



RESPONSE TO THE CONSULTATION ON THE NATIONAL CARE SERVICE

Introduction

Faith in Older People (FiOP) is a Scottish voluntary organisation which aims to develop a stronger understanding of the importance of the spiritual dimension to the wellbeing of older people. We engage with those of faith and none and work with health and social care staff; faith communities; academics; care homes; voluntary sector organisations and individuals.

FiOP also celebrates the contribution made by faith communities to the wellbeing of older people which includes services relating to dementia, mental health, loneliness and isolation, poverty and continuing ministry.

“We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co-production, mutuality and the common good.” (Review of Adult Social Care – introduction from the Chair, Derek Feely)

Key Messages

The underlying principles of the Review of Adult Social Care and proposals for a new National Care Service is that of human rights which is also the basis of the National Health and Social Care Standards for Scotland.

Intrinsic to the Standards and to the emphasis on person-centred and holistic care is a focus on **body, mind, and spirit** (WHO). In line with these principles and the new narrative proposed it is **important that there is more emphasis on the spiritual dimension** to build and sustain the resilience of older people within a care home setting and in the provision of care at home. The definition of spiritual care is that which is used in the National Health Service:

Spiritual care is usually given in a one-to-one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation.

Religious care is given in the context of shared religious beliefs, values, liturgies, and lifestyle of a faith community.

Spiritual Care is not necessarily religious.

Religious Care at its best should always be spiritual.

Spiritual care embraces faith, nature, music, and creativity and is an essential component of the 'what matters to me' approach in the assessment of individuals and their care plans.

"A person's spirituality is not separate from the body, the mind or material reality, for it is their inner life. It is the practice of loving kindness, empathy, and tolerance in daily life. It is a feeling of solidarity with our fellow humans while helping to alleviate their suffering. It brings a sense of peace, harmony, and conviviality with all. It is the essence and significance behind all moral values and virtues such as benevolence, compassion, honesty, sympathy, respect, forgiveness, integrity, loving kindness towards strangers and respect for nature. Spirituality creates and connects these virtues. This is what lies behind moral intuition. It is about knowing and experiencing deep meaning and connection behind apparently random events and processes such as illness and an awareness of human vulnerability". (Spiritual Care Matters, NES 2007)

The importance of spiritual care is increasingly acknowledged in Scottish Government policy which upholds the World Health Organisation's definition 'that health is not just the absence of disease but is a state of physical, psychological, social and **spiritual well-being**

The Covid 19 pandemic emphasised the importance of spiritual care for residents and in supporting the resilience of staff in the face of multiple challenges.

The care home sector supports 36,000 older adults many of whom are experiencing dementia or other health limiting issues (Scottish Care). As stressed by the Scottish Partnership on Palliative Care the majority of these residents have palliative care needs in which spiritual care is important and highlighted in the current Palliative Care Delivery Plan as it is in relation to the care of people experiencing dementia.

Research carried out by Faith in Older People has emphasised that spiritual care is everyone's business but that it is important to understand its impact and to be aware of how it is delivered. Many staff deliver spiritual care without being conscious of doing so but shy away from discussing it as the immediate understanding is that it is only about religion.

We know from the responses to the pandemic that many staff in health and social care benefited from the support provided by the different spiritual care teams in the NHS which also did outreach to social care. Some of these teams had established community listening services. FiOP also provided a listening service and undertook a review of the key issues which were important to staff.

Planning and buying services

FiOP would urge that the structure of standards and processes with its emphasis on a person-centred approach should more overtly include the spiritual dimension as being fundamental to holistic care and that this is clearly demonstrated in quality standards. The Human Rights Convention Article 9 states:

Freedom of thought, conscience, and religion

- Everyone has the right to freedom of thought, conscience, and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.
- Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health, or morals, or for the protection of the rights and freedoms of others.

Implementation of this right should be highlighted in view of the positive impact on the quality of health and social care services and should not be subject to geography or unintentional discrimination by staff who lack awareness of its importance to individuals.

It is **recommended** that the Care Inspectorate should have a focus on assessing the implementation of spiritual care within care settings in line with the Standards.

Education and Training

Whilst there are policy commitments on the inclusion of spiritual care, implementation requires more stimulation. FiOP has undertaken two scoping exercises in collaboration with NHS Education Spiritual Care Unit on the curriculum for nurses, allied health professionals and health and social care staff in universities and FE colleges. The curriculum does not include specific elements on spiritual care but couches the topic in a range of different euphemisms. We would **recommend** that education includes a much stronger focus on spiritual care so that when students begin on the wards or in care homes, they recognise the issues and the language that is used but that this is also reinforced by more senior staff for whom training should also be provided and sustained through CPD.

A benefit to addressing spiritual care in the education programmes is that students should have the opportunity of considering their own spiritual care needs at an early stage so that they build their own coping skills in the face of death, dying and diminishment which they will encounter on a regular basis in their work.

Improving the educational input in all respects both in universities and Further Education Colleges would lead to a more skilled workforce with transferable skills.

Workforce Support

The stress of the pandemic on care home and care at home staff was of considerable concern (Scottish Care 96,000 staff). The need to provide consistent support to staff in a way that it is helpful to them needs to be inherent in the way forward for the new National Care Service.

FiOP undertook a review of the listening service it developed in response to the pandemic which also included other services.

The review of the FiOP Listening and Caring in Confidence Service has highlighted some critically important issues in relation to the effective support of our care home and care at home staff. These issues are reflected in the recently published 'Independent Review of Adult Social Care in Scotland' which underlined the importance of the Commissioning and Procurement systems.

'A key priority for a National Care System should be to establish mandatory parameters within which adult social care is commissioned and procured by Integration Joint Boards, including minimum fair work standards for social care. As part of this, the Scottish Government should review national commissioning and procurement policy and guidance to support the delivery of these mandatory parameters in commissioning and procurement decisions delivered locally by Integration Joint Boards'.

We would wish to **recommend** that all commissioned services should demonstrate the inclusion of an effective staff support system, independent of management, to ensure the resilience of staff and to foster morale.

GENERAL

FiOP supports the need to demonstrate continued improvement in services which reflect local need. It is important to match the systems and delivery of services to the commitments to human rights and not to over promise which leads to disappointment and anger. Improvement requires resources so it must be clear how these resources will be made available so that obligations do not fall on individuals or local authorities without due consideration.

We would urge that complex decision-making layers are avoided which are time and cost ineffective and that the proposed Community and Social Care Boards (CHSCBs) are representative of the community groups – statutory, voluntary, or private – to make balanced decisions and that all members have voting rights. There must be clarity about accountability for policy and implementation.

We would emphasise the importance of including **all faith communities** in discussion and the implementation of the way forward. Faith communities provide an extensive range of services in support of social care and need to be included to maximise the resources available and to recognise the enormous contribution.

We are all aware that the population in Scotland is ageing and increasingly diverse, so it is important that a long view is taken on the development of services and workforce planning for which there is consensus to move forward.

References

Review of the Faith in Older People Listening Service

[Review of FIOPs Listening and Caring in Confidence Service - FINAL v4 \(1\).pdf](#)

A scoping review to examine pre- and post-registration education in spiritual care for nurses and allied health professionals, excluding medicine and chaplaincy, in Scottish Higher Education Institutions (HEIs) Ruth Aird and Maureen O'Neill Published November 2020

[Scoping Review RA and MON final.pdf](#)

The future delivery of social care in Scotland – Health and Sport Committee Enquiry 2020 Scottish Care

[Social-care-inquiry-SC-response-Feb-2020.pdf \(scottishcare.org\)](#)

Spiritual Care is Everyone's Business – FiOP Cameo for Scottish Care

<https://www.faihinolderpeople.org.uk/resource/a-care-cameo-spiritual-care-is-everyones-business-june-18/>

MO'N/October 2021