

Seniors Ministry

Reaching Out In Loving Service.

Community Service Series
Volume 3

**Anglican
Church**
Diocese of Perth



AnglicareWA
FOR TODAY. FOR TOMORROW.

The purpose of this resource

"I am an old man and I don't have much longer on this earth and I am grateful for every day. So what is my legacy – what do I leave for the next generations? What wisdom can I give?" David Suzuki

In a society that is recognised as one that is rapidly ageing, and in a Church which is populated by many older people, we still often fall into the trap that assumes a resource dedicated to ministry in connection to seniors will focus primarily on the pastoral care of those in advanced old age and in some sort of residential care.

It is a trap because this does not reflect the breadth of our experience when it comes to seniors. These days you can get a Senior's Card when you turn sixty. Many of the sixty year olds I know – in and outside of the Church - put me to shame with their vigor and energy. Their wisdom and their networks. When I preach on Sunday, many of my congregation fall into the seniors' category and contribute enormously to the life of the Church and to their locality.

So – this resource document on Senior's Ministry begins with a brief reflection on some ways in which older people can offer ministry in our Churches. It's followed by some practical tips for ensuring that they can continue to play a role in our Church life (even if they are 'house bound') and then presents an article from Sydney Diocese on creative ideas that some of our Church elders have developed to evangelise and encourage new Christians.

In the second section we present the crucial ministry of pastoral care to people at home, in nursing care and the like. Those who may be living the fabulous retirement lifestyle, or be struggling with significant life cycle issues.

This resource continues our series of publications offered as part of the Diocese of Perth's Mission Plan Strategy 3: "Reaching Out in Loving Service". It is offered to worshipping communities as a resource to enable them to develop the existing ways in which they offer ministry and so grow their ability to engage with older people.

These materials repeat themselves sometimes, and even may provide seemingly contradictory advice. This is because they are drawn from a wide range of people in our Church who minister in a variety of settings. Each resource sheet is offered as a stand alone document dealing with a particular ministry issue.

This effort is sponsored by Anglicare WA as part of a commitment to partnerships with the Anglican Church throughout the State.

If you have any feedback or would like to suggest other ways of developing seniors' ministries, I'd love to hear from you. Please commit yourselves in prayer to this important ministry. We hope you feel inspired by the insights offered in these pages.

Yours in Christ
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November 2010

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OUR DIOCESAN MISSION IS TO:

PROCLAIM:	Creatively listening & telling the Good News of Jesus.
WORSHIP:	Build vital worshipping communities.
SERVE:	Reaching out in loving service.

Foreword: **Spirituality and Ageing**

Some years ago I asked a wife and husband who were presenting themselves for confirmation in the church, "What is God working in you that it seems right for you to be doing this at this time?"

This is a question I put to confirmation candidates to let them reflect on their decision and action, and more specifically, on the grace of God. The answers varied and on this occasion the response was such that I have never forgotten it; I have and spoken and written about it often. Indeed it became the basis of my own spiritual life and journey and still is as I enter the fifth year of my retirement and mark the seventieth year since my birth.

I thought that finishing off my adolescence in my mid-life forties was a grand achievement although not necessarily a pleasant one. I looked forward to my fifties as a phase in which I would be less emotionally encumbered but they turned out to be years of anti-climax and limbo in my spiritual journey. While the late Dom Placid Spearitt, previous abbot of the Order of Saint Benedict, New Norcia, was always good for a 'pi-bash' about such matters, very little was written and few seemed to talk about that phase of the spiritual life. In my years of priestly and episcopal ministry I was aware that the inner and outer lives of people often became unstuck in that period when one might have expected life to settle down for the sixties, the seventies and beyond.

Fortunately through my own fifties and sixties the response of the confirmation candidates mentioned earlier stayed with me and inspired me. They said: "Since we have retired, we have more time to let God love us".

"... let God love us."

My experience of the Christian spiritual journey until then seemed to be full of good teaching, advice and encouragement to love God and neighbour. I think I lived in such a guilt trip over my failure in these things that I didn't hear encouragement to let God love me.

Actually, upon reflection, I do recall occasions in years past when I received profound encouragement, although perhaps I was not ready to accept it. For example:

Nearly forty years ago when Janet and I were in the Parish of Lake Grace and had recently become brand new parents, we and baby Andrew visited my spiritual director, Bishop Warwick Bastian, Coadjutor Bishop of Bunbury, in Albany. Having fed Andrew, Janet tucked him into his bassinet and I lingered with this most beautiful little creature to gaze upon him with an immense outpouring of wonder and love. Gradually I became aware of Bishop Warwick standing in the doorway of the room observing me. He said: "And that, my son, is how God looks upon you".

Then there is that gem that John slipped into his first letter [1 John 4.19]:

"We love ... because He first loved us".

There are many springs of joyful hope and encouragement like these for the spirituality of the ageing. Perhaps it is not until we recognize that we are "ageing" that we "hear" that hope and encouragement!

What does that hope and encouragement mean for us? Firstly it means that we can slow down and waste some time with God. In the stillness of God's presence, in centering ourselves on God, we can let God love us. "Let" is the operative word here.

What happens when we "let" God love us? The nature of Love (i.e. the nature of God) is to fill to overflowing. Therefore as we let God love us we are filled with God's love which then overflows from us out into the world, to others and, ultimately, back to God.

Being loved like that means that we can release our grip on a whole lot of baggage. Because of God's love demonstrated on the cross, we can let our baggage be opened, filled with and transformed by Love. Hurts, anger, fear, sadness, painful memories and issues, guilt can all be transformed into that out-flowing love of God.

In the peace of God's loving, forgiving liberation from the baggage, the sin - our own and that of others which has affected us - we are free to pray in a new way. Every day we may see images on our living room TV screens of natural disaster, ecological catastrophe, war, terrorism, disease, poverty, division and human hurt, anger, fear and guilt. In a sense of helplessness about those things we can let ourselves become depressed by the state of the world as it is depicted.. On the other hand we can imagine ourselves to be hovering over those scenes (as those of us who play with Google Earth on the Internet "hover" over places of our choice) letting the overflowing healing, forgiving, restoring love of God, which we let well up within us, flow out and into those scenes. I call this activity "Google Earth Prayer".



Initially we may think we are not doing much in this activity, but we can come to understand that we are cooperating with God in a very special way, God's way, in the work of the re-creation of God's broken and hurting world. What more wonderful spiritual activity could we be drawn into in our years of "ageing"? We can do it even when we are unable to get around any more. At the same time we will find ourselves becoming younger within as we grow in the Peace of God which passes all understanding. Realising that there is more of this life behind us than ahead of us, we can find ourselves rejoicing in the words of the opening hymn in the Letter to the Ephesians unfolding the revelation of God's mystery in Christ:

"With all wisdom and insight Christ has made known to us the mystery of God's will, according to his good pleasure that he set forth in Christ, as a plan for the fullness of time, to gather up all things in him, things in heaven and things on earth."
[Ephesians 1:8b-10].

The passage reveals the ultimate reason for our existence and becomes totally and joyfully overwhelming in reflective senior moments. Put simply this passage means something like: God is drawing the whole creation into one great and eternal household of love.

+David Murray
October 2010

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Facilitator of the "Wasting Time With God" series offered by that Centre.*

Resource 1: **Seniors' Moments**

David Suzuki once began a conference with the following statement: *"I am an old man and I don't have much longer on this earth and I am grateful for every day. So what is my legacy – what do I leave for the next generations? What wisdom can I give?"*

He follows that sentiment up in his book, *The Legacy*. *"Now that I am in my 70's, I know that I am in the last part of my life – I call it the death zone – and each day is a gift to be celebrated. Impending death is also a powerful motivation to reflect on life and the successes and failures, loves and loses, joys, tragedies, and people, experiences, and events that have shaped who I am - my values and beliefs. Upon retirement university professors often deliver a last lecture, in which they pass on the accumulated wisdom of a lifetime....What have I learned over a lifetime that I would like to pass on? (The Legacy, Allen and Unwin, 2010, pages 1-2).*

This is a question every Christian should consider. Especially those who will soon sit their 'final exam', and move on from this life to the next. What legacy will I leave behind me? In terms of what I can contribute right now? And what wisdom can I leave behind me for those who will continue the Christian story into the future?

As we consider this question of our legacy, it is beholden on those who lead the Church to create opportunities for our senior people to make their contribution to our life together. We are to avoid the trap that assumes older people have less vigor. Or need to be cared for in their old age to the exclusion of any wisdom or encouragement they can bring to the Body of Christ.

Below are some ideas our worshipping communities have used to ensure that the legacy of our Elders is honoured and harnessed. There are many more, and if your community has created different opportunities we'd love to hear of them and include them in future editions of this resource.

To our Elders (Seniors)

We ask you to:

1. Pass on your wisdom through:

a. Story telling

Someone once wrote that there is no particular glory or wisdom to be found in just managing to live a long time. Very true. But there is almost always something to be found in every person's life story to educate or encourage. Certainly, when Christians are enabled to share the history of their faith journey, remarkable insights and challenge can be shared with others who are in the early days of their discipleship.

