

SACH

Number 47 Winter 2011/12

Soundings

Editor's Note

At the time of publication of this newsletter, I have to inform you that Andrew Graham, our President, is seriously ill and is being cared for in St Margaret's Hospice.

Here is an extract from an email Andrew recently sent to the exec team:

"I have just received a super bouquet of flowers from you - thank you so much. They have brightened up my room at the Hospice a treat!

So, time spent with family discussing those important issues that we are so accustomed to encouraging others to do as Chaplains. It's nice to recognise

that the counsel given to others is right and has also worked for me!

Now is time to recognise that life goes on and I am still part of God's plan down here. Phil 1 v19-26 has been especially inspiring. He is still the God of miracles and I pray I may continue to serve the Kingdom

It has been a real pleasure to be part of our professional association for the past years and I pray God's blessing on you all.

Andrew"

Our thoughts and prayers are with Andrew and his family at this time.

Message from Andrew to AGM September 2011

This report only covers the past seven months or so, since our last AGM in January. But there has been a lot going on!

The key topics have been covered in each edition of Soundings: -

- Recruitment and Retention Premium
- Professional Registration
- Reflective Practice
- SACH Journal Developing

I have put a focus on building links with other Chaplaincy related organisations. I held meetings with CHCC (Scotland) and with AHPCC to discuss means of collaborative working, since we are faced largely with the same opportunities and challenges. Possible future plans could include the support of those who are new to chaplaincy and

the establishment of joint training ventures. I have also met with the UKBHC and continue to be impressed with the progress they are making, particularly in England, over the formation of a united body of professional practitioners embracing Chaplains and Spiritual Care Providers of all faiths.

That is it for just now. Thank you all for your continued support of SACH and all who serve on the committee.

Andrew Graham
President of SACH



Notes from Executive Meetings

There have been two significant meetings in the past few months, an Exec Meeting on 1st September and the AGM on the 20th September. Here are some notes from each of these meetings.

Membership Secretary

We **urgently** require a new Membership Secretary. If you are at all interested in helping out with this key role please contact Anne Mulligan by email at secretary@sach.org.uk (an outline of the role is available).

Co-ordinating Chaplains Group

A Scottish Directory of Chaplains is being created.

The Spiritual Care Strategy Advisory Group has been set up and this is a Government group.

Recruitment & Retention Premium (RRP)

The SACH executive had written to the Scottish Terms and Conditions Committee expressing their concern on the ending of

RRP but have received a negative response. (see the CHCC update below).

SACH Journal

Ian Stirling (editor) reports a growing international reputation of the Journal. There are plans relating to both distribution and publishing which will be progressed in the next few months. Congratulations to Ian and the team for continuing to produce such a high quality Journal.

Changes

Fred Coutts, the former editor of this newsletter and our very own Webmaster, retired at the end of December 2011. We want to thank Fred for all of the excellent work he has done on SACH's behalf. Have a long and happy retirement.

Kathryn Anderson (NHS Lanarkshire) has been elected on to the Exec team.

Please contact us if you have any queries.

College of Healthcare Chaplains (CHCC) Update

The Scotland branch AGM was held on 2nd November 2011 in Glasgow, with a good attendance of chaplains. Carol English, Unite Professional Officer, William Sharpe, CHCC Registrar and Gordon Casey, Unite Health Sector co-ordinator for Scotland, all gave updates to members after the AGM.

The current members of the Scotland Branch committee are : Anne Dougall, (chairperson), Judith Huggett, Paul Russell, Ann Purdie and Carol Campbell.

Recruitment & Retention premium (RRP)

If chaplaincy teams in each Health Board have evidence which would help to have RRP reinstated, then I would like to hear from you as we are preparing a case for the Scottish Terms and Conditions Committee.

Harmonised On Call

On call payments are being reviewed on a Scotland wide basis, and Gordon Casey, Unite Health Sector Co-ordinator, continues to keep CHCC Scotland branch up to date with progress.

National Conference, March 22nd, 2012

Professor John Swinton is the main speaker at this year's conference—entitled 'Beyond Kindness'.

Location: The Mike Harris Learning and Development Centre, Rampton Hospital, Nottinghamshire

Anne Dougall

CHCC Scottish Representative
www.healthcarechaplains.org

Celebrating Success and Raising our Profile

In March, two highly significant events are being planned which will help promote spiritual care and healthcare chaplaincy in NHSScotland and wider Scottish society. Both events are taking place at the Beardmore Conference Centre in Clydebank.

12th March 2012

Celebrating Spiritual Care in NHSScotland: 10 years of working to National Guidelines

It will be 10 years next year since HDL (2002) 76 was issued. A lot of fantastic innovation in the field of spiritual care and healthcare chaplaincy has taken place since then. This event will be a celebration of all your creative and often groundbreaking work. It will also be an opportunity to invite strategic leads and managers from health boards to show them what we do and how it makes a difference to patient experience and the wellbeing of their carers and NHS staff. Folks in the USA, Australia and across Europe see us as world leaders in our field. This is an opportunity to convince the sceptics in our own backyard that we are worth employing. It is hoped representatives from all health boards will be involved showcasing local and national initiatives. If you would like to help at this event please email Jackie at Jackie.Alexander@nes.scot.nhs.uk

13th and 14th March 2012

Spiritual Care and Health: Improving Outcome and Enhancing Wellbeing

An international multi-disciplinary conference sponsored by the Scottish Government for spiritual care researchers, practitioners and educationalists.

Speakers confirmed so far include:

Harvey Chochinov (Dignity Therapy, Psychiatrist, Canada)

George Fitchett (chaplaincy, USA)

Harriet Mowat (sociologist, Scotland)

Scott Murray (primary palliative care specialist, Scotland)

Christina Puchalski (Director, Washington

Institute for Spirituality and Health)
Bruce Rumbold (chaplaincy Australia)
Thomas Moore (psychologist, USA)
Thomas O'Connor (chaplaincy, Canada)
Wilf McSherry (RCN Study on spirituality and nursing, England)
Linda Ross (nursing, England)
Daniel Grosseohme (chaplaincy, USA)

If you are not familiar with these names and their work – Google them. We have attracted a truly world class array of speakers and facilitators.

This conference is an exciting opportunity for us in Scotland to develop new relationships and cement existing ones in order to aid knowledge exchange and collaborative research possibilities with other world leaders in our field of work. It is also enabling us in chaplaincy to put ourselves well and truly on the political and healthcare map at the highest level in Scotland as the NES chairperson has invited Michael Matheson MSP, Minister for Public Health to open the event and Harry Burns, the Chief Medical Officer has also been invited to give the opening keynote address. Professor John Swinton from Aberdeen University and Murray Duncanson, the Vice-Chair of NES, will chair the event.

Places are limited with the expectation that those attending will go back to their boards and share their learning. Registration for the Conference is now open.

Please register at the website below:

<http://www.nes.scot.nhs.uk/media/596971/667spiritualcareeventbf.pdf>

Ewan Kelly

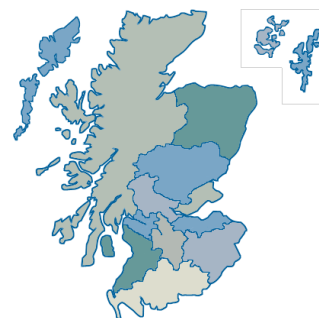
NES Programme Director



Around the Boards...

In this article we are given an update from NHS Lothian. Sandy Young, Head of Spiritual Care and Bereavement,

outlines some of the initiatives and the challenges involving the Lothian team.



I occasionally wonder if how au-fait we are with 'insider' acronyms indicates how at home we've become in the NHS. I have just advised the NDNHSL (Nurse Director, NHS Lothian) that the CNQPS (Chief Nurse Quality and Professional Standards), an LCP Facilitator (Liverpool Care Pathway) and a representative from either ECHP (Edinburgh Community Health Partnership), or EMCHP (East and Midlothian Community Health Partnership) should attend the SBC (Shaping Bereavement Care) Conference coming up at the SHSC (Scottish Health Service Centre) in December!

The question of how well we are in with the bricks is a topical one, and it lies behind our biggest recent service development, whilst also introducing yet another acronym: PROMS (Patient Reported Outcome Measures). This service development concerns our local response to SBC. In LUHD (Lothian University Hospitals Division), we have had a Bereavement Project and Coordinator since 2005. SBC prompted the next step questions: how can we shape bereavement care on a pan-Lothian basis and what framework could provide 24/7 support to staff requiring additional help with bereavement care? Yes, you've guessed it(!), the answer is the integration of the Spiritual Care Service and the Bereavement Project.

The first steps down that road have been to have my job description and the Bereavement Coordinator's job description amended and sent for re-evaluation, and for us all to begin to get familiar with another new acronym: SCBMG, Spiritual

Care & Bereavement Management Group. One of the early preoccupations of SCBMG has been PROMS, which brings us back to the question of integration: what is the point, in healthcare terms, of having well-integrated spiritual care services?

Two of the team - John and Iain - are involved in PROMS related research. John is taking part in the second round of CCL projects (Community Chaplaincy Listening), and Iain, along with researcher colleagues, is busy helping construct a PROM which will be used to help discern the value of the CCL services, from the perspective of the GP patients referred to them. Within Lothian, our ANDSD (Associate Nurse Director Strategic Development) has asked Iain to initiate a parallel project, looking to construct a PROM for use with hospital inpatients and/or their relatives and carers.

So clearly, the pressure is now on, both to see what very best use can be made of our organisationally well-integrated spiritual care service and also to look at spiritual and bereavement care encounters 'from both sides now'. It feels like the decade all about the institutional integration of spiritual care: departments, leads, direct employment and all of that, is well and truly behind us... the questions being raised now and addressed over the next months and years, are bigger ones: potentially exciting and certainly challenging – how well integrated within and how important is spiritual care to healthcare?

I feel another acronym coming on, TOIL ... AL anyone...?

Sandy Young

Autumn 2011 Conference Special Report

Celebrating the Present and Exploring the Future: Equipping Chaplains for 21st Century Health and Social Care.

This was the theme of the 2011 Autumn Conference for healthcare chaplains.

Health and social care delivery within Scotland is rapidly changing and this conference gave chaplains an opportunity to engage with key strategic developments and exemplars of innovative practice from various healthcare settings.



Who and What was on the programme?

A truly engaging and diverse range of speakers and topics—amongst them...

Harriet Mowat and Suzanne Bunniss spoke about the Community Chaplaincy Listening project.

Andrew Jackson, from Joint Improvement Team, covered the challenges linked with reshaping the future care of older people.

Ken Donaldson, Clinical Director from NHS Dumfries & Galloway, led us through a very challenging and poignant case study.

Iain Telfer gave an update on PROMS – Patient Reported Outcome Measures.

Jo Kennedy & Duncan Wallace from the Craighead Institute shared thoughts about Organisational/Institutional Spirituality. This was developed through practical examples from Sheila Mitchell (NHS Ayrshire & Arran) followed by the 'Alaskan experience' of Tricia Boyle and Fiona Mackenzie from NHS Fife. Claire Ritchie (NHS Lanarkshire) shared about the ACE initiative (Acute Care of the Elderly).

All of this, plus gifted colleagues, the organisational skills of Anne Richardson, sessions creatively led by Ewan Kelly and Michael Paterson, it all contributed to a very rich and rewarding couple of days.

Thank you to all who made this happen.

Institutional Spirituality

At the Craighead Institute we are passionate about the health and development of organisations, including actively working on the spiritual dimension of organisational life. We believe that there is that of God in everything, including in organisational life.

The NHS Spiritual Care strategy authorises chaplains to work on spirituality at three simultaneous levels: Spiritual Care for Patients (and their carers), Staff and also the Institution.

It is important that you actually have the official authority within the NHS to work on the spiritual care of the institution, to do direct work on Institutional Spirituality.

Definitions

In background to the subject we interviewed a range of people who have some authority, because of their role and expertise, to define Institutional Spirituality. The range spanned trainers of chaplaincy, authors about chaplaincy, theologians, leaders of Religious Congregations who run 'Spiritual Institutions', those with policy and strategy development for this area, researchers and practitioners who consult to the spirituality of organisations. They were from across denominations and none.

Some people seemed to emphasise that it is about the culture of the organization, others that it is about the community of the Institution, or about the values of the Institution. In terms of how people we interviewed described working with Institutional Spirituality they used terms like consulting, witnessing, facilitating, ministering, officiating, diagnosing. Within which there were questions about whether the role is about redeeming or more about getting in amongst. One of the ideas we liked the most, particularly for the context of the NHS, is where Institutional Spirituality was expressed as 'taking the temperature of the institution as a whole'.

Recommendations

At the conference chaplains explored how they currently work on Institutional Spirituality and what recommendations they would make to improve the way chaplaincy can work on Institutional Spirituality.

The following build on examples of work that Chaplains are already doing:

- Do more raising of awareness about the need to attend to Institutional Spirituality, by naming the moments as they happen.
- Nurture and sustain leadership at the local level
- Maintain a prophetic presence speaking to the vision and holding the institution to account.
- Speak to the hope of the institution and specifically raise hope to prominence.
- De-mystify the role of working with Institutional Spirituality, eg by getting this part of the role in to job descriptions.
- Explicitly work with parts of the system as inter-connected parts of the whole.
- Offer & create reflection and sharing spaces for NHS groupings.
- Put more emphasis on influencing meetings, policy and management.
- Remember that it can be easy to be drawn towards working with the lowest in the system, but that it is not always where God needs us to be.
- Helping the NHS as it is in the process of needing to re-find its founding principles, (its meaning and purpose) in relation to the qualitative and quantitative pressures of the ongoing public sector reform.

This article is a prompt to encourage chaplains to continue to think, define, advocate and enact their work on the Spirituality of the Institution.

Duncan Wallace

www.craighead.org.uk

Community Chaplaincy Listening: Sociological Context

We are currently piloting community chaplaincy listening (CCL) across Scotland. The findings and recommendations from the first round of this pilot (Mowat, Bunniss et al 2011) and from a separate pilot in Highland (Mowat 2011) are now available and have been used to develop the second stage CCL2 which is being rolled out in 8 Health Boards in Scotland. This is an exciting time for healthcare chaplaincy and the learning from these pilots will lead to a robust and sustainable model of community healthcare chaplaincy.

This short note introduces some thoughts about listening which contextualise the CCL developments and challenges spiritual listening to come forward as part of a new approach to health care.

The principles underpinning the NHS in Scotland currently centre on the patient journey. This focus makes sense in managerial and economic terms of course. The Patient progress through the hospital system is required to be efficient, timely, outcome based and brief thus saving money and responding to the economic imperatives that the NHS has to deal with. However the patient journey is actually a life long process not just confined to hospital visits. The patient journey is our story of health and illness over a life time.

Key “voices” help us focus on the nature of health and welfare and are part of a current urgent debate about what it means to be healthy and live in a “healthy” society.

The Black Report (1980) and Wilkinson and Marmot (2003) confirm that our health is linked to personal sociology. The successful ageing literature gives us empirical and theoretical understandings of what needs to be in place to enjoy a good ageing process. These are linked to the social determinants of health. Phil Hanlon’s New Wave public health perspective

(www.AFTERnow.co.uk) suggests that we might have reached an integrity gap where what we want in terms of health and what we can provide as a society cannot reconcile. A new understanding of health and personal responsibility for health is needed. The Christie report (2011) gives as its key message the need for public services to focus on prevention, collaboration and outcomes. 40% of all public spending goes on remedying problems. In these economic circumstances we cannot afford this. It is inefficient and unproductive. Carl Jung (1960) focussing on individual psychology noted that life review was an important if not vital part of the second half of life “task” and Swinton (2011) and Swinton and Pattison (2010) have recently tackled the difficulty of defining spirituality as it becomes swept up into social and health care policies without much idea of what it might mean. They suggest that the spirituality is an indication of absence, a longing.

If we see spirituality as an expression of longing, perhaps emerging out of the economic and social situations described by the voices listed above, which influence the way we think about ourselves in relation to health, then we can see why spiritual listening might be a serious contender for a main stream service to support this new order of welfare which, although emerging out of necessity and economic crisis, might well provide us with opportunities for reflection and self management, self growth and spiritual development that is unparalleled in history.

Community chaplaincy listening services support that dialogue by helping patients tell their health stories in the context of wellbeing, resilience and life long journeys.

Dr Harriet Mowat
Mowat Research Ltd.

Theological & Spiritual Reflection

The national gathering of healthcare chaplains, held at Carberry in February 2011, saw the launch of a Scotland wide programme of reflective practice through the verbatim method.

To that end facilitators from across the country have been meeting to become more familiar with the method and to increase their skills as facilitators. Early reports are very promising with teams either already under way or just about to take off.

Theological reflection lies at the heart of this reflective approach but what is it and how is it to be done? Various approaches are around, among them...

Thematic approach

In which we listen to the pastoral story being presented (the micro story) for resonances with the macro story of our sacred texts or spiritual pathways. Thus a Christian might listen for echoes of creation, redemption, inspiration; sin, salvation and forgiveness; exodus, pilgrimage and exile; kingdom, prophecy and renewal; passion, death and resurrection.

Kerygmatic approach

In which we employ a summary category or key story, a kind of gospel within the gospel, and consider the pastoral scenario in the verbatim in relation to that. For example you could ask where in the story you find traces of corruption and redemption, idolatry and grace (cf Lyall) the thief and lifegiver (John 10:10), the activity of pinning someone to a cross or lending a shoulder to roll away the stone.

Values approach

Often theological reflection falls flat on its face due to a narrow restricted view of what counts as theological or spiritual.



But when the lens is widened to include values, attitudes, hospitality, attentive listening, care, etc it soon becomes clear that rather than being an 'add-on' at the end of a reflective piece, theological and spiritual values permeate so much of what we do and why and how we do it.

That is as much true of the pastoral encounter that took place 'then and there' as it is of the reflective meeting in which we are engaged 'here and now'. The care (or lack of it) which has been put into making the physical meeting environment conducive to reflection, the hospitality with which people were greeted upon arrival, the inclusion of all voices and views in the reflection are all theologically and spiritually significant.

Michael Paterson

Some further reading around Theological Reflection

Heather Walton, 'Passion and Pain: Conceiving Theology out of Infertility' in Willows & Swinton, *Spiritual Dimensions of Pastoral care*, Jessica Kingsley 2003

David Lyall, 'Pastoral Action and Theological Reflection' in Willows & Swinton

Jane Leach & Michael Paterson, *Pastoral Supervision: A Handbook*, SCM 2010

The next edition of SACH Soundings will be published in April 2012.

If you have any news, events, articles, stories, reviews, pictures and suggestions, email:
soundings@sach.org.uk