



THE CHURCH  
OF ENGLAND  
Diocese of St Edmundsbury  
and Ipswich

# Living Faith in Suffolk



## Enhancing Pastoral Ministry Course Book For Group Leaders

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Enhancing Worship is one of the Living Faith in Suffolk resources produced by the Diocese of St Edmundsbury and Ipswich and available on [www.cofesuffolk.org](http://www.cofesuffolk.org)

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# Introduction

Enhancing Pastoral Ministry is a Living Faith in Suffolk course for people who are involved in any way in pastoral care (for example, Readers, Lay Elders, clergy, pastoral visitors) as well as those interested in a deeper understanding of this ministry. It replaces "Pastoral Care" as the required basic training for Pastoral Elders. The course consists of seven sessions.

This handbook sets out for trainers the learning objectives, curriculum content, teaching options and additional material for this course. There are a range of options in terms of approach to each session, given that a number of the sessions can involve invited speakers on specific topics. It is a practical course, designed to equip people with awareness, practical skills and information, as well as provide pointers to theological and other material for further learning.

## Aim

To provide participants with the opportunity to explore an understanding of what we mean by pastoral care, the skills needed to do it, the tools available to do it, and the theological basis for doing it.

## Objectives

- To equip participants with a basic level of knowledge and confidence about pastoral ministry
- To give participants confidence about identifying and responding **appropriately** to pastoral issues
- To equip participants to recognise different forms of need and vulnerability, and know where and how to get help and further advice
- To help participants affirm and support local pastoral ministry initiatives

## Learning Outcomes

By the end of the module participants should be able to:

- Apply a theological perspective to pastoral ministry
- Recognise the importance of and limits to responding to pastoral need
- Understand and affirm what good pastoral practice looks like
- Understand the dynamics involved in pastoral ministry in relation to power, authority and vulnerability
- Reflect on and debate key issues in pastoral ministry with their parish colleagues
- Recognise and utilise their own pastoral gifts appropriately and where and how to get support in exercising them

The impact of the course on participants and the degree to which it meets the set learning outcomes is measured two ways:

1. By seeking feedback at the end of each session (nb this becomes easier to achieve each session as the participants get to know each other and the training team)
2. Through an open text four domain questionnaire at the end of the course (Appendix 1).

## Preparation

Enhancing Pastoral Ministry is taught in an education group via seven face-to-face sessions. For each session there is required preparation, detailed in Appendix 2. This preparation may take the form of gathering knowledge or thinking through issues in readiness for using the information further during the session, or it may provide context or depth for which there is insufficient space during the session

**Core Text Book:** Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). Participants are expected to read a set chapter before each session. These are not always directly related to the sessions, which become more practical and issue-based as the course progresses. However, each chapter adds depth and relevance to the participant's understanding of how pastoral care works.

**Further reading:** A recently published text book is also highly recommended for both course leader and participants – Moore A, *The Puzzle of Pastoral Care* (Stowmarket: Kevin Mayhew, 2019). Additionally, a reading list is attached as Appendix 3. Those providing the course may not have access to the books listed but they can be ordered from the library if participants wish to follow up their learning.

**Trainer/Facilitator responsibilities:** The course ideally needs a trainer (course leader) and a facilitator, so that the participants can be supported as necessary. The material is at times sensitive and may trigger personal emotions and responses in participants. It may also trigger a range of theological and ethical questions and challenges. Three things are important:

- That the trainer and facilitator make themselves available for private discussions with individuals on request after each session. Time needs to be allowed for this.
- The trainer needs to ensure the basic ground rules for each session are clearly reiterated at the beginning of each of the sessions, regardless of how familiar they may have become to participants.
- The facilitator and trainer constantly watch/scan participant behaviours, body language and engagement, and intervene as appropriate either during or after the session.

Ideally trainers should have significant experience of pastoral ministry and be sufficiently confident in their interpersonal skills to manage whatever may arise during the course.

In addition, it is important the tenor, tone and atmosphere of the course models good pastoral care, is warm, hospitable, welcoming, friendly, appropriately challenging and safe. The trainer has a crucial role to play in ensuring this is the case. The environment matters, as does the type of refreshments etc.

The room should be set out to allow people to work in groups of no more than six.

A screen and projector are necessary for speaker use and trainer use if desired.

**The ground rules** (appendix 4): These are to a certain degree self-explanatory. Trainers should cover each one in depth at the first session and take sufficient time over them, unpacking them and inviting questions and comments as they go:

- Sensitivity – recognise that the whole course will touch on issues that may be very sensitive, or trigger emotional responses or ethical, theological and experiential. As such participants need to be sensitive towards each other, not put each other “on the spot” or make a meal of a sensitive point when it is clearly something being passed over quickly etc
- Respect for each other – and for the points of view expressed - recognise that this follows on from the first point. Participants need to respect participant contributions, differences and points whether they agree or disagree with them, and act respectfully towards each other even when expressing different points of view. This should be clear from body language as well as from what is said in response.
- Active listening – this involves waiting until someone has finished what they are saying, not talking over each other, waiting one’s turn to speak, not dismissing what is being said through body language, avoiding using phones, or looking elsewhere, reflecting back to the speaker what you have heard or understood as appropriate, seeking further information if the speakers’ contribution is not clear, and responding to speaker questions,
- Active participation – this requires reciprocal behaviour between participants and between the participants and the trainer, encouragement to speak etc Respectful challenge, questioning and reflective questioning are all encouraged throughout the sessions
- Confidentiality – and its limits – There are three parts to this: [a] The discussions within the room remain confidential to the room and are not for discussion with others; [b] If a participant is talking about a real event or people or experience they should take care not to name or in any way enable the individuals involved to be identified; [c] If a participant discloses something that is of a safeguarding nature the Trainer will have to act appropriately on it.
- Support – for individuals – This is a course where participants may express their own concerns, emotions, or problems, or express concern about their ability to do something or be involved in something. Participants may feel vulnerable or exposed at times. Participants are asked to recognise this, and demonstrate care, support and appropriate concern for each other. Support is available to every participant on a 1:1 basis from the trainer after or before sessions.
- As safe an environment as possible – these rules are set out to provide as safe an environment as possible
- See page 12 of the core text book: Litchfield K, Tend My Flock: Sustaining good pastoral care (Norwich: Canterbury Press, 2006).

## **Session Format**

Each session is preceded by pre-session preparation in the form of reading the relevant set chapter of the core text book and after the first two sessions reflecting on the case study related to the topic. Each session (2 hours) then consists of:

1. Refreshments to begin (it is important that the wellbeing of participants is nurtured on this course)
2. Presentation of, discussion about and acceptance of the course ground rules (these remain the same for every session)

3. A short summary/recap from the previous session (except for session 1)
4. Taught content, group work, and for sessions 3,4,6,7 a speaker if possible. In the absence of a speaker the session includes further taught content related to the topic and further group work.
5. A coffee/welfare break
6. Further taught content, reflection and group work
7. A Q and A session at the end
8. A short period of prayer and reflection to end the session

## **Speakers**

If using speakers give them a brief regarding desired session content and the preparatory work done by participants. Offer expenses and if possible, make a donation to the organisation (if from the voluntary sector).

# Session 1: Frameworks for Pastoral Ministry 1

## The preparatory

work for this session can be found in Appendix 2.

## People will have

different reasons for being here, and different expectations: it would be useful to highlight the approach taken in this course – that it is interactive, based on a dialogue and involving reflection, self-awareness, sharing, debating and utilising our collective knowledge and life experience. Establish it is not a didactic, comprehensive or deeply theoretical course, nor is it either the answer to “pastoral ministry” or a Haynes Manual of “how to do it”. It’s a taster course.

## Introductions:

Introduction of leaders – give a little background about yourselves and your experience of pastoral ministry.

Ground rules (10 mins)(see Introduction, and Appendix 4 which could be copied and distributed) – go through these and initiate a discussion, checking participants’ understanding. Seek active consent to the rules. Make it clear that if any participant does not feel able to agree fully to the rules, they may want to consider over the first half of the session whether this is the course for them.

Group familiarisation (15 mins) – ask participants (in groups of no more than six) to share reasons for attending this course, and up to three personal experiences of pastoral ministry (being involved in, observing or receiving).

Why are we here? (brief) – set out broadly the purpose of the course.

## What is Pastoral Ministry? (25 mins)

In 2s, ask people what pastoral ministry is – discuss their views in pairs, then feed these back, either by way of a thought-shower, or by post-its stuck on walls and viewed by all. Discuss responses, then summarise the following:

### The key things about pastoral ministry

- **Intentionality – purposeful and constructive**  
Recognise that pastoral ministry is many things in many guises, from a chance encounter involving listening and care to formal pastoral ministry and all things in between. Good pastoral ministry is however intentional, informed, conscious, purposeful and constructive. Note that that does not minimise the importance of the “tea and sympathy, hospitality, hand of friendship ministry that is everyday within our congregations.
- **Informed and supported**  
Good pastoral ministry that makes a positive difference is that which is informed, and supported ie the “minister” (the person consciously engaging in pastoral ministry not necessarily a priest, Reader or other licensed person) needs to do so from a position of self-awareness, knowledge, information and spiritual and practical support and oversight from a known named supervisor, incumbent, or pastoral ministry team leader

**Counselling is a**

specific skill, regulated and highly trained activity requiring dedicated knowledge and is very different indeed.

**Frame your**

reflections with prayer, and pray for God's love and support when exercising pastoral ministry to guide you and flow through you.

**Pastoral Ministry is**

not always planned and deliberate. It may be initiated by the Incumbent, the recipient or a third party and friendship may or may not be or become part of it – but if it does, the intentional pastoral ministry should stop.

- Care but not counselling  
Be absolutely clear that whilst sympathy, empathy and care are involved pastoral ministry is not about counselling and never should be. Care needs to be constantly taken to avoid being put into a counselling role, or taking one on.
- Compassionate and generous  
It is very much about compassion, generosity of time, skills, service, spirit.
- Missional but not missionary  
Pastoral ministry is not a way to recruit Christians – it may incidentally bring people to Christ but it should not be exercised with a missionary objective in mind. It is available to all regardless of faith and is unconditional, unbiased and neutral when with those of other faiths or none.
- Collaborative and in community  
Whilst it may be exercised in relationship 1:1 with others and much of the time it is, it is also exercised within, through and as part of community, of the church. It necessarily is collaborative, working with individuals and their families, but also many other agencies and organisations.
- Challenging and frustrating  
Beware – it's both of those and more – do not expect thanks or recognition...or indeed to know what impact you have had on someone's life – God knows! People who are in need are often very angry, frustrated or rejecting of those seeking to meet their needs.
- Prayerful and prayer-filled  
It cannot be done in isolation from prayer, before, during and after, for yourself, and for/with the recipients. Pray with if they are happy for this, otherwise pray for them.
- Risky  
Inevitably! Go into it with your eyes wide open – knowing the risks, recognising the traps, understanding the boundaries, aware of your limitations and knowing when to seek help or you are in danger of getting out of your depth.

Coffee Break (10 mins)

**What does pastoral ministry include? (15 mins)**

Talk through with participants the following aspects of pastoral ministry includes and their reactions to these:

- Befriending
- Promoting self-help



### **Good listeners use**

key techniques:  
listening and receiving;  
reflecting back; non-  
directive pastoral  
conversation; non-  
judgemental  
engagement; empathy,  
compassion and  
warmth; probing  
without interrogation;  
hearing the words  
behind the WORDS;  
open-ended questions.

### **Pastoral Ministry is**

not about telling people  
what to do – however  
much you might want  
to!

- Giving material help or support, advice or guidance
- Creating opportunities to learn and grow
- Crisis management
- Walking alongside others
- Campaigning
- Protesting against injustice
- Conflict mediation
- Community development
- A wide variety of practical activities such as welfare advice, help to claim benefits, support to join a club etc etc

Remind everyone that central to pastoral ministry is the fact that pastoral ministry is always “in relationship”. It may be 1:1 or involve others. It may be undertaken by those both lay or ordained and it happens in various places – the car, over the washing up, at a meeting.....endlessly.

