NHS Education for Scotland

Transcript of 'Faith, spiritual care & mourning rituals' (NES Bereavement Webinar, 2021) video.

Chair: Dr Graham Whyte, Associate Postgraduate Dean for Grief & Bereavement, NHS Education for Scotland.

Speakers:

- Linda Dunbar, Practice Educator (Spiritual Care and Chaplaincy), NHS Education for Scotland.
- Lindsay Anderson, Community Mental Health Chaplain, NHS Lothian.
- Support: Philip Smith, Senior Officer, NHS Education for Scotland.

Graham Whyte (GW): Good evening, everybody. Welcome to the 11th Bereavement Webinar in the NES Bereavement Series. We're delighted this evening to have two speakers, Linda Dunbar, who is Practice Educator at NHS Education for Scotland and Lindsay Anderson, Community Mental Health Chaplain with NHS Lothian. Tonight's session is entitled Faith, Spiritual Care and Mourning Rituals. We've had almost 150 people register for this evening's session, so the interest has obviously been good for this. Just to give you a bit of an outline of how tonight's session will work.

We'll be looking for a presentation of roughly 40 to 45 minutes and then that will allow us about 15 minutes for questions at the end. Incorporated into today's presentation, we're going to have a few polls, just to keep you active. So, to start off and just to get used to the Slido polls, I'm going to hand you over to Phil who will start that off.

Phillip Smith (PS): Hello, everyone. This is Phil Smith on the Bereavement Team. As you can see in the welcome message you got in chat and the blue screen that has just appeared, we have Slido polls. I see some of you are used to them, you've given answers already, which is brilliant. We are getting plenty of results so far. Plenty of people from Grampian, Lothian, Glasgow. That's brilliant. I'll give people a little more time just to get used to the system. If you visit slido.com on your phone or your browser, enter that six-digit code and visit the polls tab at the top, you'll be able to answer this question you see on the screen now and all the subsequent questions. We've got a good mix from Scotland and some from further afield, as well. That's fantastic. So, I will try moving us on to the second poll. This one asks: what kind of work are people involved in? If you'd just like to give a brief description of what organisation or sector, what type of work you're coming from today.

We are seeing a good mix of different roles. Chaplaincy, critical care, palliative care - quite a few people. Obviously, some voluntary people from church, that's an excellent mix. Celebrant training to be end of life doula. That's great. We've had 50 people respond, so I will try taking us on to the final poll before we introduce our speakers. This one, if you could just give us a brief idea of what you are hoping for today. What kind of learning you're hoping to get out of today's session? This is free text, so you can describe it however you like. Better understanding, building confidence, better understanding of diversity. Scintillation.

Deepening existing understanding. That's brilliant. Certainly, understanding is the most common answer we're seeing there. Fantastic. OK, Graham, I think I will hand back to you to introduce our speakers.

GW: Thanks, Phil. I think I neglected to introduce myself properly at the beginning. My name's Graham Whyte, I'm one of the Associate Postgraduate Deans with the NHS Education for Scotland Grief and Bereavement Team. I'm also a Consultant in Palliative Medicine at the Marie Curie Hospice in Glasgow. We are delighted to welcome our two speakers for this evening.

Firstly, Linda Dunbar. Linda was born and bred in Leith; I'm told it's important to say that's not Edinburgh. She's had a broad career, starting off as a Quality Control Chemist in a whisky distillery and then moved into a parish ministry from there. She tells us that a local newspaper came up with a witty headline when that happened that Linda swaps one spirit for another. For the past two and a half years, she's been working as a Practice Educator for Spiritual Care and Chaplaincy in NHS Education for Scotland. She also does some part-time chaplaincy for NHS Lothian as the Staff Support Chaplain.

Our other speaker is Lindsay Anderson, who trained and practised as a nurse and midwife before taking time out to raise a family and has since returned to university and studied theology and trained as an Interfaith Minister. She's come full circle back into the NHS and is currently a Community Health Chaplain in NHS Lothian. I'm delighted to have you here. I'll hand over to Linda and Lindsay for this evening's session.

Linda Dunbar (LD): Thanks very much, Graham, for that introduction and thanks everybody who is tuned in here for this webinar. It was great seeing all the different roles that people had because that just emphasises the fact that spiritual care is not just the provenance of chaplains or ministers but actually everybody who is involved in any kind of human-to-human contact with folk, cares for people's souls and people's spirits. It was about 12 years ago that the NHS in Scotland and the government in Scotland embraced a huge shift away in terms of understanding of hospital chaplaincy.

