

# Guidance for Christian faith organisations in the support and value of older people

Part of a  
series of  
guidance



Jubilee+



# Forewords

The National Centre for Post-Qualifying Social Work and Professional Practice at Bournemouth University has a proud history of working at the forefront of complex social issues within our society. We work with a number of governmental departments and bodies and have previously developed and published The National Competency Framework for Safeguarding Adults, The National Mental Capacity Act Competency Framework and The National Mental Capacity Forum Advice on Next of Kin, understanding decision making authorities, amongst other advice.

We are the national leaders in the provision of the Mental Health Act (1983) and Mental Capacity Act (2005) education and training for Approved Mental Health Professionals and Best Interest Assessors in the UK. In addition, our educational text books in these areas are used extensively by health and social care professionals working in these fields. Currently, the Centre is leading the national research into financial abuse on behalf of the Chartered Trading Standards Institute (C.T.S.I) and has written the NHS (England) guidance on consent for treatment when a person lacks capacity to consent, as well as working with The National Scams Team and the City of London Economic Crime Unit. Our research and guidance in these areas is used extensively throughout the UK. Please note the legal aspects contained within this guidance relate specifically to England and Wales, although the principles are relevant to the whole of the U.K.

This guidance has developed out of a lifelong passion and interest for Karen Grimshaw and I. We first met at university in London some 40 years ago and we became lifelong friends. We both developed a professional interest in the care of older citizens and over the years we have discussed writing guidance such as this for Christian organisations, based on our experience and our own personal faith.

Karen has held a number of senior NHS roles in different organisations, over the last twenty years, including Director of Professional Practice, Director of Nursing, Executive Nurse and Nurse Consultant for Older People. I developed the National Centre and have spent many years advising government bodies and writing in this field. Meeting Carl Knightly last year, coupled with our approaching retirements, spurred us on to complete this work in association with Faith In Later Life. It is our sincere desire and belief that older people have so much to offer the Church and need to be highly valued by their communities. Rather than seeing older people as vulnerable we want them to be seen as valuable!

In recent years, churches have tended to focus on young people and families, yet many congregations have a more mature profile. This guidance is designed to help all Christian organisations and churches consider how they might better support, include and encourage older citizens in their communities. It takes a practical approach, offering insight and guidance based on the very best national research and understanding, and our combined years of national leadership of health and social care in this area. We trust you find it both stimulating and informative and that it inspires you to consider how you might offer even better pastoral support, and engage with these often under-valued members of our communities.

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**July 2020**

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There are over 11.9 million people aged 65+ in the UK, according to Age UK research (May 2019), and whilst people are living for longer, all too often older people are “written off” or simply not valued by Society, with a view that they are unable to make a contribution in their later years. And yet God doesn’t see His people this way. Psalm 92:13-14 tells us: “...***they will flourish in the courts of our God. They will still bear fruit in old age, they will stay fresh and green***”.

A community that values older people is a healthy community that will flourish. Older people are a significant demographic in church, and (pre-coronavirus) many churches across the country held regular groups and activities focused on older people in their church and wider community. Churches, of course, also have significant numbers of those under 65, and every Sunday tens of thousands of churches would see regular intergenerational interaction, with Sunday creches run by older volunteers, and all ages mixing over coffee after the church service. Church is intergenerational by design, and the Bible is clear that the older Christian believer is just as important as the younger, in fact quite often Seniors will have more to offer, because of their wisdom and life experience.

**Faith in Later Life** exists to inspire and equip Christians to reach, serve and empower older people, and a key part of what we do is signpost to Christian resources, in the pursuit of our mission. I was very pleased to be introduced to Professor Keith Brown last year, and since then we have remained in contact and reflected on how best we could work together. Keith is a leading figure in his field, through his leadership of The National Centre for Post-Qualifying Social Work and Professional Practice, as well as his work writing government policy; and he and his team hold significant expertise. As such I was delighted when Keith approached me to share his vision to produce guidance for Christian faith organisations. This guidance focuses on older people, but is relevant to all ages, as whilst it covers a wide range of areas and issues central to older people, irrespective of our age we will have older family and friends- and we probably all aspire to grow “old” one day, so one way or another, this affects us.

Church is intergenerational by design, and so this guidance and information is really important for every Christian to understand and absorb. If we all seek to grapple with and understand the subject areas contained in this publication, the way we interact with each other, approach relationships and friendships in church and beyond will be much improved. And as Church, where needed, reframes the way it sees older people, we as Christians can set an example to society around us, we can be salt and light, and with the understanding this publication brings, we can, perhaps with renewed vigour, seek to serve and empower those around us who are approaching or firmly within ‘later life’.

Thank you for reading through this booklet, and as you reflect on your own individual context, I hope this information before you is both helpful and encouraging.

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# Introduction

With the well-recognised demographic changes to our population, we now have more older people living in the UK than ever before; we are deemed an ageing population, with the numbers of very old citizens increasing in greatest proportions. It is this age-group of people, those over eighty years, in what is now recognised as the Fourth age, that this guidance will focus; to enable churches and other Christian faith organisations to better recognise, value and serve this age-group. Our ageing population is something to be proud of. With improved living and working conditions, advances in medical practice and healthier lifestyles, many of us can look forward to a “ripe” old age. We should view the prospect of living into our eighties and beyond as the “Gift of Years” and congratulate and celebrate those who have already achieved such status.

Many churches too are ageing, with most fellowships seeing an increase in the average age of members and many with greater proportions of people over eighty years than under twenty. This guidance helps us to consider the real gift of older people to our churches – how we should acknowledge, value and include those with the gift of years; how we can minister, serve and support the development of their faith; how we can reach out and share the gospel message to an older-age mission-field. Churches used to lead the way in caring for older and frail people in society; before any state services, churches would provide care, pastoral support, food and homes to those struggling in society, many of whom were older people. Nowadays, many churches support local community and social causes to a range of age-groups, often focusing on the real needs of children, families and younger people e.g. children in poverty, substance misusers, students, homeless people and families reliant on foodbanks. This guidance considers the practical, pastoral and spiritual support some older people may need, whether they live at home, on their own or in a care home.

Many church leaders and those leading other Christian faith organisations, have grown up during an era when there were larger numbers of children, youth and young families in churches. Many ministers undertook their training in a period when the focus of outreach and ministry was on families and young people. Many churches have youth workers or youth ministers whose role focusses on the pastoral care, discipleship and outreach to children and young people. Few churches have leadership roles for older people or workers who focus on the pastoral and spiritual needs of and outreach to older people. Few Bible colleges include programmes on ministries among older people. Few church leaders have any training or knowledge of the specific needs of those living in the fourth age, and there are not many with a passion for exploring the opportunities for mission to older people.

This guidance considers a range of issues facing older people and challenges churches and Christian faith organisations to do the same. Those living in the fourth age are not a homogenous group; to start with they represent people from different generations, with different life experiences, a range of health issues and different social situations. They are also at different stages of a faith journey, many will have been to Sunday school as children, many will have been married in church. Some will have been life-time Christians and be regular church attenders, some will now only go to church for ceremonies, others will not want to step foot into a church again. The diversity of the fourth age provides great opportunity for churches and Christian faith organisations; this guidance gives some ideas to churches for different ministries, outreach and mission among older people.

During the Covid-19 pandemic, the plight of many older people was brought to light as individuals at home struggled to survive with lock-down measures; families were cut-off from older relatives who were isolated and lonely; those living in care homes suffered with illness and isolation, whilst the



carers fought for access to appropriate supplies of protective equipment and cleaning products; and many elderly people died without being able to say goodbye to their loved ones. Yet the Covid-19 pandemic also brought opportunities for churches and other Christian faith organisations to step up, to recognise the need of those in their communities, including older people. The lock-down measures helped people appreciate what it is like to go for many days without seeing another person, to manage without the convenience of a car or access to a large supermarket and only being able to make contact with family via the phone or internet. The lock-down measures also enabled churches and other Christian faith organisations to think differently about how they work, consider their priorities and recognise the importance of personal pastoral work.

We all need to remember that often our own families include people in this fourth age. Yet for many in the church there appears an irony that supporting and caring for your own family members is the most difficult thing to do. They are our parents and grandparents who once cared for us, and yet suddenly this situation can be turned on its head and they require our care and support. This guidance provides practical advice for anybody finding themselves in this position. It's also a challenge to all churches and Christian faith-based organisations to step up to the challenge. The church has a proud history of caring for the marginalised in our society and we are now becoming increasingly aware that lonely elderly citizens are amongst the most vulnerable and marginalised in our society. This guidance is a call for a renewed sense of mission and support for those in their fourth age.

This guidance is written for different audiences – church members, leaders, pastoral workers and people who may be living in or towards the fourth age. It includes some reflections, to consider what is already known, understood or in place; it poses questions and provokes a re-think of what is currently happening. These reflections can be made by individuals, small groups or the whole church membership as a church recognises the need to improve its ministry and mission among older people.

Ministry and mission with older people require strong leadership and commitment from a church. Through the reflections and suggestions in this guidance, we hope that churches are encouraged to work with others in their areas, to identify what is already going on in terms of ministries among older people and what else is needed. The spiritual and pastoral needs of people living in the fourth age can sometimes be overlooked or forgotten by a busy church focused on children's work and other worthwhile ministries and outreach. Some older people feel frustrated that they are not included in the active ministry of the church – with assumptions made that they would be too tired or too frail – when they could be involved, in a less physical role, their ideas could be included or they could provide the important prayer support for the work of the church.

Each section of the guidance concludes with some suggestions for what churches can do. These are not exhaustive lists, nor are they mandatory. They provide ideas based on evidence and experience and are offered to help churches make a start or build upon their own success. It is recognised that many churches already offer activities and outreach services for older people: luncheon clubs, coffee mornings, film afternoons are very popular and may be well attended. Pastoral teams may visit older people at home, conduct a service in a care home and visit those living in sheltered housing. What we would like to encourage, is for every activity to be part of the church mission plan, every visit to include pastoral ministry. None of us know when our lives will end, but those living in the fourth age do know that they are in the latter stages of their life. Whether they have strong, little or no faith, those living in the fourth age can benefit from and appreciate pastoral ministry and support, some may even respond to an offer to be disciple or to disciple others. Those active Christians living in the fourth age still need support and prayer for their own spiritual growth, many will still want to be involved in church life and kingdom work. Some people will want to hear more about the gospel – over coffee or lunch, to learn about Jesus and to get to know Him as their Saviour. Other older people may simply need to know that someone cares and that they are not on their own, to feel that they are valued and valuable and to learn how best to make the most of their 'Gift of years'.

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# SECTION ONE

## Celebrating the fourth age; valuing the contributions of the oldest old

Christian faith organisations have many opportunities to show a recognition, appreciation and celebration of old age; in particular the oldest old, those in the 'fourth age' in their eighties, nineties and centenarians. Many commentators refer to the fourth age as living with the 'Gift of Years', recognising that the seniors have much to give, in terms of their experience and wisdom; that those who may be less able physically and even mentally, often have great strength in their spirituality. Viewing older age as a precious gift, helps people think of those in the fourth age with positive respect and affirmation; to remember and value the wisdom they bring to the younger generations; to view older people just as useful as other members, in service of the church and wider kingdom work.

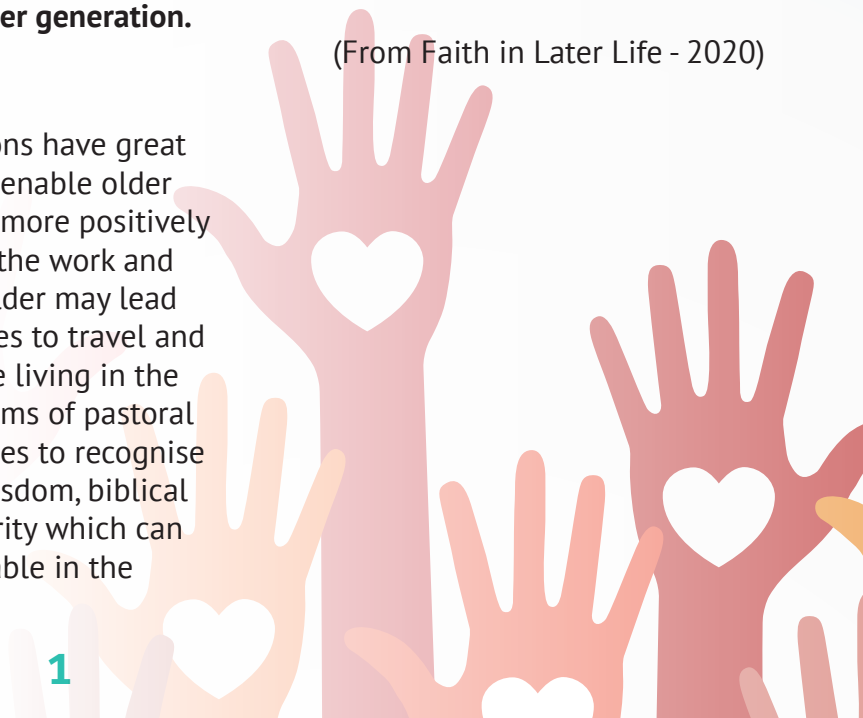
The fourth age is a period which requires a special approach - a celebration of life's successes and achievements, a letting go of failures and disappointment and a recognition of the wisdom and strength developed over many years. The later stages of life can enable people to reflect on their own experiences, shift their own values and expectations, and appreciate that for some things there are no absolute answers. It has been suggested that people in the fourth age can 'become more themselves', as they are able to let go of things which are no longer important, accept that some things have no answers and better 'entertain paradox and hold polarities in tension' (Walker 2013). It seems that through spiritual and pastoral support, those in the fourth age can be helped to deal with any perceived failings of life, discover new meanings and values and become more connected to their faith (Woodward 2008; Walker 2013).