Note that also absolutely central is that it is a relationship based on trust. Genesis 22 1-18 - God calls us to trust in him...but not necessarily in each other! Pastoral ministry requires trust and trustworthy behaviour from those exercising it. The characteristics of trustworthy behaviour include: honesty, reliability, frankness, respectfulness, humour and integrity. This is crucial because pastoral ministry is often exercised at times when people are at their most vulnerable; experiencing extreme joy or extreme distress; facing personal or professional dilemmas; in an ethical quandary; struggling with guilt, remorse, repentance; deeply traumatised; very embarrassed; very ill etc. Remember that to demonstrate trust you need to trust (Psalm 143.8 – get someone to read it).

### **Listening Skills** (15 minutes)

Explain that a core skill in pastoral ministry is listening. Set up a group exercise: Pair participants up, and use one of the two exercises in Appendix 5 – whichever you feel more comfortable with.

Explain that pastoral ministry involves listening and communicating in reflective; non-directional ways. Describe the difference between a **response** and a **reflective response**. It is necessary to communicate, listen and respond in a clear, non-judgemental way, which allows the recipient to explore the issue themselves through reflecting back, helping the recipient by rephrasing what you hear, and through sympathy and empathy. Discuss the skills needed in terms of listening as well as talking, receiving, and responding to cues, prompts and learning about

how you probe in non-judgemental, non-directional ways, how you have non-directive pastoral conversations...model a couple. Recognise the impact poor communication may have on a pastoral encounter.

### **Putting pastoral ministry in a theological context (15 mins)**

(The trainer may find it helpful to read, before the session, Appendix 6 – Pastoral Ministry: Theological Foundations; also to be familiar with the

“Guidelines for Good Practice in Pastoral Care” from the Association of Christian Counsellors

[https://www.pastoralcareuk.org/public/docs/pastoral-care/PCUK\\_Guidelines\\_for\\_Good\\_Practice\\_in\\_PC\\_Rev\\_20.09.pdf](https://www.pastoralcareuk.org/public/docs/pastoral-care/PCUK_Guidelines_for_Good_Practice_in_PC_Rev_20.09.pdf) [accessed 13-6-19]).

A definition of pastoral ministry or care:

Pastoral care is central to the life of the church – determined by the command to “love God with heart and soul and mind and one’s neighbour as oneself”. “We love because he first loved us” 1 John 4:19

- Ask someone to read Ephesians 4:11-13. Discuss how, through baptism, all are given the gift of ministry and that at the heart of all ministry is self-giving love – in order to enable each other to be brought in touch with the loving heart of God. Love lies at the heart of God – and Christians are called to enact that love – through the pastoral functions of healing, sustaining, guiding and reconciling.
- Explain that “At the heart of pastoral ministry is a compelling theological vision of what it means to be human and what it takes to care” Margaret Whipp, Pastoral Theology 2013. Remind participants that when pastoral ministry is practised in the pattern of our Lord it remains rooted in the experiences of all human life. Being human is messy and gloriously so – pastoral ministry therefore is too.
- *Give everyone* a list of texts on which to reflect: Genesis 1.31; Psalm 34.1; Luke 2.52; Genesis 12.1; Mark 1.11; Psalm 95.7; Psalm 136; Genesis 2.7.

#### **Human development**

is complex but a basic understanding of the norm for each stage of life help. Remember normal is socially, morally, ethically and economically defined and constructed as well as biological and physiological. Understanding basic human development and basic human needs is helpful but not definitive.

**Recognising what is ordinary normal human behaviour and life** (this section can be completed now, or inserted at the beginning of Session 2).

The teaching in this session involves recognising the normal and how promoting normal expectations of empowerment, independence and practical support is central to good intentional pastoral ministry. Creating dependence, infantilising, expecting too little (or too much) and miscommunicating because of

misunderstanding an individual's own situation is often a consequence of not recognising ordinary normal human behaviour and can be damaging in pastoral ministry.

Exercise: ask people to describe what's "normal" at different stages and ages and jot up on flipchart paper (eg what should a 6month old baby be doing; what happens to women in their 50s; when do children start taking risks etc). Explain that "normal" is a misnomer. There is no such thing as "normal" – just "the norm".

Look at some models for human development – see Appendix 7 – recognising that each model has strengths and flaws and that there is no simple linear or other form of human development – just generalised norms.

Relevance to pastoral ministry: Well-adjusted people have the capacity to form attachments, and are secure emotionally, in themselves and in their relationships with each other. In the course of everyday pastoral care, any individual's capacity for faith is inevitably coloured by their experience of close relationships from the earliest stages of life. Insight into what has shaped the people we are relating to is a component of good pastoral ministry.

However... whatever the age or stage (including children, non-verbal individuals, older people etc), remember that:

- Any pastoral ministry is consensual
- In responding to need it is important not to tell anyone what to do
- Individuals need support and empowerment
- Practical advice has its place
- Independence is central to one's sense of self – never compromise another's independence

In summary:- Pastoral ministry is rooted in God's love for us; It takes many forms; It is not self-serving, or an exercise in evangelising; It requires self-awareness and insight; It is more than tea and sympathy but is not a professional counselling role; It requires the exercise of some key skills and some basic knowledge; It is messy, hard and demanding; It is also infinitely rewarding.

Finish the session with opportunity for questions, and with a short time for reflection or closing worship.

## Session 2: Frameworks for Pastoral Ministry 2

**The preparatory** work for this session can be found in Appendix 2.

**Remember that** pastoral ministry includes: befriending; promoting self-help; giving material help or support, advice or guidance; creating opportunities to learn and grow; crisis management; walking alongside others; campaigning; protesting against injustice; conflict mediation; community development and a wide variety of activities.

**Consent is essential,** and the fact is it also has to be informed consent is equally essential. Consent is also more complex than just a covenant between two people. There are legal issues to consider.

### **Introduction:**

The ground rules: (5 minutes) Go back over them in detail and ask if they have raised any issues or questions for participants during the period since the first session. Ensure participants still feel able to sign up to them.

Recap from Session 2: (5 minutes) Remind participants that:

- We looked at what pastoral ministry is – Ephesians 4 11-13; centrality to the life of the church – self-giving love and recognising what it means to be human; what it includes (and excludes); trust and trust in relationships; listening skills; self- understanding and understanding normal (no such thing!)
- Pastoral ministry is rooted in God’s love for us; it takes many forms; it is not self-serving, or an exercise in evangelising; it requires self-awareness and insight; it is more than tea and sympathy but is not a professional counselling role; it requires the exercise of some key skills and some basic knowledge; it is messy, hard and demanding; it is also infinitely rewarding.

### **The practicalities of intentional pastoral ministry (25 mins)**

Consent – Any pastoral care requires a covenant between two people, as with the greatest example – God and Moses! Informed consent is essential. The assumption is that adults (over 18) are able to give their consent to things by virtue of their age. The Mental Capacity Act 2006 however makes a presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. BUT some people may be professionally assessed as lacking capacity and then the principle of best interests applies i.e. anything done for or on behalf of people without capacity must be in their best interests. The principle of least restrictive intervention also applies i.e. anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms. Section 44 of the Act introduced the offence of wilful neglect and ill-treatment which criminalises neglect and abuse occurring in a relationship of trust in respect of people who lack the ability to make decisions.

Consent from parents is very tricky ground – seek advice!  
Accountability and trust: in gaining consent one is entering into a covenant between two people. So the individual offering

### **Anyone offering**

intentional pastoral ministry needs to understand who they are accountable to, how, and under what constraints, conditions and requirements.

### **Confidentiality**

definitions:

- Oxford English Dictionary: The state of keeping or being kept secret or private; 'the lead bank's duty of **confidentiality** to the borrower' as modifier 'visitors have to sign **confidentiality** agreements.
- Cambridge Dictionary: the state of being confidential
- Collins Dictionary: Information that is **confidential** is meant to be kept secret or private.

### **Participants need to**

research their own local guidance about confidentiality.

pastoral ministry is entering into a relationship of trust. As such the recipient has the right to assume that person is accountable to someone. Anyone offering intentional pastoral ministry needs to understand who they are accountable to, how, and under what constraints, conditions and requirements. Normally the line of accountability is to a supervisor, pastoral team leader or organiser, but ultimately it is the Incumbent (although one's overarching moral accountability is to God).

Confidentiality (and its limits) – Exercise: Ask each individual to jot down what they think confidentiality means and when it applies.

Confidentiality is keeping something to oneself, to not share it with anyone. One should assume that the content of any pastoral ministry encounter is confidential unless there is a very good reason for it not to be (in law) or the subject gives permission to share it.

Discuss responses from participants, Agree and disagree as necessary. Then round it up with a summary of the key issues relating to confidentiality: Remind participants they are accountable to a named person (incumbent etc.) for the pastoral ministry they are providing and as such confidential discussions with individuals may occasionally need referred to – and that this may mean the need to balance confidentiality with accountability. This need to disclose or share information given in confidence can conflict with the trust put in the person by the recipient, and both the context itself and the pastoral and ministry team context. Similarly if you are part of a pastoral ministry team you may need to share some information for coordination or handover purposes. The fundamental basic rule in any pastoral encounter is to ensure that the boundaries to confidentiality are clearly explained and clearly understood by both parties. Always preface whatever the conversation is with, "you do need to know that there may be some things you tell me I cannot keep confidential. Do you understand that and do you still want to talk to me?"

As a group, explore where conflicts of interest might be experienced (e.g. between their covenant of trust with the recipient, and any benefice, legal or national policy requirements or needs and how they should handle them). The law on confidentiality is complex. Examples of where confidentiality must be breached are:

- When there are clear or potential safeguarding concerns or issues
- Where someone might be at risk of immediate or imminent harm

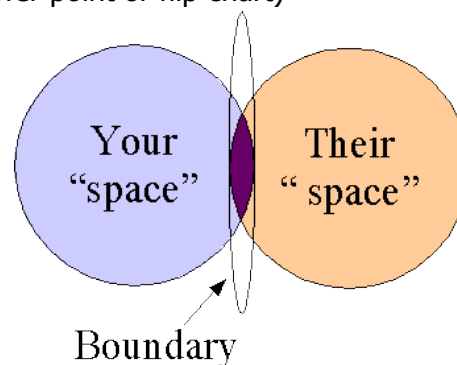
**Confidentiality** can be an issue in other ways too: remember “rooms have ears” so do not discuss anything from a pastoral encounter anywhere it might be overheard, or forget in an everyday conversation and share something given in confidence

- Where the content of the discussion is unlawful in nature or might lead to an illegal act
- Where the right sort of support cannot be provided or obtained without breaching it – for example a referral to a GP or social services or Citizen’s Advice etc.

Always ask for permission to talk to a third party (unless to do so might put someone at immediate risk of harm.) Remind people of the Diocesan policies on safeguarding and confidentiality which will be covered in more depth in session 5. If for any reason participants need to record a session with an individual they need to talk about why they want to, seek permission from the recipient, and set out clearly who it will be shared with if anyone and how, why and where/when. Also they need to set out how it will be stored and where and when it will be securely destroyed.

Confidentiality is also an issue when both preaching and praying in community or in church. Remember never to name someone in a prayer list without their explicit permission and, if moved to use a case example in a preaching situation ensure it is so carefully anonymised and adapted no one is identifiable.

Boundaries – These are closely aligned to self-awareness, effectiveness and safeguarding. Ask participants to brainstorm what they think is meant by boundaries. Show them the model below (on power point or flip chart)



**“Space”** can be not only physical, but also emotional, and spiritual.

**In a pastoral** encounter there are personal versus professional (ministerial) boundaries. Respecting these protects both parties in the encounter.

Discuss and summarise why boundaries are important. One needs to be consciously aware of when you are talking as friends, and when as parishioner and pastoral minister/care giver. There are also always a whole range of power dynamics. Suggest participants think – for themselves, not to discuss or share – when they have been in a pastoral encounter where they felt vulnerable or unsafe, or upset and frustrated and why. Then suggest that the reasons may be that there were subtle power dynamics at play in relation to gender, race, sexuality, disability or age. The important thing for participants to recognise is that being aware of boundaries, not overstepping them, and constantly reviewing them is protection of both

parties to a pastoral encounter. So they need to be aware of what they can and cannot talk about, and why.

#### Other things to think about

- The possibility of “rescuer” syndrome – and how unhelpful that can be
- The need to recognise when out of their depth in a pastoral setting and why
- Conscious or unconscious bias is also something to try to be aware of.

