Our aims

At the Leveson Centre, inspired by the belief that older people should not be considered passive recipients of care, but valued and cherished as members of society who can inform and enrich the lives of others:

- we are a focus for interdisciplinary study of ageing, spirituality and social policy
- we establish and make accessible information about these subjects
- we contribute to best practice through publications, conferences, public lectures and seminars
- we network with other agencies, projects and individuals
- we are developing an understanding of spirituality as lived by older people and support them to express their spiritual awareness – and learn from them
- we support and enable older people to influence policy makers, professionals, carers and churches
- we identify and disseminate distinctive contributions that Christian churches can make to the development of social policy and see how we may bridge gaps between theory and practice
- we explore multi-cultural aspects of ageing and welcome people of all faiths - and none
- we sponsor or co-ordinate research projects.

For further information about the work of the Centre, please contact us at:

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While on holiday in mid-Wales during September enjoying the space and character of that wonderful part of the world, I literally fell over the Museum of Modern Art which is in a converted Chapel in Machynlleth. My visit happened to coincide with the final day of an exhibition by a Welsh photographer, Steven Hopkin-Jones, entitled ‘Afterbloom’.

In the series of very vivid, colourful and rich photographs Hopkin-Jones represents a number of dying flowers. I immediately took a fairly negative view of these pictures, rather disappointed that the gallery was not going to offer more. But the more I attended to the images, as so often happens with art, the more a variety of thoughts and reflections emerged. Hopkin-Jones’ floral portraits displayed a power to confound and change my expectations, and in the end, presented images of beauty hidden within the ruin. In these photographs domestic blooms take on unrecognisable forms in death, as tulips twist around themselves – similar in life, they now each take on a special identity, abstract forms full of mystery and colour emerging as they wither.

I was reminded of what I do when flowers are brought into the home. Once they have lost their bloom they are discarded. They are no longer any use to us. And yet that is the moment that this photographer finds the blooms at their most appealing. It is as if the pictures challenge us to see that these flowers still have character, perhaps even more character! They are almost striving to remain beautiful.

Later that week, I picked up a long interview with the writer Alan Bennett, alongside an extract taken from his new book (Untold Stories, Faber/Profile, 2005). This book, now widely publicised thanks to Bennett’s powerful and persuasive words, explores his deep distress at the inability of a care home to engage with his mother as a person and an individual with particular needs. Out of disappointment Bennett comments on those involved in the care of older people and criticises our inability to see, to understand and to respond affectionately. What Bennett has written and reflected upon will do little to restore the confidence of the public in care and care homes.

I think there is a simple but for me profound link between Hopkin-Jones’ images and Bennett’s reflections. Surely the link lies in our shared inability to be able to unlock our appreciation of the character that lies within older people. We need to go beyond the external image of decline or change to see within each soul the beauty and the possibilities of a life lived and wisdom shared. Too often we wish to marginalise or discard older people rather like those flowers that are no use to us as they wither and decay. This is not, of course, to portray all of old age as one irretrievable process of decline but to challenge us to look again at our attitudes towards older people and to examine what it is that we value both within our lives and in theirs.
One final thought. I recently attended the induction of a new Anglican parish priest. The church was full, though predominantly of people over 60 with a significant minority over 75 (though I admit it is very difficult to judge age!) The Bishop focused his sermon on the necessity for this new priest to be able to work with young people and young families. No mention was made of other groups and there seemed to be some implicit criticism of the nature of the age profile of this particular congregation, or at least an ignoring of them. When will the church learn, I thought to myself, that older people are a significant part both of the congregation and the community? What might we do to combat the negative images of ageing which seek to marginalise and disempower older people? When will the Church be challenged by its ageism? Is it possible to turn our negative responses and images into positive opportunities for deeper and wiser thought and new kinds of sheer appreciation?

The Revd Dr James Woodward (Centre Director)

News from the Leveson Centre

Programme for 2006

1 March  ‘What do you expect at my age? Listening to the pastoral needs of older people.’ A day led by the Revd Dr James Woodward.

14 June  ‘Understanding dementia’

6 July  Fifth Leveson Lecture: ‘Thinking the unthinkable: ten years on’, Frank Field MP

6 September  ‘Sharing the caring: a role for spouses in care homes?’

14 November  ‘Planning worship with older people’

See our website www.levesoncentre.org.uk for details as they become available.

Report on seminar ‘Adding life to years? Perspectives on learning in later life’

From near and far, a group of those involved with older people in a variety of ways met at the Leveson Centre on 15 June 2005 to consider learning in later life.

The first of the three excellent presentations was given by Jim Soulsby, currently extremely active in NIACE – The National Institute of Adult Continuing Education. Jim shared with us the policy context of learning in later life. This included a 2004 report from the office of the Deputy Prime Minister, Excluded Older People, the DWP report Opportunity Age: meeting the challenges of ageing in the 21st century, the EU Commission report Confronting demographic change, the 2005 green paper Independence, well being and choice and the white paper Choosing health - making healthy choices easier.
The government is interested in this area for a number of reasons, among which is the population profile which indicates a large proportion in this category, that is over 50 or maybe 55. There is also evidence that ongoing learning is beneficial to health, social life, economic position and for individual lifestyles. There is recognition that the older people themselves need to be involved in the provision, rather than merely being passive recipients.

Given the current pension situation, many older people will be in employment for much longer and may need new skills, but for others learning is an enriching element in retirement. Preconceptions about the role of older people are beginning to change, leading to recognition that older people have a great deal to contribute and if in employment are often more reliable than some who are younger. Two NIACE booklets, *Days out – Days in* and *Mapping Learning Opportunities for Older People*, ensured that delegates went home well equipped with practical advice on putting the policies into practice.

A change of gear into reflective mode with Joanna Walker helped us to consider the relationship between wisdom, spirituality and lifelong learning. We were asked to define wisdom, and then to reconsider our definitions at the end of the lecture. Various definitions of spirituality, some religious and others non-theistic enabled us to identify the area under consideration and to wonder whether spirituality is a universal human attribute.