### Specific opportunities and blessings of the fourth age:

- **An understanding of the importance of spirituality and an anticipation of heaven.**
- **An opportunity to experience God's grace and prepare ourselves to enter glory.**
- **A fullness in knowing God – when wisdom is gained through knowledge and experience.**
- **Spiritual growth and deeper intercession and relationship with God.**
- **For exhibiting the fruit of the Spirit – 'love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.' Galatians 5:22,23.**
- **For sharing God's goodness manifested over a lifetime.**
- **For sharing and mentoring the younger generation.**

(From Faith in Later Life - 2020)

Churches and other Christian faith-organisations have great potential and opportunities to encourage and enable older people to feel valued and appreciated; to feel more positively about themselves and to be more involved in the work and ministry of the organisation. Whilst growing older may lead to reduced physical activity, fewer opportunities to travel and less social demands and responsibilities, those living in the fourth age still have much to contribute, in terms of pastoral and spiritual service. It is important for churches to recognise that those in the fourth age will often have wisdom, biblical knowledge, life experience and spiritual maturity which can be great assets to any ministry and most valuable in the discipleship and growth of younger Christians.






For many Christians in their fourth age, their faith has been the context of their life for many years. Some will have been active in spreading the gospel message to the next generation, others have been faithful in their Christian living, day by day. Some will have had wider missionary or ministry roles and bring to later life a rich variety of skills, experiences and aptitudes for mission and ministry to young and old. Learning from experience of their own faith journeys, those living in the fourth age have much to give, in terms of pastoral and spiritual support to others. They are often excellent prayer warriors, telephone missionaries and 'friendship evangelists' (Jewell 2013).

Christians On Ageing (2019) reminds us that it is important to remember and reiterate that the stories of those in the fourth age are not just about the past, they are relevant to the here and now, of the Churches' proclamation of the gospel of Jesus Christ and to the service of the kingdom of God.

## Reflection

- What opportunities does our church provide to encourage and appreciate older people?
- How could our church use our oldest members to support, share and develop the younger generations?
- Are the older 'prayer warriors' in our church invited to play a central role in the prayer life of our church?
- How do we show that we value and respect our oldest church members? Do those in the fourth age feel that they are worthless or a burden to the church?
- How do we celebrate the lives and achievements of those living in the fourth age? (Apart from holding funerals).

## Spirituality and ageing



For many older people, faith and religion are important aspects of their spirituality – allowing the person to hold onto real meaning in their life, have confidence in their personhood and providing hope for the future. It is interesting that the science of gerontology now recognises that spirituality can help older people hold onto the positives of old age, adjust and cope with the stresses of life and recover from illness and bereavement. It is suggested that faith and spirituality enable older people to manage the complexities of getting old, accept the unanswered questions of life and reduce fear of the future.

As life goes on, there is more to learn from, more to reflect upon and more to dwell on. Those living in the fourth age may have had more experiences; more joys, disappointments, pleasures, sadness, successes, regrets and failures. As people grow older, they become more spiritual – more aware of life and perhaps more aware of death (Woodward 2008). Reflection can help us see ourselves as part of the universe – not its centre; accept things which at one time were painful or difficult; help us to let go of things which really are not important. Chittisher (2008) suggests that older people stop trying to be people they never were – stop pretending and accept the “gift of years” they now have.

It is wrong to assume that older people have reached the end of their spiritual journey, simply because they are further along in their life; that they have no particular spiritual needs or unlikely to grow further in their faith. “Becoming the unique person God has in mind for me to be, is a lifetime’s journey” (Atwell 2011). Our spiritual growth should be ongoing and our need for spiritual support and development continual. It is important to recognise that many older people may have had (and continue to have) struggles with their faith and spirituality at different times throughout their life – and old age is no different. Many people cope with challenges, losses, stresses and difficult situations by dismissing anything religious or spiritual; some older people may hold onto the rituals of religion, but have abandoned the core of their Christian belief – simply ‘doing church’ rather than living a faith. It is important therefore for Christian faith organisations to offer spiritual and pastoral support to those living in the fourth age – and not assume that because they are very old, they will have no spiritual needs.

### **Specific spiritual needs of older people which may be helped by the church:**

- **Experiencing God** – meeting God through prayer and biblical reflection; sharing in fellowship and being part of a community of God and feeling His presence, love and power. Dealing with doubts, anger and disappointment can help older people on their spiritual journey.
- **Accepting losses** – to make sense of difficulties and challenges of old age; letting go of the ‘younger self’ and accepting the older person who may have limited physical abilities, mental function and emotional resilience.
- **Having an awareness of the end of life** – this may involve resolving issues or conflicts of the past, receiving healing of past hurts or seeking forgiveness.

### **Reflection**

- How does our church support and encourage older people in their faith journey?
- How proactive is our pastoral ministry to older people with spiritual support?
- What are the spiritual needs of older people in our church?
- How do we support and include those older people who are confined to home and less able to attend services and prayer/bible meetings?

There is huge potential for mission amongst older people – reaching out to spread the good news of the gospel to older people who have no faith, but for whom there may be less time to respond to the gospel message. Many older people who have had little or no contact with churches during their younger years, may be in a position to listen, reflect, believe and accept the love of Jesus in their fourth age. At a time in their life with fewer pressures, demands and expectations than their youth, middle age and even early retirement, those living in their fourth age may be able to re-evaluate their own life; they may be in a position re-set their priorities and commitments, be less materialistic and self-centred and more appreciative of spiritual guidance, acceptance of pastoral ministry and open to the message of the gospel.

Churches play an important role in supporting older people with the spirituality of ageing. Enabling and encouraging those in the fourth age to reflect and rejoice; to let go of issues, relationships or difficulties which may have caused pain in the past. Prayer and pastoral care, to those in later life are important aspects of the spiritual support older people need. So too is fellowship, with praise and thanksgiving - to celebrate life in the fourth age and be thankful. Churches can also encourage and enable older people to focus on the positive gifts of later life and provide opportunities for spiritual healing from anything in life which may have caused hurt or damage.



## What churches **CAN** do to promote the spirituality of ageing

Develop pastoral ministries among and relevant to older people (see section 8).

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Review All-Age services, to ensure that they meet the needs of those in the fourth age, as well as children and families.

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Introduce a pastoral and spiritual element to out-reach activities to older people – e.g. coffee mornings, lunch-clubs.

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Consider running courses specifically for older people such as an Omega course (in addition to Alpha), or Pilgrims Progress study course, to guide those in the fourth age to explore questions of faith (e.g. [www.carehomefriends.org.uk](http://www.carehomefriends.org.uk); [www.faithinlaterlife.org](http://www.faithinlaterlife.org)).

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Ensure that prayer groups, bible-studies and church meetings are held at times and in venues accessible to older people, e.g. consider an afternoon meeting.

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Identify opportunities for intergenerational learning and mentoring – to use the experiences and wisdom of those in the fourth age to teach and develop younger members.

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# SECTION TWO

## An ageing population: an ageing church

The demographic changes to our society are well known – we are an ageing population, with an increasing life expectancy and proportions of older people (Age UK - 2019). In 2019, there were 11.9 million UK residents aged 65 years and over, representing 18% of the total population – this is likely to increase over the next 40 years to 26%. The biggest increases will continue to be in the numbers of the “oldest old” – those who living in the fourth age. There is a predicted 100% increase in people aged over 85 years and 85% increase in centenarians (ONS 2018). A common characteristic and definition of the fourth age is the decline in biological and social function; a high proportion of the oldest old living with frailty, co-morbidities and disabilities. According to Age UK, 69% of those in the fourth age have multiple illnesses or disabilities and 65% are classed as frail.



The increases in proportions of older people living in the fourth age are even greater amongst church populations/memberships. With the exception of the Orthodox and Pentecostal churches, the average age of those attending churches has increased over the last decade, with the proportions of those in the fourth age having double or trebled. Across the denominations, this brings great opportunities for churches – to nurture, develop and value these members, to bring glory and give service for the kingdom of God. The challenge these changes to church memberships bring is to view those in the fourth age as a ‘gift to enjoy, rather than a burden to bear’ (Jewell 2013).

Despite most churches having declining numbers and ageing memberships, very few have specific ministries, leadership or missions involving or among older people. Rohr (2012) suggested that many churches have a ‘first-half-of-life’ culture, where the focus of ministry is on children and families, with the contributions and needs of elders being largely ignored. Many churches have few children and young families in their membership or attending Sunday services, yet there is still a heavy focus on children and family ministries. Despite being an ageing church, there are very few ministries among older people. In particular, there is little focus on those in the fourth age – the ‘forgotten faithful’, who may not be able to attend church services, events or groups; whose spiritual and pastoral needs may go unnoticed or unfulfilled in most churches; who may have enormous amount of knowledge, experience and wisdom but few opportunities to share or use these in ministry or mission.

### Reflection

- What is the age-profile of our church membership?
- What leadership, ministry and mission do we have relevant to those in the fourth age?
- How much of our resources goes towards ministry among older people?
- Does our view and strategy for mission and out-reach include mission among older people?
- How does the ministry of our church reachout to meet the pastoral needs of the oldest old?

# Ageism in society and in the church

The lack of focus on the pastoral needs and spiritual contribution of those in the fourth age is typical of society's ageist views of older people in general. Ageism reflects a lack of knowledge and understanding of ageing and a fear of older age, leading to negative attitudes and discriminations against older people. Ageist views discriminate against old age, suggesting that ageing is something to avoid at all costs; views which devalue the contribution of elders and focus on the new, updated, modern and young. Age UK (2012) report age discrimination to be the most common form of discrimination in the UK. Ageism and age discrimination are manifest in the lack of resources, services and policies to support older people within the community. Despite the Equality Act (2010) making it illegal to discriminate on the basis of age, older people often experience prejudice from society, due to ageist views and attitudes.

Age discrimination can be seen across public sector services and within communities – in employment policies, housing criteria, local authority funding and access to healthcare services – and also in Christian faith organisations. The impact of institutional ageism, seen in society today, is that services for older people can be undervalued and the needs of older people overlooked. Churches and Christian faith organisations can have practices, services and policies, which discriminate against older people, without being explicitly ageist; individuals and organisations can inadvertently discriminate against older people, due to a culture which is inherently ageist. Some of the ageism experienced by people living in the fourth age is due to a lack of knowledge and understanding, rather than intentional discrimination – leading to those in the fourth age feeling excluded, abandoned and disregarded. A church community worker told of a couple she knew who had recently retired, moved house and started to attend a new church. Three visits later and not one person had approached them. The following week they visited with their daughter and her family. Her daughter and son-in-law were approached immediately and with that the older couple were introduced.

Ageism in churches often overlooks the pastoral and spiritual needs of older members, lacks sensitivity towards the changing circumstances and social needs of the fourth age and ignores the contributions of the oldest old to church life and work. Albans & Johnson (2013) commented that churches have yet to fully appreciate and engage with the 'new populations of older people' Churches need to develop more pastoral ministries, which focus on the spiritual needs of people, to bring together age-groups and counter against the ageism of society today; to enable the church to better recognise the rights of the very old to be heard and valued. Rather than marginalising and disempowering those in the fourth age, the church needs to include these wise elders, recognise their contribution to life and to the fellowship and celebrate their wisdom and understanding.

## Reflection

- How does our church listen to the needs and views of older people?
- How could we better minister to the needs of those in the fourth age?
- What assumptions and prejudices exist regarding the needs and values of older people?

Society and churches often do not listen to the view and needs of older people, or worse – make assumptions on what older people need and want. As with other age-groups, those in the fourth age are not an homogenous group – and yet they often are viewed and treated the same. Not everyone in the eighties or nineties wants a more traditional style of service; some are very able and proficient in the use of an iPhone or iPad; many want to remain actively involved in the church and are far from ready to take a rest from kingdom service. There is a danger that by holding onto ageist views and practices, a church will miss opportunities for kingdom work among older people – the potential to bring older people to know Jesus; to enable older people to grow in their faith journey; to fully use the fruits and gifts of the Holy Spirit and to serve through the gift of their years of experience and wisdom.

## What churches **CAN** do to fight Ageism and Age Discrimination

Understand and celebrate the age profile of your membership.

Identify the leadership for ministry among older people.

Promote a better understanding of ageing and old age - to celebrate the positive aspects and dispel negative myths, views and prejudices.

Create opportunities to listen to the views and experiences of those in the fourth age.

Promote involvement of older people at all levels and in all activities of the church.

Develop activities and opportunities for intergenerational learning and those for members in the fourth age to teach, guide and mentor younger members.





# SECTION THREE

## The church's role in fighting loneliness and isolation

Age UK (2016) reported that one million older people can go without speaking to a family member or friend for a month and 49% of older people in the UK say that television or their pet is their main company. Whilst living alone may not involve being isolated or feeling lonely, it is one of the major risks for loneliness - more than 1 million older people admitting that they always, or often, feel lonely.

### Factors contributing to loneliness in older people:

- **Reduced health status**
- **Disability and reduced functional ability**
- **Being widowed**
- **Living alone**
- **Increase in age** (Age UK 2015)

Other factors associated with loneliness include poor health, disability and social decline, being widowed, being older and being housebound. Loneliness can have the same negative impact on health as smoking 15 cigarettes a day, by increasing risks of high blood pressure and coronary disease. Poor health and frailty in the fourth age can contribute to loneliness, by limiting physical activity, functional abilities and social interactions; poor physical health can impact on mood and emotions and contribute to cognitive decline. Therefore, maintaining health and well-being in the fourth age are important ways of reducing the negative cycle of disability and loneliness.



