In Good Faith
Building Compassionate Communities
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword Alex Neil MSP Cabinet Secretary</td>
<td>3</td>
</tr>
<tr>
<td>Introduction and Key Messages</td>
<td>4-5</td>
</tr>
<tr>
<td><strong>Faith Community Assets</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Case Studies - Faith into Practice</strong></td>
<td>7-20</td>
</tr>
<tr>
<td>Parish Nursing Ministries Scotland</td>
<td>7-9</td>
</tr>
<tr>
<td>Galston Friendship Club</td>
<td>10-12</td>
</tr>
<tr>
<td>Curam Centre: Anderston Kelvingrove Parish Church</td>
<td>13-14</td>
</tr>
<tr>
<td>The Granary: St Andrew’s East Church</td>
<td>15-16</td>
</tr>
<tr>
<td>The Elderly Care Initiative: Glasgow Central Mosque</td>
<td>17-18</td>
</tr>
<tr>
<td>Raising Dementia Awareness Across the Parishes of Glasgow and Bishopbriggs</td>
<td>19-20</td>
</tr>
<tr>
<td>Conclusion - The Ties That Bind</td>
<td>21-23</td>
</tr>
</tbody>
</table>

### Foreword

The improved health and wellbeing of Scotland’s poorest areas can only be achieved through community and personal empowerment. Often it is in the most deprived communities in Scotland, that we see the energy and leadership to take forward projects which are integral to building capacity, creating opportunity and inspiring others.

One of the very clear messages I have picked up from all around the country since becoming Health Secretary, is that the more we empower individuals, as the Christie Commission recommended, the more we are rewarded with new, creative ideas coming forward, which provide solutions to many of the issues that we face.

One of the big social challenges we face in Scotland, particularly amongst our older people, is isolation. It is in this area that prevention, anticipatory care and community capacity building is so important. If older people are able to socialise, connect with friends and continue to contribute to their local community, they are less likely to feel isolated and their chances of getting depression or other mental health problems are substantially reduced. The capacity within local communities visible through informal lunch clubs and other social activities is something we need to make greater use of in trying to achieve our vision for a happier, healthier future.

We can only achieve that vision if we work in partnership and in an integrated fashion, breaking down the barriers between health and social care, between local authorities and health boards and between the third sector and statutory services. We need to mobilise the many assets in every community and at regional and national level as ‘Team Scotland’.

This publication reminds us that faith communities make a significant contribution to our local neighbourhoods and touch the lives of many older people. Acknowledging, valuing and harnessing this contribution is particularly important at a time of increasingly limited public resources and as Scotland faces unprecedented demographic shifts over the next few decades. I would like to commend the excellent work already in progress and hope that this publication will be a useful catalyst for public services and faith communities to create together a healthier Scotland for all.

Alex Neil
Cabinet Secretary for Health and Wellbeing
Introduction

There is a wealth of activity being undertaken by faith groups across Scotland to promote “connectedness” and to reach out to the most vulnerable in their local communities. Given the historical “parish” nature of faith groups across most religious and geographic settings, they are uniquely well placed to tap into the needs of local communities. This ‘place’ based approach is complemented by an ethos of nurturing meaning and purpose. The principle of “giving something back” and of activity which enhances a sense of purpose both in the individual and in the local community is central to the work of faith groups.

The Joint Improvement Team (JIT) in partnership with the Health and Social Care Alliance (ALLIANCE) has looked at the context within which many local projects operate to identify key messages, to highlight good practice which can be shared and adapted to local needs and interests and to encourage models that will further tap into resilience and build community capacity.

This sits well with our current focus on personalisation, empowerment and reducing inequality - recognising that every individual is equal although not all are born into equal circumstances. Each person has worth; has the right to maximise their individual potential and to be treated with dignity and respect. Health and social care integration, preventative approaches and self-management all create opportunities to improve outcomes related to wellbeing and social connectedness. This publication examines how faith communities across Scotland have taken action to foster and promote wellbeing across vulnerable groups using a community assets based approach.

