

Anglican Elder Care Project

Research Report

Anne Russell-Brighty, November 2014

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*Do not cast me off in the time of old age;
do not forsake me when my youth is spent (Psalm 71.9)*

Our elders, who have lived the longest with the ever-present power of the Holy Spirit, may be the most able to share the Father's love in a Christ-like manner¹. So argues one of the many modern writers urging the Christian Church to pay more attention to the God-given gift of significant numbers of older and elderly people in our congregations.

INTRODUCTION

Growing Forward

The mission of the church is the mission of Christ. Anglicans have identified this mission through the Five Marks of Mission as set out by the Anglican Consultative Council in ACC 6 and ACC 8 resolution(s): to proclaim the good news of the Kingdom; to teach baptise and nurture new believers; to respond to human need by loving service; to seek to transform unjust structures of society; to strive to safeguard the integrity of creation and sustain and renew the life of the earth.

In March 2009 the synod of the Diocese of Christchurch adopted a Strategic Plan 2009-2012 which was subsequently known as Growing Forward. In it, three key areas of focus were identified: Young Leaders, Christ-Centred Mission and Faithful Stewardship. It is significant that in the section listing values and commitments can be found recognition that the mission of the church includes "people who are unable to care for themselves" and the "growing older demographic" who were to receive "pastoral care and intentional inclusion".²

After the shattering events of the earthquakes (2010 -2012) in the diocese, a document called Anglican Vitality was presented to the Synod Conference of May 2012; the work of a Strategic Working Group, it took the intent of the strategic plan as a foundation for its measure of "vital ministry units". Among the document's strong emphasis on nurturing and caring for young people can also be found references to older people: for example, a vital ministry unit must be able to grow "in the depth and richness of Anglican discipleship for *all ages and stages*" and to nurture "people into new faith, *young through to old.*" A vital ministry unit must also be able to connect "with the wider community as a transforming and blessing presence" (*my emphases*).

In these documents it was clear that at that time the diocese as a whole was concerned that the current membership of its parishes lacked an appropriate proportion of young people. What was not clear was the actual age range of the people who were already filling church pews and who were currently serving in mission and ministry endeavours: there had been no assessment of the nature of the involvement of older and elderly people as recipients of pastoral care and, just as importantly, their role as ministers of the gospel particularly in their care of one another and their peers in the wider community. There had been no formal

¹ Houston and Parker in A Vision for the Aging Church, p.22.

² The Growing Forward Strategic Plan for the Diocese of Christchurch 2009-2012 accessed on the website of the Diocese of Christchurch.

assessment of the pastoral care needs of elderly people in parishes nor of the resources required by parish teams if they were to effectively meet these needs ‘growing forward’.

Anglican Care Canterbury/Westland is the social services and social justice arm of the Diocese of Christchurch. Its stated mission: “in Christian love, to serve and seek justice in the community”. Anglican Care provides support, governance and administration over four main divisions: in 2012 the **Family and Community** division, based in Christchurch, was working to assist those in need through community programs and church initiatives; **Anglican Living** (formerly known as Anglican Aged Care) aimed to provide “exceptional standards” of residential care “based on Christian values”; the Christchurch **City Mission** aimed to be “an advocate for justice, helping those who were marginalized and isolated in our community”, and **Anglican Care South Canterbury** offered a variety of counselling and social services to the South Canterbury area.³

So Anglican Living was the division with a focus *specifically* on the needs of older people but historically its focus has been on providing residential care for older people unable to live independently in the community. Statistics gathered through the 2006 New Zealand census tell us that at that time 93 percent of older people lived in private dwellings - in other words not in residential care, and according to projections this proportion was not expected to change greatly. Therefore, it can be expected that at the time of this report more than 90% of people over the age of 65 are still living independently in the community.

These demographics have significant implications for the diocese as it plans for ‘growing forward’ and for ‘vitality’ in its ministry units. It is clear that the provision of “pastoral care and intentional inclusion” of older people, as well as the nurture into new faith and discipleship must take place primarily among neighbourhoods and communities of interest where people are still living in their own homes, in other words at the local parish level.

The Anglican Elder Care Project

The Anglican Elder Care Project of the Diocese of Christchurch was set up in June 2012 funded by a generous donation from the Selwyn Foundation given for earthquake response. The aims of Project included both research and education related to spiritual and pastoral care of older and elderly people across diocese within the contexts of both independent living in the community and residential care.

The Project’s approach to research and education considered the following:

- earthquake responses by parishes as they worked with older parishioners moving temporarily or permanently away from their damaged homes, coping with increased anxiety and financial insecurity
- questions being raised regarding pastoral care provided by parishes to older members who were beginning to experience disability - limited mobility or other impairments - which could prevent them from participating fully in the life of their faith community
- diocesan wide strategic planning, referred to above, which had recognised the “growing older demographic” who needed “pastoral care and intentional inclusion”

³ Website of Christchurch Diocese Anglican Care accessed 6/6/12

- a growing body of literature and information about church initiatives which seek to address the challenges and opportunities of the growing older demographic.

This report covers the work of the **research** component of the project. Two key terms need some explanation here: ‘older people’ and ‘elderly people’.

The term ‘**older people**’ was used in the research as a broad category including all people aged 65 and over. This age range was chosen for ease of use; those who were questioned may not have had access to birth dates but were likely to know who had reached the age of ‘retirement’ as it currently stood in New Zealand.

Some writers and researchers, as well as many media reports in this country, still use the terms ‘older person’ and ‘elderly person’ interchangeably. However, the word ‘**elderly**’ is used in this report to describe older people who are becoming less independent as a result of the experience of disability; the term ‘elderly people’ is restricted to people in the age range of 85 years and over since around 87 percent of people in this age group are reported to experience some disability.⁴

The Research

The emphasis of the research was collaborative exploration which aimed to educate and affirm all those involved. A mixed method approach was used: research through internet and personal sources provided a range of literature and information about church responses *beyond* the diocese; and qualitative research methods, primarily semi-structured interviews and focus groups using questionnaires, provided information from *within* diocesan life.

The main questionnaire was developed covering six main areas: statistical information, pastoral and spiritual care for older and elderly parishioners, their living situations, the general involvement of older and elderly people in the life and mission of the parish, the relationship of the parish with residential care facilities in the local area, and parish ministry in the local community in general. Once the questionnaire had been trialled and revisions made it was able to be used consistently throughout the survey. It was then adapted for use in various settings: in parishes and with Anglican social service agencies. (See Appendix 1)

It took nearly two years to visit all the parishes of the diocese - the main difficulties were distance to travel and general disruption to parish and diocesan life due to ongoing earthquake activity and recovery. Over that two year period 56 parish-based interviews took place and a further four parishes responded through a postal or email communication. Some of the parish based interviews gathered information from more than parish. This resulted in information from 65 of the 71 parishes of the diocese (2012 figures) being represented in the results however because the information was combined at those interviews the number of ‘parishes’ quoted in the tables below will be 60. A total of 118 lay people and 82 clergy helped to complete the six page questionnaire. Once the data from each interview was collated a summary was sent to the parish for corrections or additions. Leaders within three

⁴ Living with Disability in New Zealand: A descriptive analysis of results from the 2001 Household Disability Survey and the 2001 Disability Survey of Residential Facilities prepared for Ministry of Health/Intersectoral Advisory Group, April 2004.

of the four divisions of Anglican Care were also surveyed as were the two chaplains designated for the Anglican Living residential complexes.

There was opportunity for the survey itself to raise awareness among the clergy and pastoral care staff. For example, when I invited them to respond to a question about the effects of the earthquakes on older people they knew, some interviewees have used the opportunity to reflect on what they already know AND go on to take further action in response to that knowledge. In this way, the survey became a tool for having meaningful discussions with church leaders and older people themselves. A frequent response from parish leaders was an expression of their gratitude for having the opportunity to discuss these issues and their concerns.

A second questionnaire was developed for use with sample groups of older parishioners in the diocese. Between September 2012 and December 2013, I interviewed 311 people in small group situations; approximately two thirds of these were contacted through the Anglican Association of Women and the remainder through meetings arranged through parish clergy. City, rural and small town parishes were all represented.

The questions invited comment and discussion which meant that in some cases meetings went past the time allotted; when this occurred fewer questions were answered. Information gathered included general statistical data, details about, and opinions of, the pastoral care received in the local parish, the attitude of the wider diocese and what was known about the care offered by Anglican Living. A simple rating device enable me gather information about what these sample groups considered to be the most significant issues for older people which I was able to compare with the results of the same question put to clergy and pastoral leaders. I was able to hear from these groups about the effects of the earthquakes on older people – both in the immediate aftermath and ongoing periods – and something of the response of their local parishes. Last but not least, I was interested to hear responses to my question about the way ‘the church’ might plan to meet the needs of the growing older population. (See Appendix 2)

In all situations where there were eight or more people present I invited them to discuss the questions in pairs or smaller groups; on three occasions I divided very large gatherings into small groups of six with a recorder in each. In this report I have recorded comments almost exactly as said to me or as written by the small group recorder with only minimal editing as required for meaning.

I am grateful to the President of the Association of Anglican Women (AAW) who published my request to the many groups of the diocese to invite me along to one of their meetings. As the local groups were used to having a ‘speaker’, when I arrived it took some by surprise to find out that I wanted to hear from them rather than the other way around. However I was warmly received and I deeply appreciate the honesty and wisdom shared by the women. Likewise, I am grateful to the clergy who arranged opportunities for me to meet with small groups of older parishioners in parishes where there was no AAW group. In this way the voices of older men were included.

Of the 311 people in these sample groups 56% were aged between 65 and 85 years and a further 13% were aged over 85 years. They had been members of their current parish for anywhere between six months and 75 years; 6% considered themselves to be ‘housebound’ (defined as unable to transport themselves) and nearly 5% were already in residential care.

Therefore nearly 90% of those interviewed were living independently in their own homes with unrestricted access to parish life.

Results

Throughout these interviews I heard of the multitude of ways church communities were already responding to the challenge of growing numbers of older people in our communities. Older people were involved at every level of church life using time and energy available after retirement from employment to lead and support, to offer pastoral care and administration, to support younger parishioners, their peers and those older than themselves. I heard how the groups of the Association of Anglican Women offered to their members the opportunity for involvement in mission as well as a high level of pastoral care for one other.

Throughout the wide area covered by the diocese there was not one locality that had been unaffected by the earthquakes in some way: where they experienced little building damage themselves, parishes had become heavily involved in supporting those that had experienced such damage. Some of the less tangible effects such as anxiety and grief had been experienced everywhere I went.

I heard of the many ways parishes had responded to the effects of the earthquakes on local people. As well as the usual emergency aid and welfare responses needed in some areas, they had offered all kinds of opportunities for older people to come together - from concerts to community meals to door knocking – in an effort to offer practical support and reduce social isolation. Many of these initiatives continued even after the time of my research.

My visits to parishes sometimes prompted new initiatives: for example, in one parish, a new friendship group was started up as a result of our discussion, and in another area the parish became the instigator of a network meeting among primary health providers. Often training sessions in pastoral care for older people were requested to better equip parish pastoral care teams and so far eighty people have attended training courses as a result.

It will be no surprise that overall the biggest concern expressed in the survey related to the level of social isolation experienced by older people in our society – an isolation which had been exacerbated by the effects of the disaster. One way that the Elder Care Project went on to support parishes wanting to address this issue was the setting up of Selwyn Day Centres based on a successful model established in Auckland. As well as offering individual pastoral support, and activities focussed on health and well-being, we are working to ensure that older people have access to appropriate recovery agencies including advocacy where needed. (*See Section 7 for more details*)

Acknowledgements

To be able to work on this research has felt like a very special privilege. I am extremely grateful to Bishop Victoria and Standing Committee for their commission. I want to also acknowledge the support of the diocesan staff and the parish leaders that have worked with me, and thank Allison Nicholls-Dunsmuir and my husband Adrian Brighty for their computer, editing and advisory support. That said I take full responsibility for any errors that remain.

I want to acknowledge the Selwyn Foundation without whom we could not have responded to the needs of older people after the earthquakes in the way we have. Your generosity is much appreciated.

Above all I want to thank the many hundreds of people who have shared their stories, their pain and their courage with me. I pray that this report will in some way enable us all to make a positive difference to the pastoral and spiritual care of the elders among us.

Anne Russell-Brighty, November 2014

Section 1 POPULATION

The information gathered from the questionnaires represented 238 separate congregations: congregations were defined as seven or more people worshipping regularly in ‘church premises’ and included mid-week as well as Sunday Services. Note that the phrase ‘church premises’ needed to be used somewhat loosely as a number of congregations were displaced from usual church buildings due to earthquake damage.

Percentage of Congregation aged over 65 years	Number of Congregations	Percentage of Congregation aged over 85 years	Number of Congregations
Not known	10	Not known	15
0	3	0	95
1-10%	17	1-10%	81
11-49%	63	11-49%	42
50 - 89%	114	50-89%	3
90% +	31	90% +	2

Table 1. Current congregations

The congregations who reported no or low levels of people aged over 65 years gathered for what were usually described as ‘Youth’ or ‘Family Services’.

Around half of the total number of congregations had at least 50% or more of their congregation aged over 65 and this included 31 congregations with 90% membership aged over 65.

Looking at the next age group, about a third of our congregations had no-one aged over 85 years of age. This was most common (but not solely) occurring in rural areas where factors such as travel distance or lack of suitable housing and social support mean that this age group had relocated to urban areas. Where congregations were blessed with the presence of 10% or more members over 85 years these were most often found at mid-week Services where adaptations had been made to accommodate increased physical frailty.

DISCUSSION

How does this compare with our society in general? Much has been made of the disparity between the age groups represented in society and those represented in our congregations – it is clear that some of our traditional church worship Services continue to attract a disproportionate number of older people. I do not intend to repeat those comparisons here but instead offer a reminder of some important statistics about the trends in New Zealand’s population.