The concept of life as a journey, with increasing depths within the things that matter to most to us, led us to consider whether or not ageing is ‘an existential condition for personal growth’. Learning was seen as one of the lifelong spiritual tasks that assist our growth and our progression towards wisdom.

After the usual excellent lunch, we listened to Dr Alexandra Withnall discussing the findings of a project researching older people’s learning, funded as part of the Economic and Social Research Council’s ‘Growing Older: Extending Quality Life Programme’.

Again she highlighted a prevailing attitude of exclusion of those no longer in paid employment. There had been little input in academic circles in the consideration of the role of on-going learning’s impact on ageing. Those involved in this research were taking part in some form of formal learning, though as the project developed, there began to be awareness that a great deal of learning occurs throughout life informally. Perhaps the media providers need reminding how much learning takes place informally through television and of the necessity of providing stimulating programmes during the day.

Philosophical perspectives included the fact that older people had often contributed enormously to taxes throughout their working lives, but had been denied educational opportunity in early life and now were being excluded again, with the government emphasis on early learning and on that which equips potential or actual employees.
Alex detailed the process of the research and the vital part played by older people themselves. She reminded us of the pressure these days to identify learning objectives in publicly funded learning and the limitations which this imposes particularly for retired people, where the process is often as beneficial as the outcome. For some, there may be a great sense of achievement in being awarded perhaps the only paper qualification ever received, but there was also the recognition that some of the most worthwhile outcomes could not be measured and that we are ‘plagued by the desire to measure outcomes in a prescriptive way’.

Where older people were being trained for work there is increasing awareness that although it may take longer to train them, the training is often more effective in the long run.

Too soon, the lectures were completed, but then there was opportunity to ask questions of all three speakers, ensuring a deeper understanding of what is clearly an increasingly vital area of life. Many of the delegates would be categorised as older learners, but there is no doubt that all of us, whatever our age, went home certainly more knowledgeable and hopefully wiser than when we arrived!

*The Revd Ros Murphy (The Cotteridge Church, Birmingham)*

**Report on seminar ‘Palliative care for people with dementia’**

The four papers delivered at this Seminar are being published as Leveson Paper 12 so this is not a series of synopses, but an attempt to convey the whole effect of the day. The varied and high-powered attendance from all over the country showed the range of influence of the Leveson Centre and underlined the importance of these all-too-rare occasions when such disciplines can come together. Those present, as well as the speakers, covered relevant medical skills, specialist nursing, the running of care homes, social services provision, voluntary carers and religious ministry, both in hospitals and in parishes. This overall holistic vision will never be easy to maintain consistently, not least because of the bureaucratic constrictions on so much local authority and NHS care. Adrian Treloar, describing the struggle – but also the rewards – involved in effective family care in the home, stressed how inflexible the visiting carers are rendered by the necessary box-ticking; and both he and many participants regretted the amount of time hospitals and homes must give to paperwork rather than to direct care.

Katherine Froggatt’s overview was a masterpiece of clarity – and how refreshing it is to see younger people so dedicated to the care of the aged. We needed encouragement to face the facts: 25% of those over 65 will suffer some degree of dementia; and the government priorities have been much more focused on the needs of the young. This is beginning to change, as the growing needs of the aged are recognised, but the requirement to distinguish between those who may hope for a cure, those who will benefit from rehabilitation, and those who must be treated palliatively, needs enormous resources. Many of those who work in this field are underpaid and apparently undervalued by society. The overriding
message is that we must go beyond state provision, which may in any case be too highly ‘medicalised’. There is a challenge to make voluntary work among those with terminal dementia attract as many helpers as does a cancer hospice.

Adrian Treloar and Margaret Goodall put the cases, respectively, for care within the family and in specialised homes. There was no element of competition, or disapproval of the alternative: each person is an individual with particular needs, and each family varies in the care they can provide – because care of the carers was another important feature: nobody should sacrifice their mental and physical health to care for a relative.

With Leslie Dinning we focused in depth on the spiritual aspect of terminal care, though it is important to recognise that it had been acknowledged as vital by all the other speakers. The recognition that the whole person is still there, behind the struggle ‘to sing the Lord’s song in a strange land’ (Psalm 137), should be the guiding principle; and the Christian theology of a suffering God, and of his presence with those in the agonising wait between the Good Friday of their affliction, and the Easter Day of their release, does offer a framework within which to minister. Since, as Adrian Treloar pointed out, very few people go into residential care who do not have some degree of dementia, we must all identify with this as part of the human condition.

It was a day which inevitably focused on problems; and yet the over-riding message was not of despair, but of a positive call to loving commitment. The family, the truly dedicated carers, the many volunteers, the pastoral workers, all transcend the inadequacies of bureaucracy and in a sense reclaim the individual as an important and beloved human being.

The Revd Anne Kiggell (Non-stipendiary priest at St Clement’s, Ashtead, Berkshire)

Report on seminar ‘A good funeral’

On 15 November 2005 a packed audience gathered at the Leveson Centre to hear four presentations on the theme ‘A good funeral?’

Dr Tony Walter, a sociologist by profession, spoke on ‘the emerging culture of choice’. He charted the ways in which funerals had changed in relatively recent times from a ritual which sought forgiveness for the dead and looked forward to the life to come, to a ceremony which celebrated the achievements of a human life. Coupled with this change was a movement from religion to spirituality, from the declaration of dogma to the spirituality of the individual. Furthermore, relatives now had choice. The British Humanist Association offers funerals without God and since 2002 registrars have been able to conduct civic funerals. There is a small group of independent celebrants. While fewer than 2% of funerals are conducted by these alternative practitioners, in Australia the figure is 20%. How are Christian clergy to respond to this increasing demand for funerals to be
personal? Is there a conflict between what relatives want and the traditional function of the church to declare Christian truths? How do clergy cope with the demands made on their time by personalised, pastorally sensitive funerals?

This was followed by an undertaker’s perspective given by Richard Bragg, director of a long-established family firm of undertakers. His presentation was often amusing in its descriptions of some of the more unusual funerals he had been involved in but also challenging to those who conduct funerals in revealing the lengths to which a good undertaker will go to meet the wishes of his or her clients and the enormous contribution the profession may make before any member of the clergy is involved.