Older members of a church may find it more difficult to maintain regular attendance at services or other meetings, due to physical or mental health decline. Where their main social contacts are within the church, they may also lose long-term Christian friends through ill-health, moving house or death. As their contemporaries die or can no longer attend church, older people in the fourth age can struggle with loss, a sense of loneliness and isolation with a lack of anyone with whom to share their continued faith journey.

Older people living alone are a specific “at risk” group for health decline associated with loneliness (Public Health England - 2015). This has been particularly relevant during the Covid pandemic, in which many older people were rendered completely isolated due to shielding measures – those living alone found themselves completely cut-off from family and society, only having contact with others from the telephone, internet or doorstep. Whilst many churches have delivered weekly services and prayer meetings online, some older people were unable to access these due to lack of technology or technology skills/confidence.

Loneliness of caring is a common experience of those older people caring for someone at home. With a sense of love and duty, many older carers struggle with the increasing demands of providing care for someone at home. An older carer often struggles with the physical, mental and emotional demands of looking after a loved one – with limited opportunities for their own social interactions, rest and respite from their caring role.

## Reflection

- Which of our church members live alone, distant from their family?
- Where do older people live in our neighbourhood? Do they live alone?
- How can we reach out to older people who may be lonely?
- Can we identify any of our older members who are carers? How do we support them?
- How do we engage with older members who are unable to use the internet?

For older people living alone or struggling with loneliness, Christian faith organisations have much to offer – through outreach visiting, social activities and creating a sense of belonging and purpose. In addition to providing support, social contact and purposeful activity to fourth age members, churches have huge opportunities for mission and ministry; for evangelism and kingdom-building to the lonely and isolated older people in the community.

### **The impact of outreach to people who are lonely and isolated:**

- **Encouraging and enabling volunteers to help lonely older people.**
- **Joining with other organisations to combat loneliness among older people.**
- **Sharing resources (e.g. volunteers, buildings, facilities), with community organisations and local businesses to help support lonely older people.**
- **Being 'eyes on the ground' to spot possible loneliness amongst older people amongst church members and know where they could get help.**

(Age UK 2016)

Reducing social isolation and loneliness are important aspects of a good quality of life. Supporting older people to get involved and engaged with activities and people which matter to them, is one way of promoting their health and wellbeing. Maintaining or establishing good relationships can reduce the impact of social isolation or living alone. Promoting social relationships in older people can promote their health and independence. But Christian faith organisations can do far more than simply offering tea and cake – more than just meeting the social needs of older people who may be struggling with loneliness. By reaching out to those who are socially isolated, church fellowships can promote the health of older people, by encouraging and facilitating regular social interactions, developing meaningful friendships and providing opportunities for discussion and support of personal and spiritual development.

### **Outreach to older people in the community can help the fight against loneliness by:**

- **Helping individuals to define personal identity, in the form of relationships.**
- **Creating a sense of belonging.**
- **Promoting the sharing of knowledge and experiences, to enable a mutual understanding and appreciation of others.**
- **Informing and developing coping strategies and accessing help against loneliness and isolation.**
- **Improving social and functional abilities and increase positive thoughts.**
- **Enabling social support and self-help to cope with the challenges of isolation.**

## Case Study – Walter

Walter was an 88-year-old gentleman who lived alone since the death of his wife five years ago. Although he spoke to his son regularly on the phone, Walter had not seen any of his family since the death of his wife; he had withdrawn from the circles of friends and regular social events and thus he became very isolated, spending hours and days on his own. He continued to mourn the loss of his wife and although he initially managed the practicalities of living alone, he struggled emotionally and socially without her. Walter's poor eye sight meant he had to give up his car; arthritis and heart failure made it difficult to walk long distances or up hills and therefore less able to get a bus to go out. He found himself "stuck at home" for many hours and days, feeling isolated and lonely.

Spending so much time on his own, in his grief and isolation, Walter began to be depressed. With his increasingly poor eye sight and frailty, every day functional activities became difficult and social activities impossible. Things he used to enjoy with his wife – such as sitting in his garden, enjoying a nice meal or simply have a cup of coffee together – became unbearable on his own. His usually good appetite reduced, his ability and inclination to cook also declined – resulting in many days without a meal. His reduced functional abilities led to poor living conditions and dangerous situations, such as forgetting to put water in the kettle, leaving the iron switched on, leaving clutter and trip-hazards around the house. The poor living conditions and isolated lifestyle began to affect Walter's physical health – his lack of good diet, exercise and social interactions made him weak and frail; he became more immobile and struggled with incontinence, frequent infections and a decline of his general health.

At times Walter spoke of his loneliness and isolation, of the depression and despair at spending so much time on his own; his isolation made the sadness and grief at the loss of his wife unbearable. His loneliness and isolation began to affect his memory and orientation; he had episodes of confusion, frustration and anger. It was as though he was living in a vicious circle – of isolation and decreasing independence – the lonelier and more isolated Walter felt, the less he was able to do for himself and the more despair he felt.

In the recent **Covid-19** pandemic, many people struggled with the enforced social isolation and the experience of loneliness. There is now a wider understanding of the physical, mental and social impacts of being socially isolated – of spending hours, days and weeks alone, being limited to telephone and virtual contact with others and devoid of physical contact of others. For many people living in the fourth age, such social isolation and loneliness is an everyday norm. Whilst some develop a resilience and contentment which enables them to live alone without due distress, others like Walter struggle with the despair of loneliness.





Recognising the impact of social isolation and loneliness on the physical, mental and social health of older people, Christian faith organisations can offer opportunities for activities to reduce loneliness as part of their ministry and mission. At an individual level, this may involve understanding what older members want, in terms of maintaining and fellowship, getting involved with church and community events and connecting them with local faith or community support groups. It may involve visiting, telephoning or meeting with older people who live alone in the neighbourhood – reaching out to offer friendship and reduce isolation. At a community level, it may involve identifying other church, voluntary organisation or public service groups/activities/services in the neighbourhood – working with other organisations to provide activities, transport and volunteer support to enable older people to access and engage with a range of social interactions, activities and support, in order to reduce the impact of loneliness.



Providing outreach and support to older people who may be struggling with loneliness in later life, creates opportunities for mission and ministry for Christian faith organisations. Meeting the spiritual and pastoral needs of older people is a good way to offer the love of Jesus and share the messages of the Gospel. Many people living in the fourth age may have been to Sunday school as a child, attended church for festivals and ceremonies and have a basic knowledge of the bible and psalms – however, some may never have had the opportunity to really hear the Gospel or consider a personal relationship with God. Being invited to a church activity, service or group may be the only invitation an older person receives to a social engagement – learning about and being introduced to Jesus may be the greatest opportunity an older person receives, to make the greatest of friends.

## What churches **CAN** do to reduce loneliness in later life

Identify those in the fourth age who are at risk of loneliness - amongst the church membership and within the local community.

Work with other organisations – both religious and secular, voluntary and public sector - to set up networks of social engagement and social activities appropriate for older people.

Work with other organisations to outreach to those living alone – befriending and visiting.

Encourage intergenerational working – facilitating young people and children to support and be involved with outreach to older people.

Take every opportunity to share the gospel with groups and individuals – to offer the greatest friend of all to those who are lonely and isolated.

# SECTION FOUR

## Older people living in care homes

With an increase in community support services, specialist housing and domiciliary care, the proportions of older people living at home have remained static over the last few decades – 96% of people over 65 years live independently in the community. However, according to Age UK (2019), the very old are more likely to need institutional care; 14.8% of those over 85 years live in care homes, representing 59% of care home residents.

Care home providers are increasingly stretched, in terms of available funding, requirements of regulators, expectations of residents and families and standards from local authority safeguarding adult boards (Care Quality Commission 2016). The difficulties for care homes came to light in the recent Covid 19 pandemic, when care homes struggled to manage the safe transfer of people from hospital, access the right PPE for staff, organise prompt Covid testing for residents and staff and receive timely public health support and advice. People living in care homes nowadays tend to be older, have disabilities, illness and conditions which require intense, specialist physical, mental and emotional care; they move into care homes much later in life, in later stages of their illness, at a time when they need considerable care and support for the last weeks and months of life.



Churches and other Christian faith organisations are ideally placed to offer support and spiritual care to people living in care homes. However, care home residents are often ‘forgotten’ by churches – with members living in care homes sometimes overlooked or left out of church activities, events and decision-making; care home residents are rarely included in the invitation to community outreach events held by local churches. The care home regulator, the Care Quality Commission, requires care homes to provide person-centred care, ensuring that people using a service have care and treatment which is personalised specifically for them – this includes spiritual and pastoral care. Care homes are also required to demonstrate engagement with the local community and provide opportunities for residents to be involved in community activities outside of the care home (UK Legislation 2014). Regular contact, engagement and involvement with local churches enable a care home to make meaningful and significant links with the local community, supporting residents to feel part of a neighbourhood.

## Reflection

- Which care homes are in the neighbourhood of our church – what care do they provide?
- In which care homes are some of our members living? Where are they?
- Who and how often do church members visit care home members or local care homes?
- What care home ministry does our church currently provide?

Whilst all care homes are required to provide person-centred care, which will include meeting the spiritual needs of residents, the vast majority of care homes are not run by Christian organisations; some struggle to understand the concept of spiritual care or deliver care which meets the individual spiritual needs of their residents. Through regular pastoral visiting, the delivery of religious services or provision of small group prayer or bible study meetings, churches can help care homes meet the spiritual and pastoral needs of individual residents and form meaningful relationships within the local community. There are national schemes to promote the involvement of local churches with their neighbouring care homes (see below - Care Home Friends; Anna Chaplaincy; Pastoral Action in Residential Care Homes for the Elderly; Methodist Association Care Home Chaplains).

## Care home placements

With the average age of church members increasing in most churches and the numbers of those in the fourth age rising, the likelihood of members needing to find an appropriate care home to meet their needs is also increasing. It is not unusual for there to be a number of church members residing in care homes at any one time – whether for short-term placement following illness or bereavement or long-term residency due to the individual's increased care needs or end-stage illness. With a lack of experience of how care homes work, knowledge about the type of care different registrations provide and an understanding of how to reach out and engage with residents and staff, there can be a fear and reluctance to visit and get involved with local care homes. By spending time getting to know the different care homes in the neighbourhood of the church, understanding the sort of care provided and needs of residents, and making introductions to the care home management and staff teams, local churches can help bridge the gap towards care homes, establish regular contact and relationships with staff and residents and thus reduce the fear of moving into care home settings.

The Care Quality Commission (2015) define a care home as “a place where personal care and accommodation are provided together”. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated by the CQC. The care and activities which care homes provide are defined as ‘regulated activities’, which include personal care, accommodation, nursing care, treatment of disease or injury, management of long-term conditions.

**Care homes for adults will be registered specifically for people who are:**

- **Over 65.**
- **Living with Dementia.**
- **Have long-term mental health conditions.**
- **Require treatment for substance misuse.**
- **Living with Learning Disabilities.**
- **Living with Physical Disabilities.**



The majority of care homes are registered as 'Residential' homes – providing long-term care, convalescence, crisis support or respite care on a 24-hour basis. Where the care and support for individuals require the ongoing input of registered/qualified nurses, the care home will have to be registered as a 'Nursing Home'.

There are also other forms of registration, where people live independently, receiving regular personal care and support with long-term conditions on a daily or regular basis (but not 24 hours) – these include 'Supported Living' and 'Extra-care Housing'. Details of registration and the scope of regulated activities can be found on the CQC website: [www.cqc.org.uk](http://www.cqc.org.uk)

## **Funding for care home placements**

Funding for care home placements can be complex; the arrangements for funding will often change, as the needs of the individual change. For example, funding of a specialist placement for someone with Dementia may be higher for the first few weeks, as the person needs more care to settle into the home; someone whose condition rapidly deteriorates may require more care and the funding may need to be increased. Care home fees are set by the provider organisation – but the local authority and NHS will agree and set parameters for public funding of placements; this will include resource for the provision of care according to the regulated activity of the care home – it will not include additional costs for extra services, activities or specific aspects of the accommodation such as a view, garden access, etc. A now chronic funding situation in Adult Social Care means that year on year there have been fewer local authority funded placements. Some care homes struggle to maintain financial viability and the Care Home sector represents one of the lower paid, with high vacancy rates and turnover of staff. The lack of public funding for care home placements means that many people have to use their own income and savings to fund their care home. In these cases, the individual agrees the fee and services direct with the care home manager. The local authority could pay for some or most of the care home fees, following a care needs assessment which is undertaken by an Adult Social Care department. Any care home funding which is met by the local authority is 'means-tested', so that the individual makes a contribution to the costs of their care, according to their ability to pay.

The following applies to funding of care homes by local authority:

- The 'care needs assessment' identifies the individual's needs for care home placement and the associated costs for this.
- The 'care needs assessment' will identify the cost of actual care and support required from a care home. Costs of additional services or extra aspects of care home fees, will not be included in the cost of care, e.g. hairdressing, social outings/activities, rooms with a view or garden.
- For the local authority to contribute to costs of a care home placement, a financial assessment of the individual will be undertaken. This includes the 'means-test' of the individual's financial assets.
- The 'means-test' includes consideration of the individual's income, savings and value of their property, to calculate how much they need to contribute towards the cost of care home placement.
- Where placement in a care home is a permanent arrangement, the value of property is included in the 'means-test'.
- A person's property will be included in the means test at its present market value, but less any mortgage or loan remaining and less 10% of its value where there would be expenses to sell it.
- Where a property or savings is jointly owned, the values will be considered equally and only a proportion of the value of assets will be included in the 'means-test'.
- The local authority sets a national range of value of financial assets, above which an individual must pay for their own care home placement (this is classed as self-funding).
- If a person's financial assets fall between the lower and higher value set nationally, the local authority will fund some of the care home fees, but the individual will have to pay the rest.
- Once an individual's assets fall below the lower value – the local authority will fund the cost of care home placement, identified through the 'care needs assessment'.
- Anyone paying for their own care home placement should not be left with less than the Personal Expenses Allowance per week. This is set nationally and reviewed annually.
- Where the value of a property is included in the financial assessment and results in the individual contributing to or paying in full for their care home placements, payments may be deferred until the property is sold and funding available.

(further information from [www.ageuk.org.uk](http://www.ageuk.org.uk))

When the care of the individual is to meet a primary healthcare need, and the individual needs ongoing, specialist nursing, therapy or medical input, the funding may be met by the NHS. In this case, the individual is not required to contribute to any costs of the care home placement.

**Individuals should be considered for NHS funding of care home placement when:**

- Plans are being made for a care home placement on discharge from hospital.
- It is believed by health and social care staff that the person's significant health needs are unlikely to improve after a period of rehabilitation – in hospital or the community.
- Prior to moving to a Nursing registered care home.
- There is a significant deterioration in the individual's physical or mental state and the current level of care seems inadequate.
- On an annual basis, when an individual is living in a Nursing registered care home.
- If the person's health and condition rapidly deteriorate and they may be approaching the end of life.

There is a wide range of advice for individuals and families regarding choosing a care home – from statutory, voluntary and private organisations. As with any accommodation or housing, the choice of care home is very personal – with the added requirement that the care provider must be able to meet the personal needs for care and support, nursing and long-term management of their condition. Older people may turn to the church for support and advice about moving into a care home – whether for short or long-term care. If the individual has no local family, has become unwell and frail or needs to make a decision when being discharged from hospital or to avoid a hospital admission, they may look to the church fellowship for support, guidance and advice. Whilst church members or leaders have no legal or formal input to decisions about care homes – unless someone has been appointed Lasting Power of Attorney for health & wellbeing for an individual – older people may need and appreciate the pastoral support in helping them choose a care home and make the necessary arrangements for this.

**The following may be helpful in supporting someone to choose an appropriate care home:**

- **Be clear what needs the individual has, in terms of care and support.**
- **Where does the individual want to live – at home? locally? near to family?**
- **Understand all the options – can the care be provided at home? could the placement be short-term? what type of care is needed?**
- **Make a short-list of suitable care homes.**
- **Read the inspection reports – [www.cqc.org.uk](http://www.cqc.org.uk).**
- **Contact the care homes – to discuss the type of care they provide, fees and vacancies.**
- **Visit the care homes, with the individual – to get a feel for the place, other residents, staff.**
- **Look at the layout of the care home, the garden, communal spaces, corridors.**
- **Ask about social and spiritual care – mealtimes, social activities, pastoral support, religious activities, links with local churches and the community.**
- **Ask family, friends, neighbours for recommendations.**
- **Offer prayer and pastoral support to the individual – as with any big decision of life, moving into a care home is better undertaken in a planned and prayerful way, if this is possible and time allows.**

**Sources of information regarding choosing a care home:**

Age UK (2019) – Choosing the right care home - [www.ageuk.org.uk](http://www.ageuk.org.uk)  
 Care Quality Commission (2019) - Help choosing care – [www.cqc.org.uk](http://www.cqc.org.uk)  
 Healthwatch (2017) - Five Steps to follow when choosing a care home (2017) - [www.healthwatch.co.uk](http://www.healthwatch.co.uk)  
 Healthwatch (2017) - Choosing a Care Home, The Mum's test - [www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)  
 Independent Age (2020) – How to Find the Right Care Home (2020) – [www.independentage.org.uk](http://www.independentage.org.uk)  
 Which? (2020) - Later Life Care; Tips for choosing a Care Home – [www.which.co.uk](http://www.which.co.uk)





# Pastoral ministry to residents in care homes

Church members moving into a care home may feel isolated and cut-off from the fellowship of the church; it is common for members to feel forgotten and abandoned when they move into a care home. Arranging for regular visiting, including members in church activities and involving them in meetings and decisions about church life, are all ways in which the church can help those living in care homes to remain active in the fellowship and maintain a valued contribution to church life.

## Case Study – Genie

Genie is in her eighties and lives in a sheltered housing residential home. She has a strong faith in Jesus and has always attended church, but always felt shy about talking to her friends about her beliefs. The local church started to visit the communal lounge once a month with an afternoon of fun to build relationships with the residents in response to local reports around loneliness. After two years, the church set up a monthly group in the lounge using the 'Brain and Soul Boosting' resource from Pilgrims' Friend Society. Genie, although shy at first, began over time to share her faith with others and publicly praise God in the times of prayer. For the others in the group, the resource was a great springboard to communicate the gospel and was a safe place to be vulnerable, built on the strong foundation of friendships built over time.

Ministry and pastoral care to people living in care homes can be undertaken by many members of a Christian faith organisation – it does not have to be only the remit of the leadership team or pastoral care team. Indeed, this ministry can be intergenerational – involving a wide range of age groups from the church; it can involve single visitor support or small team ministry. Care home residents can be encouraged and enabled to attend church services, events and regular activities; church groups can be facilitated to provide outreach and teaching to those living in care homes – e.g. small services held in the home, bible study or prayer groups, children and young people visiting to sing, perform small plays or simply read or talk to residents.

**There are several national schemes to promote the pastoral & spiritual support of people living in Care homes:**

- **Care Home Friends** is a Christian organisation which exists to support churches in making links with local care homes – they work to facilitate churches to 'adopt' local care homes, with trained volunteers spending time and building friendship with residents and developing good community and neighbourhood relationships between church and care homes ([www.carehomefriends.org.uk](http://www.carehomefriends.org.uk)).
- **The Methodist Homes Association** employ Care Home Chaplains who regularly visit residents in care homes, building up relationships and getting to know the life experiences and interests of residents, in order to help meet the spiritual and pastoral needs of those living in care homes ([www.mha.org.uk](http://www.mha.org.uk)).
- **Anna Chaplaincy** promotes support of local churches with regular visiting of residents in care homes and the provision of small religious services to offer spiritual and pastoral support to those living in care homes ([www.annachaplaincy.org.uk](http://www.annachaplaincy.org.uk)).
- **PARCHE (Pastoral Action in Residential Care Homes for the Elderly)** is a church-based ministry of Christian teams who visit care homes to bring fellowship, comfort, bible-teaching, communion and friendship to the elderly living in care homes ([www.parche.org.uk](http://www.parche.org.uk)).

## What churches **CAN** do to provide pastoral support to those living in care homes

Identify and understand the services of local care homes in the neighbourhood.

Meet with the managers and staff of local care homes, to hear how the church can help them in meeting the spiritual and pastoral needs of residents.

Break down the barriers and dispel the myths and fear of care homes – through good relationships between church and local care homes.

Ensure that every church member living in a care home is visited regularly and kept informed and involved in church activities and decisions.

Invite and include care home residents in church services and regular activities.

Offer practical support to residents who may wish to attend church, e.g. care, transport.

Identify opportunities for church members to engage with local care homes – visiting, befriending, holding small services.

Involve church groups in ministering to residents in care homes – e.g. bible study, prayer groups, youth and children groups visiting, nativity play performance, singing.

Identify a pastoral lead for ministry to local care homes – to liaise with care homes, co-ordinate pastoral support and links with church.



# SECTION FIVE

## Advance care planning and end of life care

People in the fourth age may need support and encouragement to look forward and consider future decisions regarding their health, care and potential or likely treatments. Whether the person is active, struggling with long-term conditions or is housebound or frail, making informed decisions regarding future care is important; encouraging people in the fourth age to discuss aspects of future care and even end-of-life care is one way to empower them, help them maintain control in their lives and feel comfort and peace that 'things' have been sorted and agreed. Whilst most Christian faith organisations are not involved in the provision or delivery of medical care or treatments, pastoral support from the church can be important and helpful to many Christians, in the decisions for future care and treatment. People often need spiritual and pastoral support to talk through choices, wishes and their own priorities for care. This support can help families have 'difficult' discussions and explore options available for future care, treatments and care settings.

### What is Advance Care Planning?

Advance Care Planning (ACP) is a way in which individuals can discuss and make clear their wishes and choices for treatment and care, which may become relevant at a future time, when they lack capacity to make decisions for themselves.

*'Advance care planning is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of advance care planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.'*

(International Consensus Definition of Advance Care Planning- 2017)

Society is only just waking up to the need for advance planning for future care and treatment – arrangements such as Advance Care Planning, Lasting Power of Attorneys and Advance Decisions to Refuse Treatments have been in place for many years, but are only recently being put in place and seen in hospitals and other care settings. Whilst these future decision-making arrangements are relevant for all ages, they are particularly important for older people in the fourth age – for medical treatments and care arrangements such as hospital admission, urgent care and treatment, resuscitation, artificial life support, care home placement and priorities for end-of-lifecare. The crisis caused by the **Covid-19** pandemic resulted in some illegal decision-making around decisions regarding resuscitation and hospital admission – with Advance Decisions being made in some care homes and some hospitals, without due consideration of the individuals' wishes, views of families or legal requirements. The lock-down measures required in the pandemic made it difficult for individuals and families to make considered and informed decisions regarding treatments at a time of crisis. Being supported by a Christian faith organisation to prayerfully and honestly discuss decisions, consider options and make informed decisions regarding future care and treatments is therefore even more important at this time – and this will continue to be so for many years ahead.





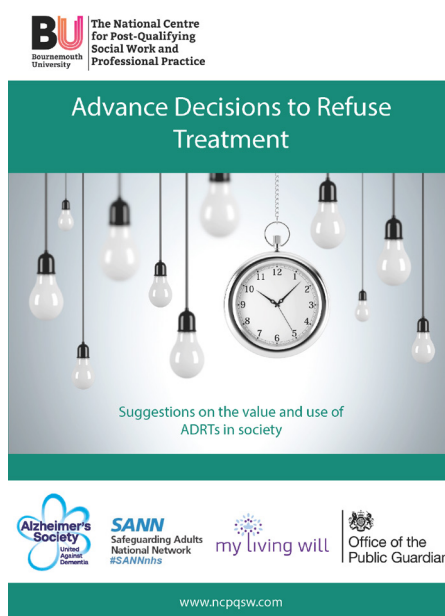
## Relevant publications from the National Centre for Post-Qualifying Social work and Professional Practice:



### Advance Care Planning

Supporting and encouraging individuals to look forward and consider the treatment and care they may require in the future is an increasingly important aspect of clinical care – in health and social care settings. Whether the person is in an acute hospital, community hospital/unit, care home or receiving care in their own home, practitioners need to be mindful of decisions individuals may need to make, or have made, regarding future care – for urgent treatments, such as resuscitation, acute treatments or priorities for end-of-lifecare.

<https://ncpqsw.com/publications/advance-care-planning/>



### Advance Decisions to Refuse Treatment

The Mental Capacity Act allows the person, if they have the capacity, to plan ahead for decisions about medical treatments, using a tool called an Advance Decision to Refuse Treatment (ADRT). This will only come into force once the person loses capacity to make their own choices. It is important to note that ADRTs **do not** support euthanasia or assisted suicide in any way - they refer to stopping life support and resuscitation, not the active ending of life.

*Please note that often people refer to 'Living Wills'. The MCA uses the term ADRT not Living Wills, so although they are very much the same thing we have used the MCA term - ADRT.*

<https://ncpqsw.com/publications/advance-decisions-to-refuse-treatment/>



### Next of Kin: understanding decision making authorities

In law, the term Next of Kin has no status when you are alive. This helpful leaflet clarifies how people can plan ways, with those they love, to ensure their wishes are taken in to account if, through illness, they cannot make decisions for themselves.

<https://ncpqsw.com/publications/next-of-kin-understanding-decision-making-authorities/>

**Advance Care Planning** may involve an individual making formal arrangements for decisions about their future care and treatment – such as:

- **Advance Statements of Preferences** - set out the person's choices about future care.
- **Lasting Power of Attorney for Health & Welfare** – appointed person(s) who are registered through an application process with the Court of Protection, to act legally on behalf of an individual in the future, when they lack the mental capacity to make their own decisions about care and treatment.
- **Advance Decisions to Refuse Treatments (ADRTs)** - define urgent care and treatments which the individual would not wish to have in the future, such as resuscitation, artificial ventilation, invasive surgical procedures. Treatments set out in a valid ADRT cannot legally be afforded to the individual.
- **Treatment Escalation Plans (TEP)** – set out clinical decisions agreed with the person and their GP or hospital doctor, such as Do Not Resuscitate, appropriateness of hospital admission, futility of high-tech treatments.
- **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)** - similar to TEP, in agreeing the relevance or desire for emergency treatment such as resuscitation and other forms of hospital care.
- **Priorities of Care** - often used to plan individual wishes for end-of-life care, including identification of preferred place of care, clarifying active treatments, priorities of focus of care, spiritual and religious aspects of care.





## Case Study – Enid and Jack

Enid and Jack had been married for over sixty years, but Enid's health was failing due to heart failure and diabetes and Jack struggled with his mental health and early signs of Dementia. Whilst Jack tried to care for his wife, they were both finding it a struggle to manage at home. They had no children, but Enid had a niece who helped them both with financial matters and organising of care and support at home. On returning from hospital, having fallen at home and breaking her hip, Enid asked her niece Denise to help her and Jack make plans for their future care. Denise lived many miles away, but agreed to act as Lasting Power of Attorney for both Enid and Jack – and applications were made for LPAs for Property & Financial Affairs and for Health & Welfare. Both Enid and Jack discussed likely arrangements and care needs they both may have in the future, with Denise and appointments were made for them to discuss Treatment Escalation Plans with their GP – to record the fact that neither of them wanted to be resuscitated nor be admitted to hospital.

Enid and Jack were part of a local church and it was arranged for one of the Elders to be a contact point with Denise. Several of the church membership supported the couple at home, with practical help with shopping, gardening, cooking; they attended church services and social activities regularly – with help from members who gave them lifts and drove them to appointments, etc.

Over the next few months, as Enid's health deteriorated, there were concerns by church members that Jack was not able to manage to care for his wife on his own, or able to look after himself. Denise liaised with the church Elder and arranged for regular care to be provided for Enid at home, referral to the local hospice team and discussion with Enid's GP regarding End-of-life care; support was also arranged for Jack at home.

When Enid sadly died, Denise made all the arrangements for her funeral – supporting Jack with decisions needed, and liaised with the church elder. She arranged for him to stay in a local Care Home, which is something they had discussed with Denise, when she first took on the role of LPA – Jack now resides in the Care Home and has flourished with regular meals, good care and pleasant company. He admits that having Denise as his LPA made all the difference – “she just sorts everything out, so that I don't have to worry” he reported. Jack still attends church on Sundays, with someone picking him up – and joins in with some of the seasonal events and regular activities – he remains very much part of the church and continues to be supported by the fellowship.

## Reflection

- Who are the 'Enids' and 'Jacks' in our fellowship? Who is likely to need spiritual and pastoral support to think about the future care they may need?
- Which of our members have no-one locally to support them with decisions regarding future care and support?
- How can our church support and help families discuss 'difficult' decisions about future care, treatment and support?
- How can we encourage people to talk openly and freely about their wishes, choices and decisions about future care, treatment and support?
- What role can our church have in supporting people to be cared for how they wish and choose – in later life and towards the end of life?



Individuals in the fourth age may well turn to leaders or others within the church, for advice, support and help in making any sort of advance care plans. Whilst information and advice may be needed from relevant clinical professionals, the process itself is simply a way of someone considering and setting out their choices, wishes and preferences for future care.

Church leaders and those involved in pastoral care of a Christian faith organisation should be aware of the purpose and usefulness of advance care planning and create opportunities for people in the fourth age to seriously consider their wishes and plans for future care and treatments. Advance Care Planning should be actively encouraged – people in the fourth age should not think this is something nice to do in the future, rather a real necessity to do now. Everyone should be encouraged to make provision for Lasting Power of Attorneys, clarify Advance Decisions to Refuse Treatments and Treatment Escalation Plans – but for those people in the fourth age, there is a real urgency for these decisions. Members of Christian faith organisations are often in an ideal position to support and assist individuals wishing to make any form of decisions for future care and make known any decisions regarding medical treatments they would not want to have.

## **Spiritual care at end of life**

Spirituality and religion are not synonymous with each other – whilst religious aspects of a person's life will usually involve and affect their spirituality, there are many people whose spirituality has nothing to do with religion or religious beliefs. Spirituality involves everything which gives purpose and meaning to an individual – whether an emotional response, intellectual stance or belief system; it involves everything about the person, their thoughts and feelings about themselves and the relationships they have with others and with the world.

People are all different and have different spiritual needs – and despite common misconceptions, this is no different in the fourth age. The spiritual needs of people who are very old will therefore differ, according to their culture, background, education, beliefs, and experiences.

### **Spiritual needs can include:**

- **the need for meaning and purpose in our lives.**
- **the need to love and feel loved.**
- **the need to feel a sense of belonging.**
- **the need to feel hope, peace and gratitude.**

(from Marie Curie 2019)

Having a terminal illness or a simple acknowledgment of being at the end-of-life, as some people living in the fourth age will have, often causes people to think about death, dying, loss and grief, in ways they may have not before; to think differently about life, love and hope. But reaching the end of a very long life, does not make it less likely that there will be questions or doubts (Goodall 2013). It is therefore important that spiritual support to people in their fourth age allows them to raise questions, explore their doubts, resolve differences or conflicts and find answers.

For Christians living in the fourth age, their spirituality may be strengthened by their beliefs and personal relationship with God. They may be secured in the love of Jesus and the hope from His resurrection. However, for those who have not found a faith or for whom the fourth age brings more questions than answers, there can be much searching and distress at this time. When people are unable to find meaning, hope, or peace they may experience what is termed 'spiritual distress'. Christian faith organisations need to be prepared to offer support and comfort when spiritual distress is a feature of the fourth age.

## Common signs of spiritual distress include:

- **Searching for meaning - 'who am I?' and 'how will I be remembered?'**
- **Feeling personally afflicted - 'why me?', 'why is this happening?'**
- **Becoming more withdrawn and isolated – not going out, not having visitors.**
- **Afraid of being alone, being anxious or scared.**
- **Showing signs of anger or resentment.**
- **Refusing care, help or support.**

(from Marie Curie 2019)

Spiritual care for end of life involves meeting the emotional, existential, relational and religious issues surrounding the end of life. This can include helping people find meaning, acceptance or reconciliation; deal with relationships, conflicts and farewells. Spiritual care and support may or may not involve faith issues or religious beliefs. For some people, their religious belief may define their spirituality completely, and thus their spiritual care would involve aspects of their faith, religious acts or rituals. For others, religion may have no part in their spirituality at all. For many Christians, their personal faith is a fundamental aspect of their spirituality – yet religious rituals may play a relatively small part of their spiritual needs.

Although churches and other Christian faith groups may seem to be obvious places to discuss death and dying, and provide spiritual care to people at the end-of-life, some churches provide little spiritual support those in fourth age. The christian faith is all about the death of Christ and His resurrection, yet few churches enable or facilitate discussions about personal death and dying issues and many still treat end-of-life as a taboo subject.

## **What churches CAN do to support people in fourth age with end-of-life discussions**

Help older people prepare for end-of-life both spiritually, emotionally and practically.  
.....

Encourage and facilitate open discussions about Advance Care Planning, choices and wishes for care and treatment for end-of-life.  
.....

Identify those people in fourth age who have no family nearby, who may need guidance and support to make alternative arrangements for future care, e.g. Advance Decisions, Lasting Power of Attorneys.  
.....

Enable discussion and bible study on theological aspects of hope, acceptance, gratitude and love.  
.....

Offer pastoral support to those with specific spiritual needs at end-of-life – prayer, confession and conflict-resolution, administration of the sacrament.  
.....

Provide timely and regular out-reach and pastoral support to those who are sick and dying and those who are bereaved.  
.....

# SECTION SIX

## Supporting people living with Dementia

Dementia refers to a range of conditions with a set of symptoms caused by damage to the brain. They all cause long-term and progressive difficulties with brain function – typical symptoms are problems with day-to-day memory, problem-solving, reasoning and decision-making. The Alzheimer's Society report that there are around 850,000 people in the UK living with a Dementia, although there are many individuals who do not yet have a confirmed diagnosis of Dementia.

Whilst Dementia is not a part of normal ageing, those over 80 years of age are at most risk. For people living in the fourth age, the risk of developing a Dementia is 1 in 5 (Alzheimer's Research UK 2018). With an ageing population and ageing church memberships, we are likely to see more people living with Dementia involved in our churches, which offers huge potential for ministry with them and their families, both within the church fellowship and within the local community. It also creates a unique opportunity for Christian faith organisations to offer spiritual and pastoral support that can grow the kingdom of God.

There are many forms of Dementia, caused by different neurological and vascular conditions. Each case of Dementia is unique, depending on the neurological damage, environmental factors and the individual's personality. Dementia can be related to the latter stages of long-term conditions such as Heart failure, Cardiovascular disease, Stroke, Diabetes, Parkinson's disease. Dementia itself is a long-term condition which is progressive; despite many years of research, there is yet no curative treatment. Therefore for some people, Dementia can dominate the latter part of their life, sometimes becoming the biggest challenge of their fourth age.



**Each person will experience Dementia in their own way, with the symptoms of their condition being very person-specific. There are some common issues which people may experience:**

- **Short-term memory loss, which affects everyday life.**
- **Difficulty with planning and organising** – making decisions; solving problems; way-finding.
- **Language** – difficulty finding words; following conversations or talking fluently.
- **Visual difficulties** – judging distances; seeing things in three-dimensions.
- **Orientation** – losing track of the day or time; not knowing where they are.
- **Mood changes** – frustration; anxiety; emotional upset.

(Alzheimer's Society 2017)



We live in a world which relies upon and values cognitive skills – we are taught and encouraged to have a good memory, develop problem-solving skills, make high-level executive decisions and understand detailed information. With increasing technology, there are new ways of understanding complex issues, managing large quantities of information and communicating across the world. Our complex society, with its demands on high level cognitive abilities and technical competence, is particularly harsh on those whose cognitive function is declining. A person's perceived value and worth is often based on their language, memory, organisational skills and decision-making. Those with Dementia, who may be struggling with a range of cognitive functions, are often made to feel less important, disregarded and worthless.

## Reflection

- Who in our fellowship is living with Dementia or is at risk of developing Dementia?
- Who in our fellowship is supporting or caring for someone with Dementia?
- What do we currently do to appropriately support those living with Dementia?

## Person-centred care

The focus of support for people living with Dementia is of a **person-centred** approach, which enables and includes the person and supports their family. This simply means focusing on the person and not the disease. The best way to develop a **person-centred** approach is to get to know the person well, to understand how their Dementia affects them and what is helpful and supportive to them and their family.


Anyone caring for a person living with Dementia is entitled to a Carer's Assessment through social services, to identify the care and support they themselves may need as a carer. The Carer's Assessment may identify the need for the carer to take regular breaks, have regular support, help with transport, shopping or housework, advice about benefits or services. When such support is unavailable, due to lack of funding for adult social care, Christian faith organisations can bring vital support to those caring for someone living with Dementia.



## Ways in which Christian faith organisations can support people living with Dementia and their family:

1. Treat the person with respect and dignity – be positive and encouraging; make the person feel included and valued.
2. Be a good listener – to the person and their family. Often people just need a chance to share what they are experiencing, what they fear and how they feel. Someone with Dementia may need more time to answer questions or say what they mean to say.
3. Communicate well – be clear and calm, ask questions clearly and simply, convey warmth and understanding. Even if you don't understand what is being said, don't get irritated or stressed.
4. Remember the little things – show that you care and they count. Don't avoid or exclude the person with Dementia, but reassure, encourage and include them.
5. Stay in touch – hearing from someone briefly and frequently helps the person with Dementia and their family to feel less isolated and feeling they have been forgotten.
6. Offer practical help – supporting the person to stay independent and be involved, e.g. practical things such as transport, help with housework, shopping or gardening chores. Offer help with practical tasks in a sensitive way or offer to undertake a task jointly with them.
7. Organise a treat – everyone is different, so a treat needs to be very person-specific. Some treats do not need to cost a lot or take any time, e.g. bringing afternoon-tea, flowers or a meal.
8. Help different family members in different ways – supporting and helping those living with the person with Dementia is just as important. Family members may need practical help, emotional support or a break from being a carer.
9. Find out more about Dementia – much of the fear around this condition is due to a lack of understanding of the condition, how it may affect people and their behaviours.
10. Help people get help and support – there are many different services, helplines and support groups to help people with Dementia and their family. Whilst health services may be able to help with diagnosis and medication, the majority of support and ongoing help comes from community groups, services and voluntary organisations.

(Based on Alzheimer's society 2014)



**Person-centred care** includes all aspects of an individual, including their spirituality and spiritual needs. Unfortunately, the spiritual needs of people living with Dementia may go unnoticed, as support is focused on the practical and social elements. Helping someone hold onto their own identity, dignity and personhood are important aspects of a person's spirituality. For many of those living in the fourth age, religious routines, memorised bible verses and prayers are important to them; many will know the words of old hymns, psalms or liturgies, as they are in effect the Sunday-school generation. Helping a person to tap into these old memories and use these well-rehearsed recitations, is one way to acknowledge the person they are and have been, to reinforce their own personhood and spirituality. Christian faith organisations can encourage the faith of the person with Dementia, by enabling them to attend a church service, receive Holy Communion and be involved in prayer. They can help the person remember the love of God, the sacrifice of the cross and celebration of the resurrection; hold onto God's grace and mercy and sense His love for them.

## Case Study – Sue

Sue had lived in her house since she was a child. She had never married and cared for her elderly parents until they died eight years ago. She had adapted to living alone, but was struggling to maintain the large house and garden. She attended a church some five miles into the city – driving her car to join church services, house-group meetings and social activities at the church.

At the age of 80, Sue was diagnosed with early Dementia – her family and friends had noticed that she often forgot things, became confused as to the day of the week, was easily muddled with arrangements and was forgetful for many everyday activities. She was struggling further with keeping the house and on many days forgot to prepare or eat meals – she had lost weight. Whilst Sue's family had concerns about her driving, Sue had little insight into her cognitive decline and saw no reason not to drive – she depended on her car to get to church, as well as go shopping, attend appointments and visit friends. Following a visit to her GP, Sue was advised that it was no longer safe for her to drive – she was very upset, but at the time seemed to understand. With Sue's agreement, the family took the car and arranged for its sale – as there were concerns that she would forget that she wasn't allowed to drive and attempt to use the car to get to church.

Whilst various agencies and services were arranged by Sue's family to help support her to remain at home – support with housework, gardening, meal delivery and personal care – it was difficult for the family to help with her transport, as they did not live locally. Sue's cousin contacted a church local to Sue's house and discussed the possibility of Sue being supported to attend there. This would need someone to call on Sue to invite her to church and offer to take her the short distance from her house. There were weekday activities, monthly lunch club and a small café at the church – in addition to Sunday services.

Regular support was arranged between church members, to ensure that someone called on Sue to invite her to the service, meeting or lunch club and accompany her to the church. Sue often forgot the arrangements made, but was always pleased to receive an invite and offer to be taken to church. Her carers sometimes were able to take her to an event at the church – arranging with the church members for someone to see Sue safely home.

Slowly Sue began to recognise some members of the new church – others she greeted each week, as though she had never met before. Sue would often have no idea where she was, she frequently left items of property behind, lost her house keys or forgot who was taking her home – but the church members continued to support and encourage her, in whatever ways she needed. By liaising with Sue, her family and her carers, the church was able to support her with an important part of her life – attending church and being part of a church fellowship.

As Dementia progresses and a person gets older, it begins to affect other aspects of their health, well-being and lifestyle. Common experiences for people with Dementia are weight loss, sleep problems, social withdrawal and depression. As the disease progresses, people may begin to struggle with everyday life – needing help with transport, managing finances, preparing meals and personal care. Advanced Dementia can make it difficult for people to maintain their independence, as they often forget to undertake everyday essential tasks such as eating, drinking, taking medication; they may become disorientated and not recognise people or places. This can be a stressful and distraught time, for the person living with Dementia and their family. It is difficult enough to be the full-time carer of someone with increasing physical and emotional needs, but this is made more distressing when they are no longer recognised by them.



It is not uncommon for people with Dementia to get temporary glimpses of insight or periods of lucidity, in which they see the realisation of their illness; even for someone living with advanced dementia. For some Christian people with Dementia, they may have times when they can really sense God's presence and remember His love for them. Such moments are mixed blessings. Whilst it is so good when there is recognition of a loved one, acknowledgement of a kind gesture or comment of affection, it is distressing to realise their own limitations, dependency and disabilities.

## **Dementia-friendly churches**

The concept of Dementia-friendly communities was introduced in 2012, which aimed to increase awareness of the needs of people living with Dementia across sectors, organisations and the public; to build a better understanding of how to support people and their family. Christian faith organisations play an important part in the development and success of Dementia-friendly communities. Churches often have premises and sites which can serve the community, human resources which can support services and provide support to people in the community and leadership and network opportunities to develop local improvements across communities.

Dementia-friendly communities need Christian faith organisations to encourage and uphold positive regard and value of people with Dementia, through raised awareness, better understanding, challenging negative attitudes and improving the use of language. Churches can create inclusive and welcoming spaces to enable intergenerational, cross community working and interactions; to encourage people with Dementia to stay active, involved and participating in groups and events. Church services can be planned to meet the needs of people with Dementia with use of familiar songs, prayers and liturgy; with shorter talks and more formal style of worship.

Developing Dementia-friendly communities is not about having separate facilities or services for people living with Dementia – it is about a community willing to adapt itself to better meet the needs of people living with Dementia; to stay active, involved and included in their community. Services such as transport, retail, banking, utilities and health services are all trying to make themselves accessible, approachable and helpful to those with Dementia. There is a move away from community groups and services specifically for people with Dementia – rather a move towards all community groups and services being accessible and inclusive for people living with Dementia.

Dementia-friendly churches should be part of Dementia-friendly communities. This is more than simply holding a Dementia service, it requires a commitment at all levels of the church, to consider the needs of people living with Dementia; a willingness to change. It requires a vision from the leadership and commitment from all members to change how the church manages its buildings, grounds, worship, pastoral care, ministry and mission. In recent years, more churches have begun to work towards becoming Dementia-friendly and being more inclusive of people living with Dementia and their families. However, even with the right environment and buildings, people with Dementia may go unnoticed, excluded or forgotten if there is a lack of awareness and understanding of the condition. People make assumptions about the person living with Dementia or be unwilling to provide the specific support and encouragement to enable them to remain or become actively involved in the church.

### **Reflection**

- How many people with Dementia use our church? – services, buildings, outreach activities.
- In which ways do we currently support people living with Dementia and their family?
- How approachable, accessible and inclusive is our church fellowship to people living with Dementia?

# Ways in which to promote Dementia-friendly churches:

Aspects of Church	Positive changes to make	Effects on people with Dementia
<b>Church leadership</b>	<ul style="list-style-type: none"> <li>Ensure all leadership team have awareness of needs of people with Dementia.</li> </ul>	<ul style="list-style-type: none"> <li>People with Dementia and their family will feel valued and supported by the leadership of the church.</li> <li>There will be increased level of understanding and positive attitude towards the specific needs of people with Dementia.</li> <li>Necessary changes to buildings and culture of the church will be driven forward.</li> <li>There will be a commitment to any financial costs of improving buildings and site.</li> </ul>
	<ul style="list-style-type: none"> <li>Ensure the pastoral team have awareness and understanding of the needs of people with Dementia.</li> </ul>	<ul style="list-style-type: none"> <li>People with Dementia and their family will receive pastoral support which is sensitive to their needs.</li> <li>People with Dementia and their family will feel included and involved in the fellowship.</li> </ul>
	<ul style="list-style-type: none"> <li>The pastoral team should meet for prayer and discussion about the specific needs of people with Dementia.</li> </ul>	<ul style="list-style-type: none"> <li>People with Dementia and their family will be supported in a person-centred way, relative to their specific needs.</li> <li>People with Dementia and their family will feel valued and supported.</li> </ul>
	<ul style="list-style-type: none"> <li>Identify a Dementia lead and action-group, to lead on developments towards being Dementia-friendly – to include people with Dementia and family members.</li> </ul>	<ul style="list-style-type: none"> <li>People with Dementia and their family will feel valued and their needs recognised.</li> <li>Improvements to the church will be planned well, based on lived experience of those with Dementia.</li> </ul>
<b>Church buildings/ facilities</b>	<ul style="list-style-type: none"> <li>Improve lighting in the church, hall and gardens</li> </ul>	<ul style="list-style-type: none"> <li>Help people with visual difficulties.</li> <li>Reduce feelings of fear and disorientation.</li> <li>Reduce fear created by shadows/ dark places.</li> <li>To reduce the risk of falls.</li> </ul>
	<ul style="list-style-type: none"> <li>Ensure good disabled access.</li> </ul>	<ul style="list-style-type: none"> <li>Help people who may have poor mobility.</li> <li>Reduce risk of falls.</li> <li>Enable those in wheelchairs to access church buildings.</li> </ul>

	<ul style="list-style-type: none"> <li>• Improve flooring – smooth, matt single-coloured flooring.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the risks of falls.</li> <li>• Reduce confusion and fear – changes in colour of floors often look like steps or holes.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure good/appropriate sound volume and amplification.</li> </ul>	<ul style="list-style-type: none"> <li>• People with Dementia will be able to hear spoken words clearly.</li> <li>• Reduced confusion from background noise</li> <li>• Reduced fear and confusion from music and other sounds which are too loud.</li> </ul>
	<ul style="list-style-type: none"> <li>• Have doors of different contrasting colours.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve identification of different rooms</li> <li>• Enable people to identify doors, door handles, door frames - reducing confusion and disorientation.</li> </ul>
	<ul style="list-style-type: none"> <li>• Clear signage with symbols.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve understanding.</li> <li>• Clearly identify different areas and rooms.</li> <li>• Reduce confusion and disorientation.</li> </ul>
	<ul style="list-style-type: none"> <li>• Clear toilet facilities with contrasting colour furnishings and traditional fittings.</li> </ul>	<ul style="list-style-type: none"> <li>• Enable people to find toilet facilities easily.</li> <li>• Help people feel comfortable and familiar with toilet facilities.</li> <li>• Reduce confusion and disorientation.</li> </ul>
<b>Church members and fellowship</b>	<ul style="list-style-type: none"> <li>• Deliver Dementia awareness training sessions – such as ‘Dementia Friends’.</li> </ul>	<ul style="list-style-type: none"> <li>• The needs of people with Dementia and their family will be better understood by members of the fellowship.</li> <li>• People with Dementia are less likely to be excluded, overlooked or forgotten.</li> <li>• People with Dementia and their family will feel more comfortable, included and supported.</li> <li>• Fellowship members will understand how best to communicate and interact with people with Dementia, reducing distress and confusion.</li> <li>• People with Dementia and their family will feel less discrimination and prejudice.</li> </ul>
	<ul style="list-style-type: none"> <li>• Hold regular prayer meetings for those with specific needs, including Dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• People with Dementia and their family will feel valued and supported by the fellowship.</li> <li>• The specific needs of people with Dementia will be covered in prayer.</li> </ul>



<b>Church services and activities</b>	<ul style="list-style-type: none"> <li>• Ensure all-age services meet the specific needs of those with Dementia, as well as children and families.</li> </ul>	<ul style="list-style-type: none"> <li>• People with Dementia and their family will feel included and valued by the whole fellowship.</li> <li>• People with Dementia will feel comfortable in church services and able to join in.</li> </ul>
	<ul style="list-style-type: none"> <li>• Hold services of worship specifically for those older people who may have Dementia – afternoon services; help with transport and access; shorter duration; traditional liturgy, traditional hymns; availability of volunteers to help individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• People with Dementia will be able to attend a service which is specifically focused on their needs.</li> <li>• People with Dementia will be able to worship comfortably.</li> <li>• People with Dementia will be familiar with hymns, prayers and liturgy.</li> <li>• People with Dementia will feel part of the church.</li> </ul>
<b>Network with other organisations/ services</b>	<ul style="list-style-type: none"> <li>• Work with local churches to share ideas, resources and training.</li> </ul>	<ul style="list-style-type: none"> <li>• People with Dementia and their family will be able to go to any local church, with confidence that there is a Dementia-Friendly approach.</li> </ul>
	<ul style="list-style-type: none"> <li>• Join the local Dementia Action Alliance.</li> </ul>	<ul style="list-style-type: none"> <li>• People with Dementia and their family will have the confidence that the church is working with other organisations to improve its Dementia-Friendly approach.</li> </ul>

**There is a range of advice and guidance from different Christian organisations regarding developing a Dementia-Friendly church:**

**Livability** have published a practical guide “Developing a Dementia-friendly church”. This provides information about Dementia, and practical guidance on the attitude, relationships, styles of worship and church environment to positively support people with Dementia. It stresses the need to engage with people with Dementia and their carers and encourages partnership and networking with others in the community.  
[www.livability.org.uk](http://www.livability.org.uk)

**The Church of England** have developed a church self-review toolkit, “Becoming a Dementia-friendly church”, for churches to assess and plan how to make their church services, pastoral support, church buildings and community networks more Dementia-friendly.  
[www.churchofengland.org](http://www.churchofengland.org)

**The Pilgrims’ Friend Society** have published downloadable booklets and information packs on supporting the pastoral needs of people with Dementia. They also offer training for church groups on the spiritual support, as well as practical tips for people with Dementia and their families.  
[www.pilgrimsfriend.org.uk](http://www.pilgrimsfriend.org.uk)

**The Prama Foundation** have developed a church resource pack to help churches and church leaders to understand what dementia is, how to effectively minister to those who are living with Dementia and those who look after them, ensuring that groups and services are accessible to those living with Dementia and that the church buildings are accessible.  
[www.dementiafriendlychurch.org.uk/resource-pack](http://www.dementiafriendlychurch.org.uk/resource-pack)

## **What churches **CAN** do to better support people with Dementia and their family**

Hold Dementia-Awareness sessions, to raise the awareness and understanding of the needs of people with Dementia and their family.

Arrange specialist training for pastoral care teams and others involved in ministry to those with Dementia, from experts in Dementia and spiritual support.

Identify those within the fellowship who may have Dementia – or be caring for someone with Dementia.

Ensure regular contact and pastoral support for those with Dementia and their families – with regular and consistent individuals to support them.

Encourage those with Dementia and their family to remain active and involved in church life – church services, out-reach activities, house-groups, pastoral support.

Encourage those with Dementia and their family to remain active and involved in church life – church services, out-reach activities, house-groups, pastoral support.

Identify those with Dementia who may need assistance, guidance and support from the church, with Advance Planning for future care and treatment.

Make working towards being a Dementia-Friendly Church a strategic priority – with funding identified, leadership and whole church commitment; identify a Dementia Champion for the church.

Involve those with Dementia and their families in the planning and arrangements for becoming Dementia-Friendly church.

Extend out-reach and mission activities to be inclusive of those in the community who may have Dementia.

Identify local Care Homes in the area which may provide care for people with Dementia; include these Care Homes in out-reach and mission activities.

Advertise Dementia-Friendly activities and services to the local community.

Make links with other organisations who may already be supporting people with Dementia – local Care Homes, Alzheimer's Society, Age UK, other churches – work in partnership.

Join the local Dementia Action Alliance – for support, advice, joint working opportunities.

# SECTION SEVEN

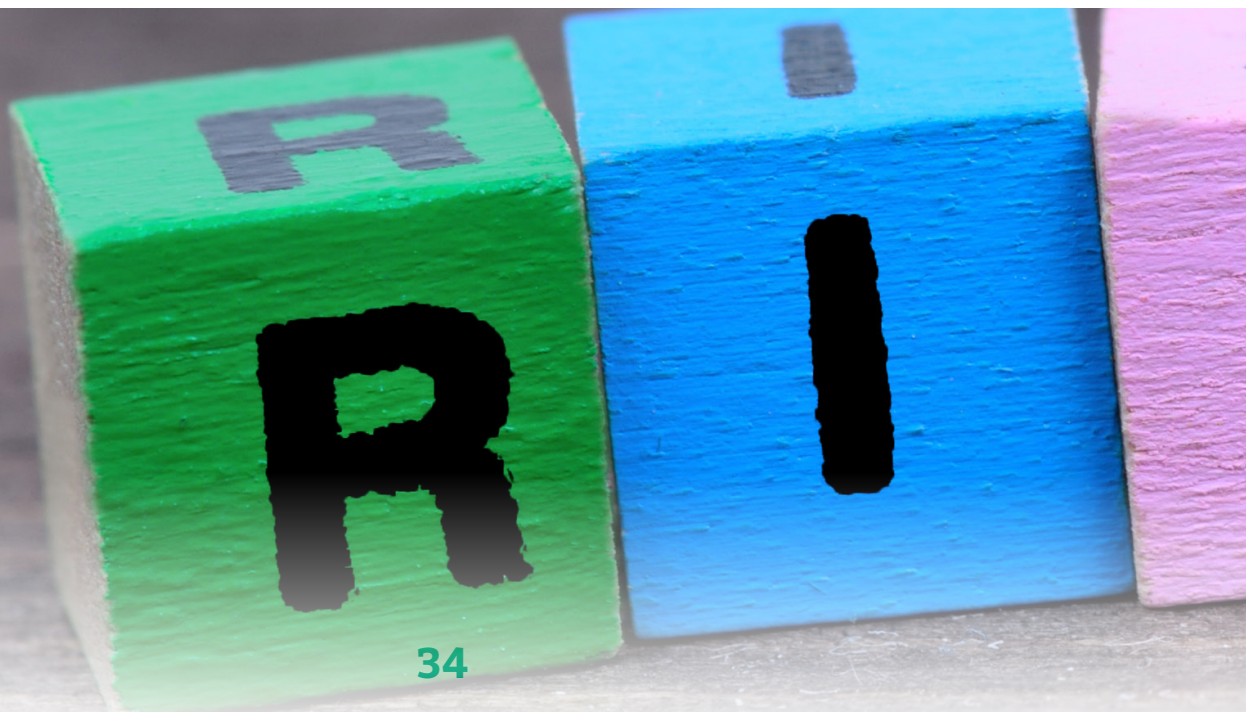
## Older adults at risk

People living in the fourth age may be particularly vulnerable to abuse, neglect or exploitation by others. Such individuals are referred to as 'Adults at Risk', which includes those who:

- Those who are living with severe and enduring mental illness.
- Have learning disabilities or autism.
- Those who are known to have severe physical disabilities or sensory impairments.
- Live with Dementia.
- Struggle with substance misuse and addiction.
- Live alone who are lonely and isolated.
- Are homeless, have no fixed abode or are seeking asylum.

People may be 'at risk' at different times and in different situations – someone who is isolated and lonely may become 'at risk' to emotional or financial abuse; a person living in a care setting for a period of time may become 'at risk' due to their physical or mental frailty or dependency; someone who is recently bereaved may be 'at risk' to fraud or scamming. Churches and Christian faith organisations are often in a position to support and protect people who may be at risk of abuse, neglect or exploitation.

Safeguarding adults at risk means protecting an individual's right to live in safety, free from abuse and neglect. It requires organisations working together to prevent and stop both the risks and experience of abuse, exploitation or neglect. It also involves supporting people to protect themselves, where possible, enabling them to make informed choices and take control of their own lives. Christian faith organisations have a responsibility to work in partnership with other agencies to ensure the protection of adults at risk and the promotion of their safety and wellbeing. Safeguarding adults is not only about the prevention of abuse and protection from harm – it is also about making sure that the individual's wellbeing is promoted and their views, wishes, feeling and beliefs are respected.





**Categories of adult abuse, as defined by the Care Act (2014) include:**

- **Physical harm** - assault, misuse of medication, neglect of care.
- **Psychological/emotional abuse** - harassment, bullying, exploitation, scamming.
- **Sexual** - unwanted sexual attention, sexual interference or rape.
- **Financial exploitation and scamming** - through fraud, scams from individuals or organised scamming.
- **Institutional or organisational abuse** - lack of care, neglect, physical or sexual abuse.
- **Discrimination causing harm** - hate crimes, discrimination on the basis of race, age, gender, sexuality, disability.
- **Neglect** - harm caused by lack of appropriate care, mismanagement of medication, lack of food, inappropriate care to manage known safety risks.

**Some individuals living in the fourth age may be struggling to manage independently at home and reluctant to seek or receive care. These folk may pose a risk of self-neglect through:**

- **Lack of self-care, personal hygiene or living conditions which pose a threat to personal health and safety.**
- **Behaviours which cause self-harm or pose a threat to own personal health and safety.**
- **Failure to manage one's own personal affairs safely to seek help and support or follow medical care/advice.**
- **Hoarding or neglect of property leading to safety issues.**

Older people may be helped by the local church to be better engaged and receive statutory services and voluntary organisations who are able to help and support them. Through regular engagement, developed relationships and trust, the church can encourage those at risk of self-neglect to accept help and support, follow advice from health & social care services and make good decisions regarding their self-care and independence.



## Reflection

- Which older people within our fellowship may be at risk of abuse, neglect or exploitation?
- Who may be at risk of self-neglect?
- Are there older people within the community, who engage with our church activities, who may be deemed 'at risk'?
- Which difficulties or challenges do older people involved in our church face, which may make them 'at risk'?
- What understanding is there across our church of Adults At Risk and Safeguarding Adults?

Working as active partners with other agencies, Christian faith organisations can help prevent abuse of older people, by taking positive action to meet the needs of those at risk, raise awareness of the risks and types of abuse and offer support and advice to help older people protect themselves. They can support older people to improve or resolve situations which may be putting them at risk; they can encourage and empower people to take action to address any safeguarding concerns or situations and work with them and the statutory agencies, to ensure outcomes the older person would wish for.

The Mental Capacity Act (2005) requires all organisations to take practicable steps to help those individuals who lack mental capacity to make their own decisions. Older people in the fourth age may struggle with some decision-making processes and need support, time or guidance to make decisions for themselves; they may be at risk of emotional/psychological abuse, fraud/scamming or exploitation by others. Christian faith organisations are often in a good position to offer support, prayer, information and guidance to older people facing difficult decisions – to support them to make their own decisions, without getting involved or interfering with the decision-making process. Examples of decisions with which older people may need support include making Advanced Care Plans or Advance Decisions, organising Lasting Power of Attorney, paying for their own care/support, going into a care home, organising their financial affairs in general.

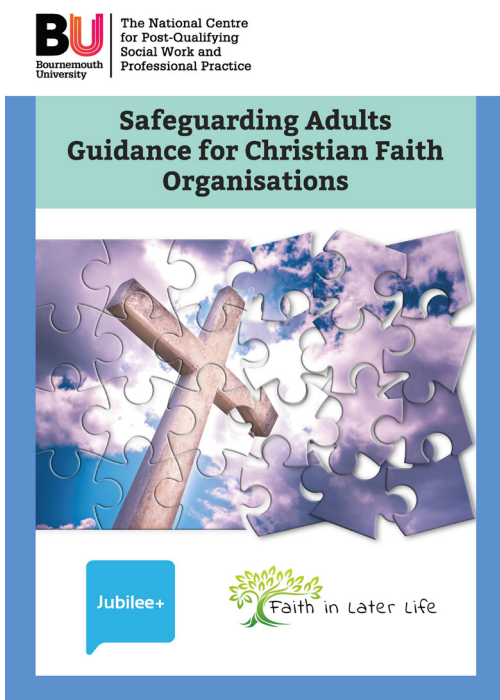


Where there are concerns regarding the safety and wellbeing of any adult at risk, the Christian faith organisation should support the person and their family (if appropriate), and work with other agencies and statutory organisations, to ensure that appropriate action is taken and the right support is provided. They have a moral and ethical obligation to keep safe those older adults who may be at risk of abuse and a statutory duty to respond, report and refer any concerns or disclosure of abuse, neglect or exploitation. Churches and other Christian faith organisations should have appropriate processes and procedures in place to ensure they meet their ethical responsibilities and statutory duties.

## The responsibilities of Christian faith organisations for safeguarding adults:

- Publish a safeguarding policy with relevant roles and procedures in accordance with local authority standards.
- Identify a nominated safeguarding co-ordinator – to include safeguarding children and adults.
- Provide safeguarding awareness training to all those working/volunteering with children and adults at risk.
- Have in place Safer Recruitment processes – to ensure appropriate checks and supervision for all paid and voluntary workers.
- Provide pastoral care and support for any adult at risk of abuse, harm to themselves or who pose a risk to others.
- Create an open and inclusive culture, with a focus on identifying risks of abuse, early response to concerns and partnership working/reporting to local authority where necessary.

The National Centre for Post-Qualifying Social Work and Professional Practice has produced the 'Safeguarding Adults Guidance for Christian Faith Organisations' which is free to download from [www.ncpqsw.com](http://www.ncpqsw.com).



## Safeguarding Adults Guidance for Christian Faith Organisations

## Reflection

- Does our safeguarding policy, practices and training include safeguarding adults?
- Have we identified a lead person for safeguarding adults?
- Do our recruitment and management processes include appropriate checks, training and supervision for anyone working with older people and other adults at risk?
- Would people in our church know how to make a referral regarding safeguarding adults?



# Financial abuse and financial scams

Financial abuse to older people is reported to be on the increase – sadly 70% of such abuse is by family members (Age UK 2015). Whilst the loss of money or property is itself difficult to come to terms with, financial abuse also causes emotional, psychological and even physical health problems.

**Age UK (2015) identified a range of key risk factors of financial abuse:**

- **Older people – particularly older women.**
- **People living with Dementia or reduced cognitive function.**
- **People who are frail, poor health or have long-term conditions.**
- **Those who are depressed or living with a mental illness.**
- **People who are socially isolated and lonely.**
- **Those who are single and widowed.**
- **People from an ethnic minority background or those whose first language is not English.**

The Fraud Act (2006) includes any fraud, deception or scam as financial abuse. Such abuse by traders is deemed a criminal offence under the Fraud Act. This includes rogue door-step traders or workers, adverts for bogus prizes and aggressive selling techniques to entice or force people to spend money. The Charity commission oversees how all charities raise funds – including how individuals are approached regarding donations and regular giving. Christian faith organisations need to be mindful of fund-raising campaigns, calls for regular giving and unintended pressure being placed upon individuals – as these may constitute financial abuse.

## Reflection

- Which older members of our church or community could be at risk of financial abuse?
- Are the arrangements for financial affairs of those in their fourth age known? Whether they have made a Will, Lasting Power of Attorney or other financial arrangements?
- Do we have available details of financial organisations who may be able to advise, empower or support individuals to make their own financial decisions?

## Types of financial scamming

There are a number of different forms of financial scamming – which all constitute financial abuse:



**Doorstep callers** – rogue traders, bogus charity collectors, distraction burglars.

**Mail scams** – post mass marketing, lottery or prize draws, letters of request for money.



**Telephone callers** – posing as bank representatives, charity scams, pressurised selling.

**Investment scams** – deceiving people into paying large sums of money into bogus companies.



**Charity Scams** – using details of donors to access bank accounts, using premium rate phone numbers.

**Cyber scams** – eliciting bank details/passwords, impersonation of authentic websites, demands for money/payment, pension scams.



**Loan sharks** – demand increasing payments, give no detail of interest rates charged, take items as security on a loan, can resort to threats and violence for delayed payments.





## Scams: the power of persuasive language



Guidance for community health and social care workers to help identify and prevent scams in society



[www.ncpqsw.com](http://www.ncpqsw.com)

The National Centre for Post-Qualifying Social Work and Professional Practice leads the national research into financial fraud and scamming. It has produced a number of helpful resources to help prevent scams - examples are shown on this page and can be downloaded for free at [www.ncpqsw.com](http://www.ncpqsw.com).

## Scams: the power of persuasive language

## Cyber Fraud and Scamming: Guidance and Advice

## Cyber Fraud and Scamming

Guidance and Advice



## Financial Scamming and Fraud



Working in partnership with:



## Financial Scamming and Fraud

*Individuals who have experienced fraud and scams are victims of financial abuse. In many cases, the financial losses may lead to real poverty. The financial abuse may also cause long-term damage to the older person's health – some victims are left with emotional and psychological effects of stress, anxiety, fear, depression and shame.*



## Case Study – Joan

Joan and her husband received an innocuous phone call warning that their bank account had been compromised and that they should call the bank's Fraud department, for which they were given a phone number. They were told that they would be helping a special 'Fraud' department to investigate the bank's fraud Office itself; it was suspected that some employees were defrauding the bank and accessing funds from accounts of individuals. With their permission, they would be asked to transfer money into a 'safe' account in order to tempt the fraudsters to 'show their hand'. All monies would be returned after the operation was completed. At no time were they asked to give their private pin code and indeed were told that there were no circumstances when anyone could legitimately ask for it.

Joan asked where this 'Fraud' department was located and was given an address in the city. She was given a unique phone number to call whenever she needed to check anything or if she had any questions. All phone calls were answered professionally and consistently – as if part of a fraud investigation.

Initially the transfers of money were relatively small, but they increased rapidly. Once the amount of money requested reached the point where there might have been concern from the local branch, Joan was 'schooled' into what answers to give to allow further transfers. At all times she and her husband were told that they should never tell any employee who questioned anything, because the normal fraud department were themselves under investigation; they were also told not to say anything to anyone else either in her family or among our acquaintances, as to do so would jeopardise the whole operation.

Joan continued to liaise with the pseudo 'Fraud' department, and continued to move money from their account to the 'safe' account – moving thousands of pounds over a period of ten days. After a few days, Joan informed the 'Fraud' team that she and her husband were finding all of these transactions stressful and the whole operation distressing; she was told that with their input, the 'investigation' had identified a number of bank employees who were engaged in mismanagement and theft of account holders' funds, she was praised and encouraged for their part in the 'investigation'. But Joan's unease and anxiety about the whole 'investigation', continued to increase and so Joan told the 'investigation' team that they did not want any further involvement. On contacting the main branch of the bank, Joan was informed that there was no special 'investigation' and that the money they had transferred to the 'safe' account was nowhere to be seen.

Joan described how the whole scam incident made her feel – “After the initial feeling of surprise, we were both given a lot of reassurance from the fraudsters who stressed that we must under no circumstances mention any of this to anyone - the bank, friends or even family. We soon realised that we were isolated completely and involved in something which created a roller-coaster of distrust and insecurity; we had been the victims of mind-control. I was 'groomed' to act deceptively, as I played my part in the 'investigation'; I felt as though I had been robbed of integrity, my very character having been ripped apart - I truly felt as though someone had raped me. We suffered with sleepless nights, weight loss and overwhelming tiredness - we could hardly tell them what had been going on; 'Brain dead' would just about sum up how we both felt. When we contacted the genuine bank staff, we felt an overwhelming relief that the ordeal was finally over. Whilst we were concerned at the loss of a very large sum of money, our initial thoughts were concerns at the loss of our personal integrity and private inner-being. Someone had messed with our minds, violated our spirits and trodden over the very essence of who we are.”

It is now recognised that scams usually contain language which is designed to abuse an individual’s vulnerabilities, undermine their confidence and manipulate their decision-making. This is similar to that used by other abusers such as in domestic violence and coercive control. Psychological grooming tricks the victims to thinking a situation is in their control and convinces them that the communication is genuine and safe. Whether the scam is to entice a person into a romantic relationship, buy goods they don’t really need or want or to give large sums of money, the key tactic of financial scamming is to make the scam appear genuine and reasonable, and to isolate the victim from sources of support – as was the case for Joan and her husband.



**What churches CAN do to safeguard older adults at risk of any form of abuse**

Raise awareness of risk factors for older adults to abuse, neglect (including self-neglect) and exploitation.

Publish a safeguarding policy which sets our responsibilities, procedures and reporting requirements in accordance with local authority safeguarding adults standards.

Have a lead person for safeguarding adults.

Ensure all safeguarding training includes risks and processes for reporting safeguarding adult concerns.

Adopt safer recruitment processes – for paid and volunteer workers – to include recruitment checks, interviews, references and Disclosure & Barring checks.

Raise awareness of risks of financial abuse and scamming.

Encourage older members to have appropriate financial arrangements in place – such as Lasting Power of Attorneys.

Develop an open safeguarding culture within the organisation – with a focus on prevention, early response and action to any concerns; supporting and empowering individuals to keep themselves safe and make informed decisions about their own protection and safety.

# SECTION EIGHT

## Ministries amongst older people

With the ageing population changing the demographics of our communities and our churches, it is important that Christian faith organisations focus now on those people living in the fourth age; that the spiritual, pastoral and faith needs of older people are acknowledged and supported. It is time to realise the real potential for kingdom growth through ministry and mission to older people - to those who do not yet know Christ, and grasp the opportunity to show the love of Jesus to those older people in need.

Whether people in the fourth age have strong, little or no faith – they matter to God and they should matter to the church. There is no room for ageism, discrimination or exclusion of people on the basis of their age, disability or frailty; it is not acceptable for people to be overlooked, ignored or forgotten because they are unable to attend church, don't like the modern music or do not feel able to take a physically active role in the life of the church. Churches need to acknowledge the 'Gift of years' – and recognise the experience, skill and wisdom of those in the fourth age; they need to not only engage with older people in their membership and communities, but embrace and celebrate their involvement.

Historically, churches would often provide care, support and sanctuary for older and frail people in their communities. Organisations such as Pilgrims' Friends Society, Methodist Homes for the Aged, Alms houses, etc. had church roots and served older people in society, with housing, care and support. With a rise in cases of social isolation and loneliness, pressures on public funding leading to reduced social services and increasing numbers of older people being at risk of abuse, neglect or exploitation – churches and other Christian faith organisations have both an opportunity and a moral duty to focus on supporting people living in the fourth age.

The **Covid** pandemic has taught us a great deal about some of the needs of older people:

- The impact of lock-down has opened the eyes of many to the plight of thousands of older people who normally live alone and struggle with social isolation.
- The crisis in many care homes has highlighted the lack of funding, resources, training and value for the provision of care in these settings.
- The disastrous and illegal decision-making of some medical practitioners and agencies, regarding resuscitation and hospital admission decisions, have been exposed and addressed, with improved understanding for the need for Advance Care Planning.
- The difficulties and dilemmas facing the families of those living with Dementia have finally been recognised and the challenge of caring for someone who lacks the cognitive function to understand what is going is better understood.
- The risks of people living in the fourth age to abuse, neglect and exploitation have been realised, with some older people being left with no care and support, others experiencing financial fraud or psychological abuse fuelled by a fear of the virus.





Whether older people are living alone, with family members or in a care home – churches are ideally placed to offer spiritual and pastoral care. Many churches and Christian faith organisations work with other agencies to offer practical support, mealtime services and social activities. It is important that such Christian services don't overlook the spiritual and pastoral needs of older people – that coffee and cake is accompanied by a listening ear, open mind and a heart for sharing the love of Jesus. There are many opportunities to help the spiritual growth of an older person – whatever their faith – and we should not be shy in sharing the good news of the Gospel, introducing an older person to Jesus or helping their faith to develop and grow.

There are many opportunities for intergenerational learning and serving in churches, involving those in the fourth age working with younger generations. The older person has so much to offer younger adults – in terms of experience, knowledge, skills and wisdom. The younger person has a great deal to offer the older person - with their energy, new ideas, technological skills and modern forms of communication. Working together, the generations can learn from each other, develop more understanding and respect for each other and be stronger with the things they have in common. Younger people can help those living in the fourth age to feel positive, respected and valued – help them have the confidence to contribute to church life and kingdom service.





Now is the time for all churches to review how they currently value and involve those in the fourth age; how they currently support the needs of older people – those in their membership, those in local care homes and those living in their community. Many churches will already be providing outreach activities such as coffee mornings, luncheon clubs, quiz nights, film clubs, etc. without a mention of the gospel, an offer of prayer or an opportunity for pastoral support. There is a sense of urgency in mission work to older people, in order to ensure that everyone has the chance to hear the gospel and respond to the message of the cross and resurrection of Jesus. Churches need to realise this, and focus on how they can best outreach and support the spiritual and pastoral needs of those people living in the fourth age in their community.

There are many national organisations who work and provide services for older people. Churches can partner with other agencies who may have the knowledge and expertise in supporting older people. There are also many Christian organisations who offer guidance, training and resources to churches in establishing services and support for older people. There is no need to re-invent the wheel – as there is considerable expertise and experience in the support for and ministry among older people. What is needed, is a commitment to change – to focus on what is needed for local older people, within the church family and community; to take every opportunity to share the gospel message to those who do not yet know Jesus and to grow the faith of older Christians; to be prepared to work with other churches and agencies, to reach out to offer spiritual and pastoral support to those living in the fourth age.

## What churches **CAN** do towards establishing ministries among older people

Identify someone within the leadership/membership to lead for ministries among older people.

.....

Include specific ministries for older people in the church strategic plan.

.....

Involve people living in the fourth age in planning for outreach activities and church services.

.....

Include and involve older people in leading aspects of worship, teaching and discipleship.

.....

Ensure all housebound older members or those in care homes have regular pastoral visits.

.....

Encourage people in the fourth age to remain active and involved in a range of church life.

.....

Make contact/links with local care homes.

.....

Commit to becoming a Dementia-friendly church and part of local Dementia-friendly community.

.....

Update safeguarding policies and training to include safeguarding adults at risk.

.....

Provide opportunities for intergenerational learning and serving – within the church and outreach.

.....

Create opportunities for older people to be supported in discussions about their own future, their care needs and support for future treatments/care.

.....

Make contact and engage with local and national Christian ministries among older people – for guidance, resources and training.

.....



# Specific Christian ministries among older people

**Anna Chaplaincy** - [www.annachaplaincy.org.uk](http://www.annachaplaincy.org.uk) - an ecumenical, community-based ministry promoting the spiritual welfare of older people. It is person-centred and non-judgemental, supporting older people of strong, little or no faith at all. It involves visiting older people wherever they may be living, whether in residential and nursing homes, sheltered housing, retirement complexes or other private homes.

**Care Home Friends** - [www.carehomefriends.org.uk](http://www.carehomefriends.org.uk) is an organisation which serves to befriend and connect people living in care homes through local churches. They also publish courses to guide ministry amongst older people: - Omega Course: a programme like an Alpha course for older people, providing the opportunity to address the questions raised by the reality of old age and offer the participants a chance to ask them in an informal and non-judgemental environment. It provides an opportunity for people to share their wisdom, their concerns and their experiences and to deepen their relationship with God. Pilgrim's Progress – Study course for older people, based on John Bunyan's Pilgrim's Progress which is particularly aimed at older people who have no church background or personal faith. It offers an opportunity for older people who are lonely, isolated or have a fear of dying to explore these and other life issues.

**Christians on Ageing** - [www.christiansonageing.org.uk](http://www.christiansonageing.org.uk) - is a national campaign group which offers support and advice to local churches and other Christian faith organisations to develop community support to older people and in particular to combat loneliness. They encourage local churches to outreach to the wider community of older people through social clubs and activities, develop visiting schemes for those who are housebound, in hospital or care home, improve awareness of the specific needs of those living with Dementia and provide pastoral care for those who are dying or bereaved.

**Faith in Later Life** - [www.faithinlaterlife.org](http://www.faithinlaterlife.org) is sponsored by four Christian charities to help churches and individual Christians to engage with older people. They work to enable churches to “reach, serve and empower older people” in local communities and to encourage older people in their faith.

**Faith in Older People** - [www.faithinolderpeople.org.uk](http://www.faithinolderpeople.org.uk) promotes the spiritual support for older people and provides guidance and resources on spiritual care and person-centred care.

**Linking Lives** - <http://linkinglives.uk> - is an organisation which exists to reduce social isolation and loneliness, with a particular focus on older people. It works with churches and other Christian agencies, by providing support, advice and resources to set up befriending projects in local communities, including home visiting and telephone befriending.

**PARCHE** - Pastoral Action in Residential Care Homes for the Elderly - [www.parche.org.uk](http://www.parche.org.uk) - promotes church-based ministry to care homes, supporting churches to build teams of visitors to minister to local care homes.

**Silver Connections** - [www.connect4life.org.uk/church-connections/silver-connections-magazine](http://www.connect4life.org.uk/church-connections/silver-connections-magazine) - as part of Connect4Life, this is a set of resources for churches and individuals to help them engage and connect with older people – including booklets, magazine, slideshows.

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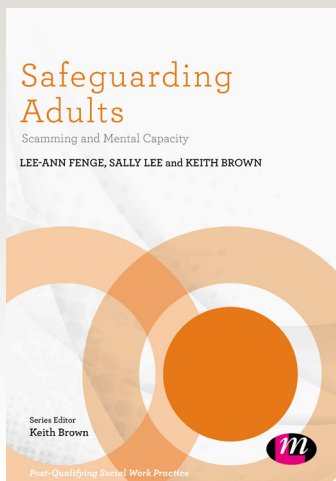
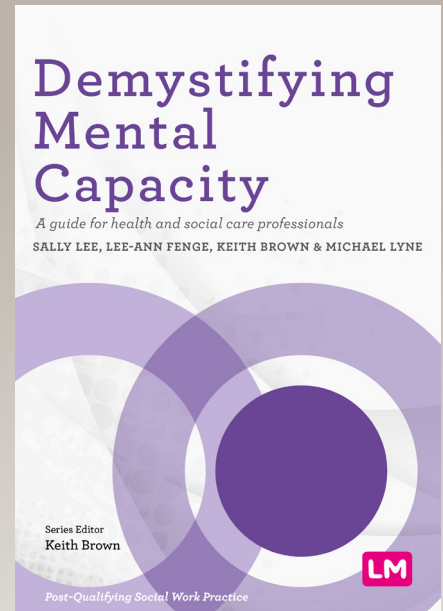
## Related resources

### Demystifying Mental Capacity

Set against the backdrop of the Mental Capacity Act 2005, this book explores and addresses issues raised by mental capacity within adult safeguarding, and provides clear guidance on the use and value of the MCA, and how to ensure that the rights and choices of individuals are heard, listened to and acted upon.

With contributions from a range of subject experts across the legal, social work, nursing and healthcare disciplines, this book will be invaluable to practitioners in the health and social care profession, and indeed any role where issues of mental capacity may be a concern. Case studies, reflection points and exercise are used to develop understanding and support critical engagement with practice.

The new Demystifying Capacity Sage book available to order at:  
<https://uk.sagepub.com/en-gb/eur/demystifying-mental-capacity/book269861>

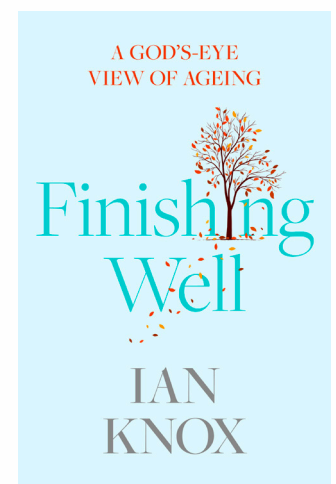


### Safeguarding Adults: Scamming and Mental Capacity

This text brings together accessible information and guidance on adult safeguarding in the context of mental capacity and financial abuse. Professionals involved in scam prevention and victim support contribute contemporary examples from practice to enable readers to understand the new landscape of safeguarding adults.

### Finishing Well: A God's Eye View of Ageing

'How are we going to face the prospect of ageing? Will we subside, give up? Or shall we view retirement as a gift from God, an opportunity to reach out to others? This text by Ian Knox reminds us all that in our later years we are not only to be blessed, but to be a blessing and bring a blessing to others'.



### A Vision for the Aging Church: Renewing Ministry for and by Seniors

View this book at:

<https://www.amazon.com/Vision-Aging-Church-Renewing-Ministry/dp/0830839488>



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