Year	Percentage of population in age group under 15	Percentage of population in age group 15-64 years	Percentage of population aged 65 -110 (+?)	Mean age of total population (years)
1991	23.2	65.5	11.3	31.3
2001	22.7	65.3	12.1	34.8
2011	20.1	66.4	13.5	37.7
2021	17.9	64.6	17.5	40.3
2031	16.9	60.8	22.3	42.5
2041	16.2	58.4	25.4	44.6
2051	15.6	58.2	26.3	45.9

Table 2. Population trends

Figures from the Department of Statistics show that New Zealand is part way through a demographic transition. As seen by the table above, all plausible population projections indicate that there will be a higher proportion of older people meaning the New Zealand population will continue to age. As a consequence, attitudes to what constitutes the ‘older’ population will continue to evolve.⁵ Of significance for this discussion is that the 65+ age group is projected to make up around one-quarter of New Zealand’s population by the 2040s.

In seven years from now the median age of our population is predicted to rise to 40 years of age. By 2050 only 28 percent of the population will be younger than 40 years. The age of the oldest 10 percent of the population is also projected to rise significantly. The oldest 10 percent of the population will be 74+ in 2026 and 81+ in 2051.

One recent report which focussed solely on the South Island of New Zealand observes that in around ten years time:

“more than one in five people in the SI will be aged 65 years or over, compared to one in eight in 2011. In particular, there will be a significant increase in the number of people living to 85+. In the SI projections are that the number of people aged over 85 years is expected to more than double from 2011 (21,000) to 2031 (42,800)”.⁶

People will live longer and be more active; average life expectancy for men and women in New Zealand is already over 80 years of age. Some commentators have suggested that we need to think in new categories for older people; for example, years 50-70 as the stage of ‘active retirement’, the 70s and 80s as the possible ‘beginning of frailty’ and 85 plus as ‘deep old age’. Others argue that the 50-70 age group are the new ‘workforce’ of the next decade as they seek longer employment, ‘encore’ careers and lifestyles that combine work and leisure.

⁵ Demographic Aspects of New Zealand’s Ageing Population, March 2006. A report prepared by Kim Dunstan and Nicholas Thomson from the Demography Business Unit of Statistics New Zealand, in response to a request from the Ministry of Social Development for work on the nature and implications of an ageing population.

⁶ Restorative Care Consensus Statement produced by the South Island Health of Older People Service Level Alliance (HOPSLA) July 2014

In contrast with the mainly negative media reports in our society about the ‘growing burden of older people’, some prophetic voices are already speaking of New Zealand’s ageing population as not only an enormous social achievement but also an opportunity. At a conference held in 2014 by the New Zealand Council of Christian Social Services it was argued that New Zealand has yet to face up to and discuss the opportunities of population ageing; we were reminded that we do not have demographic ‘cycles’. In other words, although the rate of ageing will slow down, the new ‘normal’ for our population will soon become one where three-quarters of the population will be over 45 years of age.

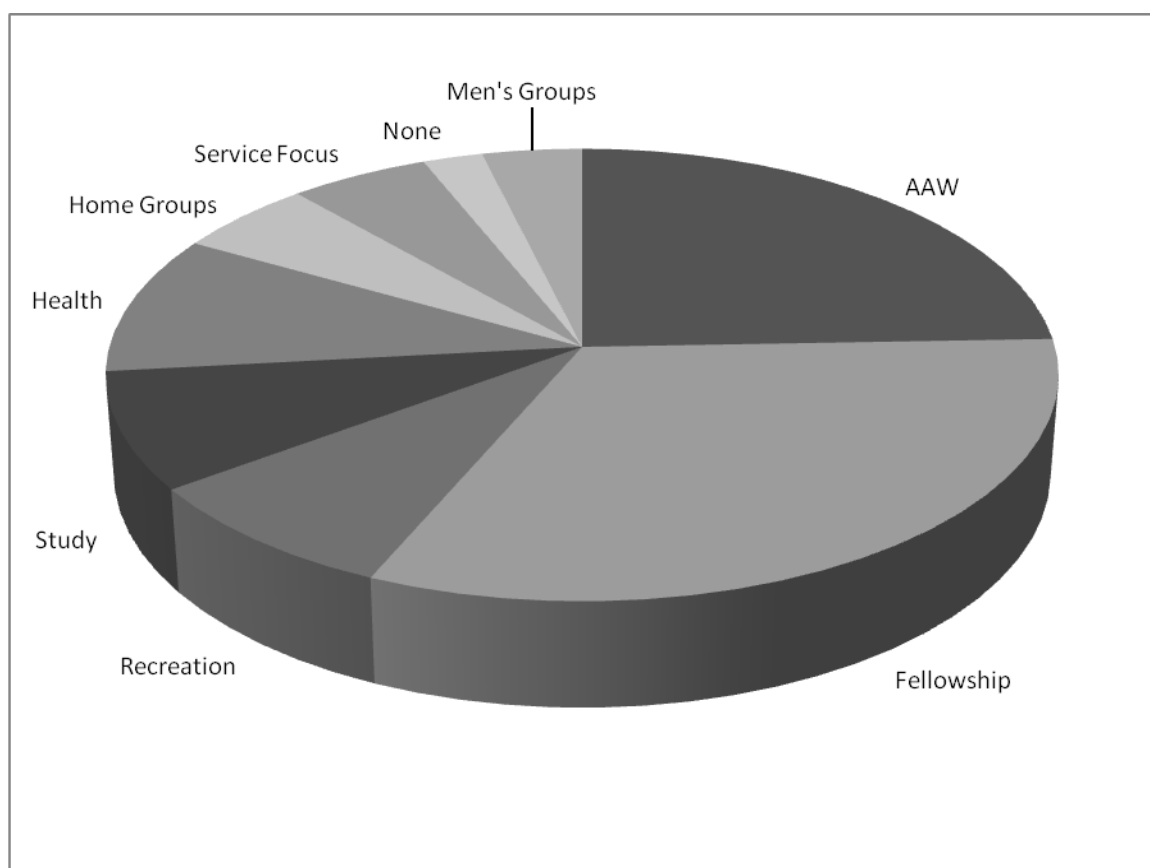
Thus in many ways, our current parish congregations and membership can be seen as a prediction of the way New Zealand’s population as a whole could look in years to come. What will we have to say, from our experience, about the priorities placed on being an elder? What particular contribution will the older age groups make? What will be their roles in leadership, mentoring, and the stewardship of culture and tradition? It is hoped that the results of the research done through the Elder Care Project can contribute to and prompt further discussion on these issues.

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## Section 2 INVOLVEMENT IN LIFE AND MISSION

Rather than being viewed as the group that only needs to be cared and provided for, our elders should be heartily engaged in the inner workings of the church, lending their seasoned areas of expertise, particularly in the area of faith, to those still trying to figure out this thing called life.<sup>7</sup>

In the survey parishes were invited to consider **which of their parish groups or activities were specifically designed to cater for people over 65 years or which tended to attract a majority of parishioners in that age group.** We also looked at whether there were any groups or activities in each parish which lacked involvement by older people. The number and variety of all groups mentioned by parishes can be represented by the following graph.



**Figure One: Involvement of older people in the life and mission of parishes.**

Around one half of the parishes had at least one Anglican Association of Women (AAW) group meeting. These groups generally provided a combination of opportunities for women to meet in fellowship, to worship together and to offer contribution to the mission of the church so on the graph above they form a separate category. Just seven (7/60) parishes listed

<sup>7</sup> Houston & Parker in A Vision for the Aging Church, p 48.

an activity specifically for men – these consisted of breakfast or dinner meeting for men and one ‘Men’s Shed’. The focus of these groups varied: in some the priority was fellowship, some community service and some discipleship.

Over half of all parishes had at least one regular fellowship or recreational activity specifically for older people and most had more than one. Often these fellowship activities involved a meal but we could reasonably speculate that all involve at least some refreshments.

A slightly smaller number of parishes listed groups or activities which had specific focus on opportunities to further develop spiritual life or to actively contribute to the mission of the church: Bible Study and Prayer Groups, catering and fundraising committees, supporting a local school, supporting outreach activities for young children and families, and offering hospitality at outreach coffee mornings/meals were available in these parishes.

Fewer parishes included groups or activities which focus on physical health such as foot care and exercise. It may be that the need for maintaining good health and well-being in older years was being met through other community groups or that this had not been seen as a priority. However those few parishes offering the popular foot clinics reported that a high level of pastoral interaction accompanied such activity. The variety of groups and activities is represented in Table 3 below.

|                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Recreation and Social Groups</b></p> <p>craft groups and knitting groups, breakfasts, lunches, and dinners (weekly or monthly), movie nights, coffee mornings, singing groups, fellowship/friendship groups, ‘moving on’ groups, quiz and drama groups, bus outings, a ‘friends and neighbours’ group, concerts, a Men’s Shed</p>                                 |
| <p><b>Discipleship and Worship</b></p> <p>mid-week Worship Services, Bible Study groups, home groups, prayer groups, special events such as Older Person’s Day celebration and ‘festival’ Church Services</p>                                                                                                                                                           |
| <p><b>Ministry / service opportunities</b></p> <p>work in wafer production, supporting Mainly Music programmes, in the church choir, on baking rosters, in visiting teams, taking interest in and support of the local school, support of primary school reading programme fundraising, in Guild groups, providing family programmes, worship and parish leadership</p> |
| <p><b>Health Care</b></p> <p>foot care/clinics programme, exercise groups, and walking groups</p>                                                                                                                                                                                                                                                                       |

**Table 3 : Groups and activities for older people**

## Leadership Opportunities

All but six parishes reported having older people in leadership roles and these roles varied from administration and governance through to worship, pastoral care and hospitality. Indeed a number of parishes simply stated that “most” or “all” parish groups and activities relied on the contribution of those who had retired from paid employment: as one leader said, “older people are involved in running everything here”. In terms of opportunities to offer leadership in worship settings, all but three (3/60) parishes currently have people aged over 65 in roles such as leading worship and reading Scripture and in one third of the parishes people over 85 are still regularly contributing in this way.

## Mission and Outreach to Older People

Parishes were asked what mission or outreach activities they offered specifically to the growing number of older people in the *wider* community. The results were that around one third of all parishes reported offering nothing in this category and a further six parishes reported that this was an occasional (once a year) offering. Sometimes the fact that community groups used church facilities was seen by parishes as their ‘outreach’ and one parish reported that a lack of suitable premises restricted this work. However for the remaining 35 (35/60) parishes there were *regular* events designed to offer community service and gospel witness to older people on the wider community. Many could be grouped in the same categories as in Table 3. above and indeed there was considerable overlap as the people leading and taking part in activities were often a mixture of parishioners and older people from the wider community; the parish- hosted community meals, Foot Clinics and Selwyn Day Centres would be good examples of this.

## Holy Wholly Accessible?

Of course for older people to contribute fully to parish life, or be able to take advantage of outreach opportunities offered, they need to be able to access parish buildings and activities even when disability is experienced. In 2003, through the synod paper **Holy Wholly Accessible**, the diocese of Christchurch made a commitment to: “so order [Church] life that people with disabilities are included and encouraged to be part of its membership, worship, service and witness”. Ministry Units were expected to: “celebrate the God-given diversity and gifts of parishioners, increase the awareness of barriers to full participation for those with disability within our communities and explore ways of furthering mission and ministry by and to all ... [and to] make provision for all people to be able to participate and receive the sacraments of the Church in the most inclusive way possible”.<sup>8</sup>

Since part of the ageing process for many people involves some level of physical and/or sensory impairment, in this survey parishes were asked specifically about wheelchair access, toilets, adequate sound systems and support for those facing visual impairment. Nearly one quarter of our parishes (14/60) reported being able to offer assistance in all four areas and this was despite the fact that a number had faced dislocation from a usual place of worship and/or meeting.

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<sup>8</sup> This report was last accessed through the Diocesan website September 2014.

Five (5/60) parishes were unable to provide wheelchair access in at least one worship centre, nine (9/60) were unable to offer sound systems to assist hearing and eleven (11/60) were unable to provide suitable access to toilets. However around one half of all parishes were offering full support to those with visual impairments: the provision of either data projection only or Prayer Book/printed sheet only fails to recognise the variety of visual impairments and needs.

Overall there was a high level of awareness among parish leaders about changes needed to make their church premises more accessible: five parishes spoke of there being “plans underway” to make improvements to their worship space. Rural parishes were concerned that often their smaller church sites did not easily welcome people with physical impairment. At least one parish had found its temporary accommodation more accessible than its usual and others were hoping that post earthquake repairs or rebuilding would address deficits in this area.

### **Older People Report**

I was interested in ascertaining the level of **such** provision as experienced by the sample groups of older people. The results from the questionnaire were somewhat mixed in this regard: following the earthquakes, many of the parishes had relocated to a different worship and/or social space. In some cases, this was a positive experience for older people in that the new space offered better (easier) access and in other case things had been made more difficult. In only one parish was a significant barrier in the ‘usual’ buildings identified by older people as being of concern.

The interviews revealed overall satisfaction or at least acceptance of what many see as temporary situations. On the ‘wish list’ appeared: hand grips in the toilets, cushions on the pews, better toilet facilities, warmer buildings, better access to the communion rail, small tables [for cups] at morning tea and social occasions.

### **DISCUSSION**

In general, parish life and ministry in the diocese greatly benefit from the contribution of older parishioners. What is not evident in the responses is the level of contribution also made by individual parishioners to their local community and welfare groups; Meals on Wheels, for example. However, in considering intentional mission or outreach to older people there are some trends that can be observed.