After lunch the Revd Mark Pryce offered ‘a view from the parish’ – in his case a parish where there are a hundred funerals a year. He reinforced the message of Tony Walter by drawing our attention to the changes in the official liturgy of the Church of England from the 1662 Prayer Book which offers no choices and no scope for personalisation to the 2002 Common Worship where virtually everything ‘may’ be said or done leaving much to the discretion of the clergy. He felt the need for a balance and compared a funeral to a tent where the light comes in from both sides – the past and the future.

The final presentation by Dr Janet Eldred was on the ‘second funeral’ – the burying of ashes or the placement of a memorial or any other ceremony which followed the ‘main’ funeral. Such ceremonies were often more informal and attended only by close family and could meet needs which had not been met in a church funeral.

The day raised many interesting questions about what we are seeking to do when we conduct a funeral and how we can best fulfil the church’s mission of meeting people at their point of need.

_The Revd Colin Johnson (retired priest)_

_(Note: These papers will be published early next year as Leveson Paper 13)_

Publications available from the Centre

See inside back cover for a full list of our publications.

_Befriending Death_ by James Woodward, reviewed in the last issue of the Leveson Newsletter, is available price £8.99 (or £9.60 including postage and packing) from the address on the inside front cover.

Coming shortly

Leveson Paper 12: _Palliative Care for People with Dementia_, papers presented at a Leveson seminar, 2005 (see above)
Leveson Paper 13: *A Good Funeral*, papers presented at a Leveson seminar, 2005 (see above)

**Website**

Our website ([www.levesoncentre.org.uk](http://www.levesoncentre.org.uk)) has been redesigned with a more comprehensive resources section. Please keep an eye on the site for news of the Leveson Centre or sign up to our regular e-mail update Leveson Link.

**Other events and projects**

**News**

**Death of Captain Chris Crosskey**

The many friends of the Leveson Centre who have purchased copies of *Older People, Faith and Dementia: twenty-four practical talks for use in care homes* will be sad to learn that its author Captain Chris Crosskey passed away on 31 May 2005 after a long battle against cancer. Chris died at home with Ginny his wife and teenage children, Edward and Katie. He was a significant member of Church Army’s Focus Group for Older People. As a main pillar of the planning group he was key to a number of CA publications in relation to Evangelism and Older People. Chris had a passion in particular for meeting the spiritual needs of older people, especially those living with dementia, and was a pioneer in this area of work, sharing his practical experience in Leveson Paper Seven, jointly published by the Leveson Centre and the Church Army. Chris will be sadly missed by many but we have the legacy of his work and passion for working with older people.

In an obituary published in Sheffield where he had retired only recently due to ill health from his post as Parish Evangelist at Christ the Servant, Stockwood, the vicar, Revd Gwyn Owen wrote: ‘Chris was a kind and gentle man who, gifted by God, gave unstintingly of himself in his five-year ministry here. He leaves behind a legacy of service and warm friendship, and we ask for prayers for his wife Ginny and their children Katie and Edward; he took great comfort from their shared family life. His time with us was an inspiration in its humble faith, and a challenge to follow his example of giving. On the other hand, he was well versed in the practicalities of organisation, securing grants and equipment and so on … his legacy will continue now that he has gone. This is just another way in which he has helped bring out the best in people. We thank God for him.’

*Captain Mike Collyer CA (Researcher: Older People)*

**The Sheltered Housing Network**

The Sheltered Housing Network has commissioned a research project to investigate the current and future trend towards staffing sheltered housing services with an aim of drawing out good practice guidelines.
Sheltered housing providers are experiencing a number of challenges in demonstrating that they are providing quality service that is appropriate to local needs and is cost effective. The issue of whether sheltered housing staff should be resident or non-resident has constantly been raised, with some Supporting People administering authorities questioning the viability and appropriateness of resident staff and suggesting that such a service may not be funded in the future.

If you are interested in this issue, please contact Ray Sawyer-James by e-mail rsj@shn.org.uk or phone 0870 467 0646.

Forthcoming events

17 January  ‘The Ageing workforce – a new challenge’. Royal Society of Medicine. For details phone 020 7290 2987 or e-mail geriatrics@rsm.ac.uk

24 January  ‘Geriatric medicine has no future’. A debate at the Royal Society of Medicine. For details phone 020 7290 2987 or e-mail geriatrics@rsm.ac.uk

News update

We now include a current awareness section in the resources area of our website (www.levesoncentre.org.uk). This provides details of the many documents and government reports on ageing and social policy published in the past year.

Panorama documentary

After the screening of ‘Undercover Nurse’ a Panorama documentary, Adrian Lee of the Department of Social Policy and Social Work, University of York commented in an e-mail to fellow members of the BSG:

‘... A nurse with 20 years’ experience went undercover as a bank nurse in a failing hospital in Sussex. She worked on a ward where highly dependent elderly patients were ‘cared’ for. What was filmed and the depiction of the patients on the ward at the time made for uncomfortable and upsetting viewing.

I watched it with the knowledge that it was obviously produced to shock and provoke anger and to highlight the worst side of NHS nursing for older people. Having said that, and having the constant thought that it must have been carefully edited, I still found it emotionally difficult viewing. I was extremely angry at the end, especially after the administrator interviewed said he took a personal interest in ward management, particularly regarding older people. I wondered how a man with such interests could allow such disgusting and inhuman treatment on his wards. It was difficult to understand why such failings would not lead to a resignation. It might be one of the worst NHS hospitals, but even in the worst hospital is such treatment justifiable even in light of rationing, staff shortages, budget deficits etc?'
Is it naïve to be surprised at the human rights breaches in the programme? Would such treatment have persisted for as long on a children’s ward? Maybe it will act as a wake up call to those who have the ability to make real changes.