So how do we enable older Christians to share their story in meaningful ways in our congregations? Here are a few suggestions:

- ◇ *Testimonials.* In several worshipping congregations seniors have offered brief testimonials during worship. This can be a powerful ministry. Especially during times in the Church's life where we are reflecting on stewardship and the ministry of all believers. At baptisms and confirmations when we encounter people new to our Church and to the Faith. To hear the real deal – offered from a perspective that can span many decades is a profound thing for visitor and parishioner alike. Feedback

from older people who have offered such testimony (often with much anxiety and trepidation) is uniformly positive. For many – being able to share the faith in such a public forum (often for the first time ever) is a powerful opportunity.

- ◇ *Written anecdotes and advice.* In a few Churches I have been associated with we created a ministry position which dealt with this issue of legacy. A retiree took up the role as 'faith historian' for the parish. Their task was to spend time with our venerable elders. During that time they were to encourage and enable these senior Christians to document something of their life and faith experience. Or to offer a perspective on something that was a hot topic within the worshipping community or in the Anglican communion as a whole. Sometimes this was an easy task. In many instances purple prose and poetry flowed from their pen into our newsletter, website and other publications. Other times the faith historian needed to listen and write for the contributor, collaborating to produce great insights and opinion for our consideration.
- ◇ *Video.* The wide variety and ease of access to movie and visual software make it easy to tell a story into a camera. One experience of this was when we celebrated our Patronal Festival and got the members of the congregation to be interviewed. They shared what it meant for them to be part of this community and what they thought they brought to it.

b. Giving your opinion

Some Churches have created an 'Elders Council'. That is a committee whose mandate is to offer feedback and ideas to the Church Council around issues that affect seniors and their particular needs. This has been in part a response to feelings for some older Anglicans of disenfranchisement when it comes to the direction and focus of the Church. We have rightly struggled over how to bring newcomers into our congregations. It is an essential agenda for us as the Church. Yet a concern for the newcomer and the younger person brings with it the risk that those who actually make up a significant proportion of the Church today, many who are seniors, will be pushed to the margins. As with all things we do, wisdom and discernment are required as we steer a path between caring for those who built and make up the Church, and those we would like to meet and bring into our community of faith. Elders' Councils are one way of ensuring our people feel heard.

c. Helping to form Faith

What a remarkable pool of wisdom and insight seniors offer the Church. Some of my most enlightening and challenging moments have come from older Christians who have been around a very long time. Who have been disciples longer than I have been alive and who are willing to share (hopefully gently and kindly) their journey with Christ with me. One great way to make this possibility a reality is through the Catechumenate process. As individuals prepare for baptism and confirmation over six months to a year they are given a Companion to meet with during their preparation. Imagine – meeting weekly for prayer and study with a wise Elder over such a long time. To then have that person sponsor you into the Church when the big day arrives. In many cases – this process has led to remarkable friendships between candidate and companion that extend far beyond confirmation day. It almost always has had the additional benefit of affirming the life and ministry of older members of the Church who never would have seen themselves as teacher or evangelist.

2. Be Christian collaborators in:

a. Retirement villages and nursing facilities

In my first significant ministry (a Church plant in the northern suburbs of Perth), our parish was connected to two retirement centres. We had a strong group of retirees in one established village, and were involved in the set up of another, very large retirement community as it was constructed across the road from our parish centre. And what made all the difference was having people 'on the inside'. In one case a core group of committed Christians living in the

Village, and in the second, a Centre manager who was committed to offering a pastoral care to residents. Who saw our Church as an essential part of that process. Christian collaborators who kept their ears open for opportunities to engage and minister. Those who were on organising committees who were able to offer our involvement or alert us to coming events. Someone on the ground to help us to establish study groups and worship opportunities in their centre.

b. The community network

The crisis for voluntary organisations in modern Australia arises from a fundamental change of perspective in the community. At one time there was an accepted understanding that volunteering and membership in community organisations was part of belonging in your locality. Today work demands, credit stress, being time poor and other such issues has meant that many younger people are not taking up leadership roles in sporting, interest and community groups. Which leaves those from an earlier era holding the fort. Continuing on with significant roles in many and varied community groups. This means two things for us as the Church:

- ◇ Firstly, that we should be counting this sort of activity when we consider what ministry is offered by our people. The individual who has been president of the local cricket club for the last 20 years, or woman who has been secretary of the CWA since time immemorial, should be acknowledged when we consider the various ministries of the Church. These areas of activity should be honoured in our Church life. We can ensure that this sort of engagement is counted as ministry and celebrated accordingly.
- ◇ It also means, that our people in these sorts of positions have a remarkable opportunity to present Christ 'out in the world'. However that may look. In whatever way it will be offered, it is important that Anglicans who make a significant contribution to a whole range of community and interest groups are equipped by our Church as they carry out their mission. In Church and abroad.

3. Be an Explorer of Spirituality

One of the blessings our elders have is the ability to prioritise their time. To decide what they want to do as opposed to what they have to do. One way that this can enhance the life of the Church and the communities to which we belong is to give time to deepening one's spirituality. In doing this elder Christians can offer themselves as mentors and spiritual directors for younger members of the church community, if not facilitate sessions on spirituality and so on. There are many spirituality exercises that can be taken up with the help of Upper Room, Wollaston, The Centre of Spirituality with David Murray at the Cathedral and Dayspring to mention a few.

4. Form a Seniors' Congregation

This notion has arisen in discussion with several long serving clergy in the Diocese. In our desire to attract new (and younger!) people we have occasionally lost sight of those who have been long time members of our worshipping communities. This is not a call to stop trying to engage the community of which we are a part, nor to give up on creating worship and programs that appeal to a wide range of people. It does raise the question: do we need specific ministries and styles of Church for seniors?

In many Churches we acknowledge that there can be several congregations but one Church. In my last ministry we had an early contemplative congregation, a family gathering, formal Church, Dinka and an evening youth service. Each with its own distinctive style and agenda. All with a commitment to ensure that at least twice a year those communities of worshippers would meet some of the others who made up their Church. With a leadership agreement that each congregation would be linked to the greater body called St Paul's.

As long as there are connectors and links and we avoid some of the risks inherent with congregationalism, can we create worshipping opportunities for seniors that meet their particular spiritual needs? Can they be Church in a way that is comfortable and enriching? That taps into a great resource of wisdom and spirituality tried and true? And that might enrich other worshippers in the Church?

This is obviously only one possibility when it comes to a continuing engagement with older people in our Churches. But it is a way to acknowledge the variety of needs expressed by differing groups within our Church community, including seniors. And if contact is open and regular between all our people, it can enrich the whole Body of Christ.

Mark McCracken and Barry Moss



Resource 2: **Ministry By Older Persons**

Loneliness and isolation and the need to belong/contribute are major issues for many seniors. However, many Parishes feel unable to meet these needs because of lack of human resources to visit. Many parishes express a desire to be able to do more visiting – especially with the house bound. To build bridges and make re-connections

So on the one hand the needs of older persons are recognised, but on the other there are very often limited human resources available in Parishes to meet those needs.

What is important to realise in all of this is that the pastoral and spiritual care of older persons is not a one way street. In fact, we should be referring to it more as "ministry **to** and **by** older persons". Many seniors still have physical and mental capabilities but unfortunately are – as someone has put it - "trapped between the living room, bedroom, and kitchen twenty-four hours a day" and have "nothing to do tomorrow, or the next day, or the next".¹

It may be therefore that some of these older persons may welcome the opportunity to engage in a quieter ministry. To help alleviate their own loneliness and boredom, and to continue to offer ministry as they are able.



How Can Older People Still Contribute from Home, Independent Living or Aged Care?

Older people in their **own home** can.....

- Pray. We often discover when we visit parishioners who have trouble getting out of their house that they have their Prayer Book, Bible and Parish Pewsheets by their lounge chair. They pray for everything in the Pewsheets and that happens in the parish. An important ministry to tap. These are people who are invaluable links in a Prayer Chain.
- Make phone calls – especially to other older persons (ministry to and by)
- Write cards and letters on behalf the Parish – especially anniversary cards to acknowledge death, baptism, wedding and so on
- Cut up stamps or soak them off envelope
- Fold leaflets/newsletters
- Teach knitting, crochet etc
- Tell/record the Church's story
- May still be able to attend or lead bible studies or discussion groups
- Cook for various functions
- Organise things.

However, if older persons are encouraged to undertake ministry such as telephoning or writing cards, the Church needs to ensure that they are not financially disadvantaged.

¹ David Oliver, "A Holistic Approach to Ministry", *Journal of Religious Gerontology* 12, No.2 (2001), 12.

Those who are still **active and mobile** can.....

- Do any or all of the above of course - **PLUS**
- Do minor repairs either at an older persons home or around the Church – maybe have a little directory of who can do what and when available
- Offer transport for shopping, getting to Church, medical and other appointments
- Read to those who no longer can.

Those in **aged care** can:

- Also pray of course
- Maybe help with overhead projector if that is what you use
- Help make tea and coffee
- Encourage others – and who better to offer encouragement and moral support than someone in a similar situation – especially if there is a new resident – or if there has been a couple in the facility and one partner has died

Really – the possibilities are endless for ways in which older persons can provide ministry, so its just not ministry **to** but ministry **by** and even **with**.