1. There is a much higher level of social and recreational activity compared with study groups offering opportunity for spiritual / faith formation. In the next Section of this report we note the concern for social isolation among older people and no doubt social activity does offer vital support to many elders. However, is there a presumption that ‘entertaining’ older people will be enough? **Do older people not also need faith renewal or age-specific discipleship formation as do young people?**
2. **Is there also a presumption that ‘retirement from employment’ means retirement from active church service as well?** As we note in the next section of this report, it is recognised that many older people need to be able to actively contribute in some way to parish life and mission. Issues related to feeling valued or

having a sense of belonging are clearly recognised by parish leaders. Are we providing innovative opportunities to do this that take account of people's experience and growing disabilities or are we assuming that older people will simply pick up the tasks that no-one else will?

3. We can see that very few parishes specifically offer **opportunities to men** for ongoing spiritual formation and/or service in the church as they become less physically able or active. More than one parish leader commented that perhaps we need some kind of "AAW for men". Since men experiencing the physical effects of ageing experience a significant loss of focussed activity and sense of purpose it may be that this is another area that needs more attention by our parishes.
4. However around one half of all parishes are not currently offering full **support to those with visual impairments**: whereas the provision of wheelchair access or suitable toilets can be costly and seen to be prohibitive, the provision of large print copies of Service Sheets, for example, is relatively inexpensive and yet a very effective way to support some older people.

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Section 3 PASTORAL CARE

Home Visiting

The parish leaders interviewed estimated that they had approximately 734 older parishioners who could be classified as housebound: in other words parishioners who were unable to travel or needed some assistance to leave their home. These people were either living in residential care facilities or their own home. However among the parishes the numbers varied greatly ... a small number reported that they had no housebound parishioners while one parish counted 95 parishioners as 'housebound'!

While people who are housebound can (ideally) be brought to the church community wherever it gathers in order to participate in worship and social life, there is a need and expectation that the church will 'come to them' when necessary. Only two (2/60) parishes reported that no regular visiting was done; a further three (3/60) reported that they visited only occasionally or by request. All other parishes aimed to visit older people who were housebound at least monthly and nearly half of all parishes did some visiting on a weekly basis.

Some visiting of people at home was done informally - often by members of AAW groups where these existed in a parish. A contrast in the level of home visiting became evident during the survey between the parishes where the AAW network was heavily involved in pastoral care and the parishes where this was absent.

In one parish only lay ministers did this visiting and in five parishes the clergy were the only people who made formal parish visits. In all other cases (54/60) it was a combination of lay and ordained visitors who undertook this ministry. .

In two parishes, Holy Communion was never offered but in all others it was offered sometimes (10/60), usually (23/60) or always (25/60). The comment was made that visitors were reluctant to "push" Communion where there has not been a regular habit, and I was reminded by others that some older people felt uncomfortable receiving communion at home (reasons unknown) and did not accept the offers made.

Referral

Almost all parish leaders reported that if someone needed a 'pastoral visit' they would expect this information to come via the parish office or directly to them. However almost as many noted that this was an informal process in that it relied upon a person having friends within the parish community who would make this report. Only occasionally did older people contact parish staff directly to ask for a pastoral visit.

During the interviews several parish leaders expressed fears that older people may be missing the pastoral care they need because they (the leaders) did not get timely information. So I asked the older people in the sample groups: "If you became unwell or had an accident and needed help, how would parish clergy or ministers find out that you needed help?" In almost every case the response was the same: people presumed that "someone" or "the network"

would get the information to where it was needed with less than half reporting that they or a family member might also telephone the parish office or clergy leaders.

Parishes used a number of other ways to keep in contact with those who were housebound. Delivery of the parish magazine or pew sheet was reported by more than half the parishes (41/60) and telephone contact was used by almost as many (38/60). It is interesting to note that email contact was also being used - 11 parishes reported regularly using email contact with housebound parishioners.

Practical Support

Sometimes older people facing impairment of their physical ability appreciate **pastoral care offered in a practical form**. The majority of parishes offered transport or some kind of food (meals or baking) and a smaller number offered housework or gardening as required using volunteers from a parish roster of some kind (4/60). Only 12 (12/60) parishes were not formally offering this kind of care and the reasons for this varied but most often it was reported that other local agencies already provided this kind of practical care; seven parishes (7/60) reported that they make referrals to other appropriate community organisations and two (2/60) reported that “a number” of their parishioners were involved in these organisations such as Meals on Wheels and made sure the appropriate support was sought. They assured me that despite a lack of formal provision of practical care many informal offers were made among parishioners when they became aware of need among them.

Since the disaster a number of parishes were responding to newly discovered need: for example, the setting up of Foot Clinics and Selwyn Day Centres, running van trips to the shops, collecting shopping from a nearby town, supplying firewood, helping people to move home, assisting with internet shopping and using an internet programme to match people able to supply meals with those in need of them. One parish reported having completed an emergency contact list for all of its older parishioners.

Pastoral care leaders (lay and ordained) were invited to estimate the proportion of their time spent offering pastoral care to people aged over 65 years. The limits to accuracy must be acknowledged but the question was asked to assess their perception of the level of care required by the older age group of parishioners. Around half of the leaders believed they spent less than 50% of their pastoral time with people 65 years and over with just 17% spending between 80-100% of their time with this group.

The level of pastoral responsibility taken on by individual leaders was reported to be affected by a number of factors:

- the size of the parish team and any division of areas of responsibility; for example, a larger parish staff team or local shared ministry teams tended to divide up pastoral responsibilities or allocate specific age groups into the care of different members of the team,
- the geographic area to be covered; for example, in rural areas one individual home visit can involve an hour or more of travel,

- the expectation in some parishes that the ordained minister in charge of the parish should be the one offering pastoral care – this expectation was reported by the leaders but was unable to be confirmed.

Pastoral and Spiritual Needs

Parish leaders were asked: “in your experience what are the main pastoral and spiritual needs of people aged over 65”. The responses were collated into categories and compared.

Although one parish leader reported being unable to comment on needs, overall there was a high level of awareness of the pastoral and spiritual needs of older people. Around 86% of the responses related to needs such as social isolation, loss of independence, health decline, coping with change, family and financial or retirement issues, and 14% related to spiritual needs such as worship and prayer and ongoing faith development.

The highest number of responses related to **social isolation and loneliness** - 51 out of 60 parishes reported this concern - describing the ongoing need of older people for friendship and connection, fellowship and companionship. A great deal of current research points to the negative impact of social isolation on the health of older people and a strong social network is said to be a key factor in ageing well. This was evidently recognised by parish leaders.

There were also a high number of responses related to the need of ageing people to adjust to **changes in health, ability and independence**. Often this was expressed in terms of practical issues for example, the increasing need for transport to church activities. However those interviewed also recognised the need for psychological and even spiritual adjustment in ageing.

Spiritual issues were often expressed as “having the choice of becoming joyful or bitter, faithful or despairing”, “the need for a new depth in spiritual life”, “a new relationship with God” and a” need for faith renewal”. The need of older people for familiar worship (and consistent leadership) was recognised along with need to have an opportunity to discuss suffering and end-of-life issues.

A third of the parishes also noted that older people have an ongoing **need to feel relevant, valued and useful** - that they still have something to contribute. The same number noted the need of older people to be able to ‘tell their story’. One church leader told me: “older people do not feel integral to the life of the church ... the church does not honour them”.

Presented with a list of seven issues frequently identified by researchers into ageing, parish leaders were asked to select the two that they had been made most aware in their ministry.

The total responses related to each issue are as follows:

Isolation and loneliness	36
Loss and grief	31
Issues related to feeling valued or a sense of belonging	30
Family issues	24
Being able to worship as one wishes or did in the past	19

Spiritual issues related to suffering or facing death	11
Finding meaning in life	9

The frequency of these responses can be compared with the frequency of responses by the sample groups of older people who were asked a similar question⁹. In the sample groups, when I invited people to choose from that same list of significant issues for older people, the category ‘isolation and loneliness’ was cited the most often followed by ‘issues related to feeling valued or a sense of belonging’ and the category of ‘family issues’.

Issues such as loss and grief, finding meaning, familiar worship and facing death were all chosen but overall the frequency was lower than that reported by the leaders.

Parish leaders		Older people in the sample groups	
Isolation and Loneliness	22%	Isolation and Loneliness	22%
Loss and Grief	19%	Issues related to feeling valued or a sense of belonging	16%
Issues related to feeling valued or a sense of belonging	19%	Family issues	16%
Family issues	15%	Being able to worship as one wishes or did in the past	11%
Being able to worship as one wishes or did in the past	12%	Loss and Grief	5%
Spiritual issues related to suffering or facing death	7%	Spiritual issues related to suffering or facing death	5%
Finding meaning in life	6%	Finding meaning in life	3%

Table 4: Frequency of issues- a comparison

There were other issues reported by parish leaders and the older people that also featured strongly in the responses. People were concerned about coping with the effects of dementia in loved ones, using new technology, facing retirement, financial hardship, the need for intergenerational connection, and ongoing management of home and finance. From one older participant came the question: “how can I teach my family about God?”

Quality of Care as Reported by Older People

In the sample groups of older people the attitude of local church leaders to older people who can no longer attend church was rated as **very good** (46%) or **good** (34%) with **not good** identified in 19% of the responses. Over half of those interviewed had received at least one pastoral visit in the previous two years; clergy leaders were identified as the most frequent visitors but AAW members and leaders were also highly significant visitors.

⁹ % has been rounded up or down to closest whole number.

Comments related to the questions about attitude and perceived quality of care are as follows:

...it [pastoral care] varies from parish to parish; there is room for improvement; people need home communion on a regular basis; people who don't go to church need to be visited; it's great to have a parish pastoral worker;

... a lot depends on the minister and his attitude - some clergy don't want to know; we have been told that old people are not the future of the church; concern about co-ordination of pastoral care [its] not good for those who are housebound; Vicar used to visit but now otherwise; I feel on my own in the Rest Home where I live; we have been given impression that you are too old to do anything useful; feel the church only wants young people; feels like them and us; people are taken from roles and not given anything else to do; painful; fear of being housebound and abandoned;

... [our] parish needs a pastoral care team; we are the church – younger ones are working longer; post earthquake the parish responded very well but there has been a drop-off in support; I live in a residential care facility and appreciate the visits of the local parish.

In a comparison of how 'pastoral care' was received, the telephone was the most frequent method of communicating care followed by personal visit at home. In addition, around 25% of those interviewed had also received some form of practical help during the previous two years: meals and transport being by far the most frequently mentioned.

When it came to discussion about the quality of the pastoral care being offered, I recognised a high level of loyalty among the respondents to their clergy visitors, and reluctance to appear, or be reported as, 'ungrateful'. However when I asked people what they most wanted from a (any) pastoral care visitor and what should be offered as training, energetic discussion flowed freely.

On the next page can be found the full list of suggestions that were made in the sample groups with the caution that I have no way of knowing whether some or any of the comments are related to experiences people have had with pastoral visitors in the past. However the emphatic wording of several comments and the overwhelming emphasis on **listening** do stand out.

The list of suggestions is extensive yet, in my opinion, not unreasonable (each * indicates an instance of repetition).

Keep in contact* *; please visit ** **; visit again preferably the same person; just visiting shows that you are important when you cannot get to church; [its]important to keep in touch with what is happening in the parish; just being there is important; it's exciting to have a visit; please be reliable; I prefer clergy contact; women sometimes prefer women visiting;
telephone first *; get permission to visit*; don't visit just after a meal or early afternoon; wait at the door or telephone – we take a while to get there; give me time; be patient;
accept my offer of tea or coffee; don't be nosy; don't probe for information; don't ask inappropriate questions; don't bring me your problems;
we've never been old before ... it's all new to us; understand about pain and growing older; don't underestimate older people; honour their life long experience; [take] interest in the person being visited *; be interested in my past life *;
listen *****; be a better listener than talker; know when to keep your mouth shut; let the person talk; bring reassurance; a friendly voice; be yourself; allow time*; be positive *; bring a smile *; warmth and caring; a cheerful sense of humour; compassion; empathy* *; cultural awareness; appropriate touch **;
conversation should be genuine; speak to the person being visited; accept people as they are; enable people to discuss things they cannot with family; accept what they want to talk about; treat people as individuals; accept people as they are*; treat with respect** *; honour confidentiality **; sit at eye level; pay attention; be non-judgemental; I prefer one person at a time; don't infantilize; communicate clearly;
be a friend; take someone with similar interests; take me for a drive; read from the newspaper; take a magazine; take something which represents outside contact;
offer practical help***; offer referral to agencies**; know stuff like where to get help*; encourage people to ask for or accept help; do what you say you will; check if something needs doing***; help with problem solving; advice; enable people to do things for themselves; advocate when necessary especially in hospital; have common sense;
offer prayer*** ****; be prayerful; prepare people for death; not a preachy visit; don't ram religion at them; don't intimidate with religion; please offer communion****; don't stay too long **; visit regularly but not too long; find graceful ways to leave; be aware if it is time to leave.

Table 5: What do people want from a pastoral care visitor (clergy or lay)?

DISCUSSION

Based on the results of general research into ageing and the needs of older people it could be argued that the most effective kind of care for our elders is something many parishes are already offering; for example, a place to belong, a place to tell one's story, a place to feel valued, a place to deal with issues related to meaning and facing death.

However it would be a mistake to believe that the best of care happens automatically. Sadly some of the reported comments indicate that church life can be tainted by the same ageist attitudes as experienced in our society in general, and far from feeling honoured as elders some of our older parishioners no longer feel they have a valued place in their faith community. So my questions are these.