The details of the programme, interviews with the undercover nurse, administrator, and public comments that have followed the broadcast are available at http://news.bbc.co.uk/1/hi/programmes/panorama/4655929.stm

Recent publications

Notices

*Depression and Older People: towards securing well-being in later life*

This book by Mary Godfrey and Tracy Denby reviews the evidence about later life depression and evaluates policy and practice responses. Depression can have major effects on physical health, recovery from illness and quality of life but it is often not recognised in older people – or worse considered as a normal part of ageing. In addition much of the literature is dominated by the medical model.


*Ageing: Scientific aspects*

A House of Lords Report of an inquiry chaired by Lord Sutherland was published in July 2005. It examined how the Government can apply scientific research to improve health in old age and enable older people to live longer in their own homes in safety and comfort. The report is available from The Stationery Office, ISBN 0–10–400730–3 or at www.parliament.uk/hlscience

*O Tidings of Comfort and Joy*

A CD of favourite Christmas hymns, chosen by older people living with dementia and sung by choirs and members of churches at Holy Corner, Edinburgh has been published in time for Christmas. The CD, price £5.00 (plus £1.00 postage and packing) is available by phoning 01786 467740 or e-mailing dementia@stir.ac.uk

We welcome letters to the editor commenting on material included in the Newsletter and are always glad to receive offers of articles from readers. Items for the next issue should be sent to the Editor by 1 May 2006.
Recruitment and Sampling: qualitative research with older people

Recruitment and sampling are important in social gerontology because they directly affect research findings. This collection of papers from The Centre for Ageing and Biographical Studies at The Open University and The Centre for Policy on Ageing describes five quite different studies of ageing and intergenerational relationships. The methodologies and sample sizes range from a micro-level study of relationships between a small group of friends to a multi-method approach incorporating interviews with people identified in a larger survey. Some common themes emerge: vulnerability and ethics, the role of the gatekeeper, under- and over-researched groups, sensitive topics and the role of language and older people as research partners. Available price £10.00, ISBN 1–901097–95–1.

Dying in Older Age: reflections and experiences from an older person’s perspective

This publication contains a summary of a major report entitled End-of-Life Care by Jane Seymour, Ros Witherspoon, Merryn Gott, Helen Ross and Sheila Payne published by The Policy Press and Help the Aged. It also includes seven inspiring articles on death and dying written by older people. Among its recommendations are that dying, so often a taboo subject, should be recognised as an integral part of the life course and that in that context we should expect the same concern for quality and fairness as we do in other life events. It also concludes that the life stories and spiritual beliefs of older people and how these link to their experiences of the end of life and of bereavement need to be better understood.

The short report, price £5.00, is available by phoning 020 7239 1946 or e-mailing publications@helptheaged.org.uk and the full report, price £14.99 (plus £2.75 postage and packing) by phoning 01235 465500 or e-mailing direct.orders@marston.co.uk

(The Director of the Leveson Centre, James Woodward, and one of our patrons, Albert Jewell, were interviewed about this report on the Sunday programme on Radio 4 on 29 May 2005)

Reviews

Lighting the Way: spiritual and religious care for those with dementia, Patricia Higgins and Richard Allen, South West London and St George’s Mental Health NHS Trust, 2005, 52 pages, free by sending an A5 SAE with a 46p stamp from Patricia Higgins, 122 Park Lane, Wallington, Surrey SM6 0TL.

The authors of this booklet, together with Alix Morgan received the annual Award for Excellence and Innovation in Dementia Care, sponsored by the Alzheimer’s Society and the Queens Nursing Institute for their work in setting up and developing the Candlelight Group which responds to the spiritual and religious needs of patients in the Downs Day Hospital by providing a weekly act of worship.
The booklet, funded from the prize, begins by reflecting on dementia itself and on the pastoral, spiritual and religious needs of people with dementia. It then moves on to issues of worship with such a group and offers a set of principles to be followed when planning a service of worship. It looks at thirteen practical considerations to be taken into account ranging from the space, aspects of liturgy, music and symbols to problems of communication. A short section considers the application of their philosophy to other faiths.

The second half of the booklet headed Resources gives a reading, hymn or song and ideas for a time of reflection for every week of the year following the Revised Common Lectionary and an Appendix provides the complete service outline for the Candlelight group and services for Christmas, Easter and Harvest.

I can wholeheartedly recommend this booklet which would be invaluable to anyone involved in worship for people with dementia, whatever the setting, and the authors are to be congratulated on the comprehensiveness, clarity of expression and common sense of this publication.

*Alison M Johnson (Editor, Leveson Newsletter)*

**Useful websites**

www.napa-activities.net  The new website of NAPA, the National Association of Providers of Activities.

www.esrcsocietytoday.ac.uk  The Economic and Social Research Council (ESRC) has launched a brand new online initiative for social sciences research. It offers academics, students and researchers unrivalled, free access to high quality social and economic research available, planned and in progress.

**Comment**

**The church and the elderly – a work observed**

*Isabel Smith, a Friend and enthusiastic supporter of the Leveson Centre, chose to visit Goteborg in Sweden as her second year project for the Pastoral Assistant training course in the Diocese of Leicester. She hoped to see how a church in Sweden worked with elderly people, with a view to learning from that experience and applying what she learnt in her own parish of All Saints, Thorpe Acre if appropriate. She was also interested to see if or how elderly people were integrated into the church, and what co-ordination, if any, there was between the church and other agencies working with the elderly.*

We are grateful to Isabel for allowing us to publish some of her findings. In this issue we print an account of her visit to Landala, part of the parish served by her host Deacon Gunlog Faglefelt. We hope to include further excerpts in future issues of the Newsletter.
Landala Kapell is situated at the eastern end of the parish. Adjacent to the Kapell is a Day Nursery, and attached to that is a nine floor Kommune (Council) owned sheltered housing scheme, Landalahus. The Priest (Ingo) and Gunlög do a lot of work associated with this sheltered housing scheme (servicehuset), and also with the many other elderly people who live in the area.