A positive outcome for many Older persons is that having tasks to do can help retain a sense of worth, value and belonging by feeling they are partners in the life of the Church. The potential benefit to the Church is that it can increase the human resources needed to undertake some of the ministry, and may help alleviate the demand for visiting where human resources are limited.

Don Jamieson is a Deacon with the Anglican Church in Canberra with an extensive hospital and aged care ministry. Towards the end of his booklet *Walking With Forgotten People: Some aspects of pastoral care with Older People*, Don writes of the time when he realised that his ministry wasn't only about him providing pastoral care to others, but that they too provided something rich in his life.

When pastoral care is a ministry of mutuality, of walking side by side, along a road where sometimes it was sunny and other times it was miserable, then I believe we are beginning to see what Jesus brought to ministry, and what he modeled so well for us.²

Julie Barrett-Lennard

² Don Jamieson, *Walking With Forgotten People: Some aspects of pastoral care with Older People* (Canberra: Centre for Ageing and Pastoral Studies, 2004), 37.

Resource 3: Seniors and Evangelism

Take seniors more seriously

Everyone knows the importance of ministry to the elderly. They constitute a larger than national average proportion of Anglican congregations, and humanly speaking, are closer to meeting their maker.

But it is also a ministry we often don't think too much about; sometimes for good reasons. The future of gospel proclamation in our cities is through young people; clergy are usually younger than the seniors to whom they minister and following the apostolic model of the younger following the older, they leave the leadership of this ministry to older saints; clergy have closer ties to family ministry as this is their stage of life and so focus on that ministry.

But it is seniors who have the time to sit, listen, talk and interact with gospel things; and it is this generation that still carries an affection for Christianity, if not a vibrant faith.



A few months ago I met Bruce Geeves who is employed by the Diocese of Tasmania to minister to older people. Bruce sees his ministry as "equipping 50+ for mission". It is this age group that has not been mobilised, so Bruce set himself the task of training seniors mission teams in every parish in Tasmania.

He also created a program through which these people could minister. So was born *Nostalgia Now*, a program that listens, enters the person's world of thought and feeling, understands their objections to the gospel and shares the good news of Jesus.

Nostalgia Now is a 3 day program which senior Christians can use. On Fridays the mission team visits seniors from the area and gets to know them and their story. Saturday is an opportunity for these people to gather and share their faith and experiences, using videos, audio tapes, books, photos, records and other memorabilia to encourage conversation and discussion. Sundays brings the weekend together, recapping the events and preaching to the group at the Sunday morning service.

The thing I love about Bruce's program is that it trains and equips saints for ministry, but doesn't leave them alone. It offers a 'doable' ministry that is appropriately tailored to the age group, and allows input from leaders as necessary.

In Sydney there is also a group commencing called Prime Time. Their goal is to help those 50 and over to see these years as the prime time to minister. It is at this age that financial and child raising burdens have diminished, and some can even opt for early retirement or part time work.

We need to be imaginative about ministering to this sizable and growing age group. Bruce can be contacted on (03) 6220 2020.

Archie Poulos
Moore College, Sydney.
April 22nd, 2010
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Resource 4: **Some Practical Tips from a Parish Priest**

Fr Jack Thomson is a priest of many years and has had a long association with Meath Care in his position as rector of North Beach Parish. He shares some tips about the care of people in aged care and at home.

Nursing Home Services

- Good idea to have the main parts of the service on a laminated card in large text so can be easily read and doesn't matter if things get spilled on the card.
- At Meath we have a laminated card with the main part of the Eucharist and people's response. The congregation at Meath are a mixture of people with dementia and those who are more able to follow the service. Usually a short address on the gospel of the day.
- When taking Holy Communion to a Nursing Home where residents are likely to be suffering dementia I have tried to wear robes and set things up like a church because I have found that it brings back memories from the past and they can join in.
- When taking Holy Communion to people at home (from the Reserved Sacrament) usually intinct the wafers at Church and allow to dry to stop them sticking together. Have a Communion set with candles, cross etc. and try to create an impression of Church in the people's homes; especially those who are housebound. Try to make a time when not going to be interrupted by doctors, home care services etc.
- Try and establish Nursing Home/Hospital attitude towards reception of Holy Communion in cases where the Eucharist is celebrated. (e.g. At Osborne Park Hospital it is their policy that patients receive Holy Communion by intinction. At other hospitals there is no such policy). Also make sure to follow all protocols required by Nursing Homes etc. in regard to health issues – hands.
- Music – can be problematical if you have no resources. However recorded music can help even if only played as background before and after. Many of the dementia patients recognize the music. Singing to recordings can be a problem because the music is too high or the words and verses are different. If you have the facilities www.smallchurchmusic.com (a Perth based website) offers hymn music for pipe organ and piano and can be downloaded and used to accompany hymns. Obviously most seniors will prefer the old hymns.
- Dying patients. I have found it very helpful if the person's family can be involved in the prayers and Last Rites either by their presence or perhaps prayers and readings. Obviously this cannot always happen but where it can I have found it to be of great comfort to both the family and the dying person. Sometimes where the patient is still lucid there is an opportunity to discuss "final matters" and even the nature of the funeral. Other times there is an opportunity to help the family through the practical things associated with death and the funeral as quite often they have had limited or no experience at all. Visiting is important at such times – before, during and after!!

House Bound People

- Establish a regular time and routine so that the person knows when you will be coming for Holy Communion.
- Lay Pastoral Ministers and others may be visitors and lead Holy Communion from the Reserved Sacrament. This is a very valuable ministry but I have found that people still like a visit from the priest. So make it a priority. If LPMs don't take the sacrament and you are the only one make the visit worthwhile by attitude etc. You will be representing the Church to that person and it may well be the highlight of the week for that person. Make the most of your opportunities.
- If the person has physical disabilities try and establish which is the best way of communicating with that person or enlist others to help who may have a better understanding. Don't forget the carers – sometimes they need some caring for as well especially if looking after the housebound gives them little break from the routine of caring. Perhaps the parish has someone who might go and give them a break to go shopping etc.
- Be sensitive to the situation and needs of the person you are visiting. They may be in pain or unwell and not feeling up to seeing you

There are probably a lot of little things I could mention but for an old dog I guess the important thing is visiting. That way you get to know these people and become aware of their needs, frustrations, hopes and can enjoy sharing the wealth of their life and faith experiences.



Resource 5: **Being a Visitor to Aged Care Facilities**

This resource comes from a workshop offered to Distinctive Deacons by The Rev'd Lyn Harwood who works on behalf of the Victoria Park deanery in this area of ministry.

Occupational Health and Safety

Personal

- ❖ Identification
 - Clerical collar – ID Badge
 - Sign in at reception if required
- ❖ Be aware of emergency drill warnings and assembly points
 - Ask for orientation
 - Look for emergency procedure bulletin
 - Be aware of entry codes especially for evening emergency visits
 - Telephone numbers especially evening staff contact details
- ❖ Washing hands
 - Most facilities have hand washing facilities
 - I carry small hand wash bottle
 - Be aware of washing hands between visits to other residents
- ❖ Quarantine time after illness
 - Health Dept. Directive 48 hours quarantine after illness
 - Especially gastroenteritis or cold/flu
- ❖ Where will visit take place
 - Public area, garden, resident's room?
 - Ask staff for access information
 - Ensure there are enough chairs in room - Ask for another chair
- ❖ Helpful to know staff structures:
 - O.T. and R.N.
 - Ministry with/too Staff important
- ❖ Care Plans: Have your details added for emergency contact.
 - Ministry with the sick
 - Ministry with the dying
 - Funeral Planning
- ❖ Many facilities have regular Residents and Friends Meetings attend if appropriate.

Resident

- ❖ Mobility
 - Be aware of person's abilities
 - Will you be able to move from room?
 - If person attempts to get out of bed/chair suggest sink to ground with them, do not attempt to hold them up protect yourself!
- ❖ Hearing/ sight issues
 - Be sensitive
- ❖ Eating/ drinking
 - Some people are only allowed thickened liquid food
 - Do not offer food/drink until you are sure of person's ability to swallow
 - Especially relevant when giving Holy Communion if H.C given at service with a group ensure a staff member is present
- ❖ Gifts
 - Many facilities do not allow gifts of pot plants due to Legionnaires Disease risk.
 - Be aware of swallow reflex issues if taking gift of food
 - A single flower from garden most appreciated

Encounter with resident

- ❖ Visit schedule: Day of week, time of day, duration
 - Do not stay too long
 - Ascertain when person is showered and dressed
 - Mornings can be very busy with activities and health appointments
 - Find out schedule for bus trips, concerts, worship services etc.
- ❖ Knowledge of individuals health, mental and emotional wellbeing
 - Relevant if not visited before or after a long period of time
- ❖ Permission to visit from family if Alzheimer's, acute dementia sufferer
 - If visiting in a professional capacity
- ❖ Memory - Alzheimer's and dementia
 - Greeting – Introduction
 - Listening – memory cues
- ❖ Reminiscence or reflection sessions
 - Good way to hear stories - Lyn's cricket history with Mr. Butler³
Mother's Union
 - If conversation causes concern do not hesitate to inform R.N. or unit manager
- ❖ Verbal communication difficulties
 - Present in advance stages of dementia and Alzheimer's disease
 - You may have to look for visual cues
 - Music is believed to be the last sense to go: Take a CD or SING!
- ❖ Disorientation in place and time
 - People often believe you are someone from their past
 - Think they are somewhere else – can prompt remembering session
 - Full moon can often does cause disorientation. People wander, get distressed, angry etc.
- ❖ Put person before the problem
 - Some ways personhood can be taken away:
 - Tricks or lies – e.g. Husband has left for the day but Helen⁴ is told 'he has just gone out for a few minutes, he'll be back soon'
 - Taking away Helen's dignity by taking over e.g. Helen is slow to put on her cardigan carer gets impatient and pushes arms into sleeves, buttons it up and guides Helen to activity room.
- ❖ Be aware of social isolation issues
 - People begin to live small lives confined to immediate surroundings.
 - Talk of outside four walls helpful – garden, weather, parks, ocean etc.
- ❖ Be aware of hospitality to people in a shared room.
- ❖ Be aware of different models of religious practice and tradition that may have informed their faith
- ❖ Appropriate models of prayer and worship
 - Lord's Prayer
 - Grace
- ❖ Leaving
 - Be honest and leave. Can be difficult

Lyn Harwood
2010

³ Real name not used

⁴ Real name not used

Resource 6: Home Visits

This material is borne out of Julie's research for a Master of Practical Theology Degree at Murdoch University (2006). The title of the thesis was Responding Pastorally to the Ageing Population: With a Proposed Training Programme for Clergy and Lay Pastoral Workers. Copies are available at Murdoch University Library, or electronically by contacting the author. Julie has used many components of her thesis and subsequent experience in aged care to conduct workshops for clergy and lay pastoral workers throughout the Perth Diocese.

When visiting someone in their home, become aware of environment. There are many older persons who don't have family living nearby, and a lot of their friends have died – so they may not have a lot of visitors to notice any changes.

Here are a few thoughts for those who have pastoral responsibility for a particular older person...

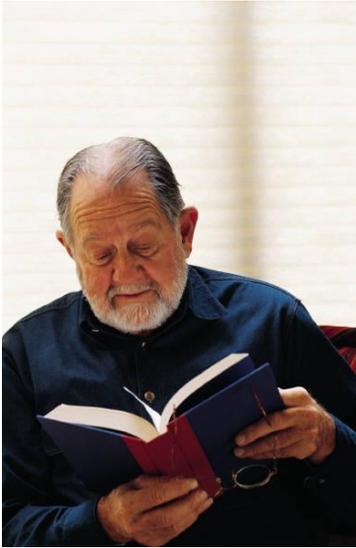
- observe any safety concerns – gas left on, heater too close to furniture
- notice whether things unusually dirty
- are the clothes the person wearing consistent with their usual style of dress – if someone was an immaculate dresser and you find them in dirty old trackies you might want to keep an eye on that
- do you notice any other changes that might indicate something might not be as good as it could be

Now we all have bad hair days and grunge days so need to be careful we don't over react – but these are just some things of which we can become aware. Of course, the first person with whom to check out any concerns is the person themselves. If you are an LPM visiting and you have concerns, you may wish to talk with your Parish Priest because they know everything!

If you are the Parish Priest, you know you don't know everything – so you may wish to contact a family member or a community support group. Confidentiality is always an issue and we do risk the perception that we are "telling on someone" – but ultimately the personal safety and care of the person is the primary consideration.

How to Visit to the Very Lonely or Needy. Some tips:

- When you ring to make a time to visit to say to the person that we need to leave by a certain time.
- Be clear about the intention of the visit so if we know we can't stay for too long, they won't have gone to a lot of trouble to make sure there is adequate morning or afternoon tea – or had their hopes and expectations really built up.
- If we pop in (with Parish newsletter or *The Messenger*) to say that on this occasion we can't stay but that we will arrange a longer visit in X number of weeks – **and then ensure that happens!**
- You can draw a conversation together by saying "Thank you for sharing those wonderful stories with me. Or thank you for sharing that with me. May I/would you like me to pray with you before I leave?" – and then mention at least a couple of the things the person has been talking about to demonstrate we have been listening!
- Strong connections are made when we pray something in particular about a family member - maybe giving thanks for the birth of a new grandchild – or great grandchild as seems very common today. Older persons really appreciate someone praying specifically for them and their family. Its often useful to conclude prayer with the traditional version of the Lord's Prayer, people often join in.



EXTENDING CHURCH LIFE TO THE HOME

- Take or post the weekly pewsheet to them – may need to read some of it if older person can't read.
- If taking Holy Communion, include some of the liturgy. Most older persons can join in the key parts, and even if they can't, they enjoy hearing it being said. Important Holy Communion not just a "lick and a promise".
- Selection of tapes of hymns or other religious music.
- Tape the sermon – even the whole service.
- Use Sunday's bible readings - and maybe offer a brief summary of the message or some other short reflection.
- Pray the Church's Sunday prayers – or similar.

These are all ways in which we can enhance the sense of belonging for housebound people.

Always Offer Choice

One of the things we should be careful with is to ensure older people are given every opportunity to make choices – to have a say. As they become less independent and require more support and care – whether still in their own home or in an aged care residency – all too often choices or decisions are made for them. Sometimes that happens for good reasons. But as pastoral carers we can do our small part in supporting the self esteem of older persons by taking their wishes seriously.. This can be important and empowering at a time in life when people are so often dis-empowered.

If we think about it, there are lots of ways we can allow older persons to make choices and decisions.

Resource 7: A Deanery Initiative: Victoria Park.

A few years ago the clergy of the Victoria Park Deanery discerned a need for a more intentional way of ministering to the increasing number of residents and staff in the of Aged Care Facilities within the deanery boundary. The focus of this project was to create an understanding that ministry to our seniors and the staff within aged care facilities was the mission of all of the people of God, and not to be constrained by parish boundaries. In May 2008, I was invited to become the Aged Care Ministry Coordinator for the Victoria Park Deanery, supported by Diocesan Council, the clergy and laity from the seven Anglican Parishes within the deanery.

The essence of the Aged Care Ministry Coordinator's ministry is to creatively listen and discern the sacramental, pastoral and spiritual needs of the residents, their family, management and staff within aged care facilities. As you may appreciate this process of relationship building and listening takes time and we have been working with both the residents and staff to discern and co-ordinate their ministry requirements.

At the commencement of this listening process the Aged Care Ministry Coordinator along with the Activity Teams set up listening circles. These sessions had the following objectives:

1. To creatively listen to the residents and staff.

- ◇ To build relationships between the Aged Care Coordinator, the residents and staff;
- ◇ To listen carefully and creatively to the residents pastoral, sacramental and spiritual needs;
- ◇ To hear the stories of the residents current and former relationship with the church;
- ◇ To discover the Christian (specifically Anglican) ministry requirements of residents and staff;
- ◇ To implement worship and pastoral care programs directly from these discussions.

2. As a result of these listening circles the question 'how can we reconnect you with your Christian tradition?'

Below were the initial responses from the residents and staff

Regular Communion Service in each facility (Anglican), at least once per month

The opportunity to sing hymns within the service

Be aware of the timing of the service as mornings are often unsuitable.

An Ecumenical focus for the services – all welcome

Availability of clergy for pastoral and spiritual care

A Christian friend to talk to about our faith

We need a safe place to talk about God and Jesus Christ.

Help with funeral arrangements

Memorial Services to enable residents and staff who cannot attend funeral remember and celebrate life of deceased residents

Special Service e.g. Christmas, Easter, Anzac Day

Someone to pray for and with us

Reconnect with Mother's Union and Ladies Guilds.

All of the Aged Care Facilities now have a monthly the Eucharist service with many providing morning or afternoon tea after the service. The opportunity to gather after the service gives all present a time of fellowship and, the opportunity to build relationships with the clergy, aged care coordinator and lay assistants from the deanery parishes. All members of management, staff, residents and their families are invited to attend and receive Holy Communion. Each service has clergy to preside and they are ably assisted by members of the laity from throughout the Victoria Park Deanery.

As a result of building relationships we have been invited to celebrate occasional services of worship to mark significant events.

- ◇ Memorial Services and Funerals
- ◇ Christmas Lessons and Carols
- ◇ Easter Services
- ◇ Anzac Day Commemorations
- ◇ Service of Thanksgiving for a residents 100th birthday
- ◇ Reception into the Anglican Communion

One of the strengths of an Aged Care Ministry Coordinator position lies in the reality that all staff from aged care facilities is now able to make one phone call in order to contact an Anglican Priest in the case of emergencies, or ministry with the dying and their family.

The clergy and laity from across the deanery are in place to provide pastoral and spiritual care to staff, residents and families. We have responded to requests to speak about spiritual matters and pastoral needs and concerns. It has been a blessing to welcome lay members of the deanery parishes who have become valued visitors to those who are lonely or have lost connections with their faith community. The need for volunteer visitors in aged care facilities is great and we welcome offers of assistants.

One of the more challenging requests has been for a way for residents to have continuing relationship with Mother's Union. The Mother's Union members from Holy Trinity, East Victoria Park willingly responded to this call to ministry within aged care facilities.

We have been invited to bless a new High Care facility and a Low Care Facility. The deanery clergy blessed rooms, offices and recreational areas on invitation and many of the laity attended to offer small floral tributes as a gift from the people of the Victoria Park Deanery to mark the occasions. The good news of God's love in Jesus Christ has spread throughout these facilities, as the staff reported an increase in residents wishing to attend Christian Worship Service of all denominations.

Training

The Aged Care Ministry Coordinator is well placed to offer training and support to all who minister within aged care facilities.

- A volunteer is supported through the security check process
- Volunteers are given an induction training session and supported in their first few visits.
- A member of clergy has facilitated grief workshops for staff members.
- A practical workshop is offered, facilitated by an aged care clinical nurse manager, an occupational therapist and the aged care coordinator. The workshop helped to improve health and safety skills when ministering to residents and staff within aged care facilities.

It must be stressed that all ministry now in place within aged care residential facilities within the Victoria Park Deanery are in direct response to requests from management, residents or staff.

The Diocesan Mission Statement reminds us that we are called to 'Reach out in Loving Service' in order to spread the good news of the love of God in Jesus Christ. The Victoria Park Deanery's initiative to intentionally coordinate ministry within Residential Aged Care Facilities has been faithful to this call with our ministry to staff, residents and their families of the aged care facilities within the Victoria Park Deanery.

Lyn Harwood

Aged Care Ministry Coordinator for the Anglican Deanery of Victoria Park

Resource 8: Working Alongside Amana Living



Anglican Homes was founded over forty years ago to provide accommodation to those over 55 who might find it difficult to afford it themselves, or who needed a community around them for other reasons. In 2005 it underwent significant planning to enhance and renew its services and centres. This saw a change in name to Amana Living, with a 'tag line 'part of the Anglican Community.' Today it has three avenues of service.

Retirement Living: accommodation in units or villas for those over 55. Some units are available on a rental basis for those who are unable to afford a lump sum premium to come into the village. Assistance with respect to these services can be accessed by ringing 9424 6851.

Residential Care: low and high care accommodation. "Extra Care Services" are available at some sites. Assistance with respect to these services can be accessed by contacting Amana Living's **Information and Services Centre** on 9424 6363

Community Care: care brought into a person's own home. There are also day clubs to support families experiencing dementia. Assistance regarding these services can be accessed by calling 9424 6825.

Overall there are 18 metropolitan sites as well as sites in Mandurah, Albany, Treendale (Greater Bunbury region) and Kalgoorlie.

Chaplaincy

Pastoral care is offered to all residents, their families, volunteers and staff members. A means of linking Community Care clients to pastoral care within their geographic area is available. Worship Services occur in all Residential Care and most Retirement Living service locations. There are three full-time chaplains in the metropolitan area - including Mandurah in this instance - and a part-time chaplain in Kalgoorlie. An Honorary Chaplain assists in Albany and the Australind Parish in Treendale. There are six retired clergy, some residing in the villages, who assist part time.

A number of parishes provide great assistance in the areas of worship and pastoral care. This is both from lay members and clergy.

Chaplains can be contacted on:

The Rev'd. Greg Jordan	Northern Region	0419145 378
The Rev'd. David Atkinson	Central Region	0419 145 392
The Rev'd. Deborah Joyce	Southern Region	0419 145 369
The Ven. Peter Stanley	Kalgoorlie	9091 2966
Australind Parish	Treendale	9725 8326

Volunteers

Amana Living is served by many volunteers. Some work directly with the centre involved and some through Chaplaincy Services. It may be assisting residents get to worship services, reading to residents, groups, etc... We could not care as we do without them and we are always in need of more people to help. This can be on a one to one, group basis or working alongside staff. If you would like to assist please ring **Ms Debbie Ward** on 9424 6348.

Website: Information about our centres and services can be found on our website at www.amanaliving.com.au.

Resource 9: **A Workshop for People who Minister to the Dying**

This workshop was prepared by Revd Julie Barrett-Lennard and has been presented in a number of settings for clergy and lay people, and offers a comprehensive overview of the topic.

Introduction

- Things we will cover in the workshop:
 - What is Grief – the various types of grief - and some aspects of grief that might be particular relevant to our situation here.
 - Culture
 - Spiritual and Religious Issues
 - Helping to Resolve the Resident's Unfinished Business
 - Supporting Grieving Family and Friends
 - Children
 - You as Caregiver

What is Grief?

- Grief is how one reacts to a loss. All loss involves the absence of someone loved or something that fulfills a significant need in one's life.
- The word "Grief" was originally derived from the Old French *grève*, meaning a heavy burden. In English "grief" means an experience of deep sorrow, one that touches every aspect of existence. Grief can literally "weigh down" the person who must face the reality of a gut-wrenching loss. This can take both a psychological and physical toll on the bereaved person.

BRAINSTORM: What are some of the losses we experience in life? (Death, divorce, job, move away from family/friends, good health)

- Grieving is a normal response to loss.
- Grief is not the same as depression. In general terms, what makes depression different from grief is the absence of positive feelings. In most cases, a depressed person would not be able to experience a sense of awe and wonder at, for example, looking at a baby or a particularly beautiful sunrise or sunset, or hearing an inspiring piece of music. Depression can certainly follow loss – and indeed, about 2 in 10 people develop a depressive disorder in the year following the death of a loved one. But depression is different from the deep sorrow which naturally results from losing someone you love. Although some people refer to that sadness as 'depression', technically it's not.
- Physical signs of grief are nausea, breathing difficulties, muscle weakness, dry mouth, trouble sleeping and eating.
- People who are grieving may become angry - at a situation, a particular person, or just angry in general. Important to understand that rarely is the anger about the person in the line of fire – that is, often you – so you need to learn how not to take it personally. Important not to get angry or defensive. Try and remain calm and pleasant.

- People who are grieving also often feel guilt – about all sorts of things – but generally along the lines of "I wasn't there when he/she died" – I could have done more" – "I didn't tell them how much I loved them".
- There are no quick and easy answers, no recipes for every situation of loss and grief. Coping styles depend on one's personality and their relationship with the person who has died. It can also depend on one's cultural and religious background, mental history, and their support system.

How Long Does Grief Last?

- Grief lasts as long as it takes the person to accept and learn to live with their loss – and begin to experience a recovery of meaning and purpose in life.
- For some people, this is a few months. For others, it may take years. The length of time spent grieving is different for each person. Again, there are many reasons for the differences, including personality, our own health, culture, family background, other stressors and life experiences. The time spent grieving also depends on the relationship with the person who has died and how prepared they were for the loss.

Phases of Grief

Kübler-Ross, E., On Death and Dying (NEW YORK: Macmillan, 1969)

Phase 1: Denial

Upon hearing bad news, the most common reaction is a feeling of numbness or shock – and/or disbelief:

"That is not possible ... there must be some mistake ... you must have the wrong person, the wrong medical records ... that can't be true or happen to me!"

The mind-body has incredible defense mechanisms. If we pretend that something isn't true, then somehow the blow is softened. At any moment, the loved one is expected to reappear. Time seems to briefly suspend itself, at least until the cruel reality of the truth sets in.

Phase 2: Anger

Often anger is directed to the messenger who delivers the news - the doctor, the carer – which means **you or me** - the person who caused us the pain (even if that person is now deceased), at anyone we can hold responsible for our grief, even at God. This reaction is perfectly understandable. There is a need to know why this happened and whether the loss could have been prevented. The question asked is: "Who is at fault?". Somehow pointing the finger diverts the pain from the core of the person's being where it rises up and threatens to overwhelm them. Others may turn their anger inwards and blame themselves for what happened.

Phase 3: Bargaining

People may try to negotiate the situation, either with another person involved, or with God:

"Please give me one more chance and I promise things will be better ... I will change ... If you will reverse this, then I will do such and such in return."

This is kind of magical thinking where people believe their actions will meet with the desired outcome. Some people attempt to strike a deal with their Higher Power: to stop smoking, to find more time to spend with family, to offer an apology that's long overdue. At some point, though, we face our limitations in holding up our end of the deal. No matter what we say or do, the bitter truth is that things will not go back to the way they were before. And that's when the next phase hits.

Phase 4: Depression

When we realize the loss is real and unchanging, we may sink into a deep sorrow. Although Dr Kübler-Ross called this phase 'depression,' it is not entirely accurate. It is more accurate to describe it as more a combination of loss and loneliness and perhaps hopelessness. People may feel remorse or regret, rehearsing over and over they what could have done differently. Or perhaps feel guilty that they are still able to enjoy life while their loved one no longer can. This intense experience of sadness leaves some people with sparse energy for housework or outside activities. It is common to find people sobbing over the smallest little thing or crying for days on end. Some feel their life is over. Some may even consider or attempt ending their lives.

Phase 5: Acceptance

Time, in and of itself, will not heal wounds. People may miss being able to share their life with the person who has died, no matter how long it's been since they passed away. We don't have to forget how much our loved one means to us in order to move on. If we can come to terms with the reality of the situation, recognize it as a fact of our lives, and gradually let go of the struggle against the tide of emotions that we experience, we can move beyond our suffering. Even with our new circumstances, peace within can be found.

Other Losses

- More recent scholars in this area have expanded this list of stages, adding Shock, Pain, and Hope in describing our reactions to loss. These stages have also been applied to other circumstances: grieving after a suicide; the loss of a pet; the loss of a job; the loss of a love relationship.
- So whilst there are known to be certain stages of grieving, those stages do not necessarily follow a set or certain sequence. Emotions may fluctuate wildly, sometimes flaring up with an intensity of emotional pain after a period that promised a settled adjustment. Grief does not follow a linear pattern. It is more like a roller coaster, two steps forward and one step back. Ultimately people manage to integrate the experience to the point of having a new life arising from the old. The loss remains and is always remembered but the intensity is no longer disabling or disorganising.
- Some people of course try and avoid the pain and emotions associated with their loss – try to be stoic and just push on. But studies show that when people don't deal with the emotions of grief, the pain does not go away. It remains with them, and can turn up in unrecognizable and sometimes destructive ways.
- I was very interested to read in some of the research I did for this workshop the comment that not everyone needs expert intervention to help manage grief. I was interested because it has been my belief for a while that at the time of trauma or tragedy professional counsellors are not always the best people to provide support. Some are commenting that we are over professionalised response to tragedy and trauma. Often what people most need at the very time of the event is to sit around the kitchen table and have endless cuppas with friends – or stand at the bar and have a few pints and a chin wag with mates. Often the family and social – even work - networks already in place are the most effective. For me, the role of the professionals comes in down the track if the person is still not coping or has major difficulties. So don't under-estimate the value of support networks that have been there all the person's life.



Types of Grief and Mourning

(<http://www.caringinfo.org>)

Anticipatory Grief and Mourning

- When someone is expecting a loved one to die, it is normal to begin to anticipate how one will react and cope when that person eventually dies. Many family members will try to envision their life without that person and mentally play out possible scenarios which may include grief reactions and ways they will mourn and adjust after the death.
- Anticipatory grief is a natural process that enables the family more time to slowly get used to the reality of the loss. People are able to complete unfinished business with the dying person (eg saying "good-bye," "I love you," or "I forgive you"). Anticipatory grieving may or may not occur and feelings following the death may be much different from what was anticipated before the death.

Sudden Loss

- Different from anticipatory grief. Sudden, unexpected loss may overwhelm the coping abilities of a person which may result in the sense of feeling overwhelmed and/or unable to function "normally." A person may not be able to realize the total impact of their loss. Even though one may be able to acknowledge the loss has occurred, the full impact of this loss may take much longer to fully comprehend than in the case of an expected loss.

Complicated Grief

- Complicated grief reactions are different from anticipatory or sudden loss. Depressed or anxious mood, disturbed emotions and behavior, major depression, substance abuse, and even post-traumatic stress disorder are some of the ways in which grieving can become complicated. Grief becomes complicated when it is masked by significant physical or behavioral symptoms, or when it is exaggerated. If an individual has personality, developmental, or emotional issues, grief therapy may be needed.

Culture

- Major cultural factors also influence how grief is expressed and managed. All cultures have developed expectations and norms about coping with death. Interfering with these practices may complicate the grief process. For this reason it is important to at least be aware and acknowledge - someone else's loss from the perspective of the cultural and family traditions unique to that individual.
- People from some cultures express their grief loudly and publicly, while others become silent and withdrawn.
- Individual, personal experiences of grief are similar in different cultures, yet they have different mourning ceremonies, traditions, and behaviors to express grief. These vary greatly from one culture to another. Helping families cope with the death of a loved one must include respect for the family's cultural heritage. One should encourage them to decide how to honour the death from their own rich tradition of practices and rituals.

Some important questions to ask those who are dealing with a significant loss include:

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3494> :

- "What are your cultural rituals for coping with dying, the deceased person's body, the final arrangements for the body, and honouring the death?"
- "What are the family's beliefs about what happens after death?"

- “What does your family believe is a normal expression of grief and the acceptance of the loss?”
- “What does your family consider to be the roles of each family member in coping with a death?”
- “Are certain types of death that are less acceptable (for example, suicide), or are certain types of death especially hard to handle for your culture (for example, the death of a child)?”
- “Are some deaths more ‘expected’ than others?” “If so, are expressions of grief and mourning after those types of deaths less acceptable?”

Spiritual and Religious Issues

- Spiritual concerns raise fundamental questions about life. Why are we here? What is a good life? What happens after death? These profound questions become especially important as life nears its end. As a caregiver, we can support the resident in thinking about his or her own answers to these questions. That doesn't mean you have to be an expert – or have all the answers – but simply allowing the issues to be expressed can be helpful.
- Spiritual questions are not easily answered easily – not even by clergy sometimes. For those people whose faith gives answers and comfort, your support of that faith will be both helpful and appreciated. For those who are troubled by uncertainty, you can help by sharing your own questions and uncertainties - showing that their concerns are normal and reasonable. It also may be useful to ask about beliefs that were helpful to the resident earlier in their life and if they can be helpful again now.
- Professionals such as clergy or counsellors who have experience helping people with spiritual problems near the end of life can be very comforting to the person you are caring for, **provided that he or she wants their help**. The person with the concerns is the one who knows best who can help. Bringing in someone who is not wanted can backfire and cause rather than resolve problems. Let the person you are caring for know that you will be happy to arrange visits by clergy or others who could help, but that this decision is entirely up to him or her. Do not expect all clergy to be equally skilled in working with people during the last stage of life, however. If one is not helpful, keep looking until you find one who is.
- If the resident is seriously depressed because of spiritual concerns, they may need help from a mental health professional or clergy with training in mental health care. As a Carer, you would probably refer this to the RN on duty, or the HSM. I know most Carers are always very busy – but if there is a chance to sit and listen then that would be valuable to the resident. Speaking with another person who is understanding helps to put one's thoughts in perspective and also to see that others appreciate and understand them. As a caregiver, listening is one of the most important thing you can do to help. Let the person you are caring for know about your willingness and availability for these discussions when and if he or she wants them. If you find it very difficult to listen to the resident's concerns, then try and find someone who can.
- For people whose religion is very important and gives meaning to both their lives and their dying, you can help by asking questions that allow them to tell you, if they wish, what about their faith has helped them through life and is helping them now. You must be careful to accept and respect views that are different from your own, however. Let them tell you if there are ways you can encourage and support them in their faith. **Would they like to listen to a tape of hymns or other religious music? Is there a religious symbol that would bring them comfort? Would they like to share with clergy from their faith one of their traditions, such as a bedside prayer service?**

- Does the centre have a bible in some central place that a staff member could find if necessary and maybe read a psalm or some other passage a resident or family member might find helpful? Sometimes, reading together from spiritual writings can be comforting and may help to resolve unanswered or unresolved questions.
- Share your views and feelings when you are asked or think that he or she would like to ask. Hearing another person's thoughts and feelings can be helpful to someone who is troubled by spiritual problems, but always let the person you are caring for be your guide - never impose.
- You may be worried yourself about spiritual questions. Watching and helping someone who is dying sometimes can bring up very difficult issues. These may be about the unfairness of the situation, fear about what will happen to the person you are caring for after his or her death, fears about your own death, and general confusion and anxiety about what life is about. Talking with someone might be helpful for you too.
- Directly or indirectly religious beliefs – or lack of - may cause a dying person to be angry. "What have I done to suffer like this?" "Why is God punishing me like this?" "How can there be a God when I'm suffering like this?" and so on. As before, important not to take any anger personally.
- People near the end of their life commonly want to take certain actions or have certain experiences before they die.

Helping to Resolve the Resident's Unfinished Business

- Sometimes, it is to do or see something important or pleasant again, such as being with friends or visiting an especially meaningful place. Sometimes, it is to say things to someone that have been unsaid in the past or to resolve some old misunderstanding or conflict. I suspect making any such arrangements is beyond the scope of a care-giving – but if you become aware of such a need, refer it to the RN or HSM.
- Be aware though, the outcome may not always turn out successfully. Even with the best of intentions, things may not happen as you or the person you are caring for would like. The weather may be less than ideal for the trip. The people you work hard to bring together may not say helpful things once they arrive. When it is over, both of you may be disappointed. The fact that you tried, however, can be very important - and this may make all of the effort worthwhile.

Supporting Grieving Family and Friends

- When people are grieving, most
- of the emotions are heightened. So, as a carer you can:
 - Acknowledge all feelings. Their grief reactions are natural and necessary. Do not pass judgment on how "well" they are or are not coping.
 - Understand and accept cultural and religious perspectives about illness and death that may be different from your own. For example, if a family has decided to stop active treatment, try to be supportive.
 - Acknowledge that life won't "feel the same" and the person may not be "back to normal." In fact, "normal" has changed forever for the grieving people.
 - Know and accept that how the family member or friend copes with their loss may be very different from how you would cope, even in the same situation.
- There is no right way to grieve and mourn. So we must be careful not to impose our expectations on someone else, no matter how much we think it might "help."

- It is fine – and indeed probably important – to express our concern about what the grieving person might be going through. However, it is equally important not to say **we know** what they are going through – or that we know how it feels. It is better to say something like “I am so very sorry,” but don’t say you understand. Also avoid clichés such as “It was God’s will” or “At least she isn’t suffering”.

Exercise: Some believe it is better to say the wrong thing than nothing at all. Discuss.

- Probably one of the greatest gifts to a grieving person can be our willingness to listen. Ask about the deceased. Allow the person to talk freely without fear of disapproval – this helps to tap into healthy and happy memories.
- Be aware that men and women express their grief differently – and make allowances for those differences.
- We can never resolve the grief – especially at the time of death – but listening can help.

Children

- We may well encounter grandchildren or great grandchildren of the residents so it's important to have a little bit of an understanding on what might be going on for them. Many people hesitate to talk to young people about death. But death is an inescapable fact of life. We have to learn to deal with it and so must our children. If we are to help them, it's important we let them know it's okay to talk about it.
- By talking to children about death, we may discover what they know and do not know - if they have misconceptions, fears, or worries. We can then help them by providing needed information, comfort, and understanding. Talk does not solve all problems, but without talk we are even more limited in our ability to help.
- What we say about death to children, or when we say it, will depend on their ages and experiences. It will also depend on our own experiences, beliefs, feelings, and the situations we find ourselves in, for each situation we face is somewhat different.
- Remember that children actually become aware of death at quite a young age. They see dead birds, insects, and animals lying by the road. They may see death at least once a day on television. They hear about it in fairy tales and act it out in their play. Death is a part of life, and children, at some level, are aware of it.
- By giving children permission to talk to us about death, we can give them needed information, prepare them for a crisis, and help them when they are upset. We can encourage their communication by showing interest in and respect for what they have to say. We can also make it easier for them to talk to us if we are open, honest, and comfortable with our own feelings - often easier said than done of course.
- Many of us are inclined not to talk about things that upset us. We try to put a lid on our feelings and hope that saying nothing will be for the best. But not talking about something doesn't mean we aren't communicating. Children are great observers. They read messages on our faces and in the way we walk or hold our hands. We express ourselves by what we do, by what we say, and by what we do not say. I'm sure if you've had children you know that already.

- On the other hand, it also isn't wise to confront children with information that they may not yet understand or want to know. As with any sensitive subject, we must seek a delicate balance that encourages children to communicate - a balance that lies somewhere between avoidance and confrontation, a balance that isn't easy to achieve. It involves:
 - trying to be sensitive to their desire to communicate when they're ready
 - trying not to put up barriers that may inhibit their attempts to communicate
 - offering them honest explanations when we are obviously upset
 - listening to and accepting their feelings
 - not putting off their questions by telling them they are too young
 - trying to find brief and simple answers that are appropriate to their questions; answers that they can understand and that do not overwhelm them with too many words.
- When talking with children, many of us feel uncomfortable if we don't have all the answers. Young children, in particular, seem to expect adults to be all knowing - even about death. But death, the one certainty in all life, is life's greatest uncertainty. Coming to terms with death can be a lifelong process. We may find different answers at different stages of our lives, or we may always feel a sense of uncertainty and fear.
- While not all our answers may be comforting, we can share what we truly believe. Where we have doubts, an honest, "I just don't know the answer to that one," may be more comforting than an explanation which we don't quite believe. Children usually sense our doubts. White lies, no matter how well intended, can create uneasiness and distrust. Besides, sooner, or later, our children will learn that we are not all knowing, and maybe we can make that discovery easier for them if we calmly and matter-of-factly tell them we don't have all the answers. Our non-defensive and accepting attitude may help them feel better about not knowing everything also.
- It may help to tell children that different people believe different things and that not everyone believes as we do, e.g., some people believe in an afterlife; some do not. By indicating our acceptance and respect for others' beliefs, we may make it easier for our children to choose beliefs different from our own but more comforting to them.
- A child may ask questions immediately or may respond with thoughtful silence and come back at a later time to ask more questions. Each question deserves a simple and relevant answer. Checking to see if a child has understood what has been said is critical; youngsters sometimes confuse what they hear.
- It may take time for a child to understand fully the ramifications of death and its emotional implications.
- Other problems can arise from children's misconceptions about death. Some children confuse death with sleep, particularly if they hear adults refer to death with one of the many euphemisms for sleep - "eternal rest", "rest in peace" (Dr R. Fulton, in Grollman's Explaining Death to Children).
- As a result of the confusion, a child may become afraid of going to bed or of taking naps. Grandma went "to sleep" and hasn't gotten up yet. Maybe I won't wake up either.

Exercise – What might be some of the difficulties for children in the following?

- If children are told that someone who died "went away"?
(Brief separations may begin to worry them. Grandpa "went away" and hasn't come back yet. Maybe Mummy won't come back from the shops or from work. Therefore, it is important to avoid such words as "sleep", "rest", or "went away" when talking to a child about death.)

- Telling children that sickness was the cause of a death
(Preschoolers cannot differentiate between temporary and fatal illness, and minor ailments may begin to cause them unnecessary concern. When talking to a child about someone who has died as a result of an illness, it might be helpful to explain that only a very serious illness may cause death, and that although we all get sick sometimes, we usually get better again.)
- Relating death to old age – eg statements such as, “Only old people die” or “Aunt Hannah died because she was old”
(Can lead to distrust when a child eventually learns that young people die, too. It might be better to say something like, “Aunt Hannah lived a long time before she died. Most people live a long time, but some don't. I expect you and I will.”)
- “Baby brother is with God now,” or “It is God's will,”
(Children tend to hear words literally, and religious explanations that may comfort an adult may unsettle a child. Could be frightening rather than reassuring to the young child who may worry that God might decide to come and get her just as He did baby brother.)

Should Children Visit The Dying?

- Depends on the child, the resident, and the situation. A child who is old enough to understand what is happening probably should be permitted to visit someone who has played an important role in her life, providing that both she and the dying person wish it.

You as Caregiver

- When someone you have cared for dies, you will have feelings of your own. Maybe relief – for all sorts of reasons. Maybe you feel grief too – we can get quite attached to some of the residents. It is important not to feel guilty about your feelings – they are valid because they are what is happening for you at the time.
- You may find at times you become angry while caring for a person. From my experience people in the latter stages of life can really change – turn from the nicest most docile person into someone – well – quite the opposite. They also may be demanding or irritating at times.
- All the feelings you experience are *normal*. The important thing though is what you do *with* them, not that you feel them in the first place. The best way to deal with angry feelings is to recognize them, accept them, and find some way to express them appropriately. Not dealing with can get in the way of almost everything we do.
- If you are feeling very upset or discouraged, ask a friend, neighbour, or family member to help. They can bring a calmer perspective to the situation as well as new ideas, and they can help you in dealing with the problems that you face.
- Some things that might help when feeling angry/frustrated:
 - Try to see the situation from the other person's point of view, and understand why he or she acted that way.
 - Recognise that other people are under stress as well, and that some people deal with stressful situations better than others.
 - Express your anger or frustration in an appropriate way before it becomes too severe. If you wait until your feelings are severe, they will impair your judgment, and you are likely to make other people angry in return.
 - Get away from the situation for awhile. Try to cool off before you go back and deal with what made you angry or frustrated.

- Find safe ways to express your feelings. This can include beating on a pillow, yelling out loud in a car or closed room, or doing some hard and vigorous exercise. Sometimes, it helps to vent anger with someone who is "safe" - someone who will not be offended or strike back, like a friend or member of the clergy.
- Talk to someone about why you feel the way you do. Explaining to another person why you feel angry or frustrated often helps you to understand why you reacted as you did, allowing you to see your reactions in perspective.
- Do not expect to be perfect. Remember that you are human and will make mistakes from time to time.
- Do not dwell on mistakes. Accept your mistakes, and get beyond them as best you can. Repetitive, negative thoughts such as guilt can be controlled by pushing them aside with positive, constructive thoughts.
- Again, be aware of male and female differences in caring for residents. That is, if you are a female caring for a male resident, cannot expect him to respond the way you might – or a female resident might. But by listening carefully to anything he **does** say, you may pick up something that is really important to him – which can lead into a point of real connection and maybe an opening up more of feelings. Conversely, if you are a male carer caring for a female resident, need to be aware she may well want to express quite openly how she's feeling. Important not to dismiss what she is saying or feeling.
- You need to be at your best if you are to provide the best care. Therefore, pay attention to your own needs as well as those of the person you are helping. Set limits on what you can reasonably expect yourself to do. Take time to care for yourself, and ask for help before stress builds.

What matters most is not what you say,
but the fact that you care.

*Julie Barrett - Lennard
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Resource 10: **Models of Pastoral Care for Older Persons**

Model One: Matthew 25:31-45

- Developed by The Rev'd Don Jamieson in *Walking With Forgotten People: Some aspects of pastoral care with Older People* (BARTON, ACT: Centre for Ageing and Pastoral Studies, St Mark's National Theological Centre, 2004).
- **Matthew 25:31-45:**

When the Son of Man comes in his glory, and all the angels with him, then he will sit on the throne of his glory. All the nations will be gathered before him, and he will separate people one from another as a shepherd separates the sheep from the goats, and he will put the sheep at his right hand and the goats at the left. Then the king will say to those at his right hand, "Come, you that are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.' Then the righteous will answer him, "Lord, when was it that we saw you hungry and gave you food, or thirsty and gave you something to drink? And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? And when was it that we saw you sick or in prison and visited you?' And the king will answer them, "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.' Then he will say to those at his left hand, "You that are accursed, depart from me into the eternal fire prepared for the devil and his angels; for I was hungry and you gave me no food, I was thirsty and you gave me nothing to drink, I was a stranger and you did not welcome me, naked and you did not give me clothing, sick and in prison and you did not visit me.' Then they also will answer, "Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick or in prison, and did not take care of you?' Then he will answer them, "Truly I tell you, just as you did not do it to one of the least of these, you did not do it to me.'
- The model of pastoral care we find in Matthew 25 encourages us to be aware of the needs of others. To be alert for real – yet often unexpressed – needs some people have. One of the very important gifts that pastoral carers can bring to caring for older persons is to listen carefully and be good observers. It quite often takes some time to see deep within another person and recognise their need. Listening carefully – and observing body language – are key elements of this kind of pastoral care.
- **It is important we don't rush in with what we believe to be the solution of what we believe might be the issue or problem!**
- Some of the points Don Jamieson makes with respect to pastoral care are (p.11, 31, 38):
 - If we feel that caring for another is our duty, then we are not pastoral carers.
 - If we see pastoral care as a necessary part of the day to day work of the Church to which we belong, then we are not pastoral carers.
 - If we see it as something which we need to do to ensure our own redemption and salvation, then we are not pastoral carers.

It is only when we discover that walking the journey of life with people is a gifted privilege coming from the very being and heart of God, then we begin to understand the calling to pastoral care.

- And as pastoral carers we need to be passionate people – passionate about what God has done for us – and about what we can share with others of God's love and grace.

- Love must be the primary motivator in all pastoral care. No matter how good we are at talking or listening - how many courses we've done – we are not providing true pastoral care if love is not the motivating force behind all that.
- Don's insights are particularly helpful with respect to providing pastoral care to older persons. Because sometimes that can be quite challenging, frustrating, seemingly without reward, tiring and so on. But often those feelings come about because of how we approach pastoral care to older persons. We often feel inadequate because we don't know what to say. We may feel disappointed because we feel we don't get any "results". And yet if we visit an older persons with anything other than a sense of feeling privileged by God's calling of us to do this, then it probably won't be the positive experience we hope.
- Whilst pastoral care in one sense has many aspects to it, in essence it is the gift of our presence to another. Often our presence is much more important than what we do or say – although they too of course can be important. It's important for us as pastoral carers to understand that we don't always need to be talking or "doing". To simply be present is often enough.
- Dietrich Bonhoeffer was a great theologian who is often quoted. In 1959 he wrote:
Many people are looking for an ear that will listen. They do not find it among Christians, because Christians are talking when they should be listening. He who no longer listens to his brother – or sister – will soon no longer be listening to God either..... (Jamieson, p.13).
- Don Jamieson believes that:
When we really listen we can start to see into the world in which someone else lives. Only when we start to understand that world, can we really be walking beside and sharing in the other's journey.
- To summarise, pastoral care begins when we understand that walking the journey of life with people is a gifted privilege coming from the very being and heart of God. Pastoral care must be driven by passion and motivated by love. Often the most effective pastoral care is simply being a presence – listening and just being there cannot be underestimated.

Model Two: Friendship and Pastoral Care

- This model comes from Frank Woggon, see Woggon, F, "For the Hatching of Our Hearts: Friendship, Pastoral Care, and the Formation of Ministry", *The Journal of Pastoral Care and Counselling*, (Fall 2003, Vol.57, No. 3, pp.257-267).
- Aristotle had suggested three types of friendship:
 - Friendship based on what one can get from the other.
 - Friendship for pleasure.
 - Friendly that can only be gained by a relationship between two people who are similar in outlook and share many things in common.
- Woggon looks at the model of friendship seen in Jesus' relationship with others. Two places in the Gospels note Jesus' style of friendship:
 - A friend of tax collectors and sinners (Luke 7:34)
 - You are my friends if you do what I command (John 15:14)
- Being a friend of tax collectors and sinners, Jesus:
Does not identify people with their failings, with their profession, or with their disease ... he shows affection and respect to those who are rejected by the

religious law and restores to them their respect by forgiving their sins, by accepting them, and by offering them healing relationships..

- Woggon suggests that in John 15 Jesus is calling his disciples into "the liberating fellowship of the friends of God". He "offers cooperative care, mutuality, and nurture to enhance the dignity of the other and to establish community". Thus, says Woggon, this type of friendship has: *"The power to bless, the ability to extend grace, and the potential for change."*
- This type of friendship has something very important to offer pastoral care programmes. It is a way of developing friendship that enhances another's dignity. This is very profound in the lives of older persons when one of their biggest losses in dignity – especially in a Nursing Home where residents are at the mercy of a myriad of different carers attending to their most intimate and personal needs.
- Please note - Pastoral care is not about productivity. It is about quality. That is, it is argued that quality time spent with one person where a relationship is developed that provides the potential for all sorts of outcomes – is more valuable than a quick visit to lots of people. There is a place for quick pop in visits – but these can really only have any quality to them once a genuine relationship has been established – and that takes time. It may be that in the early stages of visiting someone we feel we are putting in too much time. But often that is a good investment as we can begin to reduce the visits to less time without ruining the quality of the relationship that has been built up.

US AS PASTORAL CARERS TO OLDER PERSONS

Just briefly:

- First and foremost, we need to be people of prayer. The pastoral and spiritual care of others must be under girded by God's spirit working in and through us – as indeed should everything we do in ministry. Pastoral care can be as demanding and tiring as it can be as enriching and energizing. That can often be even more so when providing ministry to older persons. Always when we are ministering to God's people we are mirroring God's love, grace and compassion. We can't do that unless we absorb that through prayer.
- One of the important things we need to pray for is a sensitivity to understand whether the person we are caring for is at. If we don't pray, we will more often than not be operating out of our own assumptions where we think the person is at and what they need. We need to pray to be open to God's leading in how we might best respond to a person at any particular time of their life.
- Have you been in a pastoral situation – and we'll think specifically with an older person - when the person has pushed all your wrong buttons? Or when we just don't or can't gel with someone for some reason.

There a couple of responses. One is to see if another pastoral carer can visit. If, after a couple of visits things still don't seem to be working, it is probably counterproductive to continue trying. That doesn't mean we are a failure. It just means someone else is more gifted to meet that particular person's needs.

We could respond by looking inward to see if God is wanting us to learn something about ourselves which is causing the buttons to be pressed – or why the relationship is not working. Pastoral care is a great way for the pastoral carer to learn about themselves because we are faced with so many different situations – and not all of them easy.

- Lastly, it is really important to provide the opportunity to share our experiences as pastoral carers. To ensure we are part of a regular meeting with others who share this ministry so that we have an opportunity to debrief and to learn from each other.

God enables us on our journey, so that we might be able to connect with the God-given journey of another person. We don't connect with that person's journey in order that we might show them what is the right and best journey for them to take. When our journeys cross paths, and at times connect for some period of time, the value is that the person for whom we offer care, will then be able to connect with God in that crossing or connecting.

Spiritual and Pastoral Care of Older Persons

- Spiritual and religious concerns raise fundamental questions about life. Why are we here? What is a good life? What happens after death? These profound questions become especially important as life nears its end. An older person we visit might want to talk about such things.
- Spiritual and religious questions are not answered easily – not even by clergy. It's good to remember that it may be that just being able to speak aloud what is bothering them is all the pastoral care a person needs at that point. We don't have to be an expert – or have all the answers – but simply allowing the issues to be verbalised can be helpful.
- You may be asked questions such as "What have I done to suffer like this?" "Why is God punishing me like this?" "How can there be a God when I'm suffering like this?" and so on. It is OK to share your views and feelings when you are asked - hearing another person's thoughts and feelings can be helpful to someone who is troubled by spiritual problems, but always let the person you are caring for be your guide - never impose.
- If a person is really sick – or expressing any major concern or difficulty - it is fine, and indeed probably important, to express our concern about what the person might be going through. However, it is equally important not to say **we know** what they are going through – or that we know how it feels. It is better to say something like "I am so very sorry," but don't say you understand. It is certainly not advisable to explain a difficulty or illness or any suffering by saying "It was God's will".
- Again though, probably one of the greatest gifts to an older person with particular needs is our willingness to listen.

Julie Barrett-Lennard