Key Messages

‘The health benefits of connectedness are very good. A rich pattern of social connectedness radically improves survival ... We have to give control back to people – to find people’s assets.’

Sir Harry Burns, Chief Medical Officer, Scotland

Spiritual Care and Health: Improving Outcomes and Enhancing Wellbeing, International Conference, March 2012

‘Communities have never been built upon their deficiencies. Building communities has always depended on mobilising the capacity and assets of people and place.’

- Health is not simply about individuals, it is created by community. Social connectedness and the interaction which people have with each other is the driver of a sense of wellbeing.
- It is important to consider the assets that individuals and communities have that can create health rather than the deficits which destroy their confidence and self-esteem. We must build up these assets and increase self-esteem.
- The Christie Commission report argued that it is necessary “… to ensure that our public services are built around people and communities, their needs, aspirations, capacities and skills and work to build up their autonomy and resilience.”
- Community Capacity Building definition: “enabling individuals, groups and communities to develop the confidence, understanding and skills required to influence decision making and service delivery. This could include enabling communities to provide and manage services to meet community needs.”
- Spirituality is crucial to the complex dynamics of a person’s ability to cope, make sense of, and rebuild their lives in times of trauma and distress.
- Faith can provide a unique underpinning to the commitment and motivation required to provide services to the most vulnerable in society.
- An important strength of faith communities lies in their interconnected relationships across generations that are developed over time. These social connections help people find meaning, hope and nurture and are well documented as promoting mental health.
- Faith communities often have deep roots in local communities, embedded in a way that few – if any – other organisations are.
- The above potential needs to be nurtured.

Research drawing on the views and experiences of Health Professional and Faith Community representatives in Dundee\(^7\), demonstrated that faith communities possess a number of tangible, and intangible assets which make them well placed to undertake health promotion activities.

**Tangible Assets**

**Physical Resources**
- Faith communities have branches in all areas;
- These premises offer ‘non-medicalised’ venues for groups to gather;
- Very often premises are easy to access by foot or close to transportation links;
- In many cases, faith community premises are available to local groups without cost and also offer free parking.

**Human Resources**
- Potential to mobilise a cohort of eager and willing volunteers to set up and deliver projects;
- These groups have a broad range of skills from driving instructors, retired professors, general practitioners, to housewives.

**Communication Resources**
- Well established local and national communication networks, such as newsletters, committee networks, and word of mouth.

**Intangible Assets**

**Interest and Commitment**
- Faith communities have a commitment indicated by their longevity in most localities.

**Religious Values and Faith Beliefs**
- An ethos of serving and giving of time and talent is traditionally associated with faith communities, supporting members and those external to their community.

**Familiarity of Place**
- For many people in Scotland today, local places of worship are still familiar places. Most people have been there at one time or another from the pre-school days, for the nursery, or for some club, or to attend a wedding.
- People can be quite reluctant to go along to peer support groups, lunch clubs etc and find it less threatening to attend familiar venues, such as churches.

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** Parish Nursing Ministries Scotland**

**The Mission and Vision of Parish Nursing**

Parish Nursing is all about supporting people and communities towards ‘whole person healthcare’ - achieving health and wellbeing by caring for the body, mind and spirit. All parish Nurses are registered nurses and most work on a voluntary basis, while some are paid, some are full-time, and many work part time. They are employed by and serve the church in their local community, respecting people of all faiths and none.

Parish Nurses seek to integrate faith and health care and their mission is based on biblical principles which dictate that “whole-person health is unlikely to be achieved without reference to spiritual wellbeing”.

By giving people the opportunity to explore the significance for them of their faith and beliefs in health and in ill-health, Parish Nurses aim to enable people to harness all their resources to cope with the changes they experience in their life and health journey.

As experienced nurses, Parish Nurses can carry out health checks, give health advice, liaise between patients and other agencies, and provide advocacy services for vulnerable people. Most importantly however, they focus on the person and their overall wellbeing, rather than just a specific medical condition. The Parish Nurse can provide a listening ear, and where appropriate help individuals to see how their faith and religious practices can give them a sense of purpose, reassurance and hope for the future.

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\(^7\) Fagan D, Kiger, A and van Teijlingen E (2012) Faith Communities and their assets for health promotion: the views from health professionals and faith leaders in Dundee, in Scotland, Global Health Promotion, 19, 27-36
A team of three Parish Nurses are running a project in partnership with four other organisations to provide a Befriending Scheme for people at risk of social isolation throughout Aberdeen. This Parish Nursing Project also supports a men’s health project and a lunch club, holding health fairs and supporting the ministry of the church for its congregational members.

The lunch club, which runs every Monday, provides transport from sheltered housing schemes in the area and sees approximately 30-40 people attending each week.

Outcomes of the Project
Parish Nurses by virtue of their connection back to a church will generally have more time to devote to caring for individuals, and specifically to assessing, recognising and addressing spiritual needs as part of holistic health assessment. They can often go the ‘extra mile’ for or with a person.

The Parish Nurses’ work in befriending those at risk of social isolation has resulted in improved social, physical and mental health for individuals by ensuring that they maintain hobbies, interests and community connections.

The Parish Nurses also support older people to live well in their own homes and communities by helping them to attend appointments, assisting them with their understanding of medications, identifying preventable factors contributing to risk of falls, and signposting them to various support or medical services.

The Spiritual Context
While Parish Nurses are Christians they work with people of all faiths and none, respecting the beliefs of the individual at all times. They do not have any agenda to ‘convert’ people to the Christian faith, rather they see their role as “demonstrating the caring nature of God to the people with whom they work”. A Parish Nurse may at the request of participants offer to pray with, or for, a person if the person wishes, or refer them to a leader within their own faith where appropriate.

Funding
Parish Nurses are usually supported by a team of volunteers who can help with a range of non-nursing tasks following appropriate training.

The Befriending project is part of the Aberdeen City Befriending Partnership (ACBP) which was established in January 2013 and is facilitated by Aberdeen Council of Voluntary Organisations (ACVO) on behalf of the Change Fund. Other members of the partnership, which aims to maximise the third sector’s contribution towards supporting older people and embed this activity in local strategic planning include; Bethany Christian Trust, British Red Cross, Living Well Befriending Project, and Sue Ryder. The ACBP has a year one budget of circa £150,000.

The Parish Nurse’s Story
“It has been great doing the Lunch Club. The clients arrive at 11.45 and we have a short thought for the day before soup is served, followed by cake. We then move into the hall and we either have a speaker, a quiz, singing or picture memories. Local Nursery children have visited twice now and we all sing songs which everyone loves. For the last 15 minutes those attending have a chance to have a health check with a Parish Nurse. In the past referrals have been made to the GP with regard to issues such as, raised blood pressure and medication. Sheila one of the Parish Nurse assistants goes to the sheltered housing every other week to advertise the club and now that they are getting to know us it takes her longer each week to get round as they want to chat with her which is great.”

What people who used the service said
“The health check gave me the chance to look at the things that are really important in my life.”
“This is a safe place to come to.”
“You don’t preach at us, you seem to like us.”
“We love the lunch club and it’s the only day I go out.”

What the Nurses feel about being involved
“Faith gives me a real sense of calling to the projects that I am involved with.”
“I long to see people’s lives changing, for them to feel that they have a value and can make a legitimate contribution to society, and for their whole-person health and wellbeing to improve substantially.”
Galston Friendship Club for People with Dementia and their Carers

Galston Friendship Club is a social group for people with dementia and their carers held once a month in Galston Parish Church Hall. It is a partnership between; Galston Parish Church and members of Galston community, the Community Mental Health Team and Alzheimer Scotland, and is also supported by East Ayrshire Council.

The group, which takes place on the third Thursday of every month regularly welcomes between 35-50 members and has a number of aims:

- To increase the health and sense of wellbeing of people with dementia and their carers
- To provide an opportunity for people with dementia and their carers to access both peer and professional support
- To reduce the isolation of people with dementia and the stigma surrounding the illness by maintaining community supports
- To provide some respite for the carers

Every group starts with 40 minutes of entertainment, ranging from professional singers, volunteer entertainers from the community to health professionals who provide sessions on exercise and diet.