The first time I visited, Ingo, Gunlög and I went to do a Communion service for the residents and other elderly people of the area. This happens every week, and Ingo goes in his full robes. An organist also attends, and an altar, complete with small wooden tryptich and silverware is laid out by the care staff. Two members of staff were present and about 25 residents. This is a small number, considering the nine floors of apartments, but numbers vary with elderly people. The room where the service was held is a community room for the residents and the elderly people of the area. It is a lovely room, light and airy and furnished to a high standard. Residents sat at tables for the service. Communion was brought to each person, and Ingo knew the names of each person there. After the service, which lasted about 30 minutes, refreshments were served by the staff in the kitchen/café area of the room. Residents moved to circular tables in this area, where fresh coffee, apple cake with ‘vanille’ sauce or savoury open sandwiches (for the diabetics) were served. There was a very nice atmosphere indeed and the staff were very friendly and helpful.

Anyone who is over 60 can use the facilities in the Community room, even if they are not residents. Landalahus is such a nice place that many people do come in to use the facilities, both for the church service and on a daily basis. There is a large hand loom available for use, a number of computers linked to the internet and a large meeting/craft area. On another occasion, two ladies had set up to do paintings in that area and a friend had called in to chat whilst they did it. I was struck by how alert these elderly people were, even though some were in their late 80s and 90s. Nearly all of them spoke to me in English and were interested in what I was doing. All the doors open automatically for wheelchair and frame users. There were two disabled toilets near the lounge, and two ‘four-wheelchair’ lifts with access to all floors.

Over the course of a few days Gunlög and I visited several people living in Landalahus. Once you are a resident it is not necessary to transfer to other accommodation if your condition worsens. Each apartment can also be adapted for nursing care, and meals can be made by the residents themselves or provided by Landalahus. There are smaller communal areas on each floor and also television areas. The rooms that I saw varied in size, but all were spacious and had disabled bathrooms and a kitchenette. All the rooms have their own balcony for sitting out on in summer. All rooms were furnished with the residents’ own furniture and curtains. I noticed particularly that there were no carpets anywhere. I also noticed that there were no unsavoury smells.

Gunlög visits the residents here on a regular basis. With one 90-year-old lady, whose husband was a Priest and who now has very poor eyesight, Gunlög is reading aloud her choice of a commentary on the book of Revelation. Reading
aloud seems to be quite a thing in Sweden. On one visit to the Kapell, there was a reading-aloud group for poor-sighted elderly people. This was run by an elderly gentleman. Another lady has a spinal problem and Gunlög arranged for her to have a ride out in a car. This lady is also learning Spanish with a friend. They are learning by reading text book and novels in Spanish, and using their French grammar to figure out the Spanish grammar! I was particularly struck that every room had a good collection of fine art on the walls, some produced by the residents themselves. You can play bridge here twice a week and the community room has newspapers each day. Also there are lots of books and puzzles, which are well used.

I did not see many men around. All the women I have spoken to seem to have been well educated, and Swedish women have worked outside the home for a long time now, so I presume most of these women have had careers. As mentioned previously, the servicehus is attached to a day nursery and built around a square with gardens in the centre. There is plenty of seating for residents to sit in the square, and many do. On the other side of the square is a primary school, so the elderly people are surrounded by young children. One resident who was formerly a nursery nurse is allowed to go and sit in her wheelchair in the day nursery whenever she wants to.

I loved Landalhus. The atmosphere is lovely. Coffee and cake are always being served (for a very small charge); local people are always coming in and out to chat, and the residents come here a lot to be sociable. Classical music plays quietly in the background. It is a nice place to be.

Gunlög took me on a ‘bereavement visit’ to an elderly Hungarian man who lives in an apartment right by the Kapell. He was very lonely having suffered the death of his wife and subsequently the death of his dog … Gunlög, it turned out, has a dog exactly the same as this man’s. It suited her very well on two days that week for the Hungarian man to look after her dog. The man was delighted to do this, but he could no longer walk the dog. However, an older lady in the parish wanted to help visit elderly people and liked dogs. The arrangement was (and it worked very well), that the man looked after the dog and the lady went at lunchtime to walk it. The man considered all this to be ‘a miracle’, and he has two new friends as well.

**Retirement and its planning**

*A reflection on his recent retirement from the Revd Stuart Good who emigrated to Western Australia in 1966. After serving as Rector of several parishes he became Director Chaplaincy Services of Anglican Homes (residential aged care) in 1985 until his retirement in 2005.*

**Introduction**

Retirement is a daunting prospect for a member of a very committed vocation such as the priesthood, especially for one who has been in ministry for well over forty years. However carefully one prepares for retirement, once one has had the benefit of a short break and has completed the tasks involved in
rearranging the house and finances and handing over to a successor, one is still affected in surprising ways by the enormous change of pace. It is not easy to adjust to a situation where one is no longer under constant pressure and having to give much attention to detail.

**Financial concerns**

In Australia the state aged pension is means tested and private superannuation is compulsory. It is essential, therefore, in planning for retirement to consult an accredited financial adviser. He suggested that prior to applying for the aged pension and to maximize our entitlement it would be advantageous to dispose of some capital by, for example, making home improvements, updating the car and prepaying a holiday and funeral costs for oneself and one’s spouse. He also recommended that we update our wills which were first drafted many years ago and arrange enduring powers of attorney. We already owned the house in which we live and therefore did not have to relocate from a parsonage or purchase a home, obviating one of the major costly upheavals of retirement.

**An active retirement**

I was given various pieces of advice from retired clergy, none of it very helpful for everyone is different. One recommended not taking on any priestly duties for twelve months. I wanted to remain active once I’d had a few weeks’ break to sort out my affairs and a short family holiday. As a musical person I responded very keenly to the invitation of the Dean of our Cathedral in Perth to become an Associate Priest and to assist at Sung Eucharist on Sundays and to preside at weekly services when required. One of the things I missed as an aged care chaplain over the past twenty years was the choral services I had enjoyed as a parish priest, so honorary duties at the cathedral appealed to me rather than undertaking Sunday and locum duties in various parishes on a stipendiary basis.