1. Spiritual and pastoral care for those who ageing is now recognised as a specialist area in the same way as care for other age groups such as youth. What **training** should we offer ordained and lay ministers so that they might be effective ministers to the growing older demographic of our parishes and society in general?
2. What **resources** are needed to better equip those and support parishes that are not yet able to care for their elders in the best way ?
3. Given that some of the issues of ageing such as those related to facing end of life issues and growing in relationship with God gain a particular level of urgency as years go by, **what priority** is given to supporting elders in this way?
4. How might parishes address concerns around the unreliability of informal **referral processes**? A few parishes who have addressed this issue set up simple structures involving pastoral co-ordinators responsible for a small group of parishioners; these co-ordinators ensure that parish staff are immediately informed of changes in well-being or circumstance of those in their care. Is this a model that could be used more widely?

Section 4 THE EFFECTS OF EARTHQUAKES

Parishes identified 210 older parishioners who had relocated outside parish area “as a result of the earthquakes”. They reported that at least 105 of them were still returning for “worship or other activities” however this ongoing contact was not possible for others who moved to distant towns or to the North Island.

Some parishioners may not have attributed their relocation directly to the disaster however it was believed that effects on health and housing had brought forward a move for some older people, for example, into residential care. Only one person surveyed had “no idea” of who/how many had relocated; other parishes who reported the loss of what were often long-time parishioners felt this keenly, and had tried to identify ways to keep in contact with the individuals.

Sixteen parishes noted that newcomers had moved into their area although not all of these were in the older age bracket and not all were attending church Services. What had been noticed by older parishioners in some rural areas had been the way the sudden increase in population had placed pressure on existing local infrastructure: for example, there was increased traffic to deal with, longer waiting lists for medical appointments and an increase in the cost of housing.

Effects on Health and Wellbeing

Parish leaders were asked: **“in your experience what have been the main effects of the earthquake activity on older and elderly people living in your parish area?”** It should be noted that although the survey took place over two years, the responses to this question remained consistent over that time with both anxiety and house damage being reported twice as often as anything else. Only three parishes believed that the disaster had not affected their older people.

The anxiety that was reported was related to personal fears about ongoing earthquakes as well as more general anxiety about the situation of their families or friends living in damaged areas. There were reports of older people being unwilling to go out at night to meetings etc. and an increase in their use of cell phones as part of emergency preparations. Parish leaders seemed generally very aware of the way anxiety was presenting itself among older parishioners; in one situation even when a priest reported that there were no “ongoing effects” for older people he was quickly corrected by the pastoral care minister present who argued that “people *still* need to talk and share their anxiety”.

Eleven of the parishes had observed that the disaster had resulted in increased health issues for older parishioners: “they seem to have aged more quickly”, is how it was described. Many others spoke in general terms about manifestations of ongoing grief such as sorrow, anger and frustration and often depression. Even where parishes reported that older people were being very “stoical” and “private” about their personal situations parish leaders had noticed their marked loss of confidence. For older people who had made retirement plans these were now turned “upside down” leaving a sense of deep disappointment. One parish reported an increase in the number of older people seeking theological answers to questions about suffering after the disaster had happened.

House damage was reported as often as anxiety and this issue was having ongoing consequences. Older people were forced to move out of their homes for long periods for repairs, had to deal with many different agencies, were feeling vulnerable when it came to house inspections, and feeling “bullied or “patronised” by EQC and insurance staff. The loss of homes due to destruction or EQC zoning decisions was reported only half as often which reflects the fact that 24 of the 65 parishes surveyed were outside the immediate disaster area. Even fewer people reported that the loss of church or regular worship Services was affecting older people. This does not reflect the actual number of parishes experiencing dislocation due to damaged or closed churches but as people were still given opportunities to meet in other buildings it was less of an issue.

It was evident that the loss of other local buildings had affected older people; parishes reported a loss of local shops and /or local recreational centres. Sometimes this was as result of earthquake damage and sometimes this was due to concern over the earthquake strengthening required. These closures along with families moving away had been seen to change the nature of social support for some older people. At the same time, where families had suddenly moved in to live with older people while house repairs took place, other issues had arisen such as financial stress.

Another consistent theme over the two year period of the survey was the loss of independence for older people caused by poor road conditions. At first this was due to immediate damage but as the roads and infrastructure repairs increased so had the incidence of lengthy detours and road closures around Christchurch city in particular; this had led to a loss of confidence in older drivers which in turn was limiting their mobility and independence.

Positive Effects

Although reports of negative effects on older people made up the majority of responses there were also some reports of positive effects: parishes noted that the disaster had brought people closer together in the neighbourhood and demonstrated the ability of older people to cope with adverse situations. A number of parishes either used existing small groups or telephone networks to check on the well-being of all their older people immediately after earthquakes while two parishes reported setting up small ‘care groups’ which continued to offer personal and practical support. In only one situation was I told that parish clergy and leaders were so caught up in their own domestic situations they were unable to provide care for others.

Parish leaders noted the outpouring of concern for others among older people and their commitment to offer practical aid to those more seriously affected than themselves. Prayer and people, hospitality, food and finance were sent out by some parishes, received and distributed by others; some parishes became welfare hubs while others simply opened their doors for people wanting to meet and talk in the immediate aftermath; in all these and other responses older people featured highly in active service. The survey question about parish responses had been aimed at finding out how older people were cared for however from the reports it seems that many older people simply wanted an opportunity to direct their *concern for others* into practical aid.

Older People Report

In the meetings with the sample groups of older people, questions related to their experience during the earthquakes and their aftermath provoked much discussion. There were painful stories told and tears were shed, both during group discussion and in personal conversation after the more formal part of the meeting were over. It is important to note that some of the groups were situated at a distance from the main disaster area so their reported experiences focused again more on concern (and care) for others while those most immediately affected by house and land damage had more to report about personal ongoing effects. Ongoing earthquake activity (aftershocks) were still occurring throughout the period of the survey; this meant that for those people living in the immediate disaster area the effects on psychological well-being were foremost in the discussion.

I have summarized the main reported effects using the exact words of the respondents. This means that there is some overlap but it does enable us to get a better idea of what people reported (the * indicates instances of repetition).

Effects related to **house and land damage:**

... house damage**; dislocation**; relocation ** (*in one group surveyed five of those present had had to move out of damaged homes immediately, twenty-one faced a complete rebuild and ten would be moving out of home for extensive repair*); financial issues**; problems with the quality of repairs; a constant flow of assessors to the house; the patronising attitude of young men inspecting the house; feeling not listened to; losing neighbours; lack of mobility due to broken footpaths and roads; empty houses all around; loss of neighbourhood shops.

Effects related to **family and social life:**

... on marriage; worry about families*; families coming to stay (cramped); lost support systems.

Effects related to **worship and church life:**

... loss of people from the parish; changes in worship times (*due to church closure*); no contact from the parish for weeks after the earthquakes; unclear whether church was accessible for a long time after.

Effects related to **well-being:**

... feeling traumatized**; fearful***; uncertain****; disorientated**; depressed****; stressed*****; anxiety*****; despair; lost confidence; hard for people living alone; feeling isolated from disaster area; lost coping ability; concern for others **; more illness and insomnia**; unable to communicate feelings; not listened to; loss of energy; needing medication (*for anxiety*); feeling insecure; believe it hastened deaths; increased use of alcohol; fear of falling on rough ground; feeling helpless; grief.

Ongoing effects:

... uncertainty about the future; information not getting out; our town is busier now; feeling 'in limbo'; material possessions not important now; need support with advocacy; ongoing trouble with roads***; disruption to services such as water ***; concern about the zoning (*of land*); issues with insurance companies; battle with EQC; coping with authorities.

The older people in these groups were also asked how their parish had responded to the disaster. I had intended that this would give me some indication of how well people felt cared for. Instead, more often people responded by telling me what their parish enabled them to do for others. The comments are listed below:

... everyone was rung by parish staff; we raised money to send to the worst areas; we sent practical aid (e.g. food); there were lots of parish meetings; we ran a drop-in at the parish; we became a food bank; we offered cups of tea to people; we offered accommodation **; we welcomed newcomers into the area **; we supported local business; we supported on another; neighbours were brought together; it's all back to normal now; I know other people in my street now; it brought people together; our telephone network is still operating; the clergy visited; the church felt safe; we received practical support; we opened up the church to the neighbourhood.

DISCUSSION

1. This country is well supported by disaster relief agencies for practical support but local parish communities are also well set up for immediate responses and care for those who are most vulnerable in times of disaster. I recommend that parishes and ministry units in every part of the diocese be encouraged to make **disaster planning** an annual event in the same way that setting an annual financial budget might be. Planning should include effective communication networks and should take account of the possibility that parish leaders may be unable to initiate such responses.
2. As a diocese we acknowledge that older people are **both providers and receivers** of disaster relief; their wisdom and life experience can be a valuable asset at these times.
3. The effects of such disasters are **long term**. While for some areas of the diocese earthquakes are less of an immediate concern than, for example, drought or flood, all such life changing situations can damage both parish infrastructure and the ability of individual parishioners to be able to offer care to others in their communities. The need for pastoral care to those most affected by disaster and its aftermath is long term and requires a high investment of resources and time by people who are themselves well-supported.

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## Section 5 MINISTRY IN RESIDENTIAL CARE FACILITIES

This section of the questionnaire looked at the relationship of the parish/es with residential care facilities (Rest Home, Hospital and Dementia level care) in their local area and the provision of ministry in these facilities.

The research found that parish leaders are aware of, and could name, 109 separate residential care facilities (RCF) in their localities.

| Reported Residential Care Facilities in Parish Area | Number of Parishes |
|-----------------------------------------------------|--------------------|
| "Don't know"                                        | 2                  |
| None                                                | 16                 |
| 1 facility                                          | 19                 |
| 2 - 6 facilities                                    | 20                 |
| 7 - 9 facilities                                    | 3                  |

**Table 6 : RCF in parish area**

At the time of the survey nearly two-thirds of the parishes surveyed were offering ministry of one kind or another in at least one RCF on a regular basis.<sup>10</sup> These parishes had regular contact with 88 separate RCF - seven facilities were visited by more than one parish. This ministry ranged from a once a year contact at Christmas (2) , to offering a Worship Service on a rostered basis either weekly, monthly or quarterly. Some parishes offered a regular Worship Service **and** regular visiting of residents (28).

| Number of RCF being offered regular worship | Number of parishes |
|---------------------------------------------|--------------------|
| None                                        | 17                 |
| 1 facility                                  | 20                 |
| 2- 4 facilities                             | 19                 |
| 5 – 9 facilities                            | 4                  |

**Table 7 : Number of RCF contact**

<sup>10</sup> Since the time of the survey, one parish which had reported being unable to respond to any local RCF is now able to do so. Total now 44. (5/6/14)

Furthermore 11 of the parishes reported offering additional pastoral care such as:

- the blessing of rooms where a resident has died
- facilitating a residents' meeting
- formal chaplaincy arrangements (2)
- care of the sick and dying including anointing (5)
- invitations to residents to come to the parish church for an event
- funerals and bereavement support
- having a supportive relationship with management and/or staff (3)
- holding a regular 'Prayer meeting'
- holding an annual Remembrance Service.

This ministry was being offered by teams of lay **and** ordained people (32), ordained only (4) or lay only (7). Of the seven lay ministers with sole responsibility for this ministry, two were unlicensed.

Less than one third of all those offering this ministry on a regular basis reported having had formal training in this area. The remainder reported 'learning on the job' or being mentored by a more experienced person. Only 12 people reported ongoing supervision or regular pastoral team meetings. Comments included the following: "support and supervision are hard to get" ... "the main person involved does not recognise the need for training" ... "distance to training venues has been difficult" ... "retired priests do it all".

**Parishes were asked about the main challenges experienced in providing ministry to Rest Homes?** One half of the challenges experienced by parishes related to the ability of the parish to sustain or grow this ministry; this ministry was described as "time consuming". However a high number of parishes also reported issues with their relationship with the staff and management of RCF they visited: this included a perceived lack of welcome; lack of support; disinterest and lack of co-operation from staff; residents not brought to Worship Services and not supervised by staff while at Services. Five parishes experienced difficulties with the suitability of the room/venue allocated for Worship Services.

| <b>Challenges to the provision of this ministry.</b> | <b>Number of Parishes</b> |
|------------------------------------------------------|---------------------------|
| None                                                 | 8                         |
| Parish Limitations                                   | 14                        |
| RCF staff                                            | 9                         |
| RCF venue                                            | 5                         |

**Table 8: Challenges of ministry in residential care facilities**

When asked what would help meet these challenges, the provision of training and advice was mentioned most often (14) along with education of the RCF staff (and management) on the importance of this ministry. In only one situation was it reported that there was no need to get further parish training in this area; three parishes reported that recent or current training in this area had already been undertaken and a further three requested more local training in the near future. One reported that financial resources for this ministry were needed and another that formal support and encouragement at the parish level would help.

## DISCUSSION

Policy makers are focussed on making provision for as many older people as possible to age in their own home regardless of growing levels of disability. Research over the past ten years shows that when people do enter residential care their overall dependency is greater than it was in the past. "It is probably safe to forecast that future demand for high needs residential care will increase as the older population continues to expand".<sup>11</sup> The biggest users of aged residential care services are those aged over 85. In the 20 years to 2026, this population is predicted to more than double, from 58,000 to 116,500.<sup>12</sup> Therefore it is also safe to predict that the trend towards shorter stays involving end-of-life care in residential care facilities will continue.

Thus as the older population expands so will the number of people who rely on us to make it possible to continue to receive pastoral and /or spiritual care. In addition, noting census trends related to religious adherence, we might expect that growing numbers of frail older people will have little or no church background.

The challenge for the Church is great. As our frail elders face the final months or weeks of their lives, will we be there for them? What do we need to do to provide excellent care in this ministry? What do we need to do to equip ourselves for the mission opportunities that are developing?

## Recommendations

1. An immediate **priority is placed on appropriate** training for all people involved in the provision of ministry in residential care facilities. We have expected that those working with children and young people have specific training for their work. No less can be said for those working with frail elders. There is a growing body of excellent research on what constitutes excellent care for those facing end of life spiritual issues, and all who offer ministry in this area owe it to those whom they minister to be familiar with 'best practice'.
2. At the same time **a priority needs to be placed on appropriate support and supervision** of all involved in this ministry. The contribution of many lay ministers involved is to be valued and encouraged but many aspects of this ministry are

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<sup>11</sup> The 2008 Older Persons' Ability Level (OPAL) Census of Aged Care Residents in Auckland

<sup>12</sup> Grant Thornton Aged Residential Care Service Review, September 2010, p.78

particularly challenging; the provision of care for people with dementia, for example. Adequate support and supervision both honours the contribution of the lay ministers as well as the dignity of those with whom they work.

3. **Parishes be encouraged to work across traditional parish boundaries** and with local churches of other denominations to ensure that all residential care facilities are offered appropriate Worship Services and Pastoral Care for residents who wish to receive this. In this way those parishes without a RCF in their area will support those who already have many demands on them. My research of initiatives overseas revealed examples where a group of parishes (the equivalent of an archdeaconery, for example) worked collaboratively to train and support one team which specialized in this ministry and visited a wide number of RCFs on behalf of all the parishes involved. (*see Section 7: Emerging Initiatives*)
4. **Parishes be encouraged to develop professional collaborative relationships** with those who manage and staff the RCF in their locality. A few formal agreements have been used by parishes and more could be developed; in these agreements expectations of parish staff and RCF staff are outlined with provision for regular review.

### **ANGLICAN LIVING AGED CARE**

This part of the survey was begun in January 2013 and completed in July 2014; it involved semi structured interviews with the manager, two senior staff members and two people employed as chaplains for the residential care facilities owned and run by the Anglican Living Division of Anglican Care, Diocese of Christchurch. Opportunity was given for ongoing discussion, regular meetings and feedback.

Prior to the earthquake activity three facilities had been operating but one had been closed due to damage. In January 2013 there were two sites offering a variety of levels of residential aged care. At that time 80 people were occupying independent units, 51 people lived in the Rest Homes, 38 were receiving hospital-level care and 19 people were receiving dementia specific care. The age range of residents varied somewhat between the two sites which reflected the different levels of care able to be offered at each facility: however all were aged over 65 years and more than half of the residents on each site were aged over 85 years. Both facilities were also supported by a small number of staff and volunteers also aged over 65 years.

#### **Spiritual and pastoral needs of older and elderly people.**

In the experience of those interviewed, the main pastoral and spiritual needs of residents included: basic human needs for safety and security; recognition of the losses involved in the transition to residential care; the need to be reconciled with all that has gone before; the need to find new purpose and focus for life; the need for an ongoing valued place in society; the

opportunity to continue to contribute to society in some way and the opportunity to continue to worship God in ways that are meaningful and familiar.

The work of the staff aimed to recognise these needs and both Anglican Living complexes were working with material from the EDEN ALTERNATIVE - a project which aims to specifically combat the loneliness, helplessness and boredom generally experienced by residents in aged care facilities. Attention to spiritual care was included in the in-service training for all staff and in the policy material required by government funding contractual arrangements. Those interviewed were able to identify areas where improvements could be made to the provision of spiritual care and, for example, there was subsequently an increase in related in-service training for staff.

### **Chaplaincy**

Anglican Living employed two part-time chaplains - one at each facility - to assist in spiritual care and the provision of opportunities for worship for residents. At that time they were both Anglican priests and their work was supported by a small number of lay ministers drawn primarily from the parishes of Christchurch St Luke's and Avonside. These two parishes had traditionally been expected to provide chaplaincy services for the complexes. Each chaplain was expected to offer regular worship Services, study groups, and pastoral visiting of residents as directed by senior staff member at the facility and following the expectations outlined in their job description.

At the time of the survey it was usual for chaplaincy appointments to be made as a result of parish and diocesan processes with little or no consultation with the facility staff or management. Initially one chaplain was employed for 8 hours and the other for 4 hours per week to offer pastoral and spiritual care to approximately 190 residents of whom around a third have specific high needs related to physical frailty or dementia. During the survey period, changes were made by Anglican Living management so that each chaplain could be employed for 8 hours per week.

Staff appreciated the role of chaplains in providing a pastoral presence for residents and for themselves and they believed that families appreciated the support of chaplains at times when residents were ill or dying some people although some seemed unclear about the role of a chaplain or church minister. Residents themselves seemed to appreciate having someone to offer confidential and skilled pastoral care as a compassionate presence. The observation was made that for families and older people looking for residential care, the offering of chaplaincy was sometimes seen as a positive 'point of difference' to other providers. Overall the staff surveyed spoke very positively about the presence and work of the current chaplains and the areas of concern which were reported related more to how chaplains were appointed and funded.

That process of appointment was a confused one where diocesan and parish processes had proceeded ahead of consultation with Anglican Living staff and the job description despite the fact that the work had been contracted by Anglican Living. There had been an historical expectation that the priest in charge of the neighbouring parish would automatically be the chaplain for the Anglican Living complex. While there is recognition that this ministry required specific skills, aptitude and training this was not yet formally acknowledged in the appointment process.



The traditional relationship of the Anglican Living RCFs with their local parishes (for example, Christchurch St Luke's and Avonside) had also undergone considerable change as a result of the impact of earthquake destruction experienced by the parishes. At times lines of accountability and authority were unclear and in practice this had affected both chaplains and staff in their work.

Neither of the current chaplains had prior specialized training in this area before being appointed and one reported having been given the job description after the work had commenced. Anglican Living management is required to meet contracted audit criteria related to spiritual care of residents as well as pursuing its own commitment as an organisation to excellence. Since their appointment by the diocese, it is Anglican Living that has offered to both chaplains training in the specialized area of pastoral and spiritual care of older people.

Those interviewed all reported that the time funded for this ministry was inadequate. The high need of people who face end of life issues, for example, required chaplaincy presence that was both consistent and available 'on call'. They believed that this was an area that required further discussion and planning for the long term.

Alongside the work of the chaplains it was hoped that more lay volunteer pastoral ministers could become available to be companions to those feeling isolated or in particular need. If these were to be trained and supervised by the chaplains this would again require increased financial commitment to this area of care. One suggestion was that with increased chaplaincy capacity a 'Friends of Anglican Living' scheme might develop to train and support volunteers from a broad sector including pupils of the Anglican Schools.

### **Anglican Living and the parishes of the diocese of Christchurch**

When residents enter an Anglican Living facility the staff became aware of their being active church-goers (in any Christian denomination) only if the resident (or a family member) offered this information during the process of preparing a Care Plan. There was no expectation that the name of a parish or church community or significant existing spiritual care giver be recorded in the Care Plan even if the person was an active member of church life. There was no process of referral or communication from or to any ministers already involved in the pastoral care of new residents. When occasionally such referral did happen it was at the initiative of a parish minister who wished to maintain an involvement in a person's care.

Those surveyed saw benefit in promoting better communication between parish ministers and the chaplains of the RCFs. Where an incoming resident had an active connection to an existing faith community, the staff and chaplain should routinely plan with the resident the kind of ongoing relationship that was desired with that community, and facilitate discussion with the parish as to the feasibility of this. In other words the 'spiritual care' aspect of a resident's Care Plan would benefit from a collaborative effort by all concerned. The Care Plan would include, with resident assent, clear expectation that priority be given to notifying the parish minister concerned if there are serious changes in health or impending death.

## Older People Report

In the sample groups of older people questions were asked about the impression people had of care received and whether they themselves would choose Anglican Living as their provider if residential care was required. Comments were also recorded. Nearly a quarter of the responses indicated that they did not know about the standard of care, 2% believed it was not good and the remainder believed it was good (33%) or very good (44%). Overall a little less than a quarter indicated that they would choose an Anglican care facility for residential care. Comments related to these questions are as follows (the \* indicates an instance of repetition):

....[heard of ] person paid out fairly after EQ; improving; distance \*\*\*; best Rest Home already nearby; prefer own neighbourhood\*\*; prefer own room and toilet; excellent care after EQ; very caring; very average; language of some care-givers hard to understand; would prefer something closer; independent living too independent - not enough concern for vulnerable people; depends on individuals; care staff need to be paid adequately; distance from home and family important factors;, [yes] it is close by.

## Further developments

During the time of this survey strategic planning by the Anglican Care Trust Board and the divisional committee responsible for Anglican Living was taking place. The re-instatement of pre-earthquake damage bed capacity was under discussion and at the time of this report Anglican Living was still involved in ongoing insurance and building issues.

However there had also been work done exploring support for older people in the parishes and wider community. For example, a partnership with a number of parishes and with Anglican Care Community Development division had resulted in the provision of Foot Clinics operating out of parish premises and open to the community. These were staffed by a registered nurse employed by Anglican Living and local parishioners who were trained and supervised. The expertise of Anglican Living staff was also being called on by parish leaders seeking information about residential aged care.

## RECOMMENDATIONS

1. That a committee be formed involving representatives of Anglican Living staff and management, and the Elder Care Project Advisor to develop a **comprehensive proposal covering all aspects of the provision of chaplaincy into the future** including funding . Such a proposal to be presented to Anglican Care Trust Board and Standing Committee of the Diocese for comment.
2. That through the Elder Care Project, Anglican Living management and staff be offered **resources and training** as appropriate to meet their needs and support them in their work.

3. A **clear process of referral and communication** be developed for Anglican Living Staff, diocesan parish clergy and clergy of other denominations which would assist in the provision of ongoing consistent spiritual care for new residents who wish to maintain a relationship with their existing faith community.
  
4. **Promotion.** Anglican Living staff continue to respond to requests to speak at gatherings of parishioners and clergy in training in order that the opportunities provided by their facilities be well known to all members of the Anglican Church.
  
5. Noting the lack of written material available to give to new or casual staff, and to residents and families about the role of Anglican Living Chaplains it is recommended that a leaflet or brochure be produced to outline what is offered and how to make contact with a chaplain. This could improve **communication** and understanding of the role particularly for people lacking familiarity with church roles and practices.

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Section 6 OLDER PEOPLE IN THE WIDER COMMUNITY

If we needed external confirmation of the effectiveness of the local parish as a place of mission and ministry, one report into social isolation and older people in Canterbury certainly gives that. In 2011 after a long period of earthquakes in Christchurch and the Canterbury region, Age Concern Canterbury commissioned research into social isolation and older people in Canterbury. The basis for this was that although most older people do not live lives characterised by loneliness, social isolation was believed to be a concern for around 10 percent of the older population. The researcher reported:

In Christchurch, evidence from service providers working with older people indicates that isolation and feelings of loneliness do seem to have become more common among the city's older population post-quakes. The Canterbury earthquakes occurred at a time when New Zealand was already in recession, with some older people, and especially males, forced out of employment before they were ready to retire. This potentially compounds the issue of isolation¹³.

A range of post-quake trends regarding social isolation and older people were identified in the research; among the most frequently cited services that were working to *reduce* social isolation for older people were “grassroots social and recreational activities provided by churches at local level”.

Churches in their Local Communities

Churches were identified as a significant provider of activities which combat social isolation; their strength lay in their local focus and they worked well in rural communities. They were able to connect with a number of older people who either have a direct connection with the church or because they know others who attend the church activities on offer. In recognising the value of social connections at this level, most of the church-affiliated service providers consulted in the research identified a move post-quake back to greater engagement of the social service agency with its churches at parish level.

The report concluded that the “challenge facing Canterbury’s community is the re-establishment of things ... including groups, activities, supports and specialist programmes designed to foster social connectedness and reduce isolation” and among the recommendations was one that Age Concern Canterbury should promote its Information Centre to all churches and places of worship via their dioceses and regional bodies, urging them to provide details on activities and services operating for older people, and incorporating this information into the database.¹⁴ Thus we see external recognition of the missionary and social service work of churches responding to human need in the wider community by loving service - as a ‘transforming and blessing presence’.

¹³ [Social Isolation and Older People in Canterbury](#). Prepared for Age Concern Canterbury by Sarah Wylie (MA Hons), Independent Researcher. Accessed on website of Age Concern Canterbury 6/6/12

¹⁴ *Ibid.* p.48

Parish Support for Older People

It would appear from responses in earlier sections of this report that most of our parishes are taking considerable responsibility for the health and well-being of their elders and we have seen this expressed in a variety of ways.

In addition to those activities and programmes that they themselves offer, all but seven (7/60) parishes were able to list some of the community health and recreation services provided for all older people in their locality along including those provided by other church denominations. When asked about unmet needs among the older people in their community 14 parishes (14/60) reported being unaware of any while four (4/60) believed there were no unmet needs.

Unmet needs among older people in the community that leaders were aware of included the following: *(the figures in brackets indicate the number of times this was reported)*

- loneliness, isolation and depression (12)
- a lack of accessible public transport for those unable to drive (10)
- a lack of appropriate and affordable housing including rental accomdation (6)
- a lack of home help providers in isolated areas (3)
- a need for advocacy and support to access existing social services (3)
- EQC/insurance related issues (3)
- a lack of community meeting places due to earthquake damage (3)
- a need for local residential care (3)
- a need for age appropriate counselling in people's own homes (1)
- more support for people caring for loved ones with dementia (1)
- local support for people post- surgery (1)
- support for older immigrants (1)

Many factors contributed to the difficult situations faced by older people but certainly the period of earthquake activity was mentionned the most often. It was acknowledged that sometimes older people themselves were reluctant to accept assistance but it was evident that in rural areas in particular there are many fewer opportunities for older people to continue to play an active part once they can no longer drive a car.

Further developments

More than half of the parishes identified ways to further develop their ministry with older people. Their comments included the following:

- a number of older people have moved into the area after the earthquakes sometimes temporarily and sometimes permanently ... the need for support and integration is evident
- the parish would like to explore faith community nursing, providing education for RH Staff and more training for parishioners
- this parish benefits from unofficial faith community nursing influence through one parishioner ... there would be strong support if resources could be available for this to be more formally organised.
- there is a need to be more mindful of, and advocate, for the worship needs of older people among congregation
- a door- knocking programme is being planned to check on all people at home - will mostly benefit older people at home during the day
- how do we [older people] prepare for death? how do we initiate the conversation and planning?
- we need a 'Mainly Music' for older people
- an attitude change is needed at local and wider levels of church life ... older people to be honoured despite decreased ability.
- there is a concern for older people "not allowing younger people to take over some areas" ... they are "not able to let go, step back, let others".
- concern expressed regarding lack of recognition of needs of people with hearing impairment at diocesan events
- " nice to hear that it is a good thing to have a lot of older people"... "this [survey] has been a positive experience"
- [We are] currently revising pastoral care networks during interim ordained leadership
- [We are] looking at intergenerational sharing of wisdom, a Service looking at the work of "Old Age".

Anglican Care Community Development

Alongside the care being offered by parishes to older people in the community there is the work of Anglican Care Community Development (formerly known as Family and Community) which is one of the divisions of Anglican Care. It is based in Christchurch and works to assist those in need through community programs and church initiatives. These

include administrative assistance, parenting support programmes, basic skills courses, community gardens, social groups, and pre-owned clothing stalls¹⁵. As part of this survey a questionnaire was completed by the Manager in early 2014.

She reported that at five specific community locations various programmes are offered or supported by the agency and some of these tend to attract mainly older people: garden, craft and art activities, exercise and foot care, and meals. Around 300 older people have contact with the agency each month through such activities. At the same time a number of staff and volunteers associated with the community locations are themselves aged over 65 years.

The main pastoral and spiritual needs she identified in this age group include social isolation, limited money and skills, lack of transport, health issues including depression, estrangement from family, loss of identity and feeling of worth, housing issues and the need for information about social services. “Very few” of the those who come in contact with the agency regularly attend church however some do access other local church based activities. There were no formal processes for referral between the parishes and ACCD but informal contacts could be made with the consent of the ‘client’.

Older People Living in Rural Areas

It is nearly ten years since a paper published by the New Zealand Council of Christian Social Services noted that in terms of advocacy, the provision of community care and holistic models of care and justice for the poor, religious organisations were in a very good position to offer effective care to the growing number of older people in our society. Government expectation is that communities will take increasing responsibility for the care of their elders and Christian social services can contribute a wealth of experience and continuity as well as a history of innovation in social service.

“In rural contexts or communities that are not attractive to profit-orientated operations religious and welfare operations can ensure that services are offered locally and in a way which helps maintain the social networks of older people”¹⁶.

Hokitika, Ross and South Westland

Two of the most remote parishes of the Diocese of Christchurch are Hokitika, and Ross and South Westland. They lie on the southern end of the long thin strip of land between the Southern Alps and the Tasman Sea known as the West Coast. The northern end of the West Coast lies in the Diocese of Nelson. The eastern part of the District is steep and mountainous, the low-lying areas near the coast are a mixture of pastoral farmland and temperate rainforest and the southern part of the district notably contains the Franz Josef and Fox glaciers.

¹⁵ Information found on website of the Christchurch Diocese (Last access 1/9/14)

¹⁶ NZCCSS ‘The Particular Contribution of Christian and Other Religious and Welfare Providers’ from [Landscape of the Aged Care Sector](#), November 2005.

Westland is one of the most sparsely populated parts of the country with a population of 8,403 people (2006 census). Approximately 45% of the population lives in Hokitika and the remaining 55% lives in small villages such as Ross and Franz Josef or in rural areas. The economy is mainly supported by tourism and farming.

My visit to these areas took place during October 2012. In Hokitika I met with parish leaders and a sample group of older people. In addition, a meeting was arranged by the parish for me to meet representatives from local health providers such as district nurses, public health nurses and a residential care provider, from community services including Red Cross, St John Ambulance, the police and local body politicians.

Questionnaires were used for parish leaders and the sample group but at the wider 'community' meeting the agenda simply focussed on two questions: 'what is it like to grow older in Hokitika and the local area? (what are the issues)' and 'what role could the church play'? It was noted at the outset that this was the first time such a group had been called together and the network opportunities were greatly appreciated. Participants had the opportunity to hear from one another about the various services being offered locally as well as concerns experienced.

Some of the positive aspects of ageing in this rural area include the 'West Coast/family culture' and that fact that social networks are strong. At the same time there was a high level of concern about isolation; there is no public transport in the townships and taxi fares for the long distances involved for rural residents make this an exceptional rather than usual means of getting to medical appointments etc. People rely on friends and family for transport and this works well only for those who have both available. Concern was also expressed for the high number of unmarried men living alone.

Housing stock is mostly older and lacks accessible features to assist people with mobility issues; the housing owned by the council for those not able to fund a house purchase also lacks these accessible features. This means that people experiencing significant physical impairment are less likely to be supported well in their own home and, at the same time, moving to residential care facility can mean considerable isolation from their community and family.

Providing domestic and personal care in the home is a priority however the major challenge experienced here is a lack of staff; poor rates of pay and inadequate travel reimbursement mean that the people who are able to offer this service are reluctant to be involved because of the long distances involved.

When shown the same list of common issues experienced by older people (as used in other questionnaires) those gathered at this meeting identified issues of loss and grief, and issues related to feeling valued and sense of belonging as being the ones they encounter most often in the older people of this area.

The group was able to offer a number of suggestions to the local church about ways parishioners might be involved. This included offering a 'safe' place to talk about death and dying, advocacy for services, visiting those who are unable to travel outside the home, opportunities to talk about meaning in life and purpose.

Subsequent meetings further south in the towns of Ross and Hari Hari revealed a similar picture of ageing in this rural area. Churches were far apart, Worship Services tended to be

held monthly in each locality; health and social services relied greatly on family and all agencies struggled to get sufficient staff to meet care needs. One of the people I listened to was a family member caring for an older parent and she spoke of the difficulty of getting respite or support services. For the older people themselves leaving the family home for residential care in Hokitika was very much a “last resort” as it meant losing touch with their “spiritual and community home”.

Following the visit to the South Westland area, a number of meetings were held with parish leaders at Hokitika including one which included staff of Anglican Living. The parish had reported that in the past some contact had been made by the then ‘Family and Community’ Division and this had resulted in a donation being given to subsidize taxi transport for those in need.

The meetings that were held as part of the Elder Care project considered a number of possibilities and offers which might support the parish in extending its current level of care to older people however after discussion the parish concluded that with its already busy programme it did not have the enough resources to increase its commitment to the community in this way.

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## Section 7 GROWING FORWARD

### Diocesan Strategic Planning

The diocesan strategic plan adopted in 2009 notes the “growing older demographic” of our society: the mission of the church includes “people who are unable to care for themselves” and the “growing older demographic” who are to receive “pastoral care and intentional inclusion”<sup>17</sup>.

I asked the older people in the sample groups: ‘**how would you rate the attitude of the wider diocese, diocesan staff and groups to the needs of older people in the church**’ and 37% of the responses rate it as **very good** or **good** (48%) with **not good** identified in 3% of the responses. However, 12% reported that “do not know” about the attitude of diocesan leaders towards the needs of older people. What follows are comments related to this question:

... not much information ... youth are pre-eminent ... Anglican Life seems to focus on the young with little for the elderly ... may need better communication, the work the church is doing is not well known ... not well published ... they provide accommodation ... no response from diocesan staff when make contact ... somewhat dismissive ... large expectations of older able parishioners ... the fact that you have gathered us here shows concern ... Anne’s appointment [to ECP] is very good.

I also asked the older people in the sample groups how they thought that the church could or should respond to the fact that more people are living longer. Listed below are their comments (*the \*indicates instances of repetition*).

... make sure churches are warm (a health issue); have Services for people of similar age, more chaplaincy needed at Rest Homes; familiar parish visitors visiting people in Rest Home (not new person every time); I prefer the 1928 version of the Service; traditional Services as well as youth focussed; more worship Services in Rest Homes; more access to mobility equipment and ramps; don’t make too many changes too fast; please keep some familiar music; good sound systems please...

... need to be in touch with older people at home; have more people to take Home Communion; more people involved in visiting at home \*\*\*; value input of elderly – let them keep involved \* \*; help people to maximise their abilities; young clergy balanced with mature ones; when people go into Rest Homes they feel dumped from the parish until they die; why wait for people to be sick before you visit them; recognise that older people can and do make worthwhile contributions...

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<sup>17</sup> The Growing Forward Strategic Plan for the Diocese of Christchurch 2009-2012 accessed on the website of the Diocese of Christchurch.

... help people to adjust to change; we need more contact with neighbours \*; continue to provide a focus for older people; think about the role of grandparents; help us to “talk Christ”...

... haven't thought about this [the future]; the definition of 'old' will change; older people as mentors to young; set up a spirituality centre for discussions and study groups; more discussion on euthanasia; get people's confidence; be part of what is already happen in community; work through the many community groups already there; older people come to concerts at our church; make sure they know we are here to help; increasing awareness of the elderly in the community – often negative relating to terrible incidents and neglect...

... [there are] positive moves by some denominations dealing specifically with the elderly; why not holiday programmes; parish nursing; need more affordable coffins; ongoing recognition of the issues [of ageing] and relevant responses in place; we need to offer more care to men who live on their own; we [already] do a good job here in this parish; why aren't more Maori elders coming to church in our area; more friendship-based activities; more transport and shopping [help]; identify people in need; training for retirement.

### **Mission Imperatives**

In New Zealand and further afield much is being written about the cohort of people now reaching the later years who either 'left church' in their teens or early adulthood or who have had no church experience other than occasional visits for funerals or weddings. It cannot be assumed that these people have no faith in God or that prayer is not part of their daily spiritual life. However, neither can it be assumed that any formal faith formation, knowledge of the Christian Scriptures or experience of the life of Jesus Christ have been made available to them<sup>18</sup>. Moreover, the group collectively known as the Baby Boomers, for example, are being described as having as *distinctive* a 'culture' and faith experience as, for example, the youth of today.

It has been said that “the Baby Boomers arrive at retirement age as the wealthiest and healthiest generation ever to do so, and set to redefine what old age means [for example]:

- 55-60 pre retirement
- 60-65 early retirement
- 65-70 mid retirement
- 70-75 late retirement
- 75-80 early old age
- 80-85 middle old age
- 85-90+ old old age”<sup>19</sup>

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<sup>18</sup> For example, the work by Karl Lamb, [Aging Baby Boomers: reviewing faith, spirituality and religious affiliation in the next stage of life.](#)

<sup>19</sup> D M. Povey, [Coming of Age: Bring on the Baby Boomers.](#)

On the other hand such attempts to re-define ‘old age’ may simply be avoidance by the next cohort of people entering, what has been become in many western societies, a stage of life with particularly low status. In her paper, ‘Biology as destiny? Rethinking embodiment in ‘deep’ old age’, Susan Pickard argues that: “the symbolic violence meted out to older people in the maintenance of age ideology comes at a great price for society as a whole, its individuals and its institutions, its science and its everyday practices”<sup>20</sup>.

The challenge for us as church is whether we have the will and means to engage with the growing group of people who are beginning to face their ageing process and the spiritual issues it will raise.

## Social Services

The 19<sup>th</sup> Vulnerability Report published by the New Zealand Council of Christian Social Services (NZCCSS) in August 2014 focussed on how older people are ‘faring in our communities’. The report highlights some of the key areas that Christian social services are, and will be, addressing into the near future:

- high levels of dependency on NZ Super and its relationship to poverty among older people
- changing levels of home ownership and costs of suitable rental accommodation
- increased health costs being experienced by older people
- a growing number of older people who are occupied as care givers for younger generations and/or spouses facing disability or chronic illness.

The report notes that while New Zealand has traditionally had a high level of support for older people through national superannuation payments and health subsidies, there are some who are already vulnerable to hardship as reported by NZCCSS providers. In particular, they point to older people:

“who (a) have no private supplementary income over and above the New Zealand Superannuation and (b) live in private rental accommodation or c) own their own home but have no savings”.

Any changes to government policy around the provision of income, health and welfare support will significantly impact these older people. What might this mean for the capacity of our older parishioners to contribute? What might this mean in terms of the demands for practical support related to health care and housing for those in need?

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<sup>20</sup> Susan Pickard. ‘Biology as destiny? Rethinking embodiment in ‘deep’ old age’, in *Ageing and Society* 34, 2014, Cambridge University Press, p. 1288

## EMERGING INITIATIVES

The research of the Elder Care Project also included a survey of new initiatives being developed or explored by church groups in other dioceses here in New Zealand and overseas. Sometimes this survey was internet based and sometimes I was able to visit a new programme or activity and discuss its effectiveness with those responsible for its leadership. The list below is not at all exhaustive but is a representative sample of the many different ways that churches are looking to address both social service and mission imperatives related to the growing number of older people in our society. More information and contact details for each of these organisations can be passed on as required.

### **United Kingdom. London: PSALM: Project for Seniors and Lifelong Ministry**

This project was set up in response to investigation in the Diocese of London on how churches in the area could develop their work for and with older people - how churches could help fill the gaps in service provision. PSALM recognized that whilst remembering and responding to the needs of the old and frail, the church should not overlook the important work and contribution of older people who continue to be fit and active. It was felt that seminars and workshops on topics of concern for the older generation, particularly addressing and incorporating spiritual issues, would be welcomed. Based in St Pancras Church, London, PSALM now offers a training course for volunteers visiting residential homes and a resource centre where volunteers can borrow books, publications and equipment to help them in this work. Alongside this is a wide range of workshops that can be offered to churches to run: workshops with topics such as “De-cluttering in Later life and “Living Alone in Later Life”.

### **United Kingdom. Methodist Homes (MHA)**

MHA is a charity providing care, accommodation and support services for older people throughout Britain. It is amongst the largest charities in Britain, providing award winning services and specialist dementia care to older people for nearly 70 years. Currently MHA delivers a range of high quality services to 15,000 individuals including those who live in care homes - residential, nursing and specialist dementia care **and** those who live independently - a range of flexible and personalised care and support including purpose-built apartments and LIVE AT HOME services in the community. The LIVE AT HOME schemes deliver a wide variety of services and activities, both in members’ own homes and in a range of venues. The aim is to improve the quality of life of isolated older people by “creating local schemes which provide social contact and support, enabling older people to live a more fulfilled life and to maintain independence”. Core activities include one to one befriending, and a regular newsletter. Most schemes also offer social activities such as lunch clubs and outings, shopping services, telephone links, and transport, and a wide variety of other options from which members can choose – exercise groups, interest groups and practical services. In 2011 there were 52 such local schemes and over 8,000 members.

### **United Kingdom. Friends of the Elderly**

With its aims of reducing loneliness and poverty, and offering care, this charity has its roots in the work of the Church Army. It offers a range of services including care homes and day centres, arranging home visiting, assisted day visits and outings and ‘telephone’ friends. Using modern media such as website and Facebook it promotes the befriending of older people by people of all ages; for example there are primary school programmes assisting schools to offer inter-generational programmes. A key part of its public role is raising awareness of older people who are socially isolated.

### **United Kingdom. Eastbourne: Pastoral Action in Residential Care Homes for the Elderly (PARCHE)**

PARCHE is overseen by a board of Trustees made up of members of around 30 local churches; it employs a small number of staff who oversee the work, lead training courses and keep in touch with both the local Care Homes as well as the seventy-three visiting teams. Each participating church (around thirty) provides one or more teams, which are trained, and allocated to individual Homes. It is funded by the local churches, and a small number of individuals. PARCHE offers a number of resources to assist the teams such as a set of CDs of favourite hymn tunes, a CD of popular choruses and one of carols, for use by teams without a musician, and two books (50 Services and 50 Bible Studies) to use in Care Homes. Training of the teams can also be done locally and PARCHE can supply training packs/kitsets for local leaders.

### **United Kingdom. The Greater Alton Project: Anna Chaplaincy.**

A joint Anglican and Methodist project, ‘Anna Chaplaincy’ promotes the spiritual welfare of older people. It is a pioneering role offering spiritual support to older people, especially to those living in residential and nursing homes and sheltered housing complexes and to their relatives and the people who care for them. The ‘Anna Chaplain’ also has a wider role within the community as an advocate, and champion of the contribution older people make to society. The chaplaincy is offered to people of strong, little, or no faith at all and a feature of the work has been its links with many of the clubs in Alton, the advocacy role in the wider media, as well as the way the ministry extends to people facing challenges in their own homes, and communities, as well as to those in residential care.

### **United Kingdom. Fresh Expressions for Older People.**

The Fresh Expressions movement in the United Kingdom now includes a section on initiatives that target the growing older population. (Fresh Expressions for Older People website accessed 21/6/12). Here are two examples.

Sunday afternoon tea in Ravenshead in Nottinghamshire. The seeds of this fresh expression were planted when one couple focused on the needs of the large proportion of older people retiring in their village. They committed themselves long term to the necessary community involvement that has, over time, led to the growth of a good neighbour scheme, a discipleship cell group, a lunch club and a day centre. This includes excellent refreshments, exploration of a topic around the tables, drama around the theme of the day, a short meditation and the singing of a couple of well known hymns. Minibus transport is organized to enable the elderly housebound to attend.

A congregation for the isolated elderly in Putney, London. Praise@Platt is a time of worship that has evolved for all those involved with Regenerate-RISE, a charitable organization that cares for people who would otherwise be housebound or isolated, living in either high-rise flats in Roehampton or the more wealthy area of Putney. RISE facilitates outings, activities, lunches and a support service with practical help, home and hospital visiting, along with emergency shopping and prescription collections. Held on a Sunday afternoon, Praise@Platt is low key, simple and about 45 minutes in length. It includes Bible readings, prayer, a time of reflection, worship with members playing musical instruments to modern songs and a short talk. The Gideons have provided large print New Testaments, and the words of the songs - from *Songs of Fellowship for Small Groups* - are on the wall via an overhead projector. CDs or DVDs are played as musical accompaniment, with appropriate sound levels for the hard of hearing. The Service is followed by a meal whilst the worship songs continue to play in the background. Each time, the members are given a picture postcard with a Bible verse representing the theme of the service to think about during the week: the leaders say this is because “the majority who attend do not have any basic Christian teaching to fall back on”.

### **Scotland. Faith in Older People.**

Faith in Older People became a registered charity in 2008 following preliminary work undertaken by founder, Rev Malcolm Goldsmith. He recognized that many older people were becoming isolated from the activities in which they had been involved and the friendships they had formed. He acknowledged how easy it is for congregations to lose sight of older members when they are no longer able to participate. Importantly the work aimed to encompass those of faith and those without a faith. The aim of this organization is to enable better understanding of the spiritual dimension to the well-being of older people. It provides programmes and activities to educate, encourage and support volunteers, health and social care workers, members of faith communities and other agencies to increase their understanding of spiritual care and issues around ageing.

**United States. United Methodist Church: The Centre on Aging and Older Adult Ministries.**

The Center on Aging & Older Adult Ministries was established in 2000 as a result of an intentional effort to support the growing needs of an increasingly "graying" church and society. Its vision is founded on the principle that ongoing faith development of midlife and older adults is critical for the transformation of the world. The vision of the Center is: *A church environment where the wisdom, skills, experience, and faith which often abound in midlife and older adults are being intentionally developed and fully utilized.* In order to achieve this vision, the Center on Aging & Older Adult Ministries commits to providing quality resources and valuable training support to help equip leaders (both clergy and laity) in their ministry of faith development with midlife and older adults. Among the resources offered are regular articles (via website), workshops and grants to parishes and the publication of a newsletter: S.A.G.E. which stands for 'Spiritually Aging and Gracefully Empowered'.

**Australia. The Anglican Diocese of Perth and Anglicare WA: Seniors Ministry.**

Seniors Ministry is a publication (2010) of articles about different aspects of ministry by and for older people. It seeks to redress the tendency to consider ministry related to older people as always and only being about ministry related to Care Homes so includes references to training seniors' mission teams - an initiative in Tasmania. In relation to Anglican Care homes, 'Amana Living' - a project offering a range of retirement living, residential care and community care, is noteworthy for its inclusion of people who can afford only rental accommodation. Also noteworthy is a deanery initiative, **Victoria Park**, which drew together clergy and volunteers from parishes across a deanery to work collaboratively to meet the needs of all the Care Homes in their locality.

**New Zealand. The Anglican Diocese of Nelson: The Older Persons' Ministry Fund.**

The Diocese of Nelson owned and operated a Residential Care Facility in Stoke. When this was sold in 2008 the capital realised from the sale of the home was invested. The Older Persons' Ministry Fund represents some of that capital. The income generated by the Fund is tagged specifically for Ministry to Older People. Funds are disbursed by annual application to specific projects which support older people 'ageing in their own home/community'. Projects are primarily Anglican based – either through a parish or deanery and funding thus far has enabled almost all of the parishes of this diocese to employ an Elder Care Worker or Faith Community Nurse. Thus in each parish there are programmes for older people developed and supported by a person employed for that purpose.



### **New Zealand. The Certificate in Pastoral Care of Ageing People**

This Course began with the first module offered by Theology House in Christchurch in 2001. Since then over 300 people have completed Module One which introduces topics such as spirituality and ageing, theories of life stages and spiritual journeys, older people in residential care and in parishes, older people and grief, care for people with dementia and their loved ones, ethical concerns and confidentiality. Modules Two and Three, which complete the Certificate, have been successfully undertaken by 80 people. These modules focus on communication of pastoral and spiritual care and the context of ageing in our society. Currently the Course is being offered nationwide through the Selwyn Centre for Ageing and Spirituality in Auckland.

### **Christchurch. Selwyn Centres in the Diocese of Christchurch**

The centres aim to address social isolation among older people and have a strong emphasis on all aspects of health and well-being (including the spiritual). Based on a successful model used in Auckland for the past ten years, they offer 2-3 hour programmes which include exercise, social and activities focussed on well-being and friendship. The staff and volunteers are trained in the particular needs of older people and alert to the challenges faced by people in this post-earthquake environment. Their work is supported by health professionals who are available to the centres as required.

Selwyn Centres operate as a partnership between the diocese of Christchurch and the parishes, and are supported by the Selwyn Foundation. The Diocese of Christchurch through the Elder Care Project provides funding for the establishment of each centre, the employment and training of a co-ordinator for each centre, and an overall co-ordinator to oversee the running of the centres. The Selwyn Foundation provides operations manuals, printing and training support. The manual includes recommended procedures, protocols and safe practices for the establishment and ongoing running of Selwyn Centres. The Selwyn Foundation also offers access to training and updates for co-ordinators.

Each parish provides prayerful support, suitable premises and equipment including storage, a nominated liaison person, volunteers, promotion and encouragement of the centre as part of the work of the parish and a six monthly report to the Diocese.

In October 2014 there were four such centres operating in the city of Christchurch. Early feedback from the guests and staff indicate that the centres are already succeeding in supporting over 50 older people who are living in a variety of challenging situations.

### **Christchurch. LIFEFriends in the Parish of Papanui**

LIFEFriends, an initiative in the Papanui parish, was started from the observation that many people in residential care facilities have few or no family / visitors. The aim of the project is to ensure every person in residential care has an opportunity for regular visits and companionship. The project leaders have set up a trial model of training, visiting and support for a team of visitors willing to make a weekly commitment to short visits to a small number of people in RCFs. Currently the visitors all come from within the parish community but the aim is to extend the invitation to the wider community and build up a larger team of visitors.

The model is being developed as one which could be used by other parishes in the future. It does not take the place of the provision of worship opportunities provided by the parish but adds to this by seeking out those who are socially isolated even within the care environment.

An early evaluation has been carried out involving all parties involved – the residents, the RCF managers, the LIFEFriends (volunteers from St Paul’s Anglican Church) and the Vicar of the parish. One of the facility managers was initially very “cautious” about the programme but her comments after the programme had been running for three months showed a remarked change from initial perceptions. Both facility managers commented on being very happy with LIFEFriends and how the residents were enjoying the visits, with the result that both managers would recommend LIFEFriends to another Aged Care Facility.

A follow-up meeting was also held with all LIFEFriends volunteers (approx. 4 months after the commencement of the project) to assess their comments and experiences. The stories that were shared showed the impact that these simple visits had on both the volunteers (and the residents). One person on the team commented on being very nervous initially, but when teamed up with someone else, she found that going into the facility became less daunting. She now has 3-4 residents that she catches up with each week, and she “loves it”. One of the male volunteers visits an elderly gentleman each week; he commented: “He (the resident) looks out for me each week” and “I thoroughly enjoy the visits”.

One of the unexpected results of the visits relates to the effect on the monthly church services led by the Rev. Andy Carley, Vicar of St Pauls. He states that:

“I have noticed a definite change in the residents I meet with, they appear much happier, and look forward to the church services, and I am seeing more people attend. I have found the residents much more open to share their thoughts, and they are very grateful for the work of the volunteers. At the end of one Service I was approached by the manager of the Aged Care Facility and was asked for my input on another matter. I asked the manager how things were going with LIFEFriends to which she gave a very enthusiastic endorsement and said she’d definitely have more volunteers in the facility when they become available.”

## RECOMMENDED READING

The list that follows is not a comprehensive list of all the books consulted but a guide to resources that may be found most useful. For further suggestions please contact the author of this report.

### Mission and Fresh Expressions for Older People

Title           **A Mission-Shaped Church for Older People? Practical suggestions for Local Churches**  
 Editor         Michael Collyer, Claire Dalpra, Alison Johnson and James Woodward  
 Publisher      Church Army & The Leveson Centre

Title           **People Try to Put Us Down: Fresh Expressions with Older People.**  
 Author         George Lings.  
 Publisher      Church Army , Encounters on the Edge series (40) 2008

Title           **Reaching the Saga Generation: fresh Expressions of Church for Ageing Baby Boomers**  
 Author         Chris Harrington  
 Publisher      Grove Books Limited Cambridge, 2008

### Pastoral Ministry

Title           **Crying in the Wilderness: Giving Voice to Older People in the Church**  
 Authors        Graham Hawley and Albert Jewell  
 Publisher      MHA Group, Derby 2009. Source: mha.org.uk

Title           **Valuing Age: Pastoral Ministry with Older People.**  
 Author         James Woodward  
 Publisher      SPCK London, 2008

Title           **A Vision for the Aging Church: Renewing Ministry for and by Seniors**  
 Author         James M. Houston, Michael Parker  
 Publisher      InterVarsity Press, 2011

Title           **Growing in Age: Ageing in today's society.**  
 Author         Anne Millar  
 Publisher      Wellington New Zealand: Philip Garside Publishing Ltd., 2001

Title           **Being Your Age: Pastoral Care for Older People**  
 Author         Michael Butler and Ann Orbach  
 Publisher      SPCK Great Britain 1993

Title            **Understanding the Senior Adult**  
 Author         Lois D. Knutson  
 Publisher       The Alban Institute, 1999.

