Creating Community Connections

Pastoral Care in Community Aged Care

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In 2009 Baptcare, a large not-for-profit based in Melbourne, Australia, is piloting an approach to the delivery of pastoral care to older Australians living in the community who are on government funded support packages. The purpose of the program is not only to provide individual pastoral support, but also to give opportunities for relationships to develop between local communities and Baptcare's clients. Part of the program involves capacity building of local individuals in order to better equip them to respond to need in their neighbourhood.

Baptcare was established in 1945 in Melbourne, Victoria, specifically in response to an identified need to provide housing for people who were ageing. That first homestead site is now one of seven residential aged care facilities, and Baptcare's services have expanded to include community aged care, family services, disability services, affordable housing and asylum seeker supported accommodation. Baptcare assists around 2000 individuals every day of the year and employs over 1,000 staff. There are over 450 volunteers, mainly in family services and residential aged care. Our services also cover parts of Tasmania. Baptcare offers pastoral care in each of these areas. Pastoral care in Baptcare is person-centred, and tailored to the clients, residents and families in that setting.

The focus of this paper is to describe the development and evaluation of a model for pastoral care in community aged care. Community aged care includes a number of separate services, including community packages (in-home support for the elderly), day therapy, planned activity groups, a mobile nursing service, respite care and support for adults with a disability. The *Creating Community Connections* program we are trialling is specifically located in the community packages program. In Victoria, Baptcare has 12 offices delivering community packages and our hope is to have pastoral care on offer in all regions where we have an office by the end of 2011.

Before proceeding any further, it is important to clarify what is meant by some key terms that are used throughout this paper. What Baptcare calls the *chaplain* may be labelled in other contexts as *pastoral carer, pastoral care practitioner,* or *spiritual care practitioner*. Baptcare chaplains respond to client need regardless of clients' backgrounds. The chaplaincy team have a Christian faith, although they are not necessarily Baptist and may or may not be ordained.

Pastoral care in Baptcare is understood to be "a person-centred, holistic approach to care that complements the care offered by other helping disciplines while paying particular attention to spiritual care. The focus of pastoral care is upon the healing, guiding, supporting, reconciling, nurturing, liberating, and empowering of people in

whatever situation they find themselves."[1] In its community aged care program, Baptcare has chaplains embedded in four case management teams throughout Melbourne, and in one regional area. The chaplains offer pastoral support to Baptcare clients and their carers largely via referral from the care (case) managers.

Baptcare's pastoral care program in regions with community aged care clients commenced in 2006. When the care managers understood the purpose and possibilities for the program, clients were quick to respond once they had the opportunity to meet with the chaplains. It was found that in each of the four regions with a chaplain, clients were informally feeding back high levels of satisfaction with the pastoral care on offer. Long term relationships largely via home visits became a key characteristic of the program. Following are some examples of the informal feedback that the chaplains received. The need for more systematic collection of client experiences and views on pastoral care are also being addressed as part of the trial.

One care manager commented to a chaplain:
I visited 'Doris' today. She was SO appreciative of your recent visit and then the follow up phone call. She said that she felt very comfortable talking to you and that the guidance you gave her has helped her get back on the right track. She expressed that she felt that you had cared about her and her story and not just as any other person, but as the special person that she is. Another care manager emailed the chaplain noting: *'Betty' rang me this morning and said that your phone call today had certainly helped her in her very traumatic and difficult time that she is going through at the minute.*

Another client, 'Elva', has given us permission to talk about her encounter with one of the chaplains. One of Baptcare's care managers was aware of Elva withdrawing from society, and that she had feelings of shame and embarrassment. This same staff member was also aware that Elva had some kind of church background. After some discussion with the client, the care manager made a referral to one of our community aged care chaplains. Elva was happy for the referral to take place, but due to her immense hesitation to encounter people, it took a long time for her to take up the offer of a visit by the chaplain.

When the chaplain was finally invited into her home, slowly she started to talk. Elva gradually revealed that she has lived with a lot of heartache for many years. She also said that she used to be an active member of a church, but that had also been a disappointing experience for her. It emerged that she still believed in God – in fact, her constant sense of shame and embarrassment was precisely stemming from how she felt God viewed her. Elva felt that she couldn't return to God because she had been 'away' for so long. During that visit, and two since, the chaplain has gently and slowly introduced her to new ways of encountering God – a God of mercy and grace.

Now Elva says that God clearly sent the chaplain to her. During one visit, she threw herself back into her chair and smiled and cried tears of joy. Now Elva is talking about wanting to reconnect with outside community groups and to be a part of her

[1] Pastoral care definition from Dr Bruce Rumbold, La Trobe University School of Pubic Health, Australia

local faith community. In the chaplain's words, "she wants to step outside her front door and embrace life again".