I was happy to be permitted to continue on as chaplain to two hostels (care homes) for people with dementia in an honorary basis, three mornings per fortnight. Since being liberated from the administrative tasks as Director Chaplaincy Services of Anglican Homes which has residential and day care centres in 25 locations, I have found that I really can concentrate on the pastoral duties of chaplaincy including staff and resident contact plus conducting services and singalongs, a refreshing change. Having been employed by them for twenty years and generously farewelled I am delighted now to be able to give something back.

The professional duties I have happily agreed to take on for the time being allow plenty of time for wife and family (including helping with five grandchildren especially with their musical development – one grandchild is disabled), socialising, walking, swimming, gardening, reading, photography, listening to CDs and practising musical instruments. (Sorry there is no reference in my case to competitive sport!) A chaplain’s spouse makes many sacrifices and endures much solitude over the years and being able to do more things...
together in retirement can be greatly valued. It is still desirable, however, to pursue some independent activities.

In conclusion

I believe I have embarked on an active retirement which will prove mentally stimulating, spiritually refreshing, physically healthy and socially fulfilling. It’s definitely a learning experience and I shall need to take stock from time to time. Good luck to others starting on the same journey.

Sometimes dementia can mean freedom

In his column in the Church Times, the Revd Dr Giles Fraser, team rector of Putney, wrote about his Gran who has lived with dementia for some years. The following extract provides food for thought.

… in her care home she has persuaded fellow residents that she was once a nun … To complement her new identity she has found a remarkable silver lurex wraparound top … Dementia has brought about an Indian summer of happiness in what has been a tough and often unhappy life. Those who suffer from dementia often lose their worries about what other people think of them … those who, like my Gran, have fought against a debilitating sense of social inferiority all their lives, are released from this dreadful burden. We hear a great deal about old people’s homes being God’s waiting rooms … But for (Gran) it may be the place where she has finally come into her own … Only now as she looks after her fellow residents and starts to experiment with her wardrobe does she give some indication of the sort of person she might have been, had she been liberated from her demons. I wonder: could it be, for some of us, that it’s only when our schemes have all gone foggy that we are released to be the people God really wants us to be?

End-of-life care: a House of Commons debate

On Tuesday 19 July, two MPs Caroline Spelman and Frank Field initiated a debate on end-of-life issues. It was unprecedented for a Conservative front bencher and a Labour back bencher to secure a debate jointly. The whole debate is well worth reading in Hansard. Here we are reprinting some sections of the debate which relate to our work at Temple Balsall.

Frank Field

Why have this debate at this time? For me, the first and perhaps most important reason is that my own mother died a few weeks ago. I was struck by how unprepared I was for that event, but also by how well prepared she was. Looking back on it, I am appalled at how much she needed to teach those of us around her about the process that was going on, and what she wanted from the process of dying.
The debate was also initiated because of the work of a constituent of my hon. Friend the Member for Meriden – James Woodward, the priest warden of the Foundation of Lady Katherine Leveson. Part of the debate is about not only the celebration of dying itself, but the fact that there can be a centre of such excellence, which is trying to help us to address this key question. James Woodward recently published a book entitled *Befriending Death*. In other words, although it is the natural response of many of us, we should not be frightened of death but should regard the process as a friend, and a crucial part of our lives.

It is appropriate that we are having this debate now, because in the last week we have heard of the death of Dame Cicely Saunders, who did so much to transform the care of people who are dying and to deal with, and wherever possible eradicate or minimise, their pain. She thought, as her foundation continues to teach, that there is also a spiritual side to our nature that needs to be recognised in the process of dying. The spiritual side does not have to be attached to any religion. People can be highly spiritual and have no formal religion – and as we know, there are also those who are highly religious yet still manage to disguise any spiritual side of their nature, whether they are living their lives fully or in the process of dying.

James Woodward’s book is, in its own unique way, a response to a best-selling Consumers Association pamphlet published 40 years ago, *What to do when someone dies*. Forty years later, the book asks an even more pertinent question: what do we do before someone dies? In posing that question, I do not suggest that we do not need to be prepared when somebody dies, but I am trying to get back into the public debate the fact that the process of dying is the last great act of the individual play that each of us has to enact in this world.

**Caroline Spelman**

My right hon. Friend approached me specifically because, as he said, the Foundation of Lady Katherine Leveson for the study of ageing, spirituality and social policy is at a place called Temple Balsall in my constituency. If hon. Members ever have the time, when travelling north from London and passing through the very middle of England, they should visit that remarkable foundation. It was built by the Knights Templar in the 12th century, and makes a significant contribution to the care of the elderly. Interestingly, it is also integrated with a primary school, so at times the elderly are brought together with the very young to share their experiences. That in itself is remarkable.

As my right hon. Friend said, the centre is run by the Revd James Woodward. It was his experience as a chaplain at the Queen Elizabeth medical centre in Birmingham that first galvanised him into writing, and then into directing a centre for the study of ageing and death and how we cope with it. I do not know whether he coined the phrase a ‘death-denying society’, but that is a fact of modern life.
As a mother, I am very aware that because infant mortality has declined, there is less awareness of death among children. It therefore comes as a rude shock to young mothers when things go wrong in pregnancy and childbirth, as they sometimes do. Such things are not talked about in our society. These days, people do not tend to wear black after losing a member of their family. In times gone by, such habits were a way of helping society come to terms with the reality of death. These days we hide it away, which makes it much harder for those who are dying and for their loved ones.

I add my recommendation to that of my right hon. Friend for the book *Befriending Death*, which I have read cover to cover. It is a useful book if one has friends or family in that position, and it is not a heavy read at all. Some hon. Members might have felt nervous about attending this debate, which could be seen as being on the heavy side, but in a way death is a celebration of life. That is the important point about trying to bring the positives out of it, which is a strong feature of the book.

**The gifts reserved for age: perceptions of the elderly**

*The Archbishop of Canterbury, Dr Rowan Williams, gave a lecture on 6 September 2005 to mark the Centenary of the charity Friends of the Elderly. The full lecture can be read on [www.archbishopofcanterbury.org/sermons_speeches/050906.htm](http://www.archbishopofcanterbury.org/sermons_speeches/050906.htm)*

The following excerpts may encourage readers to go to the full text.

A lot of human cultures have a very structured idea of the process of human ageing. It’s most vividly illustrated perhaps in the traditional Indian idea that, having raised a family and discharged your duty to society in this way, you should abandon your home and devote yourself to meditation or pilgrimage … But what underlies the Indian idea? I think it is the belief that there comes a stage in people’s lives when they no longer have to justify their existence; when it is right and proper for them to spend time reflecting on what they have been and what they have done and trying to make better sense of it. In a spiritually sensitive culture, then, it might well be that age is something to be admired or envied. A person is released from the pressure to justify themselves, free to discover who they are – and perhaps to pass on to the rest of us something of what they discover … When Shakespeare’s King Lear mocks the attitude of his business-like daughters by offering to admit that ‘age is unnecessary’, he foreshadows with uncanny accuracy the fear that surrounds this area: being old is being dispensable.

Of course, ageing brings much that is bound to be threatening; of course it entails the likelihood of sickness and disability and that most frightening of all prospects, the loss of mental coherence. But if this is combined with an unspoken assumption that the elderly are socially insignificant because they are not prime consumers or producers, the public image of ageing is bound to be extra bleak; and that is the message that can so easily be given these days. In contrast to a setting where age
means freedom from having to justify your existence, age in our context is often implicitly presented as a stage of life when you exist ‘on sufferance’.

As the Friends of the Elderly make plain in their literature … the question of how we perceive age is essentially a spiritual one. If you have a picture of human life as a story that needs pondering, retelling, organising, a story that is open to the judgement and mercy of God, it will be natural to hope for time to do this work, the making of the soul. It will be natural to ask how the life of older people can be relieved of anxiety, and how the essentially creative work of reflection can be helped. It is not an exaggeration to say that, in such a perspective, growing old will make the greatest creative demands of your life …

We must not be sentimental. Age doesn’t automatically confer wisdom [but] contempt for older citizens, the unthinking pushing of them to the edges of our common life, is a sure sign of a shrivelled view of what it is to be human … So the challenge we face in supporting the dignity and security of the elderly is far more than a practical one of raising enough resources; it is about identifying the underlying assumptions that keep elderly people marginal, challenging the shortage of positive pictures of ageing.

It is not easy to specify everything that needs doing as we work through all this. But, in the light of our society’s history, we could venture a few obvious areas. Housing has become a focal concern; we are more and more conscious of the danger of assuming that there are only two real alternatives for the elderly – living alone (and therefore at risk) or living institutionally. One of the notable shifts in the pattern of life for older people in the last three decades has been the development of different levels of sheltered and partly communal housing. It would make quite a difference if the planning of new housing developments routinely incorporated questions about this element of the social mix. … What we do about planning and housing will speak volumes about whether we actually believe older people should be visible in society; so often we act and plan as if they shouldn’t.

I have seen at close quarters some of the positive effects of oral history projects … I’d go so far as to say that any list of positive standards and expectations for the elderly should include the possibility of recording and talking through memories with younger people.

But mention of memory at once raises the dark shadow that is for most of us one of the most deeply threatening aspects of ageing … A large percentage of the population (and I should say that I am among them) has experience of the dilemmas of care that arise here. So far, a lot of what I have said might presuppose a more sunny prospect for older people than is in fact the case for a significant proportion of them.

Our understanding of dementia conditions is growing all the time, and we have seen a number of promising theories developed about contributory
causes or about aspects of lifestyle that might defer or prevent the onset of these distressing states. But much is still mysterious, and we are not remotely likely to have resolved the problems in the next few decades. Here perhaps we are most challenged; it is not a matter of respecting age because of the freedom of older people to reflect and share their reflection. The question is whether we can respect and love those who may seem to have no clear picture of themselves or others at all. These are the people who most of all have no obvious stake in society, no justifying role. Yet how we treat them is as clear an index of our social vision as is the issue of how we treat children – almost more so, since these are not people who will grow and change in obviously positive ways. Are we truly committed to giving place and respect to those who can return nothing (as it seems)?

… Yet in the harsh world of limited funding and personnel, how do we go on defending the expenditure of money and skill on such situations? As we’ve seen, there is always the temptation to ‘warehousing’ in substandard geriatric care. But I have to say too in this context that the current drift towards a more accepting attitude to assisted suicide and euthanasia in some quarters gives me a great deal of concern. What begins as a compassionate desire to enable those who long for death because of protracted pain, distress or humiliation to have their wish can, with the best will in the world, help to foster an attitude that assumes resources spent on the elderly are a luxury. Investment in palliative medicine, ensuring that access to the best palliative care is universally available, continuing research not only into the causes but into the behavioural varieties of dementia and so on – how secure would these be as priorities if there were any more general acceptance of the principle that it was legitimate to initiate a process designed to end someone’s life?

… What I have tried to do in these brief observations is to argue that age deserves honour in any society which is serious about two things – about the fact that we all have the task of making sense of our lives by telling our stories without pressure, and about the fact that the value of our lives is not ultimately linked with the level of how much we produce or how much we consume …

… we should remember the millions of people who still have the instinctive feeling I described earlier, the feeling that something is owed to our older citizens and that something crucial can be learned from them. Our job is to affirm that instinct without reservation or apology and to keep it linked to a whole sense of what we properly are as men and women – people who live in time, who learn who they are as they pursue both inner and outer dialogues, who need to be released from the tyrannies of producing and performing which so dominate our lives. The respect we learn and practice with our seniors is not something slavish or immature; it is a mark of our own maturity, indeed, our respect for our own humanity. Showing that and sharing that will give us work for a good many more centuries.
Factors which might influence the provision of effective pastoral care to elderly people within a selection of Church of England parishes

Peter Speck, Marie Mills and Peter G Coleman write about a new research project at the University of Southampton.

Background

Within the UK there is little current research on the beliefs and practices of older individuals (Knox 2002). Recent work by Coleman, Mills and Speck (2002) has identified a little-studied group of people who have a moderate strength of belief associated with significant psychological and spiritual difficulties in later life and bereavement. Given our ageing population and the extensive literature surrounding the positive effect of religion on longevity and well-being in later life, there is little empirical investigation of service provision and care of the elderly in the faith community. In particular there are few studies examining the role of the faith leaders in caring for the elderly of their faith group.

There is an extensive American literature indicating a link between religious practice and morbidity and mortality. Evidence indicates that actively embracing a religious faith reduces the onset of physical and mental illness, aids recovery from physical illness and contributes to a longer life span. It is argued that the effects are mainly the result of greater social support and sense of coherence or meaning provided by the religious faith. (George, Larson, Koenig, and McCulloch 2000; Pargament 1997). Gerontological education research suggests that attitudes towards ageing and the elderly are a function of knowledge about the ageing process (Harris and Dollinger 2001). However it is suggested that gerontological education needs to be reviewed within the theological arena (Knapp et al 2002). Research within the UK suggests that many older individuals feel that their religious and spiritual needs are not met within faith communities (Knox 2002).

Recent studies by Coleman, Mills and Speck (2002; Speck, Bennett et al 2005) indicate a degree of disaffection amongst older people with organised religion because of the lack of contact through visiting once they become less mobile. Many of these people had a deep spirituality in spite of being unable to express it in a corporate context of worship. Our interviews showed that many people had had an active religious faith for most of their life but as they became older and less able to attend church they felt more and more marginalised. They had become quite resentful of the lack of visiting and contact with other worshippers and talked of being ‘abandoned’. Nearly all of them had had a ‘church funeral’ for their spouse. We also found that these people had a high score for strength of spiritual belief. We felt that we should investigate this further as the experience of these older bereaved people was only a part of the whole picture of pastoral care of older people in the community.

Our Nuffield-supported (SAGA) study drew on an opportunistic sample of SAGA magazine readers who had responded to an article in the magazine describing
our earlier bereavement study. We invited these respondents to complete a series of questionnaires which elicited strength of belief, sources of meaning and self-esteem in life, mental and physical health, life attitudes and a history of their religious journey. 447 people responded. On analysis their responses indicated that those who expressed a decreased level of existential transcendence and decreased personal meaning had increased levels of depression. There was a clear correlation between strength of belief and depression as well as the degree of choice and control that they could exercise (Mills, Coleman, Speck 2003).

The term ‘older people’ relates to a very diverse population ranging from people physically or mentally active to those affected by decreased mobility and mental functioning. It is tempting to see older people as ‘problems’. There is, therefore, a need to investigate whether knowledge, attitudes and anxieties towards personal ageing and the ageing process impact upon the support by faith communities of beliefs in later life. Older individuals have a great role to play in the faith community (Knox 2002). It is important to explore the nature of any difficulties experienced by local church leaders and faith communities in providing for the elderly in their congregations and to identify any support or training needs to enable services and care for our ageing population that sustain and re-enforce beliefs in later life. The Knox study looked at one Church of England diocese and it is difficult to know whether the findings of this study are duplicated in other parts of the Church of England.

The Nuffield (SAGA) study shows that elderly people are well able to express their needs and their views and wish to be involved as active participants in decision making. For a real pastoral encounter there may be a need for increased understanding of one’s own attitude to personal ageing in order to be comfortable in relating to others who are ageing. There are parallels with the need for carers in palliative care to address their own mortality if they are to be able to relate meaningfully with those they care for. In light of the views expressed in the SAGA study and the Southampton bereavement study, and the health and well-being issues raised, we believe it important to examine the factors which influence the ongoing spiritual support of older people as they become less mobile in view of the relevance for overall health profiles in later life. There may also be need to identify educational needs of clergy and lay people in light of possible unrealistic expectations and changing needs within our society as a whole.

**Our research**

We are, therefore, in the process of exploring some of the factors which might influence the provision of effective pastoral care to elderly people within a selection of Church of England parishes. There are three aspects to our study:

We will enquire about:

- The knowledge held by the clergy of the process of ageing and their skills in relating to older people and any difficulties they experience.
• Models of good practice in the continuing care of elderly people within their congregation and those who are housebound.

• The attitudes held by clergy concerning their own ageing and the extent to which this might influence relationships with people older than themselves.

The study is designed in three phases:

Phase 1 involves the administration of a postal questionnaire containing a demographic survey and three self-report questionnaires assessing knowledge and attitudes towards ageing and the elderly. Participants will also be asked to identify examples of good practice known to them, and to reflect on why they chose to respond to the study. The measures used are well validated scales on attitudes and anxieties towards ageing as exemplified by: Knowledge of Aging and the Elderly Quiz (Kline, Scialfa, Stier and Babbitt 1990); Attitudes to Ageing Scale (O’Hanlon 2002, O’Hanlan and Coleman 2004). Anonymity is preserved by assigning a code to each questionnaire and interview schedule.

Phase 2 will involve a series of taped interviews with a randomly selected sub-sample of participants from Phase 1, who have already given their permission to be considered for selection. The individuals will be contacted for a telephone or face-to-face interview and (following permission to record) encouraged to elucidate on their attitudes and knowledge expressed in Phase 1. Questions asked will include explication of any practical experience, formal training and theological education concerning gerontology. The participants will be asked to explain their areas of ministry interest, and the current opportunities available for active involvement of older individuals within their faith community. The participants will be asked whether they perceive there to be any external limitations (funding, regulations, time) on their work with older individuals. We will then inquire what each individual feels the elderly have to offer to the faith community and identify examples of good practice. The tapes will be transcribed and the original recordings destroyed at the end of the study. If time allows we would wish to develop, from in-depth interviews, six case studies from this sub-sample.

Phase 3 will involve the composition of a final report of the investigation. This will take place during the final two months of the project.

Conclusion

We believe that this study will have an impact both within faith communities and gerontology as a whole. The study could identify the need for greater gerontological education in order to promote positive attitudes towards ageing and the older community. The findings will have policy implications for religious communities, the health professions and psychological, theological and health education. It will indicate whether pastoral carers for individuals in later life are affected by personal experience of ageing and attitudes towards the
ageing process and, as such, enable us to further examine the role of education in promoting both positive attitudes and service provision for older people.

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