Following the entertainment, refreshments are provided by the volunteers from the church. Lace table cloths and flowers are placed on the tables and the guests are invited to enjoy a cup of tea or coffee and home baking.

The afternoon is rounded off with a few more minutes of entertainment and communal singing to provide an uplifting ending to the day. An information table containing leaflets from Alzheimer Scotland is available. A Community Psychiatric Nurse from NHS Ayrshire & Arran and an Alzheimer Scotland Dementia Advisor are on hand to chat with members to offer support and advice and if necessary to organise a home visit to give further assistance.

Outcomes

As a result of the project, people are learning how to live well with a diagnosis of dementia by receiving advice on diet and exercise, socialising and forming links with the local community. The Friendship Club provides a safe and comfortable environment in which people with dementia and their carers can speak to health professionals together or individually. This is particularly important as there may be issues which a carer may feel uncomfortable raising in front of the person they care for, or vice versa.

The Club allows for an extremely efficient use of the Community Psychiatric Nurse’s time and resources, since bringing people together in a centralised location allows the nurse to attend to the needs of a far greater number of people than would otherwise have been possible in the same space of time. The relaxed and welcoming setting may also make it easier for individuals to raise issues of concern than in traditional healthcare settings.

The project provides people with dementia and their carers with a network of contacts thereby reducing their social isolation and improving their wellbeing.

Church volunteers also report an increased sense of community connectedness and contentment through “helping others.”

The Church community reports a greater awareness and understanding of the issues faced by people with dementia and their carers.

Spirituality

Whilst the Galston Friendship Club is held in the (Church of Scotland) Parish Church, from the outset everyone has been clear that people of all faiths and persuasions are most welcome. There is no agenda to promote one religion, rather a desire to promote a feeling of spirituality, well-being, community, belonging and hope. The main outcome which has been reported by the members of the Friendship club is that they feel valued because everything is done with taste and consideration.

For the church volunteers who play such a fundamental role in the project, their faith provides the commitment and motivation to make time to provide bright welcoming premises and warm hospitality to people with dementia and their carers.
Galston Friendship Club for People with Dementia and their Carers

Funding/Resources
The project is funded primarily by goodwill and donations with the time of the Dementia Advisor met by Alzheimer Scotland and the Community Psychiatric Nurse by NHS Ayrshire and Arran. As the hall is given free by Galston Parish Church, the project is maintained at a relatively low cost, with donations taken from members at the door to cover items such as tea, coffee, milk and flowers. Larger donations from funeral collections or local shops help to cover costs for entertainers requiring payment and this is coordinated by Alzheimer Scotland.

Margaret’s Story
Margaret has Lewy Body dementia and previously felt very isolated and frightened by her diagnosis. Since starting attending Galston Friendship Club, Margaret has made new friends and now feels that she has hope for the future. In addition to this, her daughter has received information on Lewy Body Dementia, medication advice, and was signposted to a 6 week carer’s education course.

Quotes from those attending
“When I attended the Friendship Club for the first time I felt accepted.”

“It’s good to know that other people are going through the same thing.”

“Because of the way the tables are set and the presents at Christmas it makes you feel valued. It’s not just a feeling of ‘that will do’.”

Joan’s Story
Joan attends the Galston club regularly and enjoys the music and, as a former tap dancer, loves to dance. One day the dementia advisor was invited to go and talk to Joan because she was very depressed and frustrated because of dementia, particularly as she was getting confused with her medication. She called the Community Psychiatric Nurse on her mobile as she had seen her car in the near vicinity. The Community Psychiatric Nurse popped in straight away and was able to sort out the medication for Joan.

Quotes of Church Volunteers
“You go about your life and sometimes don’t realise that others don’t have the same life as you. It helps me to put things into perspective.”

“There’s a real need and its helping people which helps me to sustain my Christian view of helping others.”

Curam Centre, Anderston, Glasgow

Curam is an old Scottish Gaelic word that means “caring” in its widest sense. Over and above the act of caring, it refers to the responsibility each of us holds to care for each other and our communities.

The Curam Centre is a joint faith project operated between Anderston Kelvingrove Parish Church and St Patrick’s Roman Catholic Church. It hosts a ‘Friendship Lunch’ Club which runs each Wednesday afternoon, as well as Senior Citizens’ Afternoon Tea on Thursdays.

Outcomes
Food provides the main reason for getting together in both cases, but these projects are about much more than food. Some weeks, at the request of their clients, staff simply provide teas and coffees and time for a chat. The clubs work on a number of levels, providing social opportunities, chances to get involved, links in to other activities taking place in the local community and useful information. They work to reduce isolation, increase confidence, skills, capacity and build community spirit.

Members all speak about enjoying the opportunity to meet up with friends and neighbours, to sit down together and catch up. Many of those attending the groups have lived in the local area their whole lives, and therefore have a great deal

Anderston/City has the highest rate of vulnerable older people in Glasgow’s North West Social Work area, 60.4% of its pensionable age population.

The ‘Friendship Lunch’ Club has been operating for the past fifteen years, providing around 50 people every week with a comfortable warm environment, an affordable hot meal and entertainment such as bingo or crafts. Since March 2013, over 65’s have also had the chance to enjoy free afternoon tea once a week, served on “nice china and proper cake stands.”

The Curam Centre exists to provide services, assistance and advice to reduce social isolation in the local community of Anderston and part of the Partick Corridor, and to promote access to health services and education resources to those who are currently excluded. Both of the centre’s projects have a particular focus on reaching older people in the area and in particular those with mobility issues.

In Good Faith  
Building Compassionate Communities

of common knowledge and experience which they enjoy sharing with each other. Curam Centre co-ordinator Tom Moffat has witnessed the way in which the sharing of these stories ‘revitalises’ those attending, and is interested in putting together a ‘reminiscence booklet’ which would harness the unique knowledge and skills of the local community in order to tell their story.

Spirituality
The Curam centre is an inclusive and welcoming group which celebrates the diversity and dignity of everyone. The centre does not carry an explicit religious ‘label,’ rather the project seeks to “preach the gospel at all times, and when necessary, use words.”

Quotes
“It is so important that something like this exists. If it closed, there would be nothing in this area.”

“Many of our clients live on their own, and for some of them the lunch club might be the only social contact they will have all week.”

“We keep an eye on people, help them make friends and look after some very isolated people who go no-where else and see no-one else.”

“We had one lady who visited no-one, not even her family, but came to the centre every Wednesday until she died.”

“The benefit is not only for those who are served, but for those who serve.”

Funding/Resources
CURAM’s afternoon tea project is delivered by four volunteers and supported by Faith in Community Scotland’s Ageing Well Programme, a pilot RCOP initiative funded by Glasgow’s Third Sector Transformation Fund, which has allocated CURAM a budget of up to £2,500 to develop and run the idea, and provides it with mentorship and support as they turn ideas into action.

The Friendship Lunch Club employs four members of staff and is funded by Glasgow City Council.

Outcomes
Through the project, individuals have the opportunity to develop new skills and interests and perhaps most importantly, maintain connections with their local community.

The Granary fosters all-important intergenerational links. The Head Teacher of the local primary school believes that it is probably the only place where a youngster could talk to an older person who isn’t either a teacher/dance coach/brownie leader or a family member.

Importantly, by using their own cars as the Granary’s transport service, the volunteers are able to reach out to those who would otherwise be unable to get out and about and therefore most at risk of becoming isolated.

One lady who attends from the local residential care home relishes the chance to get a change of scenery and the opportunity to meet new people, enabling her to feel much more part of the community.

Spirituality
The service is open to individuals from all faiths and none and is simply focused on enabling older people to live well in their local community. Project co-ordinator Reverend Barbara Quigley identifies that many of the ladies who attend the Granary share ‘a live Christian connection’ and the passion and commitment of the volunteers comes out of a concept of simple ‘Christian service.’

An important aspect of the service is its location within the church, given that it is a prominent landmark in the local community and for many, has been a permanent fixture in their lives. Hosting the project in a venue and within a community with such strong links to the past makes it well placed to engender a real feeling of community and undertake the reminiscence based activities which are so valuable to people living with dementia.
Funding

All of this requires a huge effort from the 8 volunteers, who carry out a whole host of tasks from collecting clients, preparing flowers to setting tables. Given the high ratio of volunteers to clients, the team are keen to explore how to increase referrals to the Granary in order to get the most out of the service.

The Granary is funded by Faith in Community Scotland’s Ageing Well Programme, a pilot Reshaping the Care of Older People initiative funded by Glasgow’s Third Sector Transformation Fund, which has allocated a pilot grant up to £2500 to develop and run the idea, in addition to ongoing mentorship and support.

Quotes

“I’ve never made a card before, it’s the best thing I’ve done in ages.”

“I used to be out and about all the time, but it’s not so easy now because of my mobility. It’s lovely that they come and collect you.”

“When you pay a visit to the Granary, there is a tangible buzz in the room. New and meaningful relationships have been formed within it, and the volunteers are very much a part of that.”

Elderly Care Initiative - Glasgow Central Mosque

Looking to the Future

Managed by Glasgow Central Mosque, the Elderly Care Initiative provides culturally sensitive activities and outreach services that promote older people’s health and help prevent isolation.

Mosque volunteers conducted research on the needs of the Glasgow’s Elderly Muslim community involving; GPs, dentists, pharmacists, social work, day care centres, and others. They concluded that there was a need to provide specific services, quite separate from the day care centre (which is run in the Mosque by Glasgow City Council), to reduce isolation and create a link between those partners and the Mosque.

The service aims to reduce dependency and isolation, and increase self-esteem, confidence, and physical well-being, by offering culturally sensitive social, recreational, health care and health promotion activities to meet individuals’ needs.

The hallmark event in the Elderly Care Initiative’s calendar is the annual dinner and consultation/information event, which reaches out to isolated elderly through community contacts such as mosques, community centres, social work and healthcare partners.

In November 2012, the event which was organised with the help of 12 volunteers, was attended by 70 elderly people and was extremely well received. A particular feature was the ‘Tree of Wisdom’ that gave elderly guests the opportunity to write their advice and words of wisdom on to paper leaves which were then attached to a seven-foot canvas, creating a wonderful piece of art which is still on display within the Mosque.

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A befriending project will soon be up and running, which will initially match 6 volunteers to isolated and lonely elderly companions. The service will comprise weekly visits to alleviate their isolation, build confidence and help them reclaim their place within society. In time, they hope to accompany them to the Mosque for congregational prayer, day trips, or social visits to old friends.
The project also plans to organise health and advice surgeries which will be held at the Mosque, a walking group in the local park, as well as outings and day trips to places of interest such as museums, galleries, parks and beaches.

The volunteer perspective

“The reason I volunteered for Elderly Care Initiative at the Central Mosque is firstly from a faith perspective, it is highly rewarded by God and greatly encouraged in Islam to look after our elders. Secondly for me personally I want to help other people whether that is anyone young or old. Thirdly I realise that one day I myself will be old, so I think it is important for me whilst I have my health to do as much as I can for others. When I helped out with the dinner event for our Elders at the Mosque I was really touched by how much the Elders appreciated us ‘youngers’ making time to arrange something for them and to show them respect.”

The Elderly Care Initiative is funded by Faith in Community Scotland’s Ageing Well Programme, a pilot Reshaping the Care of Older People initiative funded by Glasgow’s Third Sector Transformation Fund, which has allocated a pilot grant of £2,500 to develop and run the idea, and provided ongoing mentorship and support.

Quotes

“Good initiative. It was very moving and I feel touched that today’s youth would do this for the elderly.”

“Looking forward to the befriending service, it will be useful to have someone attend at home to visit and take you out.”

“Enjoyable evening. Speeches and pictures were very good.”

“Nasheed (Islamic Songs) and the ‘Tree of Wisdom’ were very good. Brought back memories.”

Raising Dementia Awareness Across the Parishes of Glasgow and Bishopbriggs

Caroline Brown raises awareness of the Dementia and Carer journey in Catholic Churches across Bishopbriggs and Glasgow. Caroline is a member of Alzheimer Scotland’s NDCAN (National Dementia Carer Action Network) and was inspired to undertake this work by the courage of her Mum, Kitty and her Dad, James, both of whom experienced firsthand living with Dementia.

Caroline speaks about her experience at the end of Mass and invites the congregation to visit the Alzheimer Scotland Memory Bus, which offers information and advice about coping with the illness.

Caroline’s Story

“After Mum was diagnosed with Alzheimer’s and Dad with vascular dementia, I broke my heart. In fact I think I cried every day for about three years. Then I decided that my Mum and Dad would want me to do something positive. My parents were daily mass goers and one of the gifts that they gave me was my faith. Last September Dad was diagnosed with bowel cancer and having had one of the most beautiful conversations ever, he told me he was going to heaven. I saw and knew the relationship Dad had with God, I knew he wasn’t frightened. It was his faith and his courage, that prompted me to ask our parish priest if I could speak at masses about dementia.

He was very fond of my parents and readily agreed. So I did this on 18th and 19th November having arranged for the memory bus from Alzheimer Scotland to come along with a dementia advisor to answer any questions that people may have – it was a great success. Lots of information was taken away and people knew who to ask for help and advice.”
Caroline’s Story continued

10 days after I spoke in St Matthews, Dad died. I believe he gave me the courage to speak, in his wisdom he knew work needed to be done, having come through his own journey of living well with dementia. I hope if you or anyone you know might be worried about their memory, that my Dad will inspire you to ask for help.

I still visit Mum every day. Her Alzheimer’s is now advanced but she is the most beautiful content peaceful person I know and she lights up my life.

Father Tom the Parish priest from Our Lady of Good Counsel also invited me to speak to his congregation and agreed to put a dementia tip in the weekly bulletin as well as the Alzheimer Scotland free phone helpline number.

One of my dreams is that together we will develop dementia friendly communities, that we can be there for each other and that no one goes through this alone. I know for sure that is something my Dad would love. For me this is his legacy.”

Father Tom, Our Lady of Good Counsel

“Caroline’s personal and honest sharing of her experience, as well as her obvious passion for the issue of dementia support had an amazing impact on our parish. As well as those who visited the “Memory Bus”, either out of curiosity or concern, many have spoken to me subsequently of their own fears - often for family members - and of that feeling of not knowing who to speak to. Sometimes it can be hard getting someone you care about to go to their GP, for example, and it can be hard to know how to handle an issue about which there can be a lot of fear and a lot of denial. My first hope is that as a result of this, we can begin to speak openly as a community about Alzheimer’s and dementia, and break the power of taboos and fear in simple ways. As first steps, we’ve posters advertising Alzheimer Scotland and the Helpline number in the church and placed it in our weekly newsletter. We’re also including “Dementia Tips” in the newsletter each week through the summer. In time, our website will include links and information too.

In the Scriptures, we read that fear is cast out by love, and that the truth sets us free. Openness, compassion, mutual support and safe, caring communities are crucial as we move forward. We hope Our Lady of Good Counsel can develop as a ‘dementia friendly community’ - we don’t yet know what that will look like, but we know instinctively we want to work towards it.”

Conclusion

‘The Ties That Bind’

The vision for Reshaping Care for Older People in Scotland is that ‘Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting’. This is a positive vision which values older people and their contribution to society and empowers them to be active partners in the way support and services are planned and delivered. Older people are an asset because they offer life experience, special and sometimes forgotten talents and skills, accumulated wisdom and a unique perspective within their local community.

The inspiring reality is that this publication represents a skimming of the surface of faith-based support and care for older people in Scotland. The cumulative contribution and potential for further development in this area is vast. The work of faith groups adds enormous value to the lives of innumerable individuals and communities in Scotland.

The case studies featured in this publication provide models of how local faith communities can make a significant impact in supporting older people and their carers thereby helping to shift the balance of care from institution to community, from dependence to independence and from treatment to prevention.

Whilst it is evident that faith communities are motivated to undertake this role by the needs of the local community and their concern for the vulnerable and isolated in society, it is important to note that they do so in a flexible and creative way and with limited resources both financial and in terms of access to specialist advice. We can and should do more to harness and support the values and assets of faith communities.

The common threads that run through these successful projects are:

- history and longevity within their local community
- long term plans to sustain a continued presence in the local area
- affordable access to community venues
- cohort of willing volunteers, prepared to invest time and skills
- many people have had experience of life events in local Churches and would consider them familiar places, even if they themselves are not members of a faith community
How Can Reshaping Care Partnerships Support This?

• Better dialogue between Faith Communities and leads for Reshaping Care for Older People.

There is a wide disparity across, and within faith communities in their knowledge of, and ability to engage with, local statutory partners leading Reshaping Care for Older People and Joint Commissioning. Among the diverse, organic and fluid sets of activities provided by faith communities, many lack experience of demonstrating how these ‘connect with’ health provider outcomes, which can appear somewhat alien to them. However, faith communities are well placed to support statutory partners in developing their focus on personal outcomes.

• Build the skills and capacity of Faith Communities through training and mentoring.

Given that many faith groups will be small scale and may lack experience in applying for funding, it would be helpful if support is provided to guide them through this process. This may be most appropriately provided by other voluntary sector bodies with experience in capacity building, or by development support from the local authority or Third Sector Interface.

• Advice on “spreading” and “scaling up” activity.

Some faith communities are partners in national organisations. There may be opportunities as yet not fully explored to tap into regional and national networks which would allow for the spread and scaling up of activity. Equally, there are opportunities to share knowledge and good practice horizontally across faith communities at local level. Improvement and engagement leads can maximise their impact if they work with local faith communities.

• Strengthen collaborative work

JIT has established a group to explore and enable future collaboration between faith communities and Reshaping Care for Older People at both local and national level. Organisations such as Faith in Older People, NHS Education for Scotland’s Community Chaplaincy Listening project, Faith in Community Scotland’s Transformation Team, the ALLIANCE and other Third Sector partners came together to exchange knowledge and good practice and to highlight the contribution of faith communities in Reshaping Care for Older People. This is an exciting new development in our work on Active and Healthy Ageing and Community Capacity Building and Co-production. The group invited the ALLIANCE to collate this set of case studies and is supporting Faith in Older People to undertake a survey of faith communities across Scotland to understand their current activity with older people and their developmental and support needs.

About the ALLIANCE

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has over 270 members including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards and Community Health and Care Partnerships are associate members. Many of the ALLIANCE’s members proactively promote human rights and adopt human rights based approaches within their own work and services.

The ALLIANCE’s vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE works towards its vision in three main ways; seeking to:

• Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

• Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.

• Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

www.alliance-scotland.org.uk

About the Joint Improvement Team (JIT)

The Joint Improvement Team (JIT) is a unique partnership between Scottish Government, CoSLA, NHSScotland, and the third, independent and housing sectors, tasked with accelerating the pace of local change and improvement in the quality of Scotland’s care and support services through:

• Engaging with national partners and policy leads and help to ensure a shared understanding and vision within and across sectors.

• Working with statutory, third and independent sector partners, and with people who use services and with their carers, to help partnerships create the conditions and to build local capacity and capability for innovation, improvement and transformation.

• Supporting strategic engagement with leaders to facilitate culture change and build capacity and capability for effective partnership working and integration.

• Helping practitioners, teams and partnerships accelerate the spread of local improvements through local, regional and national learning sessions, and support for redesign, innovation, measurement and evaluation.

www.jitscotland.org.uk
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