And that was when hospital chaplaincy departments moved away from a model of providing religious care, where, almost exclusively, all chaplains were appointed by a faith body, and they moved instead to a model of spiritual care. And that's the model we still work with in Scotland. It's different to the model in England, which is still predominantly religious care. In Scotland, we do spiritual care, and all employed chaplains are generic chaplains.

They might come from a particular faith background or belief path, but they offer generic spiritual care and they will attend to people of all faiths and none, as far as they can within their own conscience or their own faith body's rules and regulations.

If they then cannot meet a person's need, they will broker and get a person in who can meet those needs.

So, they will see that the person is attended to fully to the best of their ability. That offering of a person-centred model of spiritual care, which meets patients and families and staff where they are at and meets their needs as they themselves perceive them is spiritual care in the broadest sense of the word. That was quite a profound shift in mindset and understanding, that people's spiritual needs were not necessarily being met just by institutional faith leaders and it was a move towards an understanding that spiritual needs were complex, they were multifaceted, and they were very often individual and can't be readily codified.

And what's true about spiritual needs in general, is every bit as true for spiritual needs around death and dying and bereavement. The needs that you will encounter in all of your work are complex, they will be multifaceted, they will often be individual and very often you can't easily codify them. So, in other words, coming to a webinar on this topic, you are coming to explore something that is very complex and something for which there are no easy answers.

Lindsay Anderson (LA): Thanks, Linda. For over 80 years, it's been recognised that the well-being of every individual involves much more than simply making sure that their physical illnesses are attended to. In 1948, the World Health Organisation said, "Health is not just the absence of disease. It is a state of physical, psychological, social and spiritual well-being." Spiritual care is a key component of well-being. It's not just an add-on and it's not just touchy-feely thing for those on the margins. It's one of the four colours of human well-being.

One of the key liminal times in everyone's life, it's when spiritual needs can be to the fore, are times of death and dying. It's what's called a thin time, where people might ask questions, they might do lots of soul-searching and are acutely conscious of otherness, the other or something bigger, something more than them. It's a time of sacred space. Dying, as we know, is a part of living, it's a part of everyone's life journey.

LD: When Lindsay and I reflected on this webinar, we started off thinking we can tell you about particular faith paths, their rituals, their practices at the times of death.

The more we thought about it, the more we thought it wasn't really appropriate just to give you simple information that almost puts everybody into a box. If you're a Christian you would have this kind of ritual at death, if you were Muslim, you would have this kind of ritual. So, we departed from that in this webinar. We're not saying that that information is not important because there are some very, very good resources out there and we're going to highlight some of them, and you'll get links to these in the emails that come out following the webinar.

The Spiritual Care Department of NES has produced two major rewrites of resources this year, just in the last couple of months. I would suggest to you that these are your best printed resources for basic information on different faith and belief paths and what followers would want around the time of death. They don't just cover death. They cover the birth, they cover modesty and dress, they cover all kinds of things.

I would say these are the two resources that are your go-to resources. The first one is a booklet called Spiritual Care Matters. This actually looks at the broader picture and looks at why is spiritual care of people so important and so fundamental to well-being, with a particular view to spiritual care within the NHS. It offers a comment on the context of offering spiritual care, of skills that might be needed, of attitudes that are important for giving good spiritual care. It references frameworks and guidelines, which already contribute to spiritual care awareness and practice, and it highlights examples of good practice which are already happening throughout the country and indicates areas of core knowledge and practice and awareness that would benefit all staff in their care for patients and relatives. That's more of a text-based background document. The other one that's just been revised is Spiritual Care - A Multifaith Resource for Healthcare Staff.

This is a key resource which offers guidance on many of the key elements of different faith paths. The book covers many - but certainly not all - faith and belief paths. You'll see here, from this page in the booklet, what topics are covered. Within each faith path section, a number of areas are covered. You'll see religious practices, birth customs, ideas of modesty and dress, diet and also death customs. When I did some chaplaincy in Lothian, I was aware of a Staff Nurse on a stroke ward and whenever she knew

the faith or belief path of a patient, she would go to this booklet and print off the relevant section and then just put that information in the patient's notes so that everybody attending to them could access this and could have a basic idea of what might be appropriate in working with that individual.

Here's an example of a page from that booklet. I appreciate this is quite small print, so you won't see it. I'm just going to highlight some of the stuff from the box in the darker grey, the death customs. Forgive me if I put my head down and read from this. This says, "A dying Muslim will wish to lie on their right side, facing Mecca. Familiar people can give comfort by reading to the patient versus from the Koran. Where possible, a dying person will repeat a declaration of faith as their last utterance. It's an important religious duty to visit the sick and dying, so a large number of visitors may arrive at all hours. It is customary among Pakistanis and Arabs to express their emotions freely when a relative dies. Whenever possible, you should give them privacy to do so whilst explaining the need to avoid disturbing other patients by their mourning.

It is usual for the next-of-kin to want to ritually wash and wrap the body in a white shroud before burial. If there are no relatives available to do this, staff should wear gloves when washing the body, the eyes should be closed, and the lower jaw gently bound with cloth to the top of the head. The deceased is laid out with their arms placed straight down the side of the body. In Islam, the body must be buried as quickly as possible, preferably within 24 hours. Cremation is forbidden. A post-mortem must be avoided if legally possible, as this is not allowed and causes considerable distress. Organs should all be buried with the body." That gives you a sense of the kind of information that is available in this booklet. It is available to download and the link to that resource will be sent out to you after this webinar.

Lindsay Anderson (LA): Linda's given an idea of good, printed resources but the best interactive resources will be your local Spiritual Care Teams. They have specialist knowledge and contacts with faith leaders locally. They also have time to find additional resources and they have experience of just sitting with people in a person-centred way to find out what works best for them. I would also say that they also are good at finding ways to help staff meet the spiritual needs of the patients that they're caring for.

Collaborating with Spiritual Care to help in meeting people's spiritual needs and they can supplement the information which is available in the printed resources.

Spiritual Care Teams offer specialist care which recognises and responds to basic human needs and core beliefs when faced with trauma, ill-health or sadness, and can include the need for meaning making, or self-worth, to express oneself honestly for a particular faith or belief group support. Perhaps for rites or prayer or sacraments, or simply just for a sensitive listener. I think it's important to highlight to just not to contact them simply at the end of life. Use the Spiritual Care Team as a real resource throughout the period that you're looking after people. Use them for anything, no questions are silly. And from experience, when you're called upon as a Chaplain by staff, very often it's preceded by an apology. The number of times, copious assurance that it's never a nuisance to call and we're here to be accessed to give help and assurance. Even out of hours, the on-call Chaplains can give advice over the phone, so we are always available.

Spiritual care begins with compassion in all of our human contacts, especially in healthcare. It moves in whatever direction the patient's needs requires. We are all spiritual caregivers; we all have a role to play in meeting people's spiritual needs. Death is not just a medical process, for many people it's a profoundly spiritual process, as well. It would have been great to be able to say here's the books that contain all the answers but life, as we all know, and spirituality, is not that simple. Quite simply, people don't just fit into nice, neat boxes and neither do their beliefs. Because of that, we thought it would be

more useful to speak about how to have a good approach to people's spiritual needs. Ask questions, listen, be open, don't presume and don't put people into boxes. If beliefs and people are complicated, then so are statistics and perceptions about beliefs. Here's a question for you: What was the largest faith and belief group identified in the 2011 census in Scotland? It's a while ago and it will be interesting to see what people come up with. I think everybody has been doing their homework before this session. I'm just going to cut in there and move on.

The largest group actually said they had no religion and that was 37%-32% claimed membership of the Church of Scotland in the 2011 census. You have to ask the question about what percentage were actual members. This is where we get into specifics. Even trying to understand what people are meaning by saying they are from a particular faith path is not straightforward. Another question in the 2011 census. 32%, and that was 1. 7 million people, said that they belonged to the Church of Scotland, but what the percentage of people are actually signed up members?

LD: I think people are actually quite good at that. The actual answer is 8%. There were 432,000 signed up members, not the 1.7 million who said in the census. So, as Lindsay says, just because a person says a thing, you have to figure what does that mean when they say they belong, and they are members.

LA: Last question for this section. What currently is the fastest growing faith/belief group in Scotland? To put it another way, there are some faith/belief groups that have large numbers of members but are declining rapidly. Others have relatively small numbers but are growing quickly.

With this in mind, what is the fastest growing faith/belief group in Scotland? It's neo-paganism. Which encompasses beliefs such as paganism, eco-spirituality, things such as forest church, Wicca witchcraft, where people seek a connection to a higher power or source within the natural world. It has a small number of people but it's growing at an exponentially faster rate than any other faith group at present.

LD: I think the figures for neopaganism in the last decade was a growth of 1,500% increase. It gives you a flavour for just the notion that spirituality and spiritual beliefs are complex. Even if people tie themselves down to a particular denomination or faith and belief path, even within that, there are multiple different branches, denominations, schools, sects, traditions. Church of Scotland, Christianity, Free Church, Episcopalian, Baptist. When you are dealing with somebody's spiritual needs, as we said in an earlier section, it's complicated and there's no such thing as a neat box to put people in, they are very bespoke.

People's spirituality, even when they are members of a particular faith path or a denomination of a Christian church, they will still have bespoke ways that they express their spirituality. There will still be things that somebody in the group wants and somebody else in the group would not want. That just emphasises the huge need to be person-centred whenever you are dealing with someone and attending to their spiritual needs.

You cannot just presume that you know the answer. You have to speak to them and listen to them and find out what are their particular needs. Many people have values and beliefs, but they do not find it easy to say exactly where they belong. They are no longer convinced by the religious absolutes of childhood, and they hanker for something, a working belief, with which to engage life. Just thinking back to that last poll where the top-ranking answer in that poll was humanism. I think, often, if you find that people feel they don't belong in any particular mainstream church and they don't even feel that there may be a God and they might describe themselves as humanist, some people may say "I'm a humanist, I like humanist values." It's going to come through as more of a theme in this webinar, once you start talking to people and exploring things, you find that they may have a connection to something else, such as the trees outside or the sand and swimming in the sea, so there are other ways

of expressing it. Again, it's difficult to put people in these boxes. As you work with a person and attend to their spiritual needs, be really mindful that just as they are an individual, their beliefs, their practices, will not necessarily fit into a box. It's really important to see them, not a faith or belief label with an off-the-shelf response, see them as a person who has an individual understanding of the world. If things weren't complicated enough, when it comes to death, dying and mourning rituals, there is an awful lot of factors which come into play. Using the chat box, I just wonder if people could come up with some of the other factors that they think, or they've experienced, impact upon how a person approaches their death, how a family reacts to a loved one dying and to how people might behave in mourning. How a funeral happens, perhaps. What factors play into or influence the death and mourning customs and the actions that surround that of people? It would be interesting to see everybody's thoughts on that. I think there is lots of common themes coming through there and they're all really important things that play into people's experience of dying, whether you're the person who's dying or the family surrounding that person. But there are some important things that have come up there. Previous experience of death and dying, people that may have been close to them who have died.

The nature of whether it's sudden-death or not. Certainly, financial status plays into it largely. There are other factors, such as sexuality. They may be out, or they may not be out. There might be a hidden sexuality, is also something worth bearing in mind. And certainly, for people who have a family who's religious, they may be fearful of their feelings and thoughts about that and certainly that's something worth considering in how people's spiritual needs are met around dying in that circumstance. I think everything there, really, is a good coverage of pretty much everything else that plagues the dying. So, faith and belief, the place where they die, hidden information - things that might be hidden from others who are around them at the time. Cause of death. That's something, I suppose, we're all mindful of is some things that people may be dying from and whether others know about it or not.

So, how do you discover what people's spiritual needs and wishes are? It's important to ask, to really ask very straightforward questions, open questions. What is important for you? What do you want to happen? What do you not want to happen? Does anything worry you? Is there a faith leader you would like to see? So, just really being quite frank and honest in your questioning and ultimately asking, what will work best for you?

So, always keeping the person at the centre, trying to understand their particular spiritual needs, how they understand their own spirituality. Listen to their story, don't presume and don't impose. Just a recent anecdotal tale. I was called recently for some advice by somebody about a patient who was dying.

And a few phone calls later, trying to work out what would be best for the person and the nurse going back-and-forth to the family, I got a final phone call to say that they were going to bring the dog in because that's what meant most to the person who was dying. I was just really touched by how meaningful that was to those people and it really did meet their spiritual needs. And I think in that conversation they had come to the decision that they didn't need someone to come along and say words that maybe they didn't believe in or didn't want, what meant most of them was to have the contact with their dog.

So, I think that, to me, is a good lesson in listening to the story of what's going on in that situation.

LD: Just coming up towards the end of our presentation now. Some of you will be familiar with Values Based Reflective Practice and one of the tools of that, the 3 Levels of Seeing Tools, is a useful mechanism to start having these, what can be very challenging, conversations. 3 Levels of Seeing Tools goes deeper and deeper into a conversation by asking three simple questions. One is, I notice... So,

something that you actually see, or you might hear. The second question is, I wonder... And the third question is, I understand...

Using these, you can dig down deep in a very non-judgemental, non-demanding manner. So, if you were attending to a patient or a family, you might say, "I notice you said you loved your dog." "I notice you have a picture of the mountains." "I notice your rosary beads are with you." "I notice how important prayer is for you." So, you're just making a factual statement. That can then be followed up with a second level of saying, I wonder... "I wonder how worried you are about that." Or "I wonder how important the mountains are for you." "I notice you have your rosary beads; I wonder if you would like to see a priest." "I notice how important prayer is for you, I wonder if it's quiet enough for you in this room." And then the last level of seeing in VBRP is realising. In a VBRP session, it would be for the person to do the realising not the person asking the questions but, in this situation, there are things that you, as a caregiver, can then realise. So, if out of that conversation you find out that the person is scared because they don't understand what's going on, you might realise that you can explain things differently or better. You might realise how important their faith is. You might realise that there are things you can do to make the room quiet and peaceable during their prayer time.

So that 3 Levels of Seeing Tool: I notice, I wonder, I realise... might be a useful way of engaging people in conversations that are nonthreatening but are very person-centred to find out what the important things are for them.

LA: So, just to round up and as a reminder, please use your Spiritual Care Team, just as you would use specialists.

If you have somebody who's got a wound that is not healing properly or somebody who is not eating properly, you would call in a specialist wound nurse or a dietician. Call in your Spiritual Care Team for help to discuss spiritual care or spiritual nourishment. Ask the patient and family if they would like to speak to someone from spiritual care. Stressing the team offer spiritual care, that they don't push any push any particular faith or religion and that they work with people of all belief/faith paths and none. Even if a patient doesn't want to see a chaplain, you can still get in touch and ask advice for yourself. We can find resources, contact local faith leaders on your behalf.

We've got Bibles, copies of the Koran, we've even got recorded prayers being spoken for Christianity, for Islam. We've got chants for Buddhism. Music, meditations, and we could go on. Most departments gather a lot of resources and are only too happy to listen to what would help you in your job. Really, to round it all up, I'd just like to say namaste. Spiritual care is all about namaste. The divine in me sees and honours the divine in you and that's a good place to work together and work together to provide patient-centred care in meeting people's spiritual needs.

GW: Thank you very much, Linda and Lindsay. That was a very helpful overview of the complex world of spiritual care and how we broach that. I echo your thoughts about not making assumptions. I think that's obviously very important. So, we're just going to see now if we had any questions. So, please, I encourage people to put any questions in the questions box. It looks like we do have one just to start us off.

This maybe splits into two sections in relation to spirituality and support during the pandemic. I think people's experiences during the pandemic, perhaps they maybe weren't able to have their normal faith practices or maybe faith leaders attending and perhaps maybe your experiences of the impact of that and what you felt about that.

The second part of that question is more on a practical level, in terms of delays in getting death certificates and things issued. The question was in particular reference to a Muslim family looking to get the body released to the mosque and getting that expedited at a quicker level.

I've certainly had some experience of that in and out-of-hours setting. I just wondered what your response is to those questions. Maybe the impact of the pandemic, Generally, first of all, on the spirituality and then secondly, the practical elements to it.

LD: I think if I can give an answer - and this is a personal answer, it's not wearing my NES hat answer. There's certainly been a lot of reflection on, was it right to withdraw external spiritual care in healthcare settings? The chaplains were still there, they were still going on the wards, they were still sitting with Covid patients.

I certainly sat with Covid patients when they were dying and were a bridge between patients and family members. It was something but it was far from ideal, I would have to say. There is reflection going on about if this ever happened again, would we do it the same way? I would hope that the answer would be not. That there would be a recognition that to withdraw the usual supports of spiritual care was actually almost a cruel thing and how did that attend to patients' humans' rights to exercise their faith. That's a personal opinion but I hope it is dealt with differently. I think for so much of Covid it was all new and people made the best decisions that they thought at the time and hindsight is 20/20 and hopefully hindsight will be applied if we ever go round this again.

I don't know if Lindsay's is wanting to comment on that, as well. I think something I would want to really speak to on that would be part of something that I did a lot of during the initial - I don't quite know where we are in the pandemic, so I don't really want to say where we are but for a lot of the pandemic it has been supporting the needs of family members who really felt they hadn't been able to say goodbye. That people's spiritual needs hadn't been met when their loved ones had been dying.

They were hugely understanding of the constraints that were put on staff who were looking after their loved ones, but this just left them feeling really frustrated that they hadn't been able to express themselves properly to the person who is dying.

Also, in terms of mourning and funerals, they felt that, ritually, there hadn't been a completion in the mourning because a lot of people felt, generally, there hadn't been the ability to properly mourn because of the restrictions that had been placed due to Covid. And that is ongoing work because I think for a lot of people that is very raw subject and I think that's something that will go on for a long time.

LD: Just to say a little bit about death certificates. Chaplains are not generally involved in that process, it would be the Bereavement Team, which sometimes is linked in with the Spiritual Care Team but not the chaplains themselves.

Again, they changed the process very quickly. The process changed from paper copies to email copies and back and forward. I suspect there was a large degree that people were just overwhelmed. I know at one point; I was asked to help sort death certificates. I was redeployed to a hospital and the pile was about 3ft high and that was a month's worth. Just visually seeing the amount that had been issued in that month in one hospital... They're just not normal times. They're not normal times.

GW: I think part of that is sometimes there is not always the understanding of out-of-hours processes and admin. You mentioned before, needing to prepare things in advance and think about what will happen if this person dies on a Saturday morning, at two in the morning, how can we get the certificate issued?

The registrar office, certainly the one in Glasgow, is open on a Saturday morning and a Sunday morning and there's an on-call service but that's not always understood. So, I suppose it goes into a little bit of the planning beforehand just to try and anticipate what might be needed in that context. Similarly, the Death Certification Review Service. In this case, it needed to be reviewed and there is an on-call service for that as well and a process of advance registration if needed.

Moving on, I'm just looking at the next question. What is meant by conscious dying in this context? I don't know if you have an answer for that.

LA: We're both thinking about that one. I would say, it's a term I've not actually come across but I'm just trying to think what that means to me personally and also professionally if someone asked me about conscious dying.

I think it would be being able to meet, as far as I could within the context of where the person is, to meet their spiritual needs. To be fully present with that person to allow them to be able to tell me what is important to them. I suppose just to be able to feel and touch things and just really be conscious of it. I'm not saying that's the right answer but, for me, that's what comes into my head anyway and into my heart actually, I think. That would be my answer. I don't know about you, Linda.

LD: I would define it as being honest about... My family is from up North and I think geography is a thing that changes how people respond to death. Much more open, much more almost brutally open up there. And you talk about dying, you talk about what you want, you have an open coffin, children go in and see the person who's died and all the rest of it. Working with people from that geography, that culture, and talking to them when we know they are dying, and they have the conversations about, "I feel this. I'm not scared to do this, this is happening." I know of one person who I journeyed with as they were dying and probably about two hours before they died said, "Well, I've had a good life," and that was probably the last words they said.

So, they consciously knew that they were dying, they were able to talk about it as they wanted, and they didn't have people saying "Just have a wee sip of water. Just have a sleep. It's OK, everything is going to be OK," when it's not - they are dying. So, it's being honest with them to the degree that they want you to be honest. Not everybody will want that conversation, I totally get that, but it's just journeying with them and being person-centred with them, where they are at.

GW: OK, thank you for that. I've got a slightly different question here. It says when touch is permitted, what part do you think that plays in spiritual care?

LD: I would say huge but, again, if that's what that person wants. Not everybody wants that.

LA: It has to be OK. I think it really indicates presence.

LD: I was going to say, not just handholding. Touch can come through having a priest in to anoint someone. Touch can come through people laying hands on and praying with someone. So, there's an awful lot that means touch. Letting them hold their Bible that their grandfather gave them. So, there's lots of different ways of doing touch. But, again, it has to be on what they want and not imposed. Just because it makes the chaplain feel better, that would be inappropriate, that would be an abuse of power.

GW: OK, thank you. We've got a question here in relation to the death of a newborn or a stillbirth and just talking about whether we should be addressing mothers or parents in the same way that you mentioned today, or is there anything specific from a spiritual care point of view in those contexts?

LD: I'll let Lindsay answer that with her midwifery chaplaincy experience.

LA: Well, I think, for me certainly, it's honesty again. It comes back to honesty and having an honest conversation. Just being quite upfront about the baby, the newborn, what's the baby's name? Just really acknowledging what's happened or what is happening, and just what can I do for you? What do you believe? What's meaningful for you for this baby? I tend to approach it, regardless of what age... I just always approach it the same way, just regardless, just asking people what they want. I think, sometimes allowing people options.

People will sometimes think they want one thing. So, they might want a baby blessing, they might want a religious baby blessing, but they also might want a nonreligious baby blessing and you go to speak to people, and I think it's always important to allow some spaciousness or time to allow people to think about what that means to them. Sometimes, when you do go back, they say actually we don't want that. That's not really what I want. I think, to allow people to say no to it, as well. It's giving people options of what you can do for them and also, I think spiritual care plays a huge part in affirming the presence of the baby. That that baby has been a part of their life and it's important and it's important to remember and acknowledge that that baby is part of their life. So, I think that's important in spiritual care, as well.

GW: Thank you. The next question relates more to service provision. They're asking do all NHS regions have Community Chaplaincy or a chaplain in the community compared to hospital teams?

LA: I think the majority of health boards, I'm not sure every health board but certainly a lot of health boards have Community Mental Health Chaplains. So, not just Community Chaplains. Certainly, in my role, I work with Community Mental Health teams. So, people who are accessing mental health services in the community will refer people to me or psychiatric hospitals will refer people who've accessed mental health services There to the Community Health Chaplains. So, it's a mental health Chaplain service. So, I'm not sure there are actually Community Chaplains.

LD: I'm not sure if any of them are existing and I think that's to do with capacity. What there is, is Community Chaplaincy Listening Service. Which is a growing service throughout Scotland that, by and large, works with trained volunteer listeners and the majority work out of GP practices and they provide a listening service.

It tends to be a 50-minute appointment and that gets referred in by the GP and that has a very good uptake and it's got very good outcomes as well. In terms of people getting very quick access to a service, getting the space to tell their story and be heard and then needing less GP appointments, needing less medication. Community Chaplaincy Listening is something that is growing Scotland-wide.

GW: Thank you for that. I think we've got time for one final question. A nice easy one for you. With the development of chaplaincy in healthcare in Scotland over the last decade, what do you see in that progress of the role of the chaplain in the next ten years?

LD: So, how do you see things going from here? I've got a bit of a bee in my bonnet just now about the Feeley Report on Adult Social Care and its emphasis on human rights. And I think that might be a place where chaplaincy has an important role to play in terms of people's human rights, in terms of faith and belief.

So, I think that might be a big development.

LA: Just quickly, I would like to put in that I would just like chaplaincy to be recognised, that we are not a therapy, we are a bit different. We can add something extra into the way people are cared for. We are part of a multidisciplinary team. Quite often, we're looked upon as counsellors. We're not counsellors, we are not psychologists and we come from a different angle. So, I'd just like to see a bit more of recognition for that. Just for people to remember our door is open and we're always at the end of the phone if you need us. A good advert hopefully!

GW: Absolutely. So, I think that has come to the end of the session. Thank you very much. Lots of very useful advice and tips there on what is a complex area. Like you say, spiritual care is everybody's business. That's really helpful, the session this evening. A big thank you to Linda and Lindsay and we will be putting a copy of the slides on the Support Around Death website, along with a recording of this session. The questions will be anonymised so that nobody is identified from that point of view.

Please complete the feedback if you get the chance and any other suggestions for future webinars would be really helpful. We'll also send on the links to some of the resources that were mentioned today.

Thank you, very much and good evening.

LD: Thank you.

The film was produced in July 2021 and can be found at www.sad.scot.nhs.uk or https://vimeo.com/593394725

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk