual care in government policy

There is increasing emphasis on human rights in Government policies which have an emphasis on 'the need for people to be accepted and valued whatever their needs, ability, gender, age, faith, mental health status, race, background or sexual orientation' and that their human rights are protected[6]. The principles set out in the standards - dignity and respect, compassion, inclusion, responsive care and support, and well-being - all underpin the spiritual dimension. This focus on spiritual well-being is present in the National Dementia Strategy for Scotland, the Palliative Care Delivery Strategy and the person-centred approach, as they encompass the principles set out in the standards.

Person-centred care puts a strong emphasis on involvement of individuals in the planning of their care and recognises that the range of their needs are 'more than medicine'. This theme is echoed in the Strategic Framework on Palliative and End-of-Life Care (2015) which has as a third principle: E*ach individual person's physical, psychological, social and* ***spiritual*** *needs are recognised and addressed as far as possible*[7]. This is further emphasised within the WHO definition of palliative care:

[6] Health and Social Care Standards; My Support, My life. Scottish Government 2017.
[7] Scottish Government Strategic Framework on Palliative and End of Life Care (2015)

'Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychological or ***spiritual.'***[8]

It is essential that a focus on the spiritual becomes part of everyday practice, so that staff are confident about managing those existential conversations about the end of life and enabling those in their care to voice their hopes and anxieties about dying, whether in the context of religion or not.

Spiritual care in practice

It is all very well looking at the theoretical and policy aspects of spiritual care, but what does it mean in practice?
First, we must acknowledge that person-centred care is inclusive of spiritual care, and then find the means to elicit what this means for the individual. This involves:

- Spending time with someone and being particularly attentive to their needs. This was described by a participant in a FiOP research project as a 'sink moment' when someone asks or comments on an issue of critical important to them because they feel safe in disclosing this critical information. It is so easy to pass this moment over because time is pressing and there is a lot to do, but for the individual this is a lost moment.
- Careful listening is good spiritual practice, contributing to the person feeling supported, bringing hope and a sense of meaning and purpose.
- Being able to experience and enjoy the outside world – sun, rain, the earth – experiencing being part of something bigger as well as the contribution to health and well-being that it brings.
- Music and singing, which are well documented as stimulating spiritual well-being. This can include well remembered hymns and songs.
- For those of faith, continuity with familiar rituals and routines sustains both memory and well-being, with the use of familiar signs and symbols playing a key role.

[8] World Health Organisation (2014). Strengthening of palliative care as a component of integrative treatment within the continuum of care.

- Encouragement to tell their story with the use of photographs, and involving family and friends

Secondly, caring for the spirit must be a two-way process. Staff members need to understand and recognise their own ways of coping, what motivates and gives them strength, so that they have a keener appreciation of this dimension within those for whom they care.

Equally our institutions and systems need to acknowledge the importance of spiritual care and how it sustains both cared for and carers. This includes how reflection is included in daily practice, creating a space to consider how the events of the day have made an impact on them, or developing group reflective practice to develop mutual support. The latter would need careful guidance to ensure that the process is supportive and constructive not critical or dismissive.

Making use of such approaches opens the way to fulfilling a variety of spiritual needs which need to be addressed at end of life. The following needs were identified by Koenig, 1994)[9], particularly in relation to older people, but which are relevant to everyone receiving care.

- The need for support in dealing with loss
- The need to overcome circumstances
- The need to be forgiven and forgive
- The need to find meaning, purpose and hope
- The need to love and serve others
- The need for unconditional love
- The need to feel God is on their side
- The need to be thankful
- The need to prepare for death and dying
- The need for continuity
- The need for support for religious behaviours
- The need to engage in religious behaviours

[9] Koenig,H (1994) Ageing and God; Spiritual pathways to mental health in midlife and late years. Haworth press

In a small study undertaken by Helen Welsh for FiOP[10], using these needs, the following priorities emerged. These highlighted the fact that the different staff roles within a residential care setting had different concerns and perceptions of spiritual needs.

Table 1: Different priorities identified by different care staff roles

Managers	Senior Carers	Activity Co-ordinators
• Personal dignity and a sense of worthiness • Continuity • Preparing for death and dying • Unconditional love	• Continuity • To find meaning, purpose and hope • Preparing for death and dying	• Personal dignity and a sense of worthiness • To find meaning, purpose and hope • Rising above circumstances

Welsh found that the low ranking for 'preparing for death and dying' was surprising given that all staff members in care homes live with the daily inevitability that the people they are working with will die in the relatively near future. This could be a defence mechanism on the part of staff, or a desire not to upset the person they care for. The need for staff to be aware of their own spiritual care needs is paramount if they are to identify and meet those of the residents.[11]

A further study undertaken by Faith in Older People (2017)[12] confirmed the difficulty staff had in understanding spiritual care. They also had a tendency to equate it solely with religion, until getting into deeper discussion. Four key themes and responses emerged from the study:

- **The use of time versus task**. It was important to use the time when personal tasks such as bathing, were being undertaken, to further evolve the person's story on which person-centred care could develop.

[10] Welsh; H. Addressing the spiritual needs of older people in care homes' ([2015]) for Faith in Older People

[11] Welsh, Whittick and Mowat ([2006]); Resisting the Institution: a report on two studies: Abuse of older people in residential care and spiritual needs of older people in residential care'.

[12] Aird, R and O'Neill, M ([2017]) 'Spiritual Care Education in the Hospital Based Complex Clinical Care Units; an appreciative enquiry

- **Person-centred care and the inclusion of spiritual care.** ***"Until going to university I had only thought of spiritual care as meaning religion. But now I understand that it is broader and depends on what each patient wants and what provides comfort – or spiritual comfort and this means enough time for each person to be understood and what is important to them, what they have done or were like in the past"***
- **Spiritual care education**. The extent to which it is available and accessible for health and social care staff and given a level of priority. It was clear from the interviews that there was a lack of education around spiritual care although there were resources available about which there was little knowledge. ***"Although the SVQ had contained some information about spiritual care it had no depth and really did not lead to a good understanding of either different religions or what is included in spiritual care".*** The staff wanted to know more about how to speak to people about their faith without being intrusive and would like to have more contact with the chaplaincy in this respect.
- **How to engage with the wider community.** For these long-stay units this was a challenge. However, continuing to ensure that the home or unit is part of the wider community is helpful. This encompassed activities like music, outings, pets, massage. This aspect contributes to spiritual well-being, but it requires a specific focus to enable a consistency of activity that suits individuals and increases their opportunity to be engaged.

Individuals feeling lonely and isolated, albeit surrounded by people, was a concern as they are away from their usual surroundings, with people they had not met before who might or might not have similar interests. Individuals are being asked to adapt at a time when they are coping with other changes. The staff recognised this sense of spiritual isolation when one is apart from everything that is familiar. This concern resulted in the need to ensure that patients were 'comfortable' not just physically, but internally secure and able to express themselves in order to achieve spiritual well-being.

Supporting the spiritual needs of people with dementia

Faith in Older People - in collaboration with Aberdeen University, Mowat

Research and Simon Jaquet Consultancy Services - developed a project funded by the Life Changes Trust to map the understanding and delivery of spiritual care in care homes in Scotland, combined with a practical element which highlighted a method of engaging with people experiencing dementia to have their spiritual care needs met. An overview of the mapping exercise will follow in this Cameo.

The 'Purple Bicycle' project is a person-centred spiritual care resource developed by Professor John Swinton and Dr Harriet Mowat at Aberdeen University and brings together caring practices which support the spiritual lives of people with dementia. It consists of a purposeful six step process by which people with dementia can travel alongside those who love and care for them.

Recognising and attending to the spiritual care needs of someone with dementia becomes more complex and requires more time and more attentiveness. 'Being with' someone is a spiritual care act itself, and such practices form the basis of compassionate care and relationships.

To date FiOP has delivered workshops to 50 care home staff both as a residential event and within their own care home. The purposes of the workshops were to provide a good understanding of spiritual care, ageing, and working as a team. The care home team (at least 6 people from each home) develop an action plan to implement when they get back. This action plan is reviewed after agreed intervals.

The core of the project is to gather those closest to the person with dementia in order to tell their story, and to develop a spiritual map from which the agreed action plan can be developed. Each plan would be unique to an individual. It brings together carers, relatives and friends, so they can draw out 'what matters' to the person and what makes a difference to their lives.

The six steps in the Purple Bicycle Project are:

1. **Building the picture**
2. **Finding an attentive community**
3. **Gathering stories**
4. **Reflecting on the stories**

5. Making a spiritual plan **6. Reflecting, reviewing, revisiting**

The intention of the Purple Bicycle Project is to make life more enjoyable and meaningful for people with dementia, to lift their spirits, and engage those who are closest to them.

Our experience of delivering the workshops is that they are successful and appreciated, but the challenge is, as always, translating the outcomes into practical action. In this context, all the issues highlighted in this Cameo come into play. Spiritual care is happening (although not recognised as such), but distinctive plans are harder to achieve.

Conclusion

Much is written about spiritual care, but it remains a mystery for many in the health and social care professions. This section has focussed on work of a practical nature carried out in Scotland. Our research points to the importance of instilling a better understanding of what spiritual care means and what education can be provided that will stimulate understanding, confidence and competence. The outcomes of the Mapping Exercise are explored next and this is followed by an account of what is being developed by Faith in Older People in order to fill the gap in education, taking account of the issues of time, practical implementation, and personal enhancement.

Part 2: Spiritual care for people living with dementia in care homes in Scotland: a mapping exercise

Simon Jaquet

Research methodology

This research formed the initial phase of a two-year Faith in Older People project funded by The Life Changes Trust which aimed to map the scale and nature of spiritual care with people living with dementia in care homes. It was conducted between 2016 and 2017.

In undertaking the research, we employed a mixed methods approach, involving both quantitative and qualitative methods.

Scoping

To inform the research design, we carried out 12 scoping interviews with a range of key stakeholders, including Scottish Care, the Scottish Social Services Council, the Care Inspectorate, NHS Education for Scotland, Edinburgh Interfaith Association, Interfaith Scotland, Scottish Ahlul Bayt Society, and three care home managers.

The interviews explored the critical contextual factors that the mapping should take account of, data availability, confidentiality and ethical issues, barriers to gathering the data, and potential risks.

Quantitative research - online survey

We designed and piloted an online survey for care home managers, informed by the comments we received during the scoping interviews. The survey was publicised by Scottish Care who emailed 646 members directly, as well as sharing it on social media. It was also publicised by the Care Inspectorate via their website.
We received 92 returns representing 89 separate care homes (76% from

the independent sector, 13% from the third sector, and 11% from the local authority sector 11%), with respondents coming from 29 local authorities (every Scottish local authority except three).

We asked respondents to provide an idea of the size and scale of their care home. Numbers of residents ranged from 10 to 116, with the number of staff reflecting this. Most care homes had no volunteers, although a small minority had significant volunteer teams.

We asked respondents to say whether they had residents from the main faith communities. The responses indicate the percentage of care homes with residents from the respective communities:

Christian	98%
Jewish	7%
Buddhist	3%
Hindu	2%
Muslim	1%
Baha'i	1%
Other	11%

Qualitative research - interfaith dialogue seminar

An interfaith seminar was held in partnership with Interfaith Scotland, to hear the views of several of the faith communities in Scotland on the interim findings from the survey. Participants included representatives from:

Interfaith Scotland
Scottish Sikh Women's Association
Salvation Army
Edinburgh Interfaith Association
Council of Christians and Jews (West of Scotland branch)
Baha'i community
Iona Community
Hindu community
Methodist Church
St Mungo Museum of Religious Life and Art
Muslim Council of Scotland
Scottish Roman Catholic church

Qualitative research - telephone interviews

To explore the survey findings in more depth, 11 care home managers were interviewed by telephone - seven from the independent sector, two from the local authority sector, and two from the third sector. The semi-structured interviews were an opportunity for care home managers to explain:

- What they saw as the spiritual needs of residents living with dementia
- What kind of spiritual care they offered to residents living with dementia, and how this might be different from the spiritual care for residents who are not living with dementia
- Who was involved in spiritual care, and what roles they played
- How spiritual care for people living with dementia could be improved.

Qualitative research - case studies

We undertook four case study visits to care homes in Stonehaven, Renfrew, Lanark, and Glasgow with a view to helping us understand in greater depth the reality of caring for the spiritual care needs of someone living with dementia. We met with residents, family members, care home managers, care and domestic staff. We focused on two areas of investigation: exploring what 'raises the spirits' of the person living with dementia in the care home; and identifying how you find this out.

Qualitative research - stakeholder seminar

In September 2017 towards the end of the research, we invited representatives of a range of national stakeholder groups and organisations to attend a seminar to hear the research findings and to discuss their implications for the policy and practice of work with people living with dementia.
Those attending included representatives from:

Ahlul Bayt Society
Alzheimer's Scotland
Scottish Care
National Dementia Carers Network (NDCAN)
SSSC

AGE Scotland
Scottish Government
Interfaith Scotland
Evaluation and Professional Development Services
Faith in Older People.

The research findings

These findings draw on and synthesise the quantitative and qualitative research work undertaken as part of the study.

Understanding spiritual care

Evidenced consistently throughout the different elements of the research, care home staff favoured a broad understanding of what spiritual care was.

"I don't see spiritual care solely related to religion at all. More the need to be seen as a whole person and an individual. The need for care to be planned and delivered in a holistic and person- centred way which promotes general wellbeing and quality of life. The emphasis on dignity, respect and individuality." ***(care home manager)***

In the online survey, managers were asked to 'rate' several descriptions of spiritual care. Responses indicated a strong preference for descriptions which focused on holistic care and addressed relevant needs for the resident. These included statements such as:

Caring for the whole person
Listening to what a person sees as important
Creating a sense of well-being
Supporting someone at the end of life.

Care home staff tended to draw a distinction between 'spiritual care' and what might be termed 'religious care'. Typical comments on the former included these:.

"Most people see spiritual care as religion, but it isn't. Some residents have religious views. for others, their needs are met if they take part in

an activity such as smelling the flowers or seeing the sea.' ***(care home manager)***

"Spiritual needs are everything about that person that makes them who they are. It's not one specific thing. We need to get to know their life story - the physical, emotional, and social aspects. It's holistic." ***(care home manager)***

"Meeting the spiritual needs of the person by listening to them and the people important to them about what and who is important to them giving them joy, happiness, peace, love, laughter whatever brings about the essence of the person and ensuring staff, friends and relatives provide the opportunities for them to experience these on a regular basis." ***(care home manager)***

By contrast, more overtly 'religious' functions, such as making religious texts available, or helping a person to attend religious services were seen as applying to a smaller (but not insignificant) segment of the care home population.

"Supporting a person to practice his faith and provide comfort and encouragement and meaning in life, particularly in our case as he nears the end of this life." ***(care home manager)***

Spiritual care practice

The distinction between 'spiritual care' and 'religious care' was clearly evident when we asked for practical examples of these with residents in care homes. Care home staff gave many examples of how the 'religious' needs of residents were addressed.

"We have regular church services roughly every month and chaplains take it in rotation to provide a service. We also have a church elder from the Catholic church to bring communion to Catholics on a regular basis."

Some figures from the online survey are illustrative, indicating the relatively high number of activities in this area. 74% of care homes have a minister

or priest visiting, and 88% provide a regular service of worship. 28% are able to facilitate 1:1 visits and support to residents - usually provided by a local priest or minister. This includes playing an active role in end of life care. A smaller number (10%) benefit from some form of inter-denominational work, often involving lay people and elders:

"We encourage residents to keep up their religious beliefs, attend church events, celebrate religious occasions, keep in touch with friends from church."

To overcome the difficulties in perception about the term 'spiritual care', we began to use the more 'straightforward' phrase - 'what lifts the spirits?'. Using this terminology, we found a high degree of consensus about what lifts the spirits of residents in care homes, and a strong sense that spiritual care is therefore already being offered to people living with dementia in this context. There were many practical examples of care addressing needs that went well beyond the physical realm. Most staff would describe this as 'holistic', 'person centred' care, or care that addresses the mind, body, and spirit.

Music

The most frequently cited activity that raised the spirits of residents was music. This took several forms. Singing was the most common, with residents enjoying all forms of music:

"Music's a great therapy. We've seen examples of residents' well-being - facial and body expressions - completely change when they start to sing a hymn ... it takes them to a different place. You can see that when they start to sing." ***(care home manager)***

"Residents just love singing. We've got the choir group, the church services. There's certain residents who'll just sing hymns in the unit anyway! Impromptu sing-alongs happen pretty regularly...Even if someone's distressed, especially in the dementia unit, or agitated with regard to personal care, if you start singing and they join in, it's good at relieving any anxiety as to what's happening to them." ***(care home manager)***

Moving to music and dancing was also an important method of engaging residents in communal activity:

"They love to be involved - up dancing. We've got one lady here. She sits the whole day so quietly. You put the music on, get her up dancing and she's a different person. Her head's up." ***(care worker)***

Music was described as triggering memories from the past, but also building social solidarity in the present:

"We got her daughter to tell us what music she liked when they were living with her, and it was Mick Jagger - which surprised us all as we didn't see her as a Mick Jagger fan." ***(care home manager)***

Children and inter-generational relationships

The presence of children in the care home brought a fresh burst of life in many residents. These might be relatives but were as likely to be children from local schools or nurseries. Sometimes this was a relatively passive activity, and the pleasure was largely vicarious:

"One wee boy and four wee girls [from the nursery] came in. We got them familiar with the place, and then got the beachball out, beanbags, skittles. Even just playing amongst themselves, all the residents loved it." ***(activities coordinator)***

But several examples were given where there was a more conscious interaction between the residents and the children. This had the potential to produce a rich dialogue - in this case, with the children acting as teachers for the older people!

"Seeing children. We have a close relationship with the local primary school. They come in and sing. That brightens people up. They like to see children. The primary school children were bringing in iPads. It was the Activities Coordinator who was doing that with them. They were showing the residents what you do with them ", ***(care home manager)***

This intergenerational dimension was quoted in several interviews. A particular place was reserved for the grandparent / grandchild relationship. In this case, daughter of a resident with dementia highlighted the special relationship between her mother and her daughter:

"But also, I think with [great granddaughter], it's not maybe what she does for you, but what you do for her. Because you're still teaching her things. So, she goes away very happy to have learnt something new." ***(daughter of people living with dementia)***

Families

The next generation - children of residents - were frequently responsible for placing their parent with dementia in care. Inevitably this gave rise to conflicting feelings:

"If the resident is happy, it lifts their spirit, there's a knock-on effect for families. I do think quite often it's a horrible situation for families. They've had to put them into care. It's one of those things where they're 'failing' at one level." ***(care home manager)***

Grandchildren, by contrast, were free of these kinds of contradictory emotions. One resident clearly enjoyed her contact with her grandchildren:

"It's the same with the youngsters. I have a good time with the kids. They come in and see me, which is lovely because sometimes the youngsters don't want to do that with grandparents, but mine do. They know they don't have to phone me up. They just arrive at the door and if I'm here, I'm here." ***(person living with dementia)***

Physical contact

As residents progressed to the later stages of dementia, verbal communication became more difficult, and they often became more socially isolated. In these circumstances, physical contact became proportionately more important as a way of asserting a common humanity. Several examples were given of spontaneous, informal physical contact:

"Every time I take mum out and she comes back, the person who opens the door usually gives mum a hug." ***(daughter of person living with dementia)***

This Activity Coordinator highlighted the tension between what you want to do as a human being, and the potential constraints of the 'system':

"Physical contact's a great thing as well. You're probably not meant to do it, but you just sit and stroke somebody's hand. When I come in in the morning the arms are up for a cuddle." ***(activity coordinator)***

The head of a dementia unit had experienced something similar:

"There was a man in one of the units, and he was a wee grumpy man. He'd never married, he'd been a loner all his life. He was in the dining room one day, and I can't even remember what was wrong with him, and I hugged him from behind. I don't know what possessed me, because I'd never hugged this man - ever - but he was in such a bad mood and I wanted to cheer him up. And you felt him just relax, and he actually said, 'You don't know how long it has been since somebody has kind of ...' - just to feel loved, nurtured." ***(head of dementia unit)***

Sometimes the contact was a planned part of a therapy programme. One interviewee described the value of touch:

"And also, touch is a big one. You have to know your residents because some people don't want you near them. Personal space is very important. I always touch on the arm, it's natural, it's not that I'm testing anything, it's just what I would do. But as the relationship develops, and you're getting to know them, and the trust is there a bit more, you get to know." ***(care worker)***

Relationships with staff

The quality of the relationships developed by residents with the staff in the care home was a significant factor in their lives. Good relationships had the effect of raising the morale of residents. Where this worked well, a genuine sense of community was developed. As the daughter of a resident said:

"The people who work here have a feeling of belonging ... it's not just a job. They belong here. Everybody belongs here. When I come to visit you, I feel like I'm part of a family too.... If you talk about keeping the spirits up I think

that it's really important that there's a feeling of belonging - not just living." ***(daughter of person living with dementia)***

Care staff were seen as integral to this process:

"They like to share a joke or a laugh with you, and you talk about things that you've done or when we've been away on holiday, they love to hear where we've been." ***(person living with dementia)***

Domestic staff contributed as well:

"A domestic coming into the room and saying 'Mary - how are you?' it's an act of care." ***(care home manager)***

Surprises and spontaneous activity

Normal life is full of surprises, but this may be lost when you are placed in an institution with its own rhythms and routines. In this context, spontaneous activity and events that 'come out of the blue' can carry a disproportionately positive value. The daughter of a resident described how this applied for her mother:

"We only had an hour, but we went down on the harbour, we sat on the wall, had an ice cream, and you said that's made a difference to the day because it wasn't planned, it was impromptu. The element of surprise is quite important. Having little surprises every day!" ***(daughter of person living with dementia)***

Another resident spoke of the value of family members arriving spontaneously to visit her:

"Suddenly one or two of them will come in the door one day and it's lovely. But you never chase them and say it's time to go and see Granny. I think that's a mistake. It's got to come from them. It's lovely when they want to come – even if they just stick their head round the door." ***(person living with dementia)***

Animals

Animals were described as often being able to draw out emotions in people living with dementia. The delightful chaos that sometimes ensued

when animals were brought into the care home served as an attraction both for residents and visitors alike:

“It's done wonders for the residents it calms them down. The staff will call out 'bring the dog!'. One family brings in the granddaughter because of the dog.' ***(care home manager)***

Examples were given where the use of animals was more structured, verging on a form of therapy:

"She comes in once a fortnight and she goes round all the units with her dog. (therapet) It's good she goes round the units because everyone gets involved." ***(care home manager)***

One senior care worker brought together several of the above elements which contributed to lifting people's spirits:

"If we filled the home with music, children, and animals, they wouldn't need us!" (senior care worker)

Spiritual care for those living with advanced dementia

The spiritual care of people living with dementia can continue right to the end of life. Despite an apparently reduced ability to communicate among many of those with advanced dementia, numerous examples were given of staff and family members being able to maintain communication and to address the higher- level needs of their loved one. At the same time, it is important to recognise the considerable practical and emotional challenges to doing this effectively:

"People living with dementia are more easily distracted. so that's why we do 1:1 work. Touch is important - you sit and hold their hand. you're looking for more non-verbal things. If they're not reacting, you maybe do a hand massage." ***(care worker)***

"*We have a lady with mid stage dementia. She's always enjoyed painting*

and drawing, but her needs are changing as her cognitive function changes. She appreciates a quiet space and enjoys sorting out her pencils into colours. Before, she would have drawn. Now she likes a quiet supportive environment with one or two people." ***(care home manager)***

"It requires an additional level of skill, particularly if communication is difficult. We apply all the principles to everyone - tone of voice, not over-complicating, not too many involved questions. You take more time. Spirituality is what makes us human and unique." ***(care home manager)***

"[The Namaste session] is really quite rewarding because you're doing something for your mum.... One lady - her appearance is very important to her - so her daughter would comb her hair or just sit and read to her. She likes her nails painted. It's nice for the families to feel they're doing something." ***(care home manager)***

Significantly, it is the 'how' rather than the 'what' which needs to change. A greater focus on 1:1 care in an environment that is safe and secure becomes increasingly necessary for people living with dementia. As verbal communication diminishes, there is a growing reliance on other non-verbal means. Music and singing has an important role to play here:

"The needs of people living with dementia aren't different but need to be approached differently. It's not what we deliver but how we deliver it is different." ***(care home manager)***

"It's not different for a person living with dementia. You look at the whole picture and get to know them in a different way. You need to be more creative. You get to know the person, their family, people in faith communities." ***(care home manager)***

The potential role of faith communities

Christian faith communities

There is potential for faith communities to play a significantly more active role in the lives of people living with dementia in care homes – both in the care home and in the local community. The current picture is mixed, 75% of care homes having arrangements in place for the provision of religious services and pastoral support for individual residents

"If people were prepared to visit and develop voluntary relationships with the residents like elders in the church. But it's sadly lacking. Maybe because people feel uncomfortable with dementia.' ***(care home manager)***

The Church of Scotland has 1500 parishes, (and 1.7m members) and there are 873 care homes for older people in Scotland. Although neither network has an even distribution throughout the country, a rather crude numerical analysis would give us almost two churches for every care home. It would theoretically be possible for every care home to be 'adopted' by a church. This would give access to human capital (for example the members of the congregations as potential 'befrienders'), social capital (for example the ability to maintain links and relationships within local communities), and a measure of economic capital (with these links providing access, for example, to skills and employment opportunities).

Non-Christian faith communities

There are very few examples of non-Christian faith communities taking part in the life of care homes in a structured way. This reflects a national demographic, with non-Christian faith groups only engaging 2.5% of the Scottish population.

However, informal discussion with some of these communities during the qualitative fieldwork phase of the research gave some indications that groups (such as the Muslim and Sikh communities) are now facing up to the challenge of changing patterns of social behaviour in third generation 'immigrant' families. In short, there is some evidence that communities which would previously have provided care for the elders within the home setting, are now looking at alternative modes of care, including care homes.

Barriers to delivering spiritual care

De-mystifying spiritual care

Respondents pinpointed several barriers or challenges which impacted

on the extent to which spiritual care could be effectively delivered in care homes. Firstly, there was the recurring issue of the term 'spiritual care', with its notable scope for misunderstanding:

"We need to de-mystify the word 'spiritual'. People say, 'Oh I don't believe in this'. It's a broader and wider thing." ***(care home manager)***

"On a map of needs, spiritual care would be off to the left at the top. People don't know what it is." ***(care home manager)***

Funding and staff capacity

Current pressure on care homes, due to reducing budgets and unfilled posts, means that any new initiative related to spiritual care will need to be sensitively introduced, if it is not to be regarded as yet another 'scheme' imposed from outside and making unreasonable demands on staff time and energies.

Two factors may be helpful in this regard. Firstly, the starting point for supporting the further development of spiritual care is the reality that it is already happening in many settings. This would argue in favour of an 'appreciative inquiry' approach, where current strengths are recognised, celebrated, and built on. Secondly, the potential for the use of volunteers means that, with sensitive management, there is scope to involve a wider set of stakeholders in this work.

The constraints of time with an attendant 'knock-on' effect for staff was a significant barrier:

"The biggest issue is time, staff are stretched just completing the personal care tasks, eating, drinking etc. We try and include spiritual care within activities we provide however staff struggle with how to implement this."

Relationships to local churches

Many care home managers reported that it is difficult to set up regular visits

by the priest of minister, and some say it is hard to get people from the churches to visit:

"The biggest thing would be more awareness among the churches. They see people at home, but it's difficult to get people from the churches to come to the care home. I don't know if it's fear."

Training, capacity building, and sharing practice

For any substantial change of practice to become rooted within a sector, there are always implications for the training of staff and for organisational capacity building. Evidence from the online survey and the qualitative discussions suggested that care homes would be open to appropriate training on how to address spiritual care issues. Only 3% of managers said that no training was required.

Key to any training will be establishing a clear and shared understanding of what is meant by 'spiritual care'. Also, the varied roles played by the different actors (residents themselves, family members and friends, staff, volunteers) could usefully be explored. Given the time constraints and pressure of work, it would be important to develop flexible learning opportunities that can fit round the working day, and be seen to have a relevance for day-to-day practice (rather than, for example, requiring college attendance):

"It's not a topic staff are taught about. We have a huge number of Spanish, Polish, and Romanian staff. Some wouldn't know what's appropriate. They could be taught everything else - but not spiritual care. We need to recognise it's an issue we should consider."

There is an important role for both residents and family members to play in the training process. Underpinning this, there would appear to be considerable scope for the training and development of volunteers from faith communities to become involved in the life of local care homes. This could offer mutual benefit - opportunities for faith communities to participate in local community activity, and increased capacity for the

overall 'team' within the care home.

If the other churches and faith communities were to become involved, there could be clearly significant scales of economy,

Recommendations

The following recommendations flow from the research evidence. Some will be more relevant to bodies working at the policy level, such as Scottish Government, the Scottish Social Services Council, and Faith in Older People. Others have a practice focus, and will resonate with Scottish Care, the Care Inspectorate, and Scotland's faith communities. All will be relevant to the care home sector itself.

1. Recognise and promote the importance of spiritual care. This can be defined like this:

'Spiritual Care involves developing a genuine relationship between individuals. Within this there is an acknowledgement that the clinical picture of dementia is not all that can and should be known, and that human lives are mysterious. There is more to living well than simply caring for our bodily needs. Spiritual care acknowledges the presence and importance of such things as joy, hope, meaning and purpose as well as the reality of disease, suffering, disappointment and death. This means that spiritual care is much broader than any one faith or religion and is of relevance to everyone.' (Purple Bicycle Project)

2. Ensure spiritual care is on the curriculum of pre-service training courses for health and social care staff.

3. Offer a wider range of spiritual care training opportunities (including eLearning) for care home staff and volunteers.

4. Build the confidence and capacity of local faith communities to become actively involved with local care homes - in both 'spiritual' and 'religious' activities.

5. Explore the scope for local faith groups to 'adopt' a care home - with a view to building long term, mutually supportive relationships.

6. Develop links between Christian and non-Christian faith communities in order to build their capacity to play a role in the care home sector.

7. Explore and disseminate examples of good practice in spiritual care homes.

8. Develop and promote the use of volunteers in care homes, to strengthen the relationship between care homes and their local community.

Part 3: 'Spiritual Care Matters' e-learning courses for front line staff in care homes, care at home, and health care settings

Lesley Greenaway

Introduction

The Spiritual Care Matters e-learning project aimed to research, design and develop educational tools for people working in the caring professions to help them support the spiritual needs of older people. Some important pointers come from the FiOP research, described in the previous sections, that guided our thinking and helped us find a starting point for developing the courses.

Firstly, any learning tools that we developed needed to explore what we mean and understand by spiritual care. It was especially important to open up the common perception that spiritual care is all about religion. We needed to find a way to widen the definition and to show that spiritual care is everybody's business. Another important message that we wanted to convey was that spiritual care is already happening through the small caring acts and quality conversations between care staff and older people. These two considerations helped us turn a difficult concept into practical day-to-day responses and actions where all staff can develop skills and confidence. Secondly, we needed to acknowledge both the 'cared for' and the 'carers'. This meant thinking about how the spiritual needs of older people could be better supported and how care staff working in a stressful work environment could be sustained. We also needed to take account of their spiritual well-being.

The courses were developed by myself (Lesley Greenaway) and Colin Gray who led the technical development side. We anticipated that there would be a number of challenges. Namely:

- Care staff are very busy people! We would need to design learning that was realistic and achievable within a pressured work environment. We would also need to find out what would motivate staff to do the course

and what added value or incentive could be available.

- Care managers are important stakeholders. We would need to engage with care managers to persuade them of the benefits from supporting the spiritual needs of older people and the spiritual well-being of their staff so that they would give priority to spiritual care training.
- Perceived barriers to using technology for learning. We intended to use a form of e-learning for our courses, but we needed to be open to any barriers such as access to computers, technical skills and confidence, and attitudes to the idea of online learning itself.

In this section we describe how we developed the 'Spiritual Care Matters' courses, how we tackled challenges, what we learned along the way and what the next steps are. One of the most successful, and popular, learning tools that we developed were the podcasts. These are mini-broadcasts that can be listened to on any device at any time. This is where we introduced topics and included commentary from care staff and others. We have included two dialogues, one from each of the courses, to show how the contribution of frontline staff has been used to inform and communicate key messages.

Stakeholder involvement

Building in stakeholder involvement was crucial if we were to 'speak' to the frontline care staff who were the target audience for the courses and the key agencies who we saw as being influential in promoting the courses across the field of social and health care. Different stakeholders were involved in different ways at different stages. Individuals and agencies were involved: informing, advising, contributing, recording interviews, testing, participating, evaluating, giving feedback, promoting and disseminating. At the start of the project, FiOP board members, trainers, facilitators, ministers, chaplains and care home managers were involved in exploratory discussions about the potential interest for the course, what broad areas might be covered and how we might use an e-learning approach. Early on we also recruited two care homes (Davidson House in Edinburgh and Victoria House near Glasgow) to be our sounding board, to test out ideas and to get their input in shaping the course.

As we developed the courses staff at different care homes and health care

units were involved in contributing to the course content. We were using podcasts as a tool for communicating with learners and it was staff from Davidson House, Victoria House, Scottish Care, Tippethill NHS Unit, NHS Tayside, and student nurses from Edinburgh University that helped with these recordings. This meant we could include authentic voices talking about their experiences of spiritual care and what it meant to them. This group also provided feedback, and Davidson House and Victoria House carried out a more detailed piloting and evaluation. Taking part in the pilot courses was welcomed as beneficial;

"Being involved with the pilot was a good learning experience overall. (Both care homes) plan to use the course in the future with other staff and saw potential as part of new staff induction." ***(Care home managers)***

Alongside the course development activity, other strategic stakeholders were consulted about the need, relevance and ways to promote and disseminate the course information. Strategic stakeholders included Scottish Care, Care Inspectorate, NHS Education for Scotland (NES), Scottish Social Services Council (SSSC) and Scottish Partnership on Palliative Care.

Talking to SSSC also led us to the idea of using Open Badges to give recognition to the course. Feedback from care homes suggested that some sort of recognition would be valuable for example for staff to include their learning from the courses as continuing professional development (CPD).

Course development process

The course development process involved a series of steps: identifying learners, researching the course content, designing the technology, getting input from target users, writing content, piloting and evaluation.

Identifying target learners

An early question was 'who are our target learners?' This took us into a discussion about what level to set the courses at, and if there were course

recognition options available to us. Table 2 is an overview of the course: target learners, format and level.

Table 2: Overview of course learners, format and level

Who are the target learners?	Frontline staff in care homes, home care staff, health care workers and volunteers who support the needs of older people.
What do we want them to learn?	See course aims, outcomes and content below. Course 1 (Supporting the spiritual needs of older people) and Course 2 (Looking after your own spiritual well-being) complement each other and are not seen as in a sequence.
What is the format/ structure of learning?	• e-learning courses covering a range of topics. • Bite-sized topics delivered via email communication.
What is the level of the learning?	SVQ 2, SCQF Level 5
Course recognition	SSSC Open Badge

Key questions for informing the course development

What is the course content?

We were directed to a range of materials and sources which helped to identify content and inform development. A content map highlighted key topics such as definitions of spiritual care, relationship building, communication, storytelling, skills development and reflective practice.

Spiritual Care Matters – An Introductory Resource for all NHS Scotland Staff (NHS Education for Scotland, (2007) became a key resource for informing both courses. Other reference materials are listed below. [13]

What do we mean by 'spiritual care'?

This was a fundamental question that the courses needed to explore and became the starting point for both courses. We needed to provide some clear definitions and get across the message that supporting the spiritual aspects of growing old was wider than religion. For example, music and the outdoors are also elements of the spiritual dimension. This wider definition of 'spiritual' highlights the importance of connecting with residents and being aware of their preferences: who they are, what they are interested in, their likes and dislikes. Once this wider definition was recognised it was clear to us that spiritual care was already happening. The aim then was to raise awareness of spiritual care and develop skills and confidence to support the spiritual care of older people.

What does 'good' spiritual care look like?

This involved:

- Staff taking time to find out from residents and families about their spiritual needs
- The level (and quality) of engagement – resident to resident and staff to resident
- Staff having time to spend with residents
- Residents being enabled to do the things that they like and could still manage to do

[13] Trees that bend in the wind – Exploring the experiences of front line support workers delivering palliative and end of life care, Scottish Care (2016), This Speaks To Me, Care Cameos, Scottish Care (2017), Palliative and End of Life Care Framework – Enriching and improving experience, NHS Education for Scotland and Scottish Social Services Council (2017), Good Life, Good Death, Good Grief –

What are the structural aspects that are needed for ensuring 'good' spiritual care?

These included:

- Staff getting time in their working day to develop their skills and confidence in supporting spiritual care
- The need for commitment to investing in spiritual care as a good use of time and resources
- The need to revisit residents' spiritual needs as they change over time
- The need for staff to feel that their spiritual needs are recognised and supported

Who is involved in supporting the spiritual needs of older people?

Everyone – care managers, senior staff, care staff, health care staff. Other auxiliary staff have different roles but there is a role for all staff to play in ensuring that each resident has a good day.

What are the practical skills needed for supporting spiritual care?

These included:

- Listening, observation, being aware of non-verbal communication
- Communication skills with older people and those with dementia
- Awareness of how residents change over time
- Reflective practice
- Self-awareness
- Dealing with specific issues such as death and dying

e-learning technology

A key for the courses was to achieve maximum simplicity and ease of use. To this end, the following objectives were set:

1. Familiar technology – the learner should not have to learn a new tool at the same time as the material
2. No authentication – logins and user accounts are barriers to learning,

especially for those in whom technology itself is a barrier
3. Multi-media – learning materials should be offered in a variety of modes, allowing the learner to access it in a manner that suits their learning style
4. Interaction – at least some interaction is desirable to encourage reflection and social learning

The final technologies chosen were email and blog. Email is the most commonly used communication method online, and course materials could be delivered almost wholly in that way. The email would deliver the day's learning materials, the learning task and some reflective questions. Then it would direct to a blog page which would contain the media element (audio podcast) and a space to submit the results of their task. We discovered early on that the term 'online learning' was a barrier for learners. As a term, it conjured up the notion of sitting at a computer and the need for technical skills. Another strong message from target learners was the need for practice-based learning. We settled on using the term 'e-learning' to describe the Spiritual Care Matters courses.

Course piloting and evaluation

The course was piloted in two stages. Firstly, as an initial check with the care home managers to give them a sense of what was involved and to identify any immediate issues such as problems with e-mail addresses. The second pilot ran with a group of identified staff from each of the care homes. Both care homes adopted a model with a central 'go-to' person to co-ordinate the distribution of emails and staff participation. Course evaluation and feedback was gathered from each of the care homes through face to face, telephone and online survey feedback:
"(I will use the course learning) to plan more conversation openers so that when I am working with someone I have some things in mind to help the conversation get started." (Learner)
"(I think that the course) would lead to a better experience for residents". (Learner)

Key messages from the pilot

- The group model, with a central 'go-to' person, meant that they could

support learners and respond to any problems they encountered

- Everyone loved the 30-minute lessons – realistic, achievable and flexible
- Flexibility - you could do days to fit with work/shift/in-home emergencies etc.
- The course achieved its outcomes, and people found it interesting and enjoyed it
- The course related well to the target audience and could be used more widely with home care staff, but might need some specific adaptations re context
- A good introduction to the topic – a stand-alone course but with potential for adding other courses such as 'Looking after your own spiritual care'
- Would like transcripts of podcasts as an option especially if language was a potential issue e.g. English was not the first language
- Endorsed the idea of using 'open badge' recognition
- One of the care homes found it difficult to get people to participate – they sold the course as part of their training (required as part of SSSC registration) and saw a role for participants as 'champions' for supporting future learners
- For some, there was a perceived 'fear' of the topic. For example, they saw spirituality linked to faith, found the idea of 'no right or wrong answer' difficult but the course was a good starting point for addressing this

'Spiritual Care Matters' - overall approach

Based on our development processes we developed two courses which both use a similar format:

- Each course involves five half-hour 'lessons' that are received in a daily email
- Each course involves listening to the podcast, a practical task and reflecting on learning
- The courses can be accessed through a laptop, computer, tablet or smart phone
- An internet connection is needed to receive the daily emails and the course materials
- Both courses use Open Badges to recognise learning for ongoing staff development

Spiritual Care Matters 1: supporting the spiritual needs of older people

This is an e-learning course designed to promote, recognise, respect and support the spiritual well-being of older people. The course is an introduction to spiritual care, exploring how spiritual care is defined, what it means in practice and why it matters:

"It's a good course – I developed skills and confidence to support residents." ***Registered Nurse***

Course learning outcomes

By the end of the course participants will:

- Know what spirituality means and understand why it matters in the lives of older people
- Develop skills and confidence to support the spiritual needs of older people
- Develop the use of conversations as a tool to increase the quality of spiritual care for older people.

Course content

Day	Title	Purpose
1	Spiritual care is happening already Practice theme: observation and awareness	Today we're looking at a wider definition of what we mean by spiritual care and what this looks like in the day to day experiences and actions for residents in the care home
2	Communication and relationship building Practice theme: skills and attitudes – active listening	Today we want to explore the skills and the type of attention that can increase our communication skills and help build relationships with residents
3	Spiritual care – values, principles and practice in care homes Practice theme: investigation	Today we want to think about how spiritual care is built into the 'wood work' of a care home. By this we mean the culture, values and practices that shape the way that the care home works
4	Having a meaningful conversation Practice theme: exercise to deepen conversations	Today we want to give you a chance to try out some of the ideas we have been exploring about supporting the spiritual needs of residents and to put your active listening skills into practice
5	Why do you think spiritual care matters? Practice theme: Reflective practice	Reflective conversation with peers Review of learning from course

Podcasts

The course uses podcasts as a learning tool to convey information and key messages on a topic. Here is an extract from the Day 2 podcast. It introduces communication and relationship building as important to the lives of residents. Colin is the main commentator, Lesley is the interviewer and Jean (not her real name) is a care manager.

Colin *So far in the course, we've been thinking about the little things that are already happening to support spiritual care. We suggested that it's not just what you do to support older people, but it's the way you do it. This is about the skills that you use and the type of attention that you give in your day-to-day interaction with residents. In other words, developing communication skills and developing relationships. One way to think about this is to see life from a resident's perspective. For example, residents may be thinking or wanting to say, "Get to know me" or, "It's not just what you do, it's how you make me feel" or "Help me to feel comfortable, safe, and secure in my surroundings."*

These comments are inviting us into the residents' world. This doesn't happen by chance. We can be proactive. We can develop our listening skills to help us to tune into the residents' feelings and their needs.

Lesley *Welcome, Jean. Maybe you could just tell us a little bit about your role in the care home?*

Jean *I am Head of Care. I supervise four team leaders directly and the Activities Coordinator, to ensure that the residents have friendship, love, respect, dignity, and are cared for in a person-centred way.*

Lesley *Taking this idea, that it's not just what you do, it's the way that you do it, can you tell me about the sorts of skills that staff need and the types of attention they give that makes a real difference to residents' well-being?*

Jean *Yes, I think to be a carer, we do training every week and all sorts of personal development training, but I think to be a carer you need to have compassion. I think the biggest skill somebody can have is*

communication skills and the art of conversation, or body language, eye contact, a smile even. That can make a huge difference to a resident. As well as the practical personal care, assisting with eating and drinking, things like that. But I do think a good heart, a listening ear, and a shoulder to laugh on or cry on maybe, definitely means a lot to the residents.

Spiritual Care Matters 2: looking after your own spiritual well-being

This course is designed to enable frontline staff to look after their own spiritual well-being. The course explores the importance of looking after yourself and identifies ways of coping and getting support in emotionally demanding situations.

"Looking after the spiritual well-being of the whole workforce means that staff feel respected, appreciated and trusted. It helps create a supportive atmosphere." Care home manager

Course learning outcomes

By the end of the course participants will:

- Know why it is important to take care of your own spiritual well-beingl
- Identify different ways to cope in emotionally demanding situations
- Recognise when you need additional support and know where or who to go to
- Engage in reflection to learn from your experiences

Course content

Day	Title	Content/purpose
	Welcome	Introduction to course

1	Why is my spiritual well-being important?	What we mean by spirituality Why is the spiritual well-being of staff important? And what are the challenges Activity – Looking after yourself Identify things that are important to you… Was there a time when… What did you do…
2	How can I look after my spiritual well-being?	Practical ways to cope – letting off steam, building resilience Reflection, sharing Activity – Coping activities for building resilience Try out one of the following… How well did it work? Will you use it again?
3	What if… story of a care worker	Case study Activity – Learning from your colleagues Ask a colleague about their experiences and how well they coped? Did this help?
4	Getting support when I need it	Organisation policy, dedicated support for staff. Activity – What support is available in my organisation?
5	Your spiritual well-being matters!	Discussion (small group or with supervisor/mentor) Reflective diary (open badge)
	Follow-up	Feedback – learning from/for course Link to Open Badge, Link to Course 1.

Podcasts

The course uses podcasts as a learning tool to convey information and key messages on a topic. Here is an extract from the Day 2 podcast. It shows a group of staff talking about why it is important to them to look after their spiritual well-being. The content comes from actual conversations with a group of staff, but names have been changed.

Interviewer ***Welcome, Anna, Bella and Sue. Maybe you could just tell us a little bit about your role?***

Anna *I'm Anna and I'm a staff nurse in a community hospital where we deal with a lot of palliative and end-of-life care.*

Bella *I'm Bella and I work as a domestic at the community hospital.*

Sue *I'm Sue and I am a manager in a care home.*

Interviewer ***What does spiritual care mean to you and why is it important that you look after your own spiritual well-being?***

Anna *Spiritual care involves looking after a person's emotional and sometimes religious needs. Looking after your own spiritual needs is important for your emotional well-being, especially in stressful or traumatic situations. I think that when we see people that are seriously ill and maybe families that are struggling with those things, it puts extra stresses on you. You need to look after yourself so that you can be there for them.*

Bella *Looking after your spiritual well-being gives you empathy. It means that you can empathise with patients and other staff.*

Sue *First and foremost, it is important to recognise that staff have spiritual needs too. Looking after the spiritual well-being of the whole workforce means that staff feel respected, appreciated and trusted. It helps create a supportive atmosphere.*

Interviewer ***Are there things that you do to look after your spiritual***

well-being?

Anna *I tend to reflect on situations or incidents, talking them over with colleagues or family depending on the situation. It helps to support me and make me feel that I am not alone in dealing with something. We work as a team which is very supportive. We can support each other.*

Bella *I like to get outside, go for a walk in nature, and if I am in a stressful situation and can't take a break, I use slow breathing. It makes me feel calm.*

Sue *There are lots of things that staff can do. From building good relationships with residents and colleagues, to taking a break, to socialising together. Some staff like to be active, swimming and walking outside of work. These are all good ways for staff to let off steam.*

Interviewer ***These are all helpful and practical ways for looking after yourself. What might happen if someone working in a care environment didn't look after their spiritual well-being?***

Anna *I think that if someone's spiritual needs are neglected they may have increased anxiety, stress and worry and this can also affect their physical health. Not looking after yourself makes it harder to deal with stressful situations. You can feel burnt out.*

Bella *I think that if I didn't look after myself it would make me sad, angry, confused.*

Sue *I've noticed that if one person is feeling low or stressed then it affects everyone. Spiritual well-being is good for everyone.*

Interviewer ***Thank you, you have definitely given us a lot to think about.***

Learning from developing 'Spiritual Care Matters'

Our experience of developing 'Spiritual Care Matters' has generated much

learning and new questions or challenges for us to respond to. Importantly we learned that:

- **A commitment to prioritising spiritual care education** is needed at a policy level by government agencies and at an organisational level by care managers. Recognition of the benefits from investing in spiritual care education needs to be continuously communicated. We need to engage with care managers to persuade them of the benefits and outcomes from supporting the spiritual needs of older people and the spiritual well-being of their staff so that they give priority to spiritual care training.
- **Support for learners** is crucial to ensure the take-up, completion and application of the course learning. But this does not happen by accident. Learners need support, guidance and encouragement. An in-house 'go-to' person or course co-ordinator can guide individual learners, facilitate group learning, keep learners on track, respond to questions or problems.
- **Reflective practice is an important element of the course**. We are aware that staff are required to maintain their personal learning and need to evidence this for their CPD. To help this process we have developed a 'Learning Diary' as a downloadable PDF or Word file for staff to complete as they go. This is signed off at the end of the course as evidence of completion. Learners are encouraged to use their Learning Diary as evidence for claiming an Open Badge for the course.
- **Course promotion and dissemination** is a continuing priority and focus for the future. Our challenge is to make 'Spiritual Care Matters' the 'go-to' course in supporting spiritual care and to have it widely used.

Widening access to the courses

To date independent care homes, Third Sector Organisations, NHS organisations, Social Work Departments, Local Authorities, carers centres, churches, hospices and government agencies have signed up for the courses. Staff with roles including care manager, chief executive, chaplain, nurse, carer, assistant carer, health support worker, activity co-ordinator, training manager and government official have signed up.

We have started our promotion by creating a short Introductory Podcast, we have run a Facebook campaign, we are distributing information throughout FiOP networks and key agencies such as the Care Inspectorate,

Scottish Care etc., and we are promoting the courses at conferences and events. We have also planned a market research workshop for nursing care students with a view to targeting pre-qualifying training.

To find out more, go to www.spiritualcarematters.com to sign up for the 'Spiritual Care Matters' courses. All we need is your name and email address.

Conclusion

Spiritual care is already being offered in care homes, but there is further work to do to ensure that health and social care staff recognise their contribution. We need to continue to demystify the concept and to provide education that meets the needs of staff in terms of content, time and practicality. We need to forge connections between care homes, the immediate community and faith communities. We need to reinforce competence, confidence and comfort in understanding and delivering spiritual care.

Acknowledgements

Faith in People would like to acknowledge the contributions to this work.

Our consultants

Dr Lesley Greenaway and Colin Gray
eLearning development and implementation

Simon Jaquet
Mapping exercise on spiritual care in care homes

Professor John Swinton and Dr Harriet Mowat
Development and delivery of the Purple Bicycle Project

Our funders

The Scottish Government, the Life Changes Trust and the Queensberry House Trust

Our stakeholders

We are grateful for their constructive and informative contribution to the development of this work
Faith in Older People board members
Trainers and facilitators
Ministers
Care home managers
Care home chaplain
Davidson House
Victoria House
Baillieston Community Care
Tippethill NHS Unit
NHS Tayside
Scottish Care
Edinburgh University
Marie Curie
Scottish Partnership on Palliative Care

Care Inspectorate
NHS Education for Scotland
Scottish Social Services Council
Scottish Dementia Working Group
Ahlul Bayt Society
Alzheimer's Scotland
National Dementia Carers Network (NDCAN)
AGE Scotland
Scottish Government
Interfaith Scotland
Evaluation and Professional Development Services
Edinburgh Interfaith Association
Scottish Sikh Women's Association
Salvation Army
Council of Christians and Jews (West of Scotland branch)
Baha'i community
Iona Community
Hindu community
Methodist church
St Mungo museum of religious life and art
Muslim Council of Scotland
Scottish Roman Catholic church
All the care homes which responded to the survey and participated in further discussions.

April 2018