

Spiritual care provision in Community Contexts

Listening as an act of spiritual care

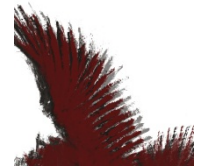
In the next 40 minutes....

- Think about what we have heard so far at the conference and how this links to listening and talking
- Hear about Community Chaplaincy Listening as a specific spiritual care practice in the community – introduce Blether
- Consider some of the emergent issues for this new service and for spiritual care service generally

Some introductions..

- Suzanne Bunniss
- Harriet Mowat
- CCL Chaplain listeners

Fire.Cloud



**MY DAD
SKYPE AND
DESPAIR**



The conference story so far....

What does person centred
actually mean?

What *is* a mutually beneficial
partnership

Making
time

Dignity

Broken-
ness

entrustment

transformational
relationships

Choice
and
control

Sitting
down and
listening

story

Hopefulness

Daphne
and Apollo

Community
creates
health

“professional
boundaries”

The nature
of
evidence

Organisation of
society affects
health

Connectedness
promotes
health

Chaplains:
we are the
people!

Communication :
listening and
talking

Planning end of
life care in the
community

KEY Theme?

Listening

Why listen?

- Listening is a core social activity
- Listening is a healthcare service objective
- Listening as a political imperative
- Listening as theological and values based practice
- The link between listening and well being
- Listening elicits story and narrative

When was the last time you
were really listened to?

Pause for thought....



your story. **your** time. **your** wellbeing.

The NHS Context

- **Changing agenda** for GPs: the public health imperative has changed the contract with GPs
- Tension between **patient led rhetoric and practicalities** of delivering public health service.
- The population **prevalence of depression** and anxiety is 8-12%
- **Wellbeing influenced by complex mix** of social, emotional and economic factors.
- increasing **interest in narrative based medicine and story telling** as therapy
- Patients go to **GPs** to talk things through but **time** is limited
- **listening service** can contribute to **supporting patients, GPs and community staff**



Community Chaplaincy Listening

A complex intervention

The story so far; building an intervention



- **Pre CCL**
 - in Western Isles, Highland and Tayside.
- **CCL1 Qualitative study Findings:**
 - patients, GPs and Chaplains like it
 - Patients make subsequent positive changes in their lives.
 - Has the potential to reduce pressure on GPs and on prescriptions

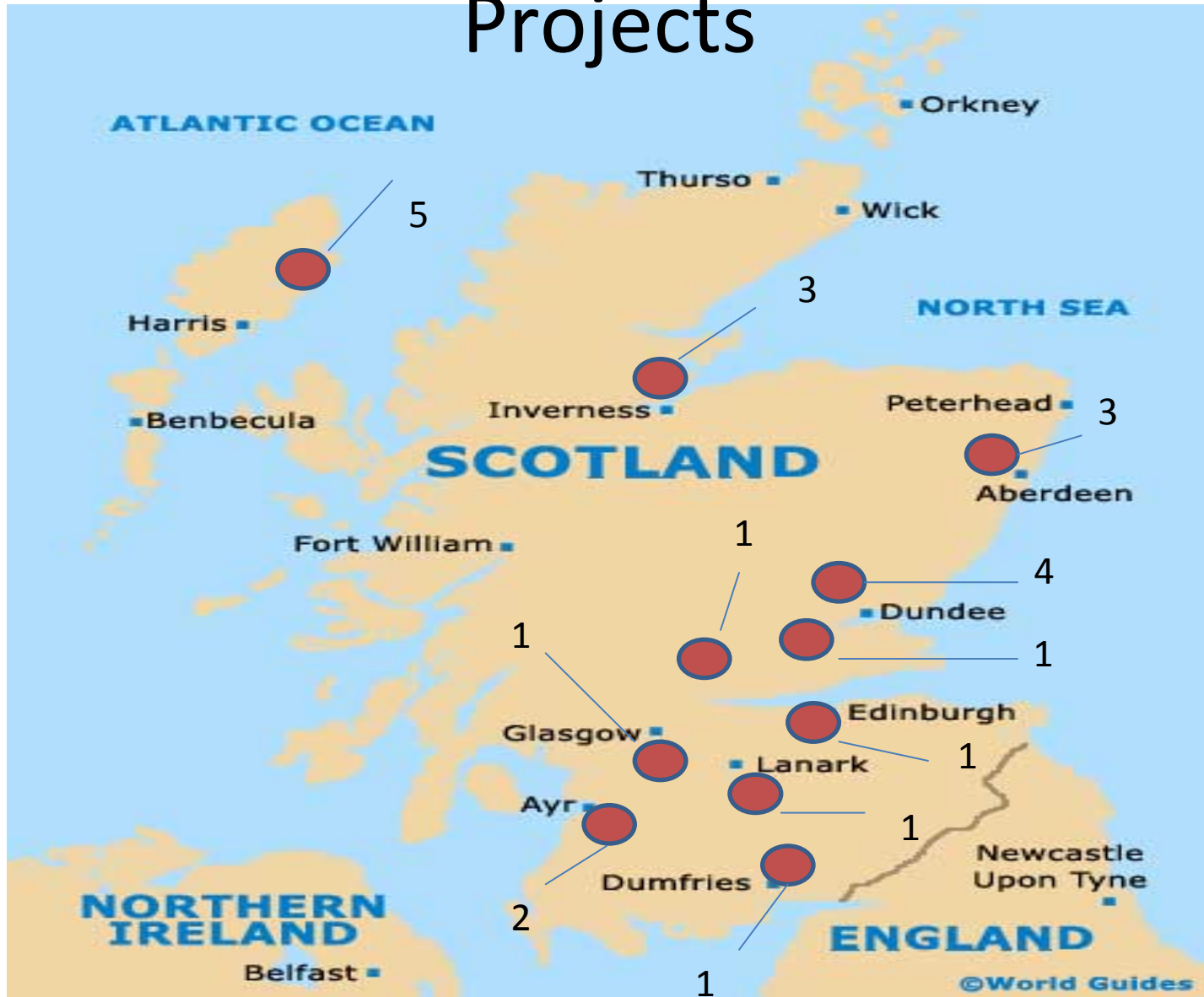
CCL2 : the intervention

- NHS Chaplains in General Practice surgeries
- Patients referred to listening service by GPs
- Patients seen for 50 mins each session by Chaplains: average number of sessions 2
- Patients tell story and work through their concerns
- Chaplain provides active listening, and guided support based on their training as spiritual listeners.

11 NHS Boards involved in Community Listening Projects



23 GP Practices involved in Listening Projects



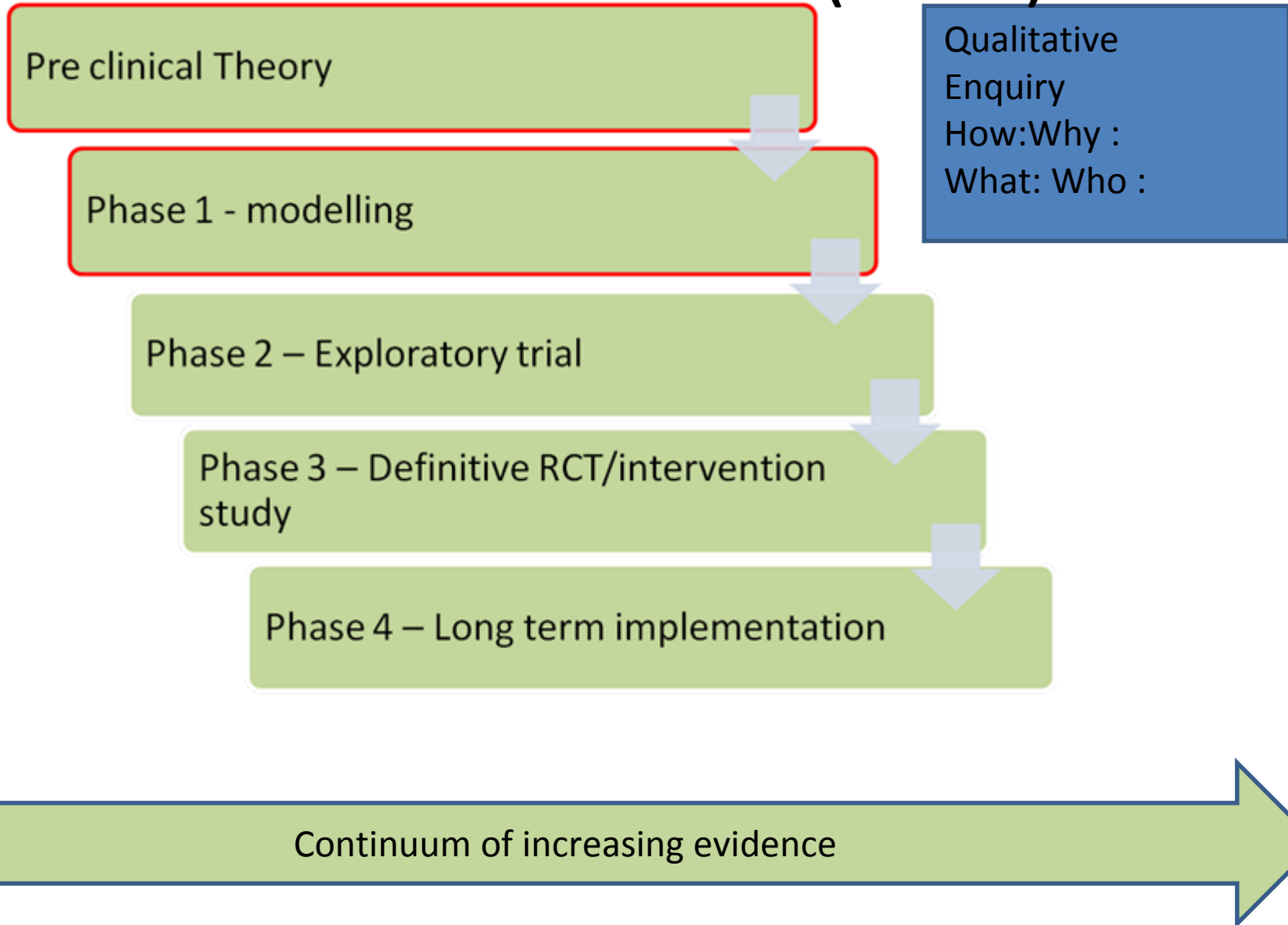
The Research:

Building the evidence for a complex intervention

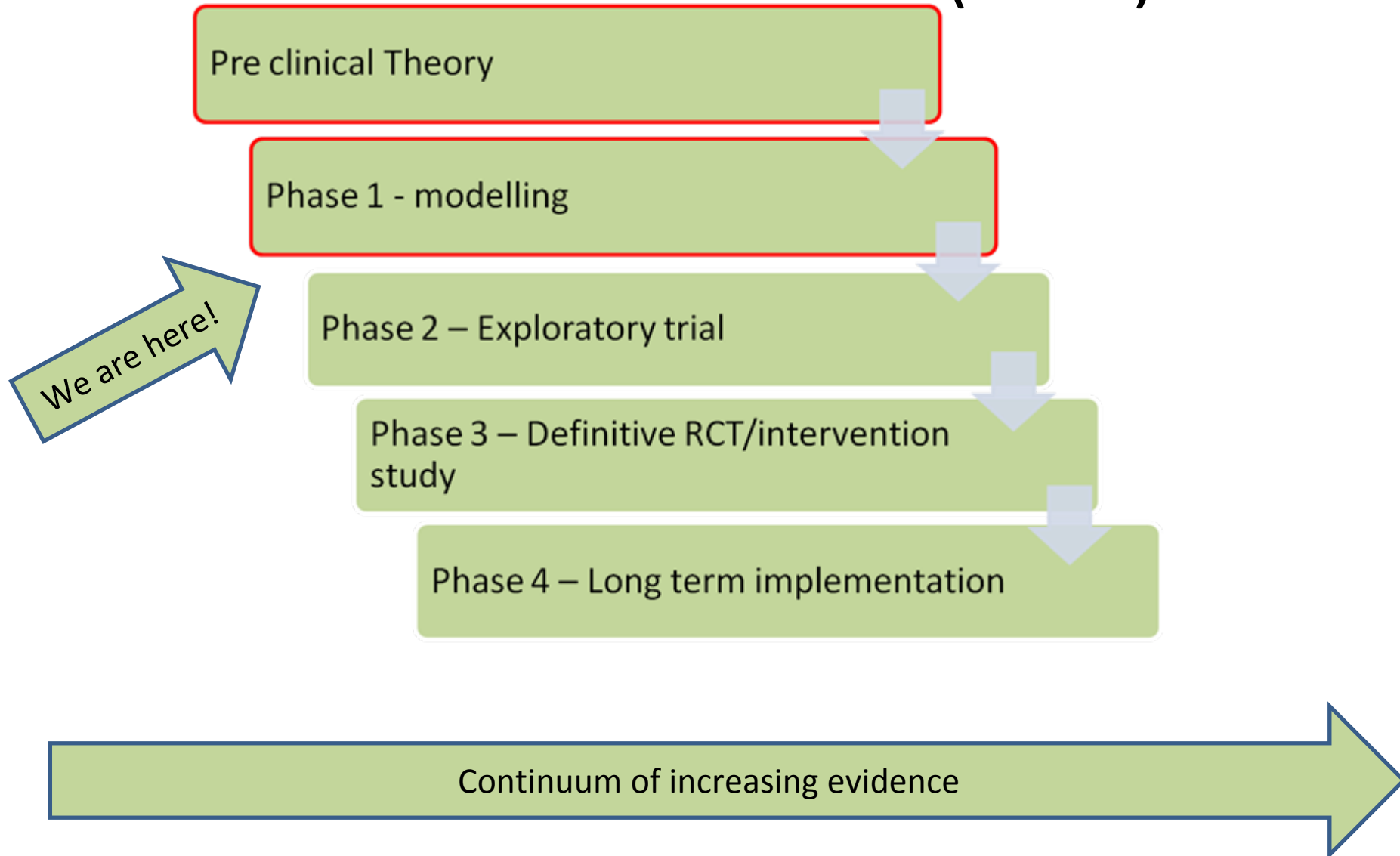
- **Exploration of the theory and practice of CCL**
- **Action Research Framework:** Findings shared and fed back into developing model.
- **Link to PROMS (patient reported outcome measures):** provides detailed data of the intervention, its process and outcomes

Complex interventions

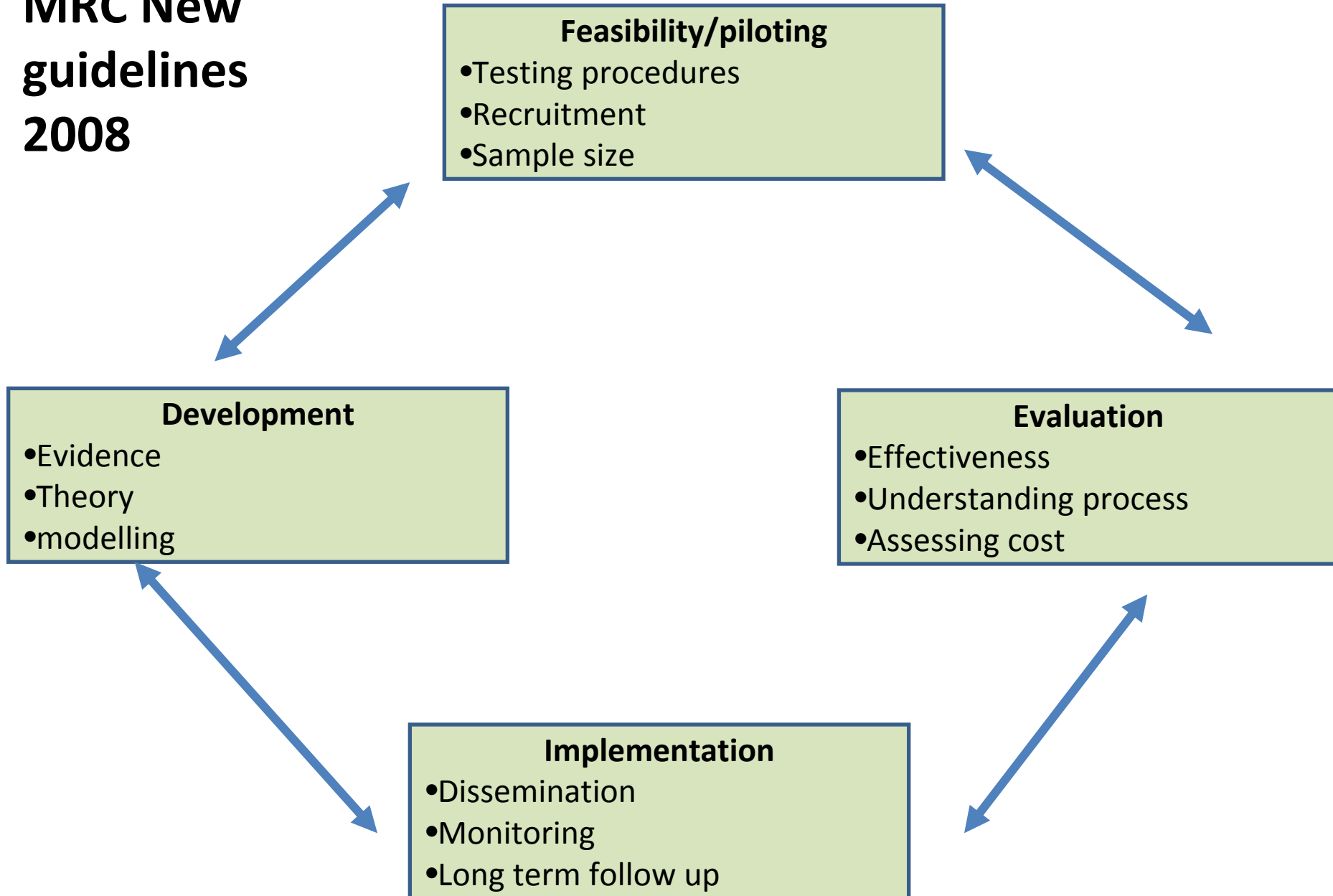
Framework from MRC (2000)



Complex interventions Framework from MRC (2000)



MRC New guidelines 2008



Current CCL2 patient issues based on interviews with chaplains

- Loss
- Bereavement
- Life style issues
- Ageing
- Work related stress
- Relationship issues
- Family issues
- Loss of meaning and purpose
- Anxiety
- Life limiting illness
- adjustment

Steps in building the evidence

- Interviews with Chaplains
- Interviews with patients
- Interviews with GPs and other referrers
- Return on investment analysis
- Feedback
- Move to Phase 3

Key themes

Practical

- Referral system
- Discharge
- Working with the MDT
- PR and marketing
- Volunteers
- Training
- Constraints/limits of time and number of sessions

Philosophical /process

- The model of listening
- Treatment accompanier
- Home visits
- Follow up
- Spin off specialist listening

Issues for chaplains

- The nature of the professionalisation of chaplaincy – a new model of professionalisation
- What is spiritual about the listening?
- The training of volunteers? Who can do this?
- Selling the idea : P R and marketing
- Providing evidence: what is evidence?

Key challenges for chaplains

- Identification of the constants – **reliability**
- Why *spiritual* listening - **validity**
- Capacity – **trustworthiness**
- Rolling it out - **Generalisability**
- PR and marketing - **dissemination**

In Sum



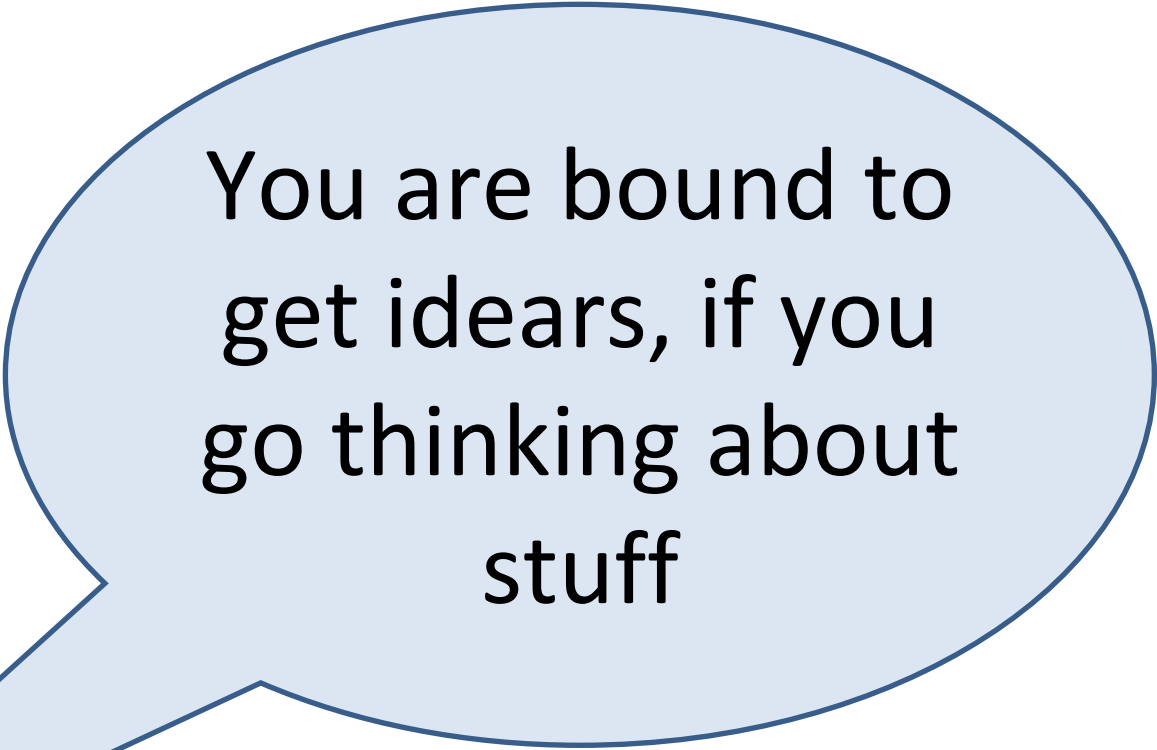
- Looking very positive
- Potential for supporting patients and GPs
- Opportunities for spinoffs and “specialised” listening
- Capacity to deliver within the health care chaplaincy via training
- Supports move towards community health care
- Supports genuine patient centred care
- Provides a commentary for organisational change ; new ways of doing things

Figurin'

The Joad Family

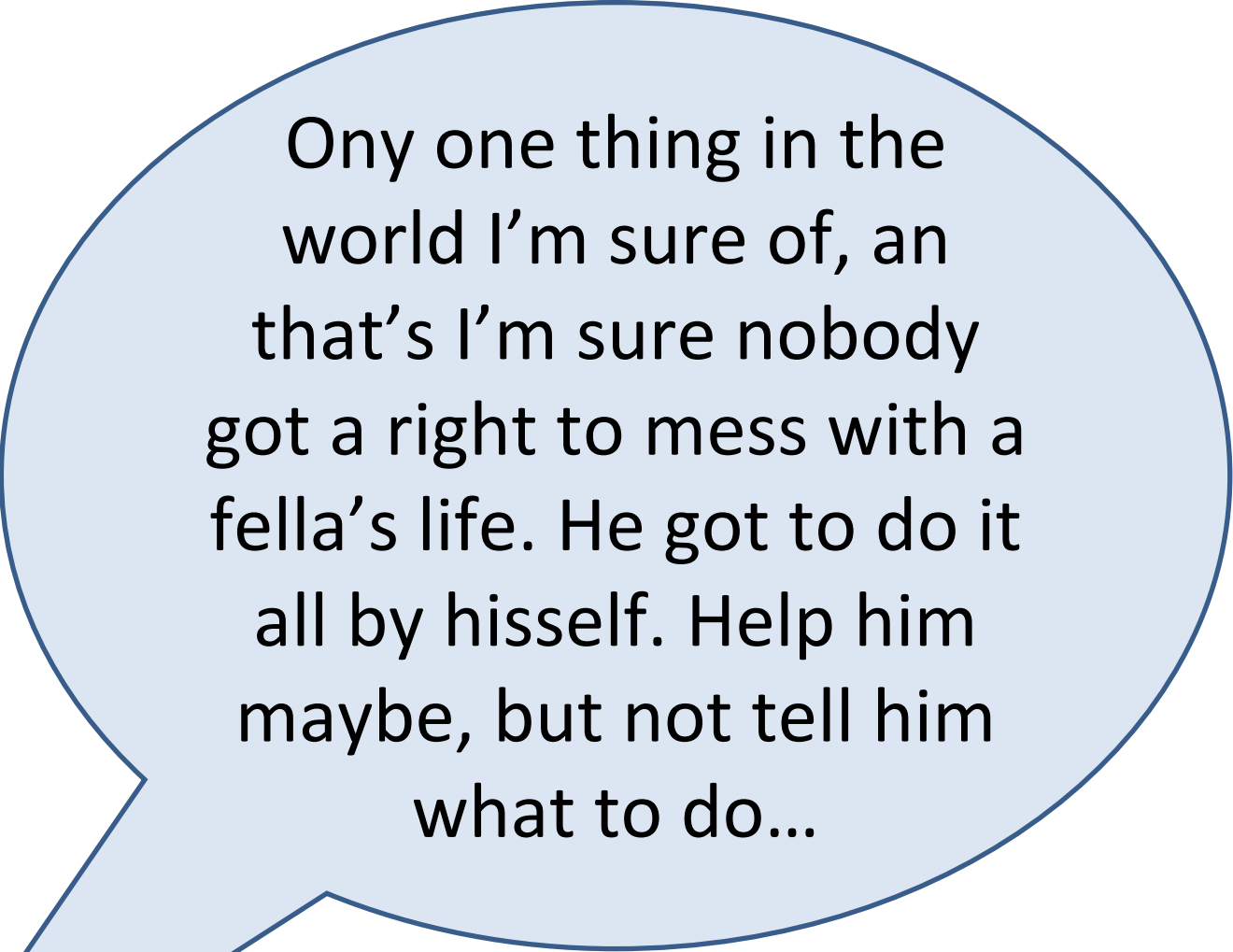
Grapes of Wrath

J Steinbeck



You are bound to
get idears, if you
go thinking about
stuff

Reflection leads to
change!



Ony one thing in the world I'm sure of, an that's I'm sure nobody got a right to mess with a fella's life. He got to do it all by hisself. Help him maybe, but not tell him what to do...

Maybe I oughtn to a talked like that-
fella should maybe keep stuff like that in
his head?

Yes you should talk- sometimes a sad
man can talk the sadness rightout of his
mouth....

p55

Talking and listening



Aspirational hopes for the future?

A CCL in every surgery!
(with apologies to Bill Gates)



your story. **your** time. **your** wellbeing.