This all heightens the importance of reflecting on a pastoral encounter after it has happened and maybe spotting the boundary issue that arose. Finally it is essential that in these situations pastoral ministry is always about walking alongside and never ever carrying someone.

#### **There are many**

issues arising from the dynamics of human power. Humanity is messy, and human relationships often include inequalities of power. There is a difference between human and divine power (e.g. Matthew 15:21-28). These can all be exaggerated in pastoral situations, and power can be abused, consciously or unconsciously.

The vulnerability of the recipient in a pastoral encounter can often exaggerate the dynamics arising from human power. Discuss power, projection and dependency in pastoral encounters (see side bar), and how easy it could be to abuse one’s power in a pastoral relationship, consciously or, more commonly unconsciously. Remind participants that the golden thread throughout pastoral ministry is safeguarding – of oneself and of the recipients of your ministry.

Discuss as a group the roles a participant may be taking in their pastoral work: eg companion; carer; comforter; confessor; commender; challenger; coordinator and many more. Think about how those roles can lead to unequal relationships and power dynamics and how important it is to recognise the role you are taking, the boundaries that apply to that role, and the degree of dependency it may create.

Group work: Give each group either Case Study A or Case Study B (see Appendix 8) and ask them to read, then discuss amongst themselves the questions asked (no more than 15 minutes).

#### **Coffee Break** (10 mins)

Group work: Take feedback from each group on the case studies and discuss

#### **Managing Pastoral Ministry** (30 mins)

The second part of this session which is about ways to avoid risks, protect oneself and ensure pastoral ministry is well managed, effective and safe. Set out for participants

(particularly in the light of the case studies) the issues in relation to lone working, and supervision, coordination, communication and self-care

Lone Working – Lone working is axiomatically part of and in the nature of the tasks of providing pastoral ministry, so it's necessary to be sensible. Prepare for each pastoral encounter unless it's an emergency. Assess the risks before you go to see or meet someone on a one:one. Set some basic rules (and stick to them) i.e.

- a. Tell someone where you are and when you are due back
- b. Keep a phone to hand
- c. Never sit where you cannot leave the room first
- d. Leave the door slightly open/ajar unless you can be seen within it
- e. If you do not feel safe stop the encounter and leave
- f. Have someone nearby if necessary

**There are various** types of supervision, some of which include accountability, and all of which should involve reflection, discussions about one's own behaviours and support to undertake the work.

Supervision – this is essential as discussed in session 1. It should be used to reflect on the pastoral ministry they are involved in, assess and review power dynamics and the behaviours and relationship styles in play, as well as the dynamics. Reflect on their own agency in this too. It is also important to arrange both pre-encounter briefing sessions and debriefing sessions in particularly complex situations. Supervision is a relationship too, of trust and of mutual dependence, not a hierarchical "reporting in" mechanism.

Co-ordination and communication – Ask participants in table groups to discuss how pastoral ministry is organised and provided in their own benefice – what's good about that and what may not be quite so good. Take feedback. Then either flash up or state the following phrases:

- a. I saw no-one for 5 weeks then three turned up in a week!
- b. I am sorry, I really did not know she was ill.
- c. Honestly, it's not fair, Mrs Jones gets lots of visits.
- d. Why has the vicar not been to see me?
- e. My mum was a faithful member of church for 50 years and now no one ever asks about her – call yourselves Christians!
- f. But I saw John yesterday and he has already arranged an appointment for me!
- g. Can you come in 10 minutes' time, my Dad is asking for you.
- h. Why did no one tell me Mary can get so aggressive before I went?

**Consider different** ways of ensuring those people involved in intentional pastoral ministry can organise things to avoid poor coordination and communication as well as the ensure everyone is aware of issues, concerns, risks, and problems. There are lots of models but "it just happens" is the one to avoid if possible.



- i. She would not stop crying the whole time I was there, but I don't know if that's normal or not...
- j. I thought she was depressed but I had not realized how depressed...

**It is important to**

know and understand what you are engaging in and why, in terms of providing **intentional** pastoral ministry. You need to get equipped by knowing what tools, policies and support you will be given locally, and from whom. You also need to know yourselves and your limits, what advice you are competent to provide and **who** to talk to if you are not in your own field of competence. You need a pastoral ministry toolkit of information about who offers what, where, how to whom in terms of referring recipients on for more focussed support to address or meet need. (even if you have to build it up yourselves) Google is your friend!

Discuss the ways in which pastoral care can be organised.

Self-Care – talk with participants about the need to take care of their own health and emotional and spiritual well-being if they are going to be able to minister to others. Give everyone the components of selfcare (see Appendix 9 – print to be used as bookmarks).

Skills, competencies and tools for undertaking pastoral ministry – talk through the following tools: supervision, reflecting, recording, preparation, debriefing, peer-group sessions. Help participants understand that when those things are missing, need to look at where they can be built up (e.g. Growing Together groups). Then summarise for the group some of the competencies they need to develop to be effective, safe, and cared for. A real sign of strength in a good practitioner is to **seek advice** if it is needed.

**Group work:** Give everyone the OK/NOTOK questionnaire (appendix 10) (10 mins maximum)

Then discuss (10 mins). Draw out conclusion that it's all a matter of nuance, context and case, dependent on the specific circumstances, but that whatever the situation the core components of safe, effective, boundaried pastoral ministry remain the same.

**Summary** – Pastoral Ministry is an intentional task, which requires a range of practical skills, knowledge, tools and systems. But above all it is built on love for others, built through relationships, built within a framework that is explicit and well understood, built around rules and expectations, built in order to build up others, and built with God's support in Christ's name.

Finish the session with opportunity for questions, and with a short time for reflection or closing worship.

## Session 3: Understanding Domestic Violence and Coercive Control

**The preparatory** work for this session can be found in Appendix 2.

### **Introduction:**

The ground rules: (5 minutes) Go back over them in detail and ask if they have raised any issues or questions for participants during the period since the first session. Ensure participants still feel able to sign up to them.

Recap from Session 2: (5 minutes) – we looked at what pastoral ministry is (again); consent; confidentiality; safeguarding; boundaries; protecting yourself; roles; the practicalities of exercising such ministry; power and the dynamics of power; lone working; co-ordination and communication; care for oneself and the selfcare toolkit; signposts and navigators; supervision; research and preparation; recording; debriefing and of course centring it all on prayer.

### **Warning:**

Remember that it is highly probable that most participants know of, has had family/friends affected by, or is affected themselves by the issues being discussed today.

### **Speaker:**

Ideally this session will be led by a visiting speaker from one of the following groups (approach **in this order**): Suffolk Police Domestic Violence Team; Suffolk County Council Community Safety Team; Suffolk Safeguarding Adults Board; or one of the third sector organisations – Women's Aid; or Lighthouse Women's Aid or Bury St Edmunds Women's Aid; or New Dawn Suffolk or Leeway Support.

The brief for this session (to be given to the visiting speaker in advance of the session) is: to give the group an address on what Domestic Violence and Coercive control are, prevalence, incidence, and rationale, interventions, options and challenges, services available, and sources of advice and help.

**If it is really impossible to use a speaker from one of these groups, please use the following session outline.**

**Group task:** Use the case study from the preparatory work to generate a discussion for 30 minutes or so about the responses of participants.

**What is domestic abuse and coercive control?** Use Appendix 11 to teach participants the given understanding of domestic abuse and coercive control. The Home Office have set out (November 2018) a helpful diagram describing both

**Remember that it is** highly probable that most participants know of, has had family/friends affected by, or is affected themselves by the issues being discussed today.

**Domestic abuse is** not limited to physical violence. It can include repeated patterns of abusive behaviour to maintain power and control in a relationship.

prevalence and the different ways it can be identified, responded to and dealt with (Appendix 12).

### **What does this mean for a church community (and pastoral ministry)?**

Ask the group to think about and discuss the implications of the data and information and then revisit the case study and ask them to think about whether they would respond differently at all.

What it means is that in every church community there will be a significant number of individuals affected by domestic abuse and coercive control, and indeed that seemingly ordinary and respected members of the community themselves may in fact be perpetrators.

Responding to concerns about Domestic abuse, violence and coercive control is a safeguarding issue and should be addressed directly through the proper safeguarding processes and procedures **but** you may be involved pastorally in four ways:

- Identification, reporting and referral
- Support to the survivor/s and their family
- Support to the wider community affected by it
- Supporting someone whose past history includes the experience of or perpetrating of DV

### **Coffee Break** (10 mins)

**Responding Well to Domestic Abuse:** The Church of England's 2<sup>nd</sup> edition of Policy and Practice Guidance on this topic was produced by the Bishops' Council and revised and reissued in 2017. It is a comprehensive guide to the issues, and what should be done theologically, pastorally and practical at Diocese, Deanery and Benefice level. It's a useful to have in your own pastoral ministry resource bank. The Policy itself is available to hand out in Appendix 13.

In summary the C of E recognises that "It is sometimes tempting to minimise the survivor's experiences. After all (we might wrongly reason), we've all been in arguments, so if they can't cope then it's their problem. Yet an abusive relationship is not about an ordinary everyday argument in which both people have a bit of a yell and then make up. It is very different indeed and often involves repeated behaviour. We must guard against deciding which abusive behaviour is worth bothering with, and which is not. We must offer help and support to all who ask for and need it." (Archbishops Council 2006).

**The Church of** England has produced Policy and Practice Guidance: "Responding well to Domestic Abuse". The full document can be found here:  
<https://www.churchofengland.org/sites/default/files/2017-11/responding-well-to-domestic-abuse-formatted-master-copy-030317.pdf> [accessed 13-6-19].

**Remember that the** Church, as a human construct, in all its flawed messiness, has historically been built on societal models of patriarchy and exercised patriarchal power behaviours.

**The attributes that** make for effective pastoral support in these circumstances include a good understanding of safeguarding issues, and preferably some training specifically on domestic abuse and coercive control. So pastoral ministry in relation to responding to concerns includes recognising when an individual needs this additional level of knowledge and skill and being able to lever it in through referral etc.

However, we also need to recognise that the recognition and response to domestic violence in Christian communities has been complicated in the recent past by a culture of silence, and acceptance amongst the subjects of abuse. This has included the use of Bible texts to justify it – such as those that refer to male superiority and female submission (eg Genesis 2).

**Group exercise:** ask each table to read and discuss the way the biblical texts handed out (Appendix 14) can be used to justify unacceptable behaviour. Discuss alternative interpretations and how you might need to be able to respond to individuals whose own interpretation means they remain victims, or excuse the behaviour of someone they know.

Then share the C of E position: Appendix 15.

**Pastoral ministry and these issues:** Clergy, Readers, Elders or pastoral assistants/visitors may be entrusted by victims/survivors or by alleged or known perpetrators to hear their story. It is important to offer the most appropriate care and response. However this is very skilled and sensitive work. The attributes that make for effective pastoral support in these circumstances include a good understanding of safeguarding issues, and preferably some training specifically on domestic abuse and coercive control. So pastoral ministry in relation to responding to concerns includes recognising when an individual needs this additional level of knowledge and skill and being able to lever it in through referral etc. Close liaison with your incumbent and the Diocesan Safeguarding Team is also important in many instances. However, you can contribute also effectively without knowledge of any individuals by raising awareness of the issues in your congregations through talks, invited speakers etc.

Mediation – mediation is not appropriate in situations involving domestic abuse or coercive control. Share the case study in Appendix 16 and discuss in groups. Ask them to consider the question of what should be done to support each individual pastorally. Remind participants that we have a pastoral responsibility for victims, survivors and perpetrators equally. Take feedback after a discussion.

**Summary** – Remind everyone that Pastoral Ministry is an intentional task, which requires a range of practical skills, knowledge, tools and systems. But above all it is built on love for others, built through relationships, built within a framework that is explicit and well understood, built around rules and expectations, built in order to build up others, and built with

God's support in Christ's name. In a situation involving DA and Coercive control the framework is particularly well defined but in addition many situations require skilled trained input. However there are many in our congregations affected by the issues and pastorally it is important to respond to them with clear theological as well as social responses.

Finish the session with opportunity for questions, and with a short time for reflection or closing worship.

## Session 4: Understanding mental ill-health, chronic ill-health, disability and dementia

**The preparatory** work for this session can be found in Appendix 2.

### **Introduction:**

The ground rules: (5 minutes) Go back over them in detail and ask if they have raised any issues or questions for participants during the period since the first session. Ensure participants still feel able to sign up to them.