Title            **Creating Welcoming Churches: A disability resource for faith communities.**  
 Author/Publisher  
                   Disability, Spirituality and Faith Network, Aotearoa New Zealand Inc. 2014.

### Ageing and Spirituality

Title            **Still Praying...? Simeon and Anna: Exploring Spirituality in Ageing**  
 Author         Graham Keyes  
 Publisher       Grove Books Limited Cambridge, 2008

Title            **The Spiritual Dimension of Ageing**  
 Author         Elizabeth MacKinlay  
 Publisher       London and Philadelphia: Jessica Kingsly Publishers, 2001

Title            **Winter Grace: Spirituality and Aging.**  
 Author         Kathleen Fischer  
 Publisher       Nashville: Upper Room Books, 1998.

Title            **Spirited Ageing: cultivating the art of renewal.**  
 Author         Juliet Batten  
 Publisher       Ishtar Books, New Zealand, 2013

Title            **God, Me and Being Very Old: Stories and Spirituality in Later Life**  
 Author         Keith Albans and Malcolm Johnson (editors)  
 Publisher       SCM Press UK, 2013

Title            **Living Well and Dying Faithfully: Christian Practices for End of Life Care**  
 Author         John Swinton and Richard Payne (editors)  
 Publisher       William B Eerdmans Publishing Company, 2009

### Dementia and Spirituality

Title            **A Guide to the Spiritual Care of People with Alzheimer's Disease and Related Dementia: More than Body, Brain and Breath**  
 Author         Eileen Shamy  
 Publisher       London and New York: Jessica Kingsley Publishers, 2003

Title: **In a Strange Land: People with Dementia and the Local Church**  
 Author/editor: Malcolm Goldsmith  
 Publisher: 4M Publications, Great Britain, 2004.

Title **No Act of Love is Ever Wasted: The Spirituality of Caring for Persons with Dementia**  
 Author Jane Marie Thibault and Richard L. Morgan  
 Publisher Upper Room Books, Nashville, 2009

Title **The New Zealand Dementia Guide**  
 Author Dr Chris Perkins  
 Publisher New Zealand: Random House, 2004

Title **Growing Dementia-Friendly Churches: A Practical Guide**  
 Authors Revd Margaret Goodall and Revd Gaynor Hammond  
 Publisher Methodist Homes (MHA) and Christians on Ageing (CCOA)

#### Resources for Rest Home Ministry

Title **Creative Ideas for Ministry with the Aged**  
 Author Sue Pickering  
 Publisher Canterbury Press, 2014

Publications from the Christian Council on Ageing: **Visiting Older People** (ed. Michael Butler) and **Worship in Residential Care** (ed. Michael Butler). [www.ccoa.org.uk](http://www.ccoa.org.uk)

PARCHE publish a number of resources including **50 Bible Studies for Use in Care Homes and Other Small Groups** and **50 Services of Christian Worship**. [www.parche.org.uk](http://www.parche.org.uk)

Upper Room Books have two booklets in the 28 Days of Prayer Series published in 2011, **Aging Faithfully** and **The Struggles of Care-giving**. Two further booklets published by Upper Room Books: **Living with purpose in a Worn-Out Body: Spiritual Encouragement for Older Adults** by Missy Buchanan and **Talking with God in Old Age: Meditations and Psalms**. [www.upperroom.org](http://www.upperroom.org)

Scripture Union publishes a booklet in its 'Being with God' series called **Words of Peace: A Bible and Prayer Guide for people with dementia**. This resource includes a CD of carefully compiled hymns and songs.

**Loving Kindness in the Land of Forgetfulness** is a CD of well-known hymns sung by the Durham Street (CHCH) Methodist choir. It is a useful resource for providing hymns that can

be easily sung; a booklet of the words can also be purchased. These are available for a very reasonable cost from the Christchurch Central Methodist Church.

### Training for Pastoral Care

**Pastoral Partner Program.** Available through MediaCom Education Inc. Australia, this resource comes with manuals for the co-ordinator and those in training (the pastoral partners).

**Prepared to Care: Pastoral Care and Visiting,** 1996, published by the Methodist Publishing House, United Kingdom. An eight week course which can be borrowed from Theology House Library, Christchurch. See Theology House catalogue on its website for details.

**Developing the Caring Community:** A ten week Course in Pastoral Care Ministry for Laity by Dennis Butcher published by the Alban Institute, 1994.

### Journals

**Ageing & Society,** Canterbury University Press

**Journal of Religion, Spirituality & Aging,** American Society on Aging, and Centre for Aging and Pastoral Studies, published by Routledge: Taylor and Francis Group.

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Povey, D. M. *COMING OF AGE: BRING ON THE BABY BOOMERS*. A study resource published by the Presbyterian Church of Aotearoa/New Zealand, Wellington, October 2007.

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AGED RESIDENTIAL CARE SERVICE REVIEW, Grant Thornton, September 2010.

CHANGES IN AGED CARE RESIDENTS’ CHARACTERISTICS AND DEPENDENCY IN AUCKLAND 1988 TO 2008 by Michal Boyd; Martin Connolly; Ngaire Kerse; Susan Foster; Martin von Randow; Roy Lay-Yee; Carol Chelimo; Joanna Broad; Noeline Whitehead; Sarah Walters-Puttick. Findings from OPAL 10/9/8 older persons’ ability level census.

DEMOGRAPHIC ASPECTS OF NEW ZEALAND’S AGEING POPULATION MARCH 2006. This report was prepared by Kim Dunstan and Nicholas Thomson from the Demography business unit of Statistics New Zealand, in response to a request from the Ministry of Social Development for work on the nature and implications of an ageing population.

LIVING WITH DISABILITY IN NEW ZEALAND. A descriptive analysis of results from the 2001 Household Disability Survey and the 2001 Disability Survey of Residential Facilities Prepared for Ministry of Health/Intersectoral Advisory Group, April 2004. Published in October 2004 by the Ministry of Health PO Box 5013, Wellington, New Zealand. Website access available.

RESTORATIVE CARE CONSENSUS STATEMENT. Produced by the South Island Health of Older People Service Level Alliance (HOPSLA) July 2014

SOCIAL ISOLATION AND OLDER PEOPLE IN CANTERBURY. Prepared for Age Concern Canterbury by Sarah Wylie (MA Hons.), Independent Researcher. Accessed on website of Age Concern Canterbury. Website access available 6/6/12.

THE PARTICULAR CONTRIBUTION OF CHRISTIAN AND OTHER RELIGIOUS AND WELFARE PROVIDERS from Landscape of the Aged Care Sector, NZCCSS November 2005. Website access available.

THE 19TH VULNERABILITY REPORT published by the New Zealand Council of Christian Social Services (NZCCSS) in August 2014. Website access available.

Appendix 1 PARISH QUESTIONNAIRE

STATISTICS

A1-3. *Parish identification and representation.*

Defining: 'Congregation' as groups of seven or more people who worship regularly in the church premises either on Sunday or another day ...

A4. How many separate congregations meet in your parish/es?

A5. Looking at each individual congregation, as an estimate, what percentage of that congregation is aged between 65 years and over?

A6. Looking at each individual congregation, as an estimate, what percentage of people in that congregation is aged over 85 years?

A7. From your knowledge have any of the figures above changed in the last two years due to the earthquakes? Yes/no

A8. Have any of the older or elderly parishioners had to relocate outside your parish/es area as a result of the earthquakes? How many?

A9. Do they still attend worship and other activities here? Comments

B. Pastoral and Spiritual Care

Looking now at Pastoral and Spiritual Care for older and elderly people...

B1. In your experience what are the main pastoral and spiritual needs of people aged over 65 in general.... (*list*)

B2. On this card is a list of some of the issues researchers have identified as being significant for people as they age. Looking at this list, what would you say are the two that you have been made most aware of in your ministry

B3. *For PC Leaders / Vicars.* Thinking about the amount of your parish/es ministry/time is spent offering pastoral care to people aged 65 and over...

Less than 30%? 30-50% 50-80% more than 80% ?

C. Looking at the living situations of older and elderly people...

Defining: housebound as those who cannot travel or who need a high level of assistance to travel away from their home.

C1. How many members of your parish/es aged 65 years or over are housebound in their own homes at this time?

Defining: Residential Care does not include independent living in retirement village units.

How many members of your parish/es are now living in residential care complexes?

C2. Are there residential care facilities in your locality/town? yes / no

Comment: If no, where do people go when they need this level of care?

C3. Referral **to new parish**: does the parish/es have a process for referring parishioners to another parish/es team or to a Rest Home chaplain if they move out of your area? Self, formal, informal

C4. Referral **within** parish: how do you identify (learn about) older people in the parish who are **housebound and need visiting**?

C5. Thinking about those two groups of people (housebound in own homes and in residential care) how many of them are visited **weekly**? All Most Some None

C6. Thinking about those two groups of people (housebound and in residential care) how many of them are visited **monthly**? All Most Some None

C7. Thinking about those two groups of people (housebound and in residential care) how many of them are visited **only at their request** or at Christmas and Easter.

C8. Who does the visiting of older people? How many people are involved in this visiting? Ordained ministers / Lay ministers with a license / Lay ministers without a license / Informal visits by friends and church associates

C9. Thinking about Holy Communion or Extended Communion, is this always, usually, sometimes or never offered at these visits? Always usually sometimes never

C10. What are all the ways the parish/es keeps in touch with older people who can no longer attend church?

C11. Systems for identifying **practical needs** of older people need? Referral: how do you get to know / communicate?

C12. For older parishioners who are housebound does the parish/es offer practical support of any other kind? For example: meals, transport, housework or gardening. Comments

C14. In your experience what have been the main effects of the earthquake activity on older and elderly people living in your parish area? Comment.

C16. Has the parish/es been able to respond with support? How? Comment:

D. Looking at the general involvement of older and elderly people in the life and mission of the parish/es...

D1. Thinking about parish/es activities or groups specifically designed to cater for people over 65 years **or** those which tend to attract a majority of people over 65 years ... What activities does your parish/es life offer?

D2. Thinking about parish/es activities or groups where you would find nobody aged over 65 years ...What activities are these?

D3. Do you have older people involved in leading worship on a regular basis (readers, musicians, etc.)? Yes / no Any over 85 years?

D4. Thinking about all the groups, committees and activities led or run primarily by people aged over 65 years ...What activities are these?

D5. Thinking about **mission or outreach activities** which are designed for or which tend to attract mainly older people in the wider community ...What activities do you offer?

D6. Can you estimate how many older people have contact with the parish/es in this way?

D7. In what ways does your parish/es assist people who are becoming disabled as they age with specific facilities and services to better enable elderly to attend? For example, transport, toilets, hearing/visual aids, seating arrangements, wheelchair access, other? . Comments.

E. Looking at the relationship of the parish/es with residential care facilities (Rest Home and Hospital care) in the local area...

E1. How many residential homes or aged care facilities within your parish/es boundaries do you have regular contact with?

E2. What types of contact does the parish/es have with these facilities?

E4. Where ministry is provided, who provides that ministry?

E5. What training and support have they / do they receive? Comments.

E7. What are the main challenges you have experienced in providing ministry to Rest Homes?

E9. What would help you meet these challenges? training advice other

F. Looking at the parish/es area and the local (wider) community in general ...

F1. Are you aware of other voluntary or church organisations active in caring for older people? Yes / No Comments.

F3. Are you aware of needs of older people and elderly people living in your area that are not being met?

F4. What do you see as the main factor(s) contributing to this?

In the diocesan strategic plan we read that the mission of the church includes “people who are unable to care for themselves” and the “growing older demographic” who are to receive “pastoral care and intentional inclusion”.

F5. Are there any areas of ministry with and mission to older people that you would like to develop or develop further? e.g. planned / not planned

F6. What would help you to do this?

F7. Other comments.

END

Appendix 2 SAMPLE GROUP (Older People) QUESTIONNAIRE

1. How long have you been members of this parish where the group meets? (*range*)
2. How many of this group are aged between 65 and 85 years? How many are over 85 years?

Defining housebound as needing assistance to leave home.

3. How many members of your group are housebound in their own homes at this time?

Defining: Residential Care as not including retirement village units.

4. How many other members of your group are now living in residential care complexes?
5. Are you able to keep in touch with members who cannot attend meetings? In what ways?

Looking at the ways parishes offer Pastoral Care for older and elderly people...

6. In your experience how would you rate the attitude of local church leaders and ministers to caring for older people who can no longer attend church? Very Good / Good / Not Good
7. Comments:
8. How many of this group have received pastoral visits to their home in the past two years? Who visits you and how often?
9. For older parishioners who are housebound, does your parish offer practical support of any other kind? For example: meals, transport, housework or gardening.
10. How many of this group have received any kind of practical help, e.g. transport in the past two years?
11. If you became unwell or had an accident and needed help, how would parish clergy or ministers find out that you needed help?
12. What would you say are the most important things I should be teaching them? What do you want most from a minister or pastoral care visitor coming to your home?
13. On this card is a list of some of the issues that ministers have identified as being significant for people as they get older. Looking at this list, what would you say are the two that are the most important?
14. In what ways does your parish assist people who are becoming disabled as they age with specific facilities and services to better enable elderly to attend church worship and activities? Are there things that are needed which are not already provided?

Thinking about the wider church...

15. In your experience how would you rate the attitude of the wider diocese, diocesan staff and groups to the needs of older people in the church?

Very Good / Good / Not Good. Comment:

16. From your own experience or from what you have heard, how would you rate the care received in Anglican Care Homes (Anglican Living/ Aged Care)?

Very good / good / not good. Comment:

Thinking specifically on the effects of the earthquakes...

17. In your experience what have been the main effects of the earthquake activity on older and elderly people in your parish? Has the parish been able to respond with support?

Comment:

Looking ahead as more and more people are living longer...

18. How could or should the church respond?

Comments?

END