These stories give a snapshot view of the successful relationships the chaplains have developed over the years with community aged care clients. In the original model for community aged care pastoral care, however, it was expected that the chaplains would not be the sole source of pastoral support for this client group. This is partly to do with limitations on resources, as well as sheer distances across the state of Victoria. In some instances it can take up to four hours for the chaplain to reach a client in one of the bigger regions.

Baptcare also has a goal to assist local churches to respond to needs in their local communities. It was found, however, that contacting local churches was not straightforward. The client may require regular assistance to be able to get out of the house and therefore to attend services, assuming the client desired that outcome. If the chaplain contacted a local church, in many cases it was difficult enlisting the support of already stretched church communities to get involved.

The revised model for community aged care pastoral care therefore means making an *offer* as much as a *request* to local communities. It includes recruiting, training and supervising local volunteers. They will function as 'pastoral visitors' to clients, offering first level support to clients and referring back to the regional chaplain if required. The new approach is being trialled in Gippsland in regional Victoria, commencing September 2009 with an expected completion date of May 2010.

A reference group was established for the project, with members from Baptcare (regional chaplain, chaplain team leader, pastoral care coordinator, community aged care program manager, community aged care general manager), the Healthcare Chaplaincy Council of Victoria and La Trobe University School of Public Health. La Trobe had previously run a program for palliative care pastoral care volunteers in a regional area.

The role of the trained pastoral volunteers is to support Baptcare community aged care clients or carers in their homes. Importantly, it was decided that the volunteers would not get involved in the whole family system, in an attempt to make their role manageable and help delineate between expectations of paid professional pastoral carers and case workers. The regional chaplain selects the volunteers, conducts the training and supervises.

In deciding on which pastoral volunteer preparation program to use, Baptcare explored existing pastoral care volunteer training in Melbourne and regional Victoria. Baptcare identified the need for locally based people, capable of offering a compassionate presence, and able to maintain appropriate boundaries (particularly an issue in small communities). It is hoped that the volunteers will be committed for long term relationships, and given Baptcare's Christian grounding, the volunteers also need to be Christians capable of holistic care (clearly not to proselytize). The volunteers need to demonstrate commitment to ongoing supervision and development that will be offered by the paid pastoral carer in their region. Other forms of pastoral care volunteer training that were explored included clinical pastoral education (CPE) based in metro Melbourne, and several other approaches that are based in residential

aged care as a replacement for paid chaplains, or were hospital based. It was found that there was nothing specifically for pastoral care in community aged care.

Baptcare was also interested in what the prospective volunteers might want. There was some consideration of whether certified qualifications are necessary. There are a number of certificate level courses in pastoral care now available in Australia, however there is no central chaplaincy body for standardising the content of the courses, or to vouch for the quality of the teaching. They are also not readily available across the states. Clinical pastoral education, commonly used as the basic standard for volunteer hospital chaplains in Victoria, was not a good fit for this context despite its strengths.[2]

CPE is not readily available in regional areas and it relies heavily on written reflection. This was thought not to be an appropriate requirement for the types of volunteers that may well be able to respond effectively to pastoral need, but may not have confidence or interest in large volumes of written work. Based on conversations with agencies training pastoral care volunteers in other settings, the main desire of volunteers seems to be to respond positively to local need.

The Healthcare Chaplaincy Council of Victoria (HCCVI) provided a grant to Baptcare, to develop a training package to be trailed in 2009. The training program was developed after consultation with a number of organisations already training pastoral care volunteers, so that Baptcare could learn from their experience.[3] Baptcare's chaplains and pastoral care coordinator were also involved in its development. The final product includes a facilitator's manual, a participant manual and 'rich' PowerPoint presentations. The program is theme based, allowing for a mixture of information, ideas, conversation and practice sessions to be spread across all topics. It is 20 hours over six sessions and highly participatory. There is not a lot of written work, therefore enabling the widest group of competent carers into the program.

The structure includes an introductory 'taster' to garner interest. This is offered at a suitable location in proximity to the target clients, rather than necessarily at a Baptcare office. Enlisting the support of a local venue is also a means of raising the profile of the program and its aims. The themes of the program are:

Unit 1: My Story, your story, God's story: finding meaning in your personal narrative
Unit 2: Relationships: the people who form my life
Unit 3: Home: anchoring points of life
Unit 4: Loss and grief: walking with pain
Unit 5: Experience and reminiscence: making sense through the senses
Unit 6: Sacred places: connections in space and time

Weekly content might include a film clip, such as from *The Bucket List*, a film starring Morgan Freeman and Jack Nicholson about two dying men and the list of things they want to do before they die. Participants are asked to do some reading,

[2] Baptcare is trialling CPE participants in residential aged care over summer 2009/2010.
[3] Thanks to Southern Cross Care NSW, Libby Gilchrist Albury Base Hospital, Kerry Godbold Western Health and Donna Barnard Carrington Centennial Care NSW, for your willingness to share your thoughts.

such as Mal and Dianne McKissock's highly accessible and popular *Coping with Grief*[4]. There are chapters from Elizabeth MacKinlay's *Spiritual Growth and Care in the Fourth Age of Life* [5] as well as reflections on basic listening skills from *Companions in Hope*[6]. Introductory information about ageing and how to communicate with people with dementia as well as the creation of a life book, is found in fact sheets from Alzheimer's Australia. There are a number of resources in the facilitator's manual to support the delivery of the program.

A significant aspect to the trial of this model is in the planned evaluation. Baptcare does not currently have any systematic collection of client feedback specifically in relation to pastoral care and its effects on wellbeing. By building in surveys and evaluations there is an opportunity to learn something not only about the new model, but the effectiveness of the pastoral care program generally. The mixed method evaluation will include client surveys and focus group, staff surveys and focus group, as well as volunteer surveys.

The client survey is in two parts. The first part is a wellbeing measure and the second part is a satisfaction survey. In addition to demographic and standard descriptive Likert evaluation measures, an existing well-being scale has been modified and currently being trialled in terms of its utility as a pre-test and post-test evaluation tool. Part one is a 40 item Likert scale measuring qualitative wellbeing, adapted by Baptcare and La Trobe University.[7] To develop this survey, a literature review of spiritual wellbeing measures was undertaken. The final Part One survey was created using the *Integration Inventory (II)* published in 1991 by Mary A. Ruffing-Rahal[8], one question from the *Spirituality Index of Wellbeing* written about in 2002 by Timothy P. Daaleman, Bruce B. Frey, Dennis Wallace and Stephanie A. Studenski[9] and two questions devised by L. Carey and I. Hampton. The *Integration Inventory (II)* was chosen because it was used with a convenience sample of 182 community dwelling older adults, includes spiritual wellbeing measures that reflected a sound definition of spirituality, and has good internal consistency.[10] There is also much comment in the literature about the difficulty of research in this field because of the number of measures being used internationally and even just within the US. This became another reason to use a measure that had already been developed and tested with a similar population to the group our project is working with.

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[4] McKissock, Mal and McKissock, Dianne C*oping With Grief*, 3rd ed. (ABC Books: Sydney) 1995 (reprinted 2009)

[5] MacKinlay, Elizabeth *Spiritual Growth and Care in the Fourth Age of Life* (Jessica Kingsley Publishers: London) 2006.

[6]Wicks, Robert and Rodgerson, Thomas *Companions in Hope: The Art of Christian Caring* (Paulist Press: New Jersey) 1998.

[7] Ilsa Hampton from Baptcare and Lindsay Carey from La Trobe Univserity selected and adapted the Inventory.

[8] Mary A. Ruffing-Rahal, *Initial Psychometric evaluation of a qualitative wellbeing measure: the integration inventory* Health Values 1991: 15(2): 10-20.

[9] Timothy P. Daaleman, Bruce B. Frey, Dennis Wallace and Stephanie A. Studenski, *The Spiritualty Index of Well-Being: Development and testing of a new measure* Journal of Family Practice November 2002 Vol 51 No 11.

[10] Mary Courtney, Helen Edwards, Joyce Stephan, Maria O'Reilly and Cate Duggan, *Quality of life measures for residents of aged care facilities: a literature review* Australasian Journal on Ageing, Vol 22 No 2 June 2003 58- 64.

The second part of the client survey was developed by Baptcare with the Healthcare Chaplaincy Council of Victoria. The purpose of this survey is to collect some demographic information about the clients or their carer, as well as information about their expectations or satisfaction with the pastoral care program (depending on whether they have had contact with our chaplains). Parts one and two of the survey are being administered to clients pre-commencement of the program by their care (case) managers. A follow up survey is then administered to participants after six months. A focus group will be conducted after the second survey results have been collated.

The client surveys are paper-based questionnaires, open to all clients or their carer who are cognitively able to participate. They are anonymous and voluntary. Staff evaluations include the satisfaction surveys which will be conducted after six months. A staff focus group will be conducted, after the survey results have been collated. The staff surveys are also an anonymous, voluntary, paper-based questionnaire. The pastoral volunteers will participate in training entry and exit surveys and interviews.

There are a number of anticipated outcomes by selecting, training, supervising and matching pastoral care volunteers with community aged care clients. It is expected that clients or their carers, in isolated areas in particular, will experience an increase in wellbeing as a result of their contact with the pastoral visitor and/or the Baptcare chaplain. It is also anticipated that the project will provide **i**ncreased connections between clients / carers and their local community, and an increased capacity for local communities to respond pastorally to people who are ageing in their midst. The project also provides role variety and increased responsibility for Baptcare chaplains. This then increases their capacity to offer leadership in the pastoral care sector in the years to come.

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