Recap from Session 3: (5 minutes) We looked at Domestic Violence, Coercive Control, and our responsibilities as church towards all those involved. We looked the levels of abuse and issues associated with the impact of such behaviour, the difficulties for victims/survivors in leaving an abusive situation and the hidden nature of DA and CC and the fact it can affect anyone. We also looked at the ways the system can help, signposting those whom you are concerned about, theology and abuse and the policies and guidance of the Church of England. We covered policy issues, prevalence, and the need to respond appropriately to the presenting situation. There are many in our congregations affected by the issues of DA and CC and pastorally it is important to respond to them with clear theological as well as social responses.

### **Warning:**

Remember that it is highly probable that most participants know of, has had family/friends affected by, or is affected themselves by the issues being discussed today.

**Speaker** – Ideally this session, comprising short sessions on Understanding Mental ill-health; and Understanding Dementia should involve at least one speaker on one of the topics. Suffolk Mind are extremely helpful and are very willing to send a speaker. Local voluntary sector organisations in the Trainer's area may also be very willing to provide relevant speakers. If you do have speakers slot the coffee break in as it works out across the three topics.

### **Overarching input before the two separate sections:**

Life stages and key life experiences – These three topics all deal with common situations in life and life experiences in families and communities. Every church community will at any one time have individuals (often many) experiencing mental ill-health, chronic ill-health, disability or dementia. There are common skills in responding pastorally to them. All require skills in terms of recognising and responding to the humanity of the individual, maximising their own self determination and independence,

**Remember that this** session is providing just a taster of the issues, each of which could more than fill a whole session. Remind participants that there are other ways to develop their understanding and knowledge of the topics.

**Everyone is different,** special, important, individual and beautiful in God's eyes and should be equally so in society and church life.

recognising their skills, strengths and contribution to communities, families, church and society and ensuring support is focussed on positive empowerment. All three topics are ones which can lead to discrimination towards the individual, infantilising them, isolating them or making them feel "less than" or "not normal". Everyone is different, special, important, individual and beautiful in God's eyes and should be equally so in society and church life. Starting from that standpoint is essential regardless of the issues they and their families and friends may be dealing with.

**Understanding mental ill-health** – in the absence of a speaker, the Alison Moore book, "The puzzle of pastoral care" section 3.8 (pages 213-223) provides, in effect, a complete session plan. Trainers should, if possible read that section. Alternatively trainers can use the training material in the C of E Guide – see side-bar (there are several different sessions – two of which may be especially relevant: Challenging Stigma, and Religion and Mental Health).

Mental health and mental illness – unlike physical ill health mental ill health is not a natural everyday topic of conversation although it should be. Ask participants (without disclosing any details), to raise a hand if they have had or know someone in their family or close social circle that has had at least one significant illness in the last 5 years. Now ask them the same in relation to a significant mental illness (depression, anxiety, anxiety disorders, PTSD, eating disorders, body dysmorphia, personality disorders, bi-polar disease, psychosis etc). Usually the number of hands is higher than people expect. Discuss how mental illness is stigmatised and people have very ambivalent feelings towards it.

Churches are not exempt from these feelings. There is as much if not more ambivalence in churches. There is some research evidence about a positive correlation between faith and mental well-being, but unless care is taken those who are not expressing joy or peace can feel isolated.

The best way to approach mental ill health is in fact through seeing it as a normal part of everyday life. All of us have mental health, just as we have physical health. We are all on the mental health continuum – and we move up and down it depending on how we cope with the challenges of life and the stresses that it creates. Having a good state of wellbeing sits at one end of the continuum, where people feel able to cope with challenges without feeling overwhelmed. Your emotional needs are met in balance. You have better emotional resilience as a consequence

**"Promoting Mental health: a resource for spiritual and pastoral care"**  
[www.salisbury.anglican.org/resources-library/learning/ministry/lpa-resources/promoting-mental-health-a-resource-for-spirituality-and-pastoral-care](http://www.salisbury.anglican.org/resources-library/learning/ministry/lpa-resources/promoting-mental-health-a-resource-for-spirituality-and-pastoral-care) [accessed 13-6-19] was produced by the Church of England in 2004 and is an extremely helpful guide.

### **A lot of helpful info**

can be found here:

[www.suffolkmind.org.uk/about-us/](http://www.suffolkmind.org.uk/about-us/)

[accessed 13-6-19]

### **Remember that you**

don't have to be a mental health professional to help someone who is feeling suicidal. Many people fear talking to someone about suicide in case they give the person the idea, but there is no evidence to support this and for many it can be a huge relief to be asked the question in a direct way.

and can deal better with life's ups and downs. We all have a range of emotional needs, and these can get out of balance because of life events, or biological impacts on neurological (brain) functions. It is perfectly normal to sometimes worry, feel stressed or anxious and it sometimes helps one to function better.

Pastoral skills with people who may be ill can include:

- Engaging with (walking towards) the individual rather than avoiding them
- Be aware of any signs all is not well
  - Significant mood changes
  - Ongoing tiredness
  - Aches and pains
  - Change in drug/alcohol use
  - Indecision/low mood/morale/confidence
  - Awkward uncooperative behaviours
- Do not attempt to diagnose the problem **but** talk about how they are feeling/what they are experiencing and:
  - How long
  - How severe
  - What impact on daily life
- Encourage them to seek help if its been more than a couple of weeks
- Be courageous about talking about their emotions and experiences
- Signpost them to sources of advice

Share with care information about suicide prevention and the address of the Suffolk site dealing with suicide

[www.healthysuffolk.org.uk/projects/suffolk-lives-matter](http://www.healthysuffolk.org.uk/projects/suffolk-lives-matter). Give if it feels appropriate/the trainer feels confident enough to the ways to identify possible suicide risk and what to do about it.

Around 1 in 5 of us has had suicidal thoughts at some point. It's nothing to be ashamed of, and there is support available to help you or someone you know.

- **Talk to someone:** You don't have to keep these feelings to yourself and it's ok to ask for help
- **Call a helpline:** If you don't feel able to speak to someone in person, use one of the helplines listed on this page
- **Keep yourself safe:** Agree with yourself and someone else that you won't act on your suicidal thoughts while help is being arranged
- **Get help:** If you are feeling desperate and unsafe, make an urgent visit to your GP, dial 999 or go to A&E and tell them how you are feeling

What warning signs to look out for:



**We all have mental health,** just like we all have physical health. There are five simple things we can build into our lives to help us stay mentally well:

- Keep learning
- Connect
- Take notice
- Give
- Be active

- Talking or writing about death, dying or suicide
- Someone actively looking for ways to end their life
- Talking about feeling hopeless or having no reason to live
- Talking about being a burden to others
- Talking about feeling trapped or in unbearable pain
- Increasing use of alcohol or drugs
- Suddenly very much 'recovered' after a period of depression
- Visiting or calling people unexpectedly to say goodbye
- Making arrangements, setting their affairs in order
- Giving things away, such as prized possessions

If you are concerned about someone and after talking to them you remain concerned get their permission to contact their GP, or if really urgent ring 111 or 999.

Trainers should get as much material as possible from Suffolk Mind, National Mind, and other service provider sites to share with participants.

Practical advice for participants includes:

- Encourage participants to sign up to and do the "Mental Health First Aid Training" provided by Suffolk Mind
- Encourage participants to set up mental health awareness sessions in their benefice and invite Suffolk Mind and/or local GP's/and or congregation members who work in mental health services to contribute
- Ask participants to research and draw up a resource guide for use in their local area with web site addresses, contact addresses and numbers and information about what is available- All should include Suffolk Mind; and the Samaritans, as well as the Suffolk and Norfolk Mental Health Partnership Trust. For further information about services in Suffolk, see the **Suffolk InfoLink mental health directory**. Appendix 17 includes a range of useful organisations.

### **Understanding Dementia:**

Dementia affects all of us one way or another. There is increasing prevalence partially as a result of increasing longevity. 1 in 3 people born in the UK this year will develop dementia in their lifetime. There are 850,000 people with dementia in the UK in 2018 (Alzheimers Society data). This will increase to over one million by 2025 and over two million by 2050. There are different sorts and types of dementia.

Alzheimers Disease: Alzheimer's disease is the most common form of ementia (around 60% of diagnose). Although comparatively rare for under-65s. It's thought to be cause by

**Dementia will be** relatively familiar to many participants. The Alzheimers UK material is exceptionally helpful for this session.

**Dementia is not a**

normal part of aging but is the result of disease affecting the brain. It affects everyone differently. It is progressive. It is possible to have more than one type of dementia (mixed dementia) BUT – many folk with dementia live active and fulfilling lives for many years.

abnormal amounts of proteins in the brain that create plaques and tangles that interfere with and damage nerve cells.

Vascular Dementia: Vascular dementia is the second most common form of dementia in the over-65 age group. It's an umbrella term for a group of conditions caused by problems with blood circulation to the brain. Causes can range from small blood clots, to blocked arteries, to burst blood vessels.

FTD or Frontotemporal lobe dementia: Frontotemporal dementia is the second most common form of dementia for under-65s. It is a group of conditions caused by the death of nerve cells and pathways in the frontal and temporal lobes of the brain.

People diagnosed with dementia under the age of 65 have different needs and their care and treatment often follows a different clinical pathway.

The impact of dementia on the individual person varies.

Changes include problems with

- Memory
- Thinking
- Concentration
- Language
- Visual perception

Someone may become confused or struggle to make sense of what they see or hear or experience changes in mood, emotions, behaviour.

Treatments vary. There is no known cure for dementia but there are drugs available which help with symptoms for a while for most types of dementia. Anti-depressants are used for people with FTD. Vascular dementia is treated by treating the underlying causes (heart, blood pressure, diabetes etc). Non-drug treatments are also available such as Cognitive Behavioural Therapy (CBT).

Other things that help include:

- Cognitive rehabilitation
- Life story and reminiscence work
- Music and creative arts therapies
- Complementary therapies (aromatherapy, massage, bright light therapy etc)
- Social events and activities, company and stimulation
- Inter-generational events
- Picture boards and signposting
- Routines, and simple accessible household things (clocks etc)

Group discussion: Get participants in their groups to talk about what they already know about dementia and what works well,

### **Pastoral care is**

ongoing and central. Supporting individuals with maintaining someone's ordinary life and supporting them, with providing social activities/isolation busting/etc – lots of different ways.

and about any arrangements they have in the benefice for providing support.

Advice on living well with dementia includes:-

- Stay positive as much as possible
- Recognise the need to talk – especially within close relationship(s)
- Recognise communication gets trickier – avoid trying on bad days
- Try and stay healthy, eat well and keep active and fit
- Accept depression may occur and get treatment if it does
- Stay in touch and socialise
- Make the home safer
- Get advice on technology and tools/kit to help make life easier
- Recognise and accept family and friends support is important and so encourage individuals to use it
- If someone live alone make sure they see people and get help – create a support network
- Keep on going to the things they have always gone to like church
- **Plan** ahead – finances, benefits, future decisions, working, driving etc **and get good advice**

Sources of advice and support:

- National Dementia Helpline 0300 222 1122
- [Alzheimers.org.uk/talkingpoint](http://Alzheimers.org.uk/talkingpoint) – online community
- [Alzheimers.org.uk](http://Alzheimers.org.uk)
- [Alzheimers.org.uk/dementiaconnect](http://Alzheimers.org.uk/dementiaconnect) (local services)
- Information leaflets [alzheimers.org.uk/publications](http://alzheimers.org.uk/publications)

The best website is

[www.dementiauk.org](http://www.dementiauk.org)

The impact on carers is significant and is a major focus for pastoral ministry as well. Church communities can be invaluable in helping minimise the impact as far as possible. Try hard to help individuals understand that the many services available are there to be used. It can be very stressful caring for someone with dementia and they may experience grief, anger, frustration, and loss. It can be very rewarding too but it is and will be an emotional rollercoaster and physically exhausting. Support people to get help to understand the practical things they can do as a carer to make things easier eg: accept they need to take breaks and use support and to look after their own health, social life and emotional wellbeing

Support to the carer should be practical and emotional. Pastoral ministry will include helping people plan ahead – and face what is the inevitable end point, as well as practical support with carer's breaks and support groups. It is really important to understand where to signpost folk – what is out there and how to access it. So participants need to get to know their local infrastructure of services and support and agree where they can "add value"

Dementia Friends: Ask if anyone has already trained as a dementia friend. If they have, ask if they would mind sharing what is entailed. If not describe it briefly Dementia friend training and advice (see here:

<https://www.dementiafriends.org.uk/>). Allow some time for participants to explore this.

