



Robert Rendall, Chairperson

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Linda Wright

OUR STAFF

Maureen O'Neill,
Director 2007-

Mary Wilkinson,
Administrator 2015-2018
(Retired April 2018)

Our aim

'To develop a stronger understanding of the importance of the spiritual dimension to the well-being of older people'

Our objectives

To raise awareness and to provide education and training to enable a better understanding of the nature of spiritual care
To influence policy and practice development in spiritual care in a range of agencies
Continue to build the capacity and efficiency of the organisation

Chairman's Report

It has been a privilege to serve Faith in Older People as Chairperson during this my first year in post. The year started rather sadly when we said goodbye to our excellent outgoing Chairperson, Bruce Cameron, a rather large pair of shoes to fill, as well as Mary Marshall, both of whom had served with wisdom, enthusiasm, humor and grace during their tenure as Trustees.

This year Trustees will also say a very fond farewell and thank you to Anne Mulligan whom we thank alongside Dianna Wolfson and Chris Levison who have all made valuable and insightful contributions, not only at Board level but also to the work of the charity.

On a personal level, I have thoroughly enjoyed my growing involvement and the opportunity gained to welcome new trustees, Richard Baker and Cliff Jackson, engage with the Board and have regular meetings with Maureen O'Neill, Director.

After three years Mary Wilkinson our Administrator decided to retire; we are very grateful for her tremendous contribution to the work of Faith in Older People.

During the year the Board got to grips with updating and approving the Strategic Plan for the next three years, received regular financial reports and approved the incoming budget. The Board also received and discussed copies of research papers and reports that had helped to advance FiOP's work as well as its sphere of influence for the future.

In addition, I was delighted to meet some of the many delegates who took time out of busy schedules to attend the Malcolm Goldsmith Lecture and the Reception to mark Faith in Older People's tenth anniversary at the Scottish Parliament. It was also a pleasure to represent

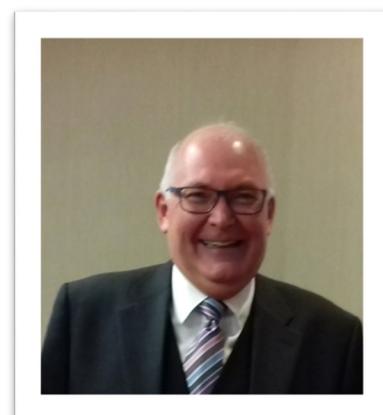
FiOP at the Voluntary Health Scotland reception which was also held at the Scottish Parliament.

The humble 'forget-me-not,' which could be found in such abundance this spring, found its rightful place, not only in our hearts as an aide memoire for the work we are doing but also in our planning as its five petals unfurled to highlight our key objectives as an organisation.

It is my hope that as we continue to meet routine financial challenges, open up new avenues of service, hear from people who have benefited from the training and opportunities for personal reflection. We hope that our commitment to supporting people to discover and reflect on what has given life meaning for them will be rewarded.

Faith in Older People will therefore continue to have confidence in and proactively highlight and support the contribution that older people make to enrich our society. We will also work to ensure that those older people who need it, receive person-centred care that not only meets their physical and intellectual needs but also their spiritual needs.

Robert Rendall
Chairman



Robert Rendall

Introduction

In 2017 we celebrated our Tenth Anniversary with optimism knowing that there is still a great deal to accomplish. We held many events during the year to consider spirituality and spiritual care from different perspectives.

We also took the opportunity to thank many people who had been key contributors to the work of FiOP over the ten years at a Reception at the Scottish Parliament which was hosted by Sandra White, Convenor of the Older People and Ageing Cross Party Group.

We are most grateful to Sandra White for her continued support.



Our activities

Annual Malcolm Goldsmith Lecture

The 2017 lecture was given by Naved Siddiqi from the Woolf Institute in Cambridge 'British Islam(s): Faith at home with culture and belonging' in which he addressed issues of identity and belonging in relation to the Muslim Community and the changes that had taken place over the last few years.



The lecture was well attended and finished with singing lead by Diana Kerr.

Identity and Belonging – Joint Conference with Interfaith Scotland

This conference was held in Linlithgow and the key presentations were given by:

Rev Dr Harriet Harris, Edinburgh University Chaplaincy
 Maureen O'Neill, Faith in Older People
 Richard Meade, Marie Curie

Maureen Sier, Interfaith Scotland
 Sophie Bridger, Stonewall

The conference brought together a diverse audience to explore identity and belonging from the different perspectives of faith, LGBT, end of life, and spirituality. The discussion was illuminating and constructive.

We were pleased that Lord Bracadale was able to join us to present information from the 'Hate Crime' consultation.

At this conference we presented a series of eight photographs which FiOP had commissioned which illustrate the different elements which make up our identity and our sense of belonging. These photographs have been displayed at a variety of events—here are a selection:



Please contact Faith in Older People if you wish to borrow the photographs
 We wish to thank Colin Gray, Photographer, Glasgow

Developing Singing groups for People living with Dementia

These very successful courses which have resulted in people setting up a singing group were facilitated by Diana Kerr and held in Glasgow and Perth. The Perth course in February was hit by the 'beast from the east' but stalwarts still attended and we decided to have a re-run in May. Faith in Older People has always had a focus on the creative aspects which contribute to an individual's sense of spiritual well-being. Spirituality encompasses wide ranging attitudes and practices which focus on the search for meaning in human lives, particularly in terms of relationships, values and the arts.



Music is important to us as a species; it is a core element in all of our lives. This is no less the case for people living with dementia. As other experiences become confusing and communication becomes difficult, the role and experience of music becomes even more important. Music stays with us long after speech and other skills have gone.

One of the most important aspects of supporting people living with dementia is to minimise the impact of their losses and to play to their strengths. As people can sing then we should be encouraging this, helping them to maintain the skill and sense of achievement and joy that goes with it. As part of the drive to bring music, and particularly singing opportunities, to all with dementia I have been running, as a FiOP initiative, one day training and information events in the Central belt.

Whilst a passion to support and provide joy to people with dementia is a cornerstone of the singing group movement it is essential that people are well prepared. Where groups start with enthusiasm but inadequate preparation they do not last, to everyone's loss. These events are designed to make sure that everyone is well prepared and that people feel well informed and supported.

The sessions provide insight into the role of music in all our lives, the role and research in relation to people living with dementia and very importantly practical information about how to set up a group, how to run a group, how to develop an appropriate programme, examples of programmes are given. The sessions also highlight some of the pitfalls I have experienced over the last eight years of setting up and running groups.

The last part of the day is a mini singing group session. This involves singing songs in unison, singing rounds, call and response songs, partner songs and dancing and/or walking to songs. This helps to demonstrate the benefits of different formats and also underlines the communication issues that are critical to making the groups work.

Post-event support is provided and many attendees visit the group I am involved in in North Edinburgh. The outcome from these sessions has exceeded expectations. Many participants have since set up groups or adapted their own singing activities. I have been contacted by people and heard of the wonderful work that has ensued. I am going to be contacting everyone who has attended the various sessions to try to map the developments.

Diana Kerr

Dementia and Faith Communities

Dementia presents a challenge for Faith Communities in many ways. Simply being able to talk about it is hard for some probably because of anxiety and fear. Talking comfortably is the first step and we have found that providing a workshop with some information and a lot of time for discussion can be very helpful. Clearly for many people, their Faith Community and their family are the two most important things in their lives and maintaining this involvement of people with dementia in a Faith Community can be challenging for all concerned. FiOP is keen to help.

We have developed a 'live guide' so that we can help Faith Communities identify their strengths and priorities for further action. FiOP has not published it yet because it will change as we gather comments and suggestions – hence the word 'live'. We have started with Christian Churches but we know it is equally an issue for other faiths. In 2017 we commissioned a small study of the views and needs of some other faith communities which highlighted that short film clips illustrating the challenges for the different communities would be helpful. There were some differences in attitudes, but the challenges are similar.

We also remain very happy to just come and meet groups of people for whatever input they feel might be helpful. Our overall aim is to ensure that people with dementia can retain their membership of their Faith Community in one way or another until they die. Many Church groups are doing outstanding work from which we can all benefit. The FiOP web page could share some of this experience.

The kind of help members of congregations may need varies hugely. When we did a workshop at St Mary's Cathedral, participants wanted to know how to set up an afternoon 'club' for people with dementia and their carers. Fortunately there were three people in the group who had worked with local organisations to achieve this and they were able to share their experience of training and ongoing involvement which had been very rewarding. We also helped St John's in Edinburgh to design their new toilets so that people with dementia could find and use them. Workshops and presentation were also made in Dumfries & Galloway.

FiOP also contributed to the Scottish Episcopal Institute training for ordinands with a full day workshop on issues around ageing, dementia and the church and approaches to worship.

We want to do more but need to find funding. We would like to:

- work with Faith Groups with the guide to find out what would be helpful and then we can provide it
- collect examples of good practice to share on the web site
- constantly update the guide
- work with congregations of other faiths
- produce an on-line training tool based on the guide
- be available at no cost or small cost to help Faith Communities in any way we can

Mary Marshall and Jenny Henderson



Professor Mary Marshall and Jenny Henderson

Accounts

Income and Expenditure Account: for the year ended 31 March 2018

Income:	2018	2017
	£	£
Grants & donations:		
Scottish Government:		
- s10 for core funding	10,000	10,000
- s16B for training co-ordinator post	-	10,475
- s16B for dementia friendly faith communities	-	5,263
- s16B for on-line resource development	-	8,000
- s16B for general purposes	-	40,000
Life Changes Trust - for spiritual care in care homes	25,480	40,000
Queensberry House Trust - for development of on-line resources	14,850	-
Henry Smith Charity - for director post	-	25,000
Scottish Episcopal Church:		
- for dementia friendly faith communities	2,500	-
- for general purposes	2,500	-
- towards November 2016 conference	-	2,500
Trust funds - for general purposes	8,000	-
Individual donations & fund-raising (including lenten appeal)	739	8,223
Other income:		
Workshops, conferences & events	4,030	8,506
Project fees & other income	134	5,204
Bank interest	6	32
Total Income	68,239	163,203
Expenditure:		
Staff costs	43,901	43,440
Workshops, conferences & events	9,202	11,087
Direct project costs:		
- Dementia Friendly Faith Communities	3,312	4,508
- Continuing Care project	2,785	2,484
- On-line learning project	20,274	12,034
- Life Changes Trust project	18,528	20,353
Travel & subsistence	1,195	765
Other direct costs	1,791	1,079
Rent & premises costs	1,824	1,824
Other office costs	2,704	2,775
Accountancy / independent examiner's fee	1,200	1,170
Other professional fees	2,280	2,280
Web development	3,942	1,487
Trustee meetings & AGM	1,089	931
Other expenditure	1,303	1,343
Total Expenditure	115,330	107,560
Net (expenditure) / income in year	(47,091)	55,643
Funds brought forward	86,924	31,281
Funds carried forward	39,833	86,924

Accounts

Balance Sheet at 31 March 2018

	2018	2017
	£	£
Fixed Assets		
Tangible assets at cost	3,527	3,527
(less) depreciation	<u>(3,527)</u>	<u>(3,527)</u>
	<u>-</u>	<u>-</u>
Current Assets		
Debtors & prepayments	527	390
Cash at bank	<u>41,222</u>	<u>88,153</u>
	<u>41,749</u>	<u>88,543</u>
Creditors:		
Accruals & other creditors	<u>1,916</u>	<u>1,619</u>
	<u>1,916</u>	<u>1,619</u>
Net Current Assets	<u>39,833</u>	<u>86,924</u>
Net Assets	<u>39,833</u>	<u>86,924</u>
Funds:		
<i>Restricted funds:</i>		
Dementia Friendly Faith communities	-	755
On-line resource development	1,542	966
Life Changes Trust project	14,000	19,647
Continuing care project	<u>1,731</u>	<u>6,016</u>
<i>Total restricted</i>	<u>17,273</u>	<u>27,384</u>
<i>Unrestricted funds:</i>		
Designated reserve fund	20,000	20,000
Designated project fund	-	27,000
General fund	<u>2,560</u>	<u>12,540</u>
<i>Total unrestricted</i>	<u>22,560</u>	<u>59,540</u>
Total funds	<u>39,833</u>	<u>86,924</u>

The above accounts are an extract from the full statutory accounts which are available on request.

Statement by the Trustees

The accounts set out above are a summary of information extracted from the full accounts.

For a full understanding of the financial affairs of the charity, the full Report and Accounts for the year should be consulted. These are available from the principal address of the charity at 21a Grosvenor Crescent, Edinburgh EH12 5EL.

The full accounts have been independently examined, in accordance with Scottish charity law, by John G. Norman C.A. of John G. Norman Ltd, Chartered Accountants, 122 Giles Street, Edinburgh EH6 6BZ. The independent examiner's report on the accounts was unqualified.

Registered Charity SC 038225 Registered Company SC 322915 Company Limited by guaranteed with charitable status

Accountants: John G Norman Ltd

Treasurer: Paul Bannon

Bankers: Unity Trust Bank, Birmingham

Royal Bank of Scotland, Castle Street, Edinburgh

Spiritual care needs of people with dementia in care homes in Scotland



De-mystifying spiritual care

An exploration of the spiritual care of people living with dementia in care homes

This is a two-year research project, commissioned by The Life Changes Trust, aimed to improve the quality of life of people living with dementia in care homes in Scotland—by increasing our understanding of the role of spirituality, faith and religion in their lives.

The research methodology included: an online survey for care home managers (with 92 returns representing 89 separate care homes); an interfaith seminar held in partnership with Interfaith Scotland; telephone interviews with 11 care home managers; case studies conducted in four care homes (Stonehaven, Renfrew, Lanark, Glasgow); a national stakeholder seminar.

The principal research findings were:

- **Understanding spiritual care:** spiritual care is already being offered to people living with dementia in care homes. However, the term 'spiritual care' still tends to be associated with religious faith and practice. Currently there appears to be a disjuncture between what people in care homes term spiritual care (providing for explicitly faith related needs, such as regular services of worship), and the practice of care that engages residents at a deeper level. There is a need to clarify the concept of spiritual care.
- **Delivering spiritual care:** There is a high degree of consensus about what 'lifts the spirits' of residents in care homes. These include: music and singing; interaction with children and intergenerational activity; the presence of animals and pets; physical touch; contact with family members; enduring relationships with staff; access to religious or faith-related activity both in the care home and in the community.
- **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.
- **The potential role of 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. There is considerable scope for the training and development of volunteers from faith communities to become involved in the life of local care homes.
- **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 religions engaging 2.5% of the Scottish population. It is worth exploring how these communities can contribute to the spiritual care of people living with dementia in care homes.
- **Training, capacity building, and sharing practice:** 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. It will be important to establish a clear and shared understanding of what is meant by 'spiritual care'.
- **The current funding environment:** 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 the outside.

Spiritual care needs of people with dementia in care homes in Scotland

The Purple Bicycle Project



This project is part of the overall work which has been funded by the Life Changes Trust on spiritual care in care homes. It complements the research element with a practical introduction for staff to assist them in identifying the spiritual care needs of residents.

“If it takes a village to bring up a child, it also takes a community to look after vulnerable older people” (A.A. Gill)

The Purple Bicycle project is a person-centred spiritual care resource developed by Professor John Swinton and Dr Harriet Mowat at the University of Aberdeen. It consists of a purposeful six-step process which considers the journey travelled by people with dementia alongside those who love and care for them.



During the year FiOP organised four two day workshops for care home staff. These took place initially as a residential event and then latterly in the care home itself. The workshops considered issues around ageing; understanding dementia; what is meant by spiritual care and learning more about each other through the use of the Enneagram. Importantly the workshops ended with the staff involved developing a plan of action for what they intended to put into practice in the care home.

The workshops were lead by Dr Harriet Mowat and Lynda Wright.

The reviews for the workshops have been very positive and staff and volunteers felt enthused by the ideas and practices of the Purple Bicycle project. However, the realities of implementation and the day to day demands of their work meant that progress is perhaps slower than anticipated. This is not to say that the homes have not started to think about

how they can pay more attention to the spiritual needs of their residents, it is more to note that it takes time, energy and collaboration to make the necessary adjustments to priorities to make these changes. It also became clear that it was important for staff to consider their own spiritual needs and how they might then translate this into their working environment.

A further workshop will be held in the autumn of 2018 and the project finishes by the end of the year.

Spiritual Care in Hospital Based Complex Clinical Care Units

Spiritual care of patients in the National Health Service (NHS) has often been confused with the providing of religious services, specifically the visiting of a catholic or protestant chaplain to offer prayer, rituals and a weekly hospital service. However, with the advent of the NHS taking over chaplaincy services from local ministers and rebadged as Spiritual Care Teams, the focus of spiritual care shifted from the church to person centred care within hospital life. A study carried out over two years examined the effect that this paradigm shift had made to the spiritual care offered to patients in Hospital Based Complex Clinical Care (HBCCC) units in a health board in Scotland. It became apparent that not only was there a reduction in the resources that the spiritual care team could offer but also a lack of education and understanding amongst the nursing staff of the units surrounding spiritual care for patients.

Staff were interviewed using appreciative inquiry, to determine their perception of spiritual care in their units. The findings of the study showed that most of the staff thought that spiritual care focused around religion and the offering of rituals associated with faith. However, when asked what they thought the non-clinical needs of patients were, they started to reflect on areas such as comfort, hope, soul peace and the answering of critical life questions - what is going to happen when I die? It appeared that there was divided opinion as to who should deliver spiritual care and answer these deep questions. Many felt that those closest to the patients should deliver this as they would be available when the occasion arose. Most felt that there was no time to offer this kind of intense non clinical care and that tasking would always take precedence due to the physical needs of the patients.

The key message of this study showed the lack of understanding as to the definition of spirituality and as a consequence the care of the spiritual, defined by Swinton (2005) and quoted in the Spiritual Care Matters document which has been made available to NHS Scotland.

A person's spirituality, whether religious or non-religious, provides belief structures and ways of coping through which people begin to rebuild and make sense of their lives in times of trauma and distress. It offers ways in which people can explain and cope with their illness experiences and in so doing discover and maintain a sense of hope, inner harmony and peacefulness in the midst of the existential challenges illness inevitably bring (Swinton 2005).

This document published by National health Education for Scotland (NES) was directed and edited by Chris Levison using the NHS Knowledge and Skills Framework so that all NHS staff could review their knowledge in this area, giving them resources to refer to through NES. During the study it became evident that most staff had not been made aware of this document and its resources.

This has consequences for educational providers to health professionals and chaplains or ministers. The study found that there was a plethora of educational resources available across the country, but there was no register that brought these resources together. Previous Government guidelines showed that spiritual care was deemed as necessary to the wellbeing of patient hospital experience, but few staff had previous learning in spiritual care and only some understood the concept of spiritual care as an integral part of the caring process. Many of those interviewed had a desire to undertake additional spiritual care education but had little access at work to do so and minimal management support.

Recommendations from this study included bringing together educational stakeholders to form a register of spiritual care resources and improving the accessibility of these resources to those who would deliver spiritual care to patients.

Ruth Aird

References

- Aird, R; O'Neill, M 2017 spiritual Care Education in Hospital Based Complex Clinical Care units in one health board area in Scotland: a qualitative appreciative enquiry into spiritual care delivery by health care workers Published by Faith in Older People.
- Levison, C 2009 Spiritual Care Matters An Introductory resource for all NHS Scotland staff citing Mowat H Swinton J 2005 What do Chaplains do? The role of the Chaplain in Meeting the Spiritual needs of Patients. Mowat Research Ltd.

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

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. The courses were developed by Lesley Greenaway and Colin Gray, who led the technical development aspects.

The courses explore what we mean and understand by 'spiritual care'. They aim to 'open up' a common perception that spiritual care is

about religion 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. We also wanted to acknowledge 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.

To sign up for the 'Spiritual Care Matters' courses go to www.spiritualcarematters.com

The courses

We developed two courses. Each course involves: five half-hour 'lessons' received in a daily email; a series of podcasts or mini broadcasts; a practical task and some reflective questions. The courses can be accessed through a laptop, computer, tablet or smart phone.

Looking after your own spiritual well-being 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**

Supporting the spiritual needs of older people is an introduction to spiritual care, exploring how it 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**

Who's signed up for the courses?

It has become clear that Spiritual Care Matters has a wide application across different sectors, different agencies and for staff with a wide range of roles. 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 roles include care manager, chief executive, chaplain, nurse, carer, assistant carer, health support worker, activity co-ordinator, training manager and government official.

Learning from developing 'Spiritual Care Matters'

From our experience of developing 'Spiritual Care Matters' 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.

Support for learners is crucial to ensure the take-up, completion and application of the course learning. An in-house 'go-to' person can guide individual learners, facilitate group learning, keep learners on track, and respond to questions or problems.

Reflective practice is an important element of the course learning – a downloadable 'Learning Diary' is available for staff to complete as they go. This is signed off at the end of the course and can be used as evidence for CPD.

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 for it to be officially recognised and widely used.

Lesley Greenaway & Colin Gray

Enhancing Spiritual Care Conference

Faith in Older People and the Lothian Health Spiritual Care Team worked in partnership to undertake a research project in the Hospital Based Complex Clinical Care Units in Lothian. We took the opportunity to present the preliminary findings to chaplains from across the health boards in Scotland.

There were presentations from:

- Professor Robin Taylor, Consultant Physician and Honorary Fellow of the University of Edinburgh
- Rev Sheila Mitchell; Programme Director for Health and Social Care Chaplaincy and Spiritual Care at NHS Education Scotland
- Ruth Aird and Maureen O'Neill who undertook the research

The discussion was stimulating and corroborated the findings of the research project. It was clear that there needs to be further development of an evidence base to stimulate a more rigorous and consistent training programme in keeping with the integration of health and social care to better support the well-being of patients and staff.

Church of Scotland - Faith in Older people Ecumenical Consultative Group

This partnership is supported by Action on Churches Together in Scotland with the aim of bringing together a group to consider the issues around an ageing population and the impact on congregations so that ideas could be shared and developed and networks identified both within the churches and between the churches and other community organisations.

We identified 'loneliness and isolation' as a major issue which is being consulted upon by the Scottish Government. This presented an opportunity to hear about initiatives currently in place in different congregations and to bring the perspective of different voluntary sector organisations and the actions they were taking. The group met on two occasions and there was representation from the Church of Scotland; Scottish Episcopal Church; Catholic Church; Unitarians; Quakers, Congregational Fellowship; Baptist Union and the Salvation Army.

There were presentations from the Scottish Government; Voluntary Health Scotland and a range of voluntary sector organisations. A submission on the issue was submitted to the Government in relation to the draft strategy.

Reports from the two meetings are available: *The Role of the church in combatting loneliness and isolation and Putting Ideas into practice*

Death and Dying for the Clergy

Rev Canon Dr Marion Chatterley facilitated a workshop designed for clergy that offered support and tools to enhance confidence in having pastoral conversations about death and dying. Marion also led a session for Ordinands for the Scottish Episcopal Institute.

The JUST Festival

FiOP organised a conversation around 'Faith and Ageing' which brought together Rabbi David Rose; Rev John Bell and ? to discuss the different and similar perspectives that each faith brings to growing old and the expected response from congregations and society as a whole. The event was well attended and chaired by Rt Rev Bruce Cameron, FiOP's Chairperson.

Website links to reports

[Delivery of spiritual care in HBCCC](#)

[De-mystifying spiritual care \(January 2018\)](#)

[Enhancing spiritual care Joint Summary Report \(July 2017\)](#)

[FIOP CofS Guild ACTS Conference report \(May 2017\)](#)

[FIOP CofS Guild ACTS Conference report Putting ideas into Practise \(October 2017\)](#)

During the year

 we circulated our eNewsletter nine times to 6003 organisations/individuals

 **Our events reached 678 people**

“This is just a short note to thank you (and all your colleagues) for organising the event yesterday in Linlithgow. It was a day that has provoked much thought and reflection.”

“Cath and I had an amazing day and look forward to using everything we learned with our groups.”

“Just wanted to say how much I enjoyed the lecture, singing & social side of Wednesday morning!”

 FiOP has contributed to a range of seminars and conferences on the issue of spiritual care organised by other organisations

Where to next?

- Dissemination of the research findings of the projects to stimulate action
- Continuing to build our relationships with interfaith bodies
- Considering spiritual elderhood
- Promoting a better understanding of dementia and faith communities and also their response to end of life matters
- Finalising our Life Changes Trust Project on Spiritual Care in Care Homes
- Continuing to build awareness of the importance of the spiritual dimension
- Developing education tools

FUNDING SUPPORT

Faith in Older People is dependent upon the support of Trusts, public funding and individual donations. We are very grateful for the support we have received from

The Scottish Government
Queensberry House Trust
Scottish Episcopal Church
The Pump House Trust
ACTS
Souter Foundation
The Baird Trust

and many other individuals



Faith in Older People

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