**Summary of the sections** – This will require preparation depending on the number of speakers you had and the content. However you need to add that pastoral ministry in the areas largely involves developing skills needed for supporting people like this, signposting for help; supporting the carer; being “normal” –using positive models of understanding and approach (empowerment) not deficit models. Highlight that a large amount of pastoral care is about acceptance.

Finish the session with opportunity for questions, and with a short time for reflection or closing worship.

# Session 5: Understanding the Gospel, sexual abuse and the Church

**The preparatory** work for this session can be found in Appendix 2.

## **Introduction:**

The ground rules: (5 minutes) Go back over them in detail and ask if they have raised any issues or questions for participants during the period since the first session. Ensure participants still feel able to sign up to them.

Recap from Session 4: (5 minutes)

## **The Gospel, sexual abuse and the Church**

### Scene-setting (10 mins)

Difficult topic, need to begin by setting out parameters  
When someone is abused it is a violation of a human being

- who is made in the image of God
- for whom Christ died
- in whom the Spirit dwells

The person who has done that violation – the abuser, or perpetrator, or offender – is also a human being

- who is made in the image of God
- for whom Christ died
- in whom the Spirit dwells
- and who has wounded others and also themselves

Raises some questions for us as church:

- What kind of church are we called to be in order to face the challenges of safeguarding from abuse and of responding well when it happens?
- How do we respond to people who have been hurt by it?
- How can we address the questions raised by safeguarding about humanity, sin, forgiveness, repentance, reconciliation, justice, redemption, healing, judgement, hospitality, and the church?

This training is based on resource from Faith and Order Commission, called "The Gospel, Sexual Abuse and the Church" – the purpose of this booklet isto enable conversation on these issues in the local church (like we're doing today); too much info for one session but this will help you to start having that conversation.

Today's aims:

- to understand impact of sexual abuse on survivors and reflect on how churches can be places where this need not get in the way;
- to reaffirm relationship between safeguarding policies and the gospel by unpacking beliefs about things like forgiveness and how they apply in this context.

**This session is based** on a resource from the Faith and Order Commission which is excellent, and is available here: <https://www.churchofengland.org/sites/default/files/2017-10/theologicalresourcefocweb.pdf> [accessed 13-6-19].

### **There may be people**

present who've been affected by sexual abuse in some way – will be coming from different places in dealing with it, need to be sensitive, but at same time have no no-go areas, so that all issues can be addressed.

### **People often wish to**

challenge these figures – don't allow them to be distracted from the point that even if numbers were half of what is given here, it would be very unlikely that survivors are not represented in your church, albeit that you may never know who they are.

Not safeguarding training; supplements it.

Not here to share personal stories, but to look at issues.... If need to talk further... see handout (Appendix 18).

Heavy topic, so will be in two parts – issues around survivors, then short break to give chance to lighten mood before issues around abusers.

### Survivors in the church (45 mins)

- In 2s/3s discuss (10 mins): What responsibility do you have as a church community to identify and address those aspects of your common life that abuse survivors may find difficult or distracting? Feedback.
- What do we mean when we talk about "sexual abuse"?
  - ask for responses – get it named
  - include whole spectrum
  - doesn't always involve physical force (can appear loving, gentle; about lack of consent, inappropriateness, imbalance of power, emotional pressure including "outside" factors, result of grooming which builds relationship and inhibits reaction; role of secrecy, and of threats e.g. of others being upset) – huge emotional pressure
  - perpetrator most likely family / friend / trusted authority figure
- Prevalence
  - ask: what do you think is the prevalence of sexual abuse?
  - you will know people who have been abused, also those who've been affected (close friends, family)
  - 2015: 7% reported (11% female, 3% male) – but many who haven't reported (see historical abuse cases), particularly hard for males (because fewer males have reported) – estimate is 1 in 4.
  - therefore very unlikely not to be represented in your church
- Effects: ask – what might be the effects of sexual abuse?  
Ensure that discussion includes all of the following:
  - not in proportion to what happened
  - touch
    - ask: when, in your church, might a survivor struggle because of their difficulty with touch? (draw out welcome, sharing the Peace, prayer ministry, anointing, blessing)
  - public spaces – wanting to sit with back to wall/pillar, near door as escape route

**Some people find**

this conversation hard to engage with, but it's important to encourage thinking around what might be difficult for individuals, and how this could be worked around. For example, in what ways could the Peace be introduced so as to allow people not to feel obliged to engage in physical contact?

**Remember that any**

of these areas could be difficult for people for a number of reasons other than abuse – so [a] it's important not to red too much into someone's difficulty; and [b] these increases the number of people to whom this discussion is applicable.

- kneeling in front of someone (submissive, also oral sex)
- invasion of space (communion – wafer being placed in mouth)
- sex
- boundaries
- trust (generally: authority figures, particularly: gender/role); need extra time to build up relationships
- self-image
  - ask: how might a survivor's self-image be affected by their experiences? – draw out that it is poor, feel guilt / shame / dirty / bad; can't easily "hear" positive messages; poor image reinforced by some language in hymns / liturgy ("miserable offenders", "we are not worthy..."); difficulty experiencing compassion
- recovery time: impact is huge, can be life-long, people may make some (or a lot) recovery but not as if it hadn't happened; people learn (as abused children) defence mechanisms like not allowing touch, and reflex responses
- Difficult stuff in church: ask for ideas; in conversation, draw out:
  - conversations around healing
    - expectation that person should be fully recovered, "over it"
    - if not healed, must be survivor's fault
    - speaking against counselling/therapy
  - expectation of forgiveness (will look at forgiveness later) – particularly when still living with consequences, this is a process not a one-off
  - language used (gender-specific, "Father" etc, intimate language in worship songs)
  - attitudes e.g. collective groan in PCC when safeguarding is mentioned, perceived unwillingness to follow procedures
  - emotions: may wish not to be involved in something which touches emotions; may become emotional (for no obvious reason) which others can get fed up with
  - expectation of trust (which might be rationally possible, but isn't because of defence mechanisms)
- Things not to say!
  - suggestions?

- Christians shouldn't need counselling
- That's not going to happen here
- Just get over it
- It must've been partly your fault
- You just need to forgive
- You need to join in more
- ???
- In 2s/3s (10 mins): How can your church become a church where those who have been hurt by abuse don't find further hurt, and maybe even find compassion and those ready to travel patiently with them?
- Any questions?

### **Coffee break**

#### Abusers in the church

Said at the beginning:

When someone is abused it is a violation of a human being

- who is made in the image of God
- for whom Christ died
- in whom the Spirit dwells

The person who has done that violation – the abuser, or perpetrator, or offender – is also a human being

- who is made in the image of God
- for whom Christ died
- in whom the Spirit dwells
- and who has wounded others and also themselves

Question: Jesus – came that they might have life – abundantly – what does abundant life look like for the abuser, the survivor, the church community?

Have some discussion around some of the stuff that makes this difficult. To start: continuum (look at the two statements on opposite walls ["Forgive and forget" through to "Forgive but don't repair relationship"] and stand on the imaginary line between them) – use this to provoke discussion, drawing in the other continuum statements if necessary:

- "Forgiveness requires repentance" through to "Forgiveness is all about the forgiver"
- "Forgiveness removes consequences" through to "Forgiveness doesn't affect justice"
- "Nothing is unforgiveable" through to "Some things are unforgiveable"

These are not meant to be fool-proof "opposites", but to provoke and encourage discussion about:

**It may be necessary** to spend some time with the idea that this description fits offenders as well as survivors.

**People often need** help to engage with the ideas that forgiveness doesn't equate to a negation of our safeguarding responsibilities, and that appropriate boundaries protects the offender from themselves.



**What might each of these ideas look like in practice?**

- what is **forgiveness**; what does it look like; does it require being sorry; who has a “right” to forgive; process (rather than one-off or instantaneous); redemption; what is there to forgive in these situations? (i.e. includes misuse of power and betrayal of trust)
- what is **repentance**, what does it look like? - for all it can be a journey, sometimes able to travel and sometimes unable to make much progress, sometimes fail; repentance begins as response to God’s justice;
- **reconciliation / boundaries / protection** (of vulnerable, of abuser from themselves – those tempted but not wanting to abuse and those looking for opportunities to; addictive behaviour; strength of temptation and diversity of motivations);
- **hospitality** (welcome as covenant, with expectations and consequences; hallmark of care is protection);
- **church as school for sinners** not club for righteous – all sinners on journey;
- **healing** (involves forgiveness, but healing eschatological, no miracle cure);
- whose **judgement**;
- **justice** as entailing striving for right relationships in which all can flourish;
- **sin** (wound) has consequences
- what is the gospel (**good news**) for actual/ex/potential offenders
- does **redemption** wipe out the past – and its consequences

Then discuss: What kind of community do we need to be in order to witness to the world concerning the gospel?

- Place of lament as well as joy
- Love which welcomes, but recognises we’re all sinners, holds people to account, protects
- Living in the now-but-not-yet, eschatological, kingdom – in Christ God has overcome power of sin, evil, injustice and death... but has yet to be fully realised, therefore work within boundaries appropriate for inclusion of those who are known to have behaved in a way destructive of trust

Finish the session with opportunity for questions, and with a short time for reflection or closing worship.

## Session 6: Understanding death, dying and bereavement

**The preparatory** work for this session can be found in Appendix 2.

**Remember that this** session needs to be slow, paced and sensitive; and to give participants time to think, talk and care for each other.

### **Introduction:**

The ground rules: (5 minutes) Go back over them in detail and ask if they have raised any issues or questions for participants during the period since the first session. Ensure participants still feel able to sign up to them.

Recap from Session 5: (5 minutes)

Understanding and talking about death and dying – ideally, as with many of the other sessions, the input for this session will be delivered by a speaker (preferably a minister with lots of experience, a hospice chaplain, or other hospice professional). If there is no outside speaker, the content below can be delivered.

**Death Talk** (60 minutes) Use the Grave Talk card game here (available from a range of book suppliers including online). Facilitate in groups the whole exercise.

### **Change and Loss**

Stories: Distribute the three stories in Appendix 19, and ask the groups to discuss the common themes and issues that arose for them. Take the group through the feedback and recognise that:

- Change and loss, including death are aspects of life, and an integral part of being human, because we live on earth in time.
- Change and loss are a component of all pastoral encounters – life is a series of constant changes, giving, receiving, leaving, arriving, losing, finding, goodbyes and hellos. Death of course does not lead to an opposite state here on earth. Loss is common to human existence and affects everyone regardless.

Short exercise – pairs list individually the changes and losses they are currently facing (sensitivity is required – explain they do not need to list anything that they do not want to talk about). Then they should discuss with their partner and list in order those that are the least important and up to those that are the most. Discuss with each other in pairs why each other may rank the same sort of thing differently.

- Take observations about the conversation. Note how some people see opportunity in change and loss, some more than others, and some people find it all unsettling or upsetting. Recognise that how people react is important and understanding that important in pastoral ministry.

**“It is 8.15 and you** have to be at work by 9.00. It will take at least 30 minutes to drive there. You need to be on time because you have a very important meeting. You cannot find the car keys anywhere...”

Common responses to change and loss – Despite their different reactions to change and loss everyone experiences the same gamut of emotions and reactions – physically, mentally, emotionally, spiritually and in how they behave. Pose a situation to the group (see the side bar) and ask them to imagine themselves in that situation. Get the group to brainstorm how they would feel across those 5 dimensions. Discuss. Ask them to then imagine (but not discuss) how they would react if they got a phone call about something much more serious. The reactions are likely to be much more severe, much more distressing and longer-lasting.

Note that several factors affect and determine how individuals react to loss, and extreme change. The three main determinants are:

- How much one cares about what or who has been lost and how important it is to one
- Whether there was any choice about it
- Whether it was sudden or unexpected.

On top of this responses to bereavement can be further complicated by the nature of the relationship with the deceased, or when grieving is delayed by circumstances or trauma.

Responses change over time. In bereavement the same things happen as with other loss but in a more extreme form. Usually this is described as the “stages of grieving”. Accompanying each stage are certain reactions: Initially this is usually numbness and disbelief; anger as well as distress; a sense of aimlessness; physical discomfort; lack of appetite; sleep disturbance; irrational impulses; disorganisation and depression. These reactions are normal. They follow no specific order or timetable and those experiencing them will find it hard to understand that it is normal. In addition individuals may also experience a loss of identity, a loss of a sense of what normal is like, and a loss of friends or social circles. Over time (and how long varies hugely) these experiences are replaced by a rebalancing of what life consists of, resignation and a slow acceptance of a “new normal”. This can take a relatively short time or a very long time or anything in between.

There are no solutions in pastoral ministry in these circumstances, but some things can help:

- Give people an opportunity to express their feelings
- Support friends to remain involved
- Give people opportunities to talk – about anything they want to
- Talk about who they have lost
- Provide practical help and support
- Talk about past times and memories

**The “stages of** grieving” follow no specific order or timetable and those experiencing them will find it hard to understand that it is normal.

There are also some dos and don't's

- Don't make assumptions
- Don't try to solve the situation
- Do accept whatever emotional reactions you encounter
- Do have the courage and persistence to approach the bereaved person, even if they push you away (but also the insight into knowing when **not** to push back.
- Do remember that even in the most tragic circumstances they will have ordinary everyday needs
- Do offer specific timed practical help
- Do ring them with suggestions as well as saying "ring me if you need me"

Refer people to the reading list to read up more of death and dying. Also give them the handout with a list of End of Life Care resources (Appendix 20)

Finish the session with opportunity for questions, and with a short time for reflection or closing worship.

# Session 7: Understanding caring for the carer

**The preparatory** work for this session can be found in Appendix 2.

**Wanted: Family Carer** – family member or family friend for rewarding and demanding work. The job may include heavy lifting and will be mentally and emotionally exhausting. Hours: 24 hours a day, 7 days a week or on call 24/7. Holidays – you have got to be kidding! NO PAY.

## **Introduction:**

The ground rules: (5 minutes) Go back over them in detail and ask if they have raised any issues or questions for participants during the period since the first session. Ensure participants still feel able to sign up to them.

Recap from Session 6: (5 minutes)

Caring for the Carer: This is another session which ideally benefits from having a Speaker. Try local voluntary sector organisations supporting carers especially Suffolk Family Carers who are excellent. The session can be also be amalgamated with the section in Session 4 on illness and disability if wished. The session should cover:

- Caring; what it consists of;
- Caring for the carer;
- understanding carers' responsibilities, accessing support, the impact of guilt and duty, anger and resentment.

If it is not possible to get a specialist speaker, use the content as follows:

## **Being a Carer**

Ask participants to draft an advert for the role of being an unpaid family carer. Share each other's adverts and discuss. Then tell the group what a real carer wrote (see side bar). Discuss what this may mean for individuals.

Data about carers: Distribute the "Quick Carers Quiz" (Appendix 21) and give participants 10 minutes to complete it on their own (nb have some sweets ready for the winner). Then give out the answers (Appendix 22) and discuss.

Issues for Carers: Refer people to Healthwatch's research [www.healthwatch.co.uk/report/2018-10-01/whats-it-being-carer-0](http://www.healthwatch.co.uk/report/2018-10-01/whats-it-being-carer-0). Note that Carers are not always aware of their rights to an assessment and information and advice. Carers only start looking for help when they reach a 'crisis' point. Any delay in accessing support at this point has an adverse effect on their health and wellbeing. Carers have to wait an average of 57 days for services once they request support. This, in and of itself, is not an overly long wait, the problem is that people are only requesting support when they have already reached crisis. Caring has an impact on:

- household income
- family life
- careers

- health – especially physically and emotionally

Ask the participants to read Dick's story (appendix 23) and then discuss on their tables what the Church could do pastorally to support Dick and Doris. Ask them to think about and list the issues, the challenges and the concerns for anyone being asked to visit them both for the first time pastorally.

Ask the tables to share the content of their discussions. Then ask them to read the story of the impact a pastoral visit had on one family (appendix 24)

**Caregiving requires** the ability to love selflessly, not expecting anything in return.

Young Carers – ask the group to think about the special issues involved in being a young carer. Then ask them to read and discuss Appendix 25.

### **Theological reflections**

The Bible is full of references to carers and caregiving – for example, this extract from a Christian website. "Caregiving requires the ability to love selflessly, not expecting anything in return. Jesus taught that, when the rich give banquets, they should not give to their friends and rich neighbours who can pay them back but instead to the needy and poor who cannot repay (Luke 14:12). He also said, "Greater love has no one than this, that someone lay down his life for his friends" (John 15:13). Caregiving requires this kind of love. Mercy, compassion, and selfless love are not easy—in fact, humanly speaking, they are impossible to do with a completely righteous attitude (Romans 3:10–11). But God is faithful to provide strength, joy, and cheer if we ask Him (Matthew 7:8; Luke 11:9–12; Galatians 5:22; 2 Corinthians 9:7). With His strength caregiving (and any other incredible feat of love) is more than possible (Mark 9:23; 10:27)." (<https://www.gotquestions.org/Bible-caregiving.html>)

**There are real pitfalls** in simplistically equating being a carer, and providing caregiving, with expectations and exhortations in the Bible.

However there are real pitfalls in simplistically equating being a carer, and providing caregiving, with expectations and exhortations in the Bible (e.g. a completely righteous attitude). To do so runs the risk of compounding all the normal feelings of struggle that carers experience with feelings of guilt, responsibility and shame. A much more pragmatic attitude is likely to be more effective, although it is still important to help carers feel God is there to support them in their darkest hours and does not expect them to carer without counting the cost. Walking alongside a carer, supporting them in their own decisions, actions, highs and lows, and modelling Christ's walking alongside us is the pastoral approach most likely to be effective

## Coffee

Looking forward (20 minutes): If adding in the session on illness etc from Session 4 put it here. If not, ask participants to talk to each other about what they feel they have learnt, what more they need to know and how they plan to apply the learning, and then work out for themselves three things they are going to do over the next 6 months.

Summarise the ground covered over the past sessions. Set out again what pastoral ministry includes:

- befriending
- promoting self help
- giving material help or support, advice or guidance
- creating opportunities for people to learn and grow
- giving people a chance to talk about their faith, refresh their faith, access their faith or come to faith
- walking alongside other
- conflict mediation
- community developments
- a wide variety of practical activities
- protesting against injustice, inequality and discrimination
- serving others

Over the course we covered:

- frameworks for pastoral care
- the basics of pastoral care
- self care and boundaries
- power and authority
- safe practice and safeguarding practice
- domestic abuse and coercive control
- mental health
- disability and chronic illness
- the Gospel, sexual abuse and the Church
- understanding death and bereavement, loss and change
- caring for the carer

Opportunity for questions.

In summary, remind participants that pastoral ministry is rooted in God's love for us all, takes many forms and is neither self-serving nor an opportunity to evangelise. It is more than tea and sympathy, invaluable though that can be. It is intentional and consciously executed but is not and should not become counselling. Leave that to the professionals. It requires self-awareness and insight, self-control, oversight and accountability. It also requires the exercise of some key skills and some basic knowledge – the mantra "I don't know but I can find out" is

**Pastoral ministry is** rooted in God's love for us all, takes many forms and is neither self-serving nor an opportunity to evangelise.

invaluable. It also requires humility – you cannot resolve issues but you can signpost and support people towards solutions. It is messy, frustrating, hard work and emotionally demanding. It is also, with God's help, infinitely rewarding.

Finish with the 6 "built on" phrases. Pastoral Ministry is built on love for others, built through relationships, built within a framework that is explicit and well understood, built around rules and expectations, built in order to build up others, and built with God's support in Christ's name.

Finish the session with a short time for reflection or closing worship.



# Appendix 1: Enhancing Pastoral Ministry Follow-up Questionnaire

**Name:**

What have you learned from this module (be specific!)?
In what ways have your skills developed or been added to during this module?
How has your practice changed, so far, as a result of this module?
What necessary changes to future practice, challenges, and questions have been raised by this module?

## Appendix 2: Preparatory Work

### Session 1: Frameworks for pastoral ministry 1

- Answer the following “baseline” questions and bring these to session 1 to hand in to the module tutor – these will enable you and the tutor to gain an overview of the group’s current understanding, and to provide a yardstick against which to measure progress at the end of the module:
  1. What do you know about pastoral care?
  2. What relevant experience have you so far?
  3. What do you think you need to learn from this module?
  4. What skills do you hope to acquire in this module?
- Read the Introduction and Chapter 1 “Aspects of pastoral care” of Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). As you read, make a note of the things which stand out for you, and answer each question in each of the “Reflection” boxes.

### Session 2: Frameworks for pastoral ministry 2

- Read Chapter 2 “Power, authority and vulnerability” of Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). As you read, make a note of the things which stand out for you, and answer each question in each of the “Reflection” boxes.

### Session 3: Understanding domestic violence and coercive control

- Read Chapter 3 “Boundaries in pastoral care” of Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). As you read, make a note of the things which stand out for you, and answer each question in each of the “Reflection” boxes.
- Reflect on the following Case Study:

Mrs A is a very quiet, unassuming and reliable member of the Mother’s Union. She seems devoted to her husband and her two children, and is renowned as an excellent wife and mother. She attends meetings but rarely offers a view. Her husband Mr A is the churchwarden, a member of deanery synod, the Tower Captain, OCC Treasurer and chair of the Building Committee. Mrs A’s children are also very quiet, unassuming and reliable.

A new member of the Mother’s Union, Ms Z a single woman, who is far from the stereotypical member of a church community, with two children of similar ages to Mrs A’s strikes up an unlikely friendship with Mrs A, and the 4 children get on very well. However, Mrs A suddenly stops talking to Ms Z and the 4 children are not allowed to talk to each other. Mrs A leaves the meetings very quickly after that. One day Ms Z’s son tells her that Mrs A’s son is very frightened of his father and always has to do what he is told.

What should Ms Z do?

Think about and jot down the various options open to Ms Z and what you would do if Ms Z talks to you about it.

#### **Session 4: Understanding mental ill-health, chronic ill-health, disability and dementia**

- Read Chapter 4 "Living well in ministry" of Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). As you read, make a note of the things which stand out for you, and answer each question in each of the "Reflection" boxes.
- Reflect on the following Case Study:

A young man called Sam started to come into church services and sit quietly at the back but avoided talking to anyone. He was very shy and could not look at anyone directly, and he was quite jittery too, always wiggling and moving in his seat. He had bright blue hair and lots of piercings and wore a leather jacket and ripped slightly dirty jeans to every service. He sang very loudly and he waved his arms in the air which was not the usual tradition in this particular church. He left before coffee every service for a couple of months so he avoided having to interact with anyone. Several members of the congregation found him intimidating and started to sit as far away as possible from him.

One day he arrived in church talking 90 to the dozen to himself and anyone else in a very fast high excited voice, and then he laid down on the floor in front of his seat and went to sleep. The next week he arrived shouting about demons and pointing at the members of the congregation who had moved from sitting near him to sitting a long way away from him. Then he laid down on the floor for the whole service, before leaving the church in floods of tears.

What do you think the churchwardens should be doing at this point?

And what about the person taking the service?

Is there a place for Sam in that church? How best can Sam be supported to worship? And how best can the congregation be supported to understand Sam's approach to worship and embrace it?

#### **Session 5: Understanding the Gospel, sexual abuse and the Church**

- Read Chapter 5 "The minister's personal relationships" of Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). As you read, make a note of the things which stand out for you, and answer each question in each of the "Reflection" boxes.
- Reflect on the safeguarding training you have undertaken to date and think about how that training has influenced your approach to pastoral ministry if at all. Reflect on the following Case Study:

Jacob is an awkward but very charming 17 year old. He is a longstanding member of the church and has been attending ever since he was a baby. He sang in the choir until his voice broke, he helped with the Sunday school and messy church, and was a member of the cubs then scouts, and he was confirmed when he was 13. He was part of a loving happy church family, and had lots of friends. The incumbent was friends with the family and got on really well with Jacob. The incumbent thought Jacob might be gay but had only wondered about it and not talked to anyone about it, least of all Jacob.

One day he approached the Incumbent asking if he could talk to him about something private and very personal about his faith. The incumbent arranged to meet him at the vicarage. He made sure he left the door to his office slightly ajar, and told his partner to bob in with drinks and refreshments, and to keep an eye out

for him. Jacob started to talk at length about feeling very conflicted about his faith, and about feeling called to the priesthood. After a conversation, the incumbent gave him some reading material and arranged to meet him again after a month to explore things further. This happened a couple of times, and they had some very deep and thoughtful conversation about vocation and faith. At the third visit Jacob started to talk about feeling unworthy and sinful because of something he was finding it very hard to talk about. He said he really needed some help to talk it through but that it was confidential.

What should the incumbent do at this point? What might Jacob be referring to?

### **Session 6: Understanding death, dying and bereavement**

- Read Chapter 6 "Transition, loss and bereavement in ministry" of Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006). As you read, make a note of the things which stand out for you, and answer each question in each of the "Reflection" boxes.

- Reflect on the following Case Study:

Jenny is one of the parish pastoral ministry team members. She is well balanced, mature, sensitive, empathetic and practical. Much loved by the parish she is exceptionally good in situations where individuals are facing loss and bereavement, and at post funeral follow up care. She is confident and capable and uses her supervisor well to talk through a range of issues.

One day the vicar asks Jenny to go and see Katie and John because of a family bereavement. It is a very hurried conversation in passing, and she gives Jenny their address but does not have the time for giving her any details. Three days later the vicar finds Jenny on her doorstep in floods of tears unable to speak for crying. She invites her in and Jenny says, once she has calmed down a little, that she will have to stand down from the pastoral ministry team. Mystified, the vicar asks Jenny why and is surprised when Jenny starts to shout and yell at her that it is because of what the vicar has done and it's all her fault. After some time the vicar establishes that Katie and John's bereavement had seriously upset Jenny who, instead of being able to offer warmth and sympathy had broken down and sobbed uncontrollably at their house, leaving them to comfort her.

Consider why this may have happened? What should happen next do you think?

### **Session 7: Understanding caring for the carer**

- Read the three stories you were given at the previous session about different carers' experiences of caring for someone and think about your own experiences of caring for someone you love.

- Reflect on the following Case Study:

Teigan is a 10 year old who goes to the local church primary school. She is bright, articulate, and engages well in RE lessons. She asks the lay reader who comes into school to take assemblies if she can go to the next confirmation class the reader was telling the assembly about, and the reader says she can if her parents say she can. She gives Teigan a letter to take home to her family telling them about the classes and asking for parental permission. She is surprised the next time she goes

into school when Teigan tells her that her mum has said no. Teigan says "its because of my brother" but does not elaborate. The reader talks to Teigan's teacher after school has finished and she finds out that, much to her surprise, Teigan goes home from school and then has to look after her 18 year old brother who has multiple severe physical and learning difficulties whilst her mum (a single parent) goes to her part time job as a cleaner for 6 hours a night. Teigan gets his tea, feeds him, and keeps him company until their mum gets home.

What do you think the reader should do at this point?

## Appendix 3: Further Reading

Participants do not need to read all these but they are listed for reference and for follow up reading.

- Ainsworth-Smith I and Speck P, *Letting Go: Caring for the Dying and Bereaved* (London: SPCK 1999)
- Archbishops' Council *Grace and Disagreement: Shared conversations on Scripture, Mission and Human Sexuality* (London: The Church of England 2014)
- Ballard P and Pritchard J, *Practical Theology in Action* (London: SPCK 1996)
- Bennett Moore Z, *Introducing Feminist Perspectives on Pastoral Theology* (London: Sheffield Academic Press, 2002)
- Bons-Storm R, *The Incredible Woman: Listening to women's silences in pastoral care and counselling* (Nashville: Abingdon Press, 1996)
- Doehring C, *The Practice of Pastoral Care* (Louisville: Westminster John Knox Press, 2006)
- Goodliff P, *Care in a Confused Climate* (London: Darton, Longman and Todd, 1988)
- Harper R and Wilson A *To Heal and not to Hurt* (London: Darton, Longman and Todd, 2019)
- Jacobs M, *Swift to Hear: facilitating skills in listening and responding* (London: SPCK, 1985)
- Lyall D, *Integrity of Pastoral Care* (London: SPCK, 2001)
- Merrington B, *Pastoral Care: A practical guide* (Stowmarket: Kevin Mayhew 2012)
- Messer N, *Going by the Book: the Bible and Christian Ethics* (Norwich: Canterbury Press 2006)
- Morisy A, *Beyond the Good Samaritan* (London: Continuum 1997)
- Nouwen H, *The Wounded Healer* (London: Darton, Longman and Todd, 1979)
- Peterson E *Five Smooth Stones for Pastoral Work* (Leominster: Gracewing 1980)
- Rayner E, Joyce A, Rose J, Twyman M and Clulow C, eds, *Human Development 4<sup>th</sup> edition* (Hove: Routledge 2005)
- Taylor M, *Learning to Care: Christian Reflection on Pastoral Practice* (London: SPCK, 1983)
- Whipp M, *SCM Studyguide: Pastoral Theology* (London: SCM Press 2013)
- Willows D and Swinton J, *Spiritual Dimensions of Pastoral Care* (London: Jessica Kingley Publishers, 2000)
- Woodward J and Pattison S, *The Blackwell Reader in Pastoral and Practical Theology* (Oxford: Blackwell Publishing, 2000)
- Wright F, *Pastoral Care Revisited* (London: SCM Press, 1996)

## Appendix 4: Ground Rules

These should be explained at the start of Session 1, and reiterated at the start of every following session:

- Sensitivity
- Respect for each other – and for the points of view expressed
- Active listening,
- Active participation
- Confidentiality – and its limits!
- Support – for individuals
- As safe an environment as possible
- See page 12 of the core text book: Litchfield K, *Tend My Flock: Sustaining good pastoral care* (Norwich: Canterbury Press, 2006).

## Appendix 5: Listening Skills Exercises

Use one of these two listening exercises – whichever you feel more comfortable with.

**Exercise 1:** Working in pairs, ask the couples sit next to each other back to back. One of them has a drawing pad and pencil, the other has a completed diagram of several complex shapes making up a two-story house with a garage. The one with the drawing has to describe to the other how to draw the lines and shapes without telling them what the actual picture is or indeed what the components are (ie draw a line vertically, then half way up it draw another line horizontally etc). When they have finished or after 5 minutes get them to show each other what they have described/drawn. Talk about how difficult it was to communicate the instructions in a way that led to an accurate drawing

**Exercise 2:** Get everyone to hold a rectangular piece of paper then shut their eyes and follow your instructions as you describe how to fold it into a complex shape, and actually fold it yourself. When you have described each step get them to open their eyes, look at your shape then at theirs. Talk about how difficult it was to communicate the instructions in a way that led to an accurate reproduction of your folded shape.



## **Appendix 6: Pastoral Ministry – theological foundations**

I made the assumption for many years that pastoral care was the term for social work in the church. It was about visiting the sick, providing for the poor, counselling the confused, befriending the lonely, caring for the needy, and helping people with their problems. This was the stuff pastors should do. Preachers preached, but pastors took care of people's social, relational, physical, emotional (and sometimes spiritual) needs. I think it's what most people take pastoral ministry to be and I don't think that's wrong but...incomplete.... But when you look at the phrase etymologically and scripturally a slightly wider understanding emerges.

The word pastor comes from Latin word for shepherd. Pastoral ministry is the ministry of shepherding. It's a leadership picture that uses the image of the shepherd to describe the roles and responsibilities of those who lead God's people. It's an idea that starts with God himself. God is the Shepherd and he leads his sheep where he wants them to go.

Arguably the most famous description of this comes from Psalm 23; pastoral ministry involving leading others to green pastures, to still waters, restoring their souls and leading them in the paths of righteousness, as well as comforting and protecting....and with the end in mind being that we are to dwell in the house of the Lord forever. I mention this because sometimes I think we get confused about what we're aiming at in pastoral ministry – of course it involves binding up the broken and caring with compassion but there is a direction to this beyond simply meeting people's needs, and that is, under God's shepherding, to lead others into deeper relationship with God. Into His way as expressed in Jesus and into eternity with God.

To give an example, in terms of restoring the soul, take the musician Vedran Smailovic, who a mortar shells rained down on Sarejevo in the ugly civil war in Bosnia in the 90s did the only thing he could do – play the cello. In the midst of the destruction of buildings and the killing of family and friends, Vedran played, in full formal attire. No one knew where or when he would play, but as soon as he started crowds grew. Grieving and starving, the people gathered to listen. Why? As Vedran put it, "They were hungry, but they still had soul". Vedran's music spoke of another world of beauty, truth and goodness which was yet at hand, and became a source of hope and healing. "He will restore my soul".

### **Theological foundations for Pastoral Ministry**

This sounds rather grand and there are many ways into this but today I want to ground pastoral ministry in our baptism. Who has been baptised here? Martin Luther said "we all crawl towards our baptism" by which I assume he meant we only slowly come to register what our baptism means and live out of it.

For the Church baptism is about dying to an old way of life and rising to a new way of life. Jesus comes up out of the water and receives the Spirit and hears the voice of the Father — "This is my Son, my beloved, in whom I am well pleased". So too the newly baptised Christian hears "You are my son/daughter" as that individual begins their new life in association with Jesus. To be baptised is to recover the humanity that God always intended. And what did God intend? He intended that human beings should grow into such love for Him that they could rightly be called God's sons and daughters. Of course there is not an immediate transformation – we have to grow into our baptism, crawl towards it as Luther says or paraphrasing St Paul, we have been clothed with Christ but we have to grow into that clothing so it fits.

The story of Christianity is partly the story of how human beings have let go of their true human identity, abandoned it, forgotten it or corrupted it. What Jesus does is restore in his own person humanity to what it should have been. And what is more, comes to restore our humanity. So one might expect the baptised, those raised in Christ, like Christ to be near to those places where humanity is most in need of restoration. As Rowan Williams puts it, "Christians will be found in the neighbourhood of Jesus – but Jesus is found in the neighbourhood of human confusion and suffering, defencelessly alongside those in need. If being baptised is being led where Jesus is, then being baptised is being led towards the chaos and the neediness of a humanity that has forgotten its own destiny". And of course we baptised Christians will also be in touch with some of the inhumanity and muddle inside ourselves, in touch with the depths of our own selves in need, but also in the depths of God's love. This is a pretty solid basis for pastoral ministry.

Baptism involves both a washing, cleansing and re-creating AND a call to going with Jesus to the heart of human need under the Holy Spirit's guidance. Now this is really important because one of the dangers of pastoral ministry is the deification of human agency and how we act on behalf of Jesus and in Jesus' place, burning ourselves out and then resentfully pondering why God didn't help us out. Actually, to open up to the Spirit and participate in Jesus way is in part to constantly re-discover and re-enact the Father's embrace of Jesus in the Holy Spirit. The baptised person is not only in the midst of human brokenness and need but also in the middle of the love, delight and joy of the Father, the Son and the Holy Spirit.

In short, to be engaged in pastoral ministry requires us not simply to be in earnest about the needs of others but also joyful in our sharing in God's way.

But I fear our approach is rather more earnest than joyful, and that an implicit assumption is that once pain and need is alleviated, then there'll be a place for joy. But joy for Jesus and joy in the gospel is not postponed or pushed back to an ever receding future; Jesus does not say "I have said these things so one day you can rejoice" he says "I have said these things to you so that my joy may be in you, and that your joy may be complete.

There's much more to say about such things but for now, the baptised person is in the middle of two things that seem quite contradictory – in the middle of the heart of God, the ecstatic joy of Father, Son and Holy Spirit; and in the middle of a world of brokenness, suffering, sin and pain. And just as Jesus takes his stand right in the middle of those two realities, so we do, for "where I am, there will my servant be also" Jn 12.26.

One of the ways our pastoral ministry can go awry is as we take our eyes off Jesus and fail to participate in his way - Geoffrey Howard gives a good example of this in his book *Dare to Break Bread* –

9.20am walk into church – Ernie is polishing the nave floor – "Ernie, I appreciate what you're doing but please, not on a Sunday morning".

9.51am walk into vestry, ill-prepared for worship – need the amount the fayre made yesterday from Brenda – find her only for her to issue a torrent of pent up emotion about another member of the congregation she had a conflagration with at the fayre.

9.54am on way back to vestry Ernie stops me – "I stopped polishing the nave as you asked and thought I'd do the kitchen floor and Dora tore me off a strip – pulled the plug out, she did".

9.57am and the guitarist stops me – “can you tell the organist not to choose the hymns next time without consulting me?”

Half-an-hour later I’m on the chancel steps saying “peace be with you” and felt I should walk down among them but feel unable to do so; “Lord, I am nauseated by this hypocrisy – sworn enemies pretending to share the peace, their pettiness, bitterness, control-freakery”...and then Rev Geoffrey imagines Jesus’ response – I understand your exasperation Geoff – I spent 3 years with the 12 trying to get them to forget about themselves and live for me and one another. Teaching didn’t do it, nor miracles, even placing a child among them – they said they got it but they hadn’t...At that final meal I knew they would disown me but I wanted them to eat and drink of me all the same – even my betrayer – when I him the bread I gave him myself- he was taking me to do with me as he pleased. I gave myself unconditionally – that is what I do in the Eucharist. Later in the garden he led the soldiers to me and exchanged with me the kiss of peace. The peace I gave him was unconditional, it was not dependent on his accepting or returning it. Now Geoff, do you think that you can go down the chancel steps and do the same?

To sum up thus far, baptism restores an identity that has been forgotten or overlaid. Baptism takes us to where Jesus is, participating in His way, and therefore into closer neighbourhood with a disordered and fallen world, and into closer neighbourhood with others invited there. All of which grounds our pastoral approach.

Let me now suggest three dimensions of pastoral ministry arising from this – the prophetic, the priestly and the kingly. For many centuries the Church has thought of Jesus as anointed by God to live out a threefold identity; that of prophet, priest and king and these three ways of Jesus being human are to come to characterise us as well as the baptised.

First the prophetic. This is not primarily about telling the future but rather, as with the prophets of the Bible, to act and speak to people to call them back to their essential identity and who they are meant to be. It may seem surprising that pastoral ministry involves challenging people to be who they are meant to be, but that is part of the picture. To be the ones who, for example, look around the Church and might be prompted to say “Have you forgotten what you’re here for?” or “Have you forgotten the gift God gave you?” Stanley Hauerwas, that rudest of theologians, tells of a time when he was in hospital in some pain and a young chaplain came by his bed and engaged Hauerwas as a clinical pastoral counsellor. Hauerwas looked straight at him and said “if you’re not here to pray for me then you can go to hell”. Not the politest way to be prophetic, but candid.

A gentler example is from Michael Mayne who just as he was becoming Dean of Westminster Abbey, suffered a bout of ME ... and in his book *A Year Lost, A year found*, reflected on those who visited him while in hospital. He writes of how John Donne said “as sickness is the greatest misery, so the greatest misery of sickness is solitude”. He did feel cut off, in need of reassurance, and found the most effective response to be by touch and by prayer. “I was so grateful to the small number of priests who overcame their understandable shyness with a fellow-priest and laid hands on me and blessed me; and I knew which way I would decide in future when visiting sick people either at home or in hospital”. (Of course with heightened concerns about safeguarding we need to be careful here – to ask permission and to be conscious of ensuring an “open” environment here).

Prophetic recalling to our essential identity needs to be done in gentle ways, nudging one another rather than nagging, being suggestive rather than censorious, often a quiet persistent re-calling of

one another to what is most important. It can happen by the seriousness with which we approach worship, the attentiveness we offer a stranger, the care with which we greet someone...

Then there's the priestly role, and I speak here not simply of the ordained, but priestly in a wider sense. In the O.T. a priest was someone who interpreted God and humanity to one another, building bridges between human beings and God. One priest told me of how he took a wedding in May and at the reception sat next to a 20-something bridesmaid. They talked about his sermon and then about herself, and she explained that she could no longer believe because of the early and tragic death of her mother, and how God could be so ...indifferent. The priest didn't come up with any clever theodicy or clipped response to the problem of suffering but he did say "I've no idea what grief you carry but I do believe this, that God was the first to weep when your mother died". The young woman was clearly moved by this response and it resonated with her earlier understanding of God – and I mention it as an example of a small step towards building bridges between humanity and God.

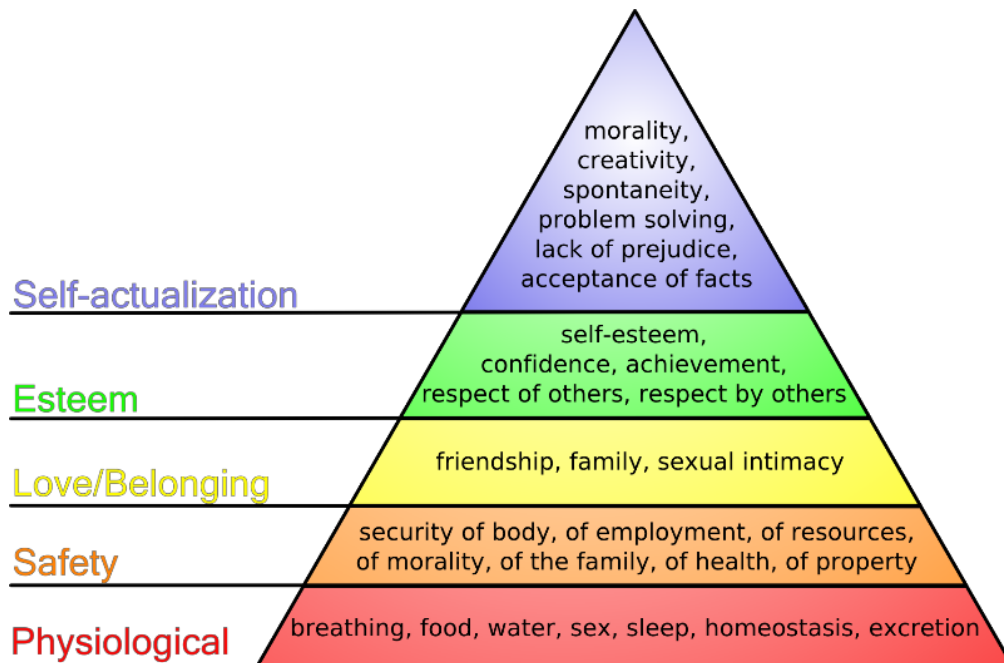
More widely our liturgical leadership is part of our pastoral care, enabling people to attend to God, whether that's the adoration of humility of which Charles Simeon speaks or the astonished reverence for God of which Dallas Willard writes, or in terms of Eugene Peterson's reflections as a pastor, he writes "I was not primarily dealing with people as problems. I was a pastor calling them to worship God". That's quite a shift, of course every congregation has plenty of problems and inadequacies but Peterson is suggesting we don't define the congregation by its collective problems but rather as a company of people defined by their creation in the image of God, living souls whom the pastor regards not as problems to be fixed but as who they are, children of God called to be in communion with God.

And the kingly role. John's Gospel is replete with allusions to Jesus as King, a kingship coming in humility and service, revealed through death and resurrection, and across the gospels Jesus proclaims the Good News of the availability of His Kingdom here and now if we would but have it. And our royal calling is, under Christ to share in this kingly rule, showing in our relationships and our engagement with the world something of God's own freedom, God's own liberty to heal and restore. An academic critical of Jean Vanier's work was studying a French L'Arche community for a short while, and he was asked to lead a grace one evening. Not knowing French he began to stumble through the extensive thanksgiving – at which point one of the profoundly mentally disabled members of the community, Pierre, began to become alert. As the academic struggled on Pierre gestured his support and encouragement, touching the academic's arm. The academic was deeply moved. Pierre recognised what struggle looked like and the academic began to realise that he had despised these people because he feared them. And he feared them for revealing his own weakness, powerlessness and inability to make them strong. And here was Pierre showing him the way, that in the midst of struggle and weakness he was saying "it's ok, you are important, I believe in you, you are invaluable". Liberating and healing, kingly work from a place of humility and service.

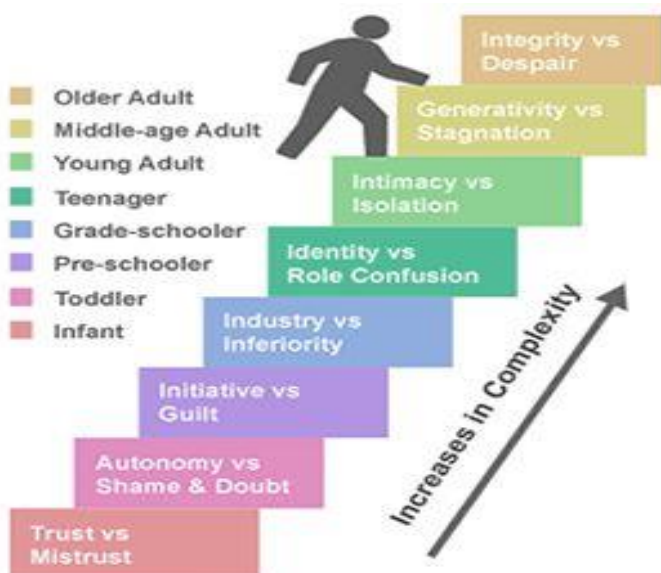
*Bishop Mike Harrison, used with permission.*

## Appendix 7: Models for Human Development

A. MASLOW: Assume most participants will have a basic knowledge of this model.



B. The ages and stages model



C. Erikson's life map (stage/virtue)

- Old age – wisdom
- Middle adulthood – care
- Early adulthood – love
- Adolescence – fidelity
- School age – competence
- Pre-school – purpose
- Toddler – will
- Infancy – hope

## **Appendix 8: Boundaries, power and authority**

### **Case study A**

Joe is a single man in his late middle age, who retired as a solicitor 5 years ago, and who is part of the St Ethelburga's Pastoral Ministry Team. He is a lovely, warm, and caring man, who has a lot of empathy, and a strong calling to Pastoral Ministry. The Incumbent, who supervises the pastoral ministry team, takes a "light touch" approach to his oversight of Joe's work, as he has considerable confidence in Joe.

Joe was asked to start to support Ian, a 23 year old who recently moved into the social housing block near church, and who has been coming to church regularly. He is gawky, awkward, and very, very quiet, but the incumbent knows that he had an extremely difficult relationship with his family, his father was very violent, and that he has grown up in care.

Joe gets to know Ian and they get on very, very well. With Joe's support, Ian starts to engage in various parish activities, manages to get and hold down a job, starts to look after himself better and begins to be a valued member of the church family. Joe and Ian see each other at least once a week, often more, outside the times they meet in church or doing church things. They sometimes have a meal together, or go out to something such as a film, or a concert. Ian speaks to Joe daily, and texts him a lot for advice, guidance or support. After 9 months they are often invited to go to things together, and are sometimes known as little and large, with lots of friendly joshing. Ian asks to be confirmed and Joe supports him through the process, acting as his sponsor, and buys him his suit and bible. Ian sometimes teases Joe by calling him Dad, which makes people laugh, but it is clear Ian has a strong relationship with Joe.

Then, not long afterwards, Joe prepares for his annual trip to the USA to see a friend. Ian asks if he can go with Joe, and Joe says, logically, no, it's a family trip. The day after Joe has left Ian is found in church unconscious having taken an overdose.

#### **Discuss:**

- 1. What do you think was happening in this situation**
- 2. Who was exercising power and how**
- 3. Could Joe and the incumbent have managed this important pastoral ministry situation differently?**

# Boundaries, power and authority

## Case Study B

Jenny is a 58 year old woman, whose children have grown up and left home, and who was divorced 10 years ago. She is retired but very active, a lay elder, a churchwarden and a key person in the village she lives in, being part of at least 5 different organisations. She visits newcomers to the village, and those who are ill, bereaved or otherwise struggling, and sees it as part of her church responsibilities to visit folk pastorally. She is extremely well liked, charming, funny, friendly and warm so is welcomed into people's homes easily.

Sebastian is a newcomer to the village, having moved there after the recent death of his wife. He seems rather lost and lonely, although he is very charming. He chose to move to the village because he and his wife had had their honeymoon there 55 years previously. He is now in his late 70's although he looks younger and is very fit and active.

Jenny visited him when he moved in and invited him to come to church. She also suggested he came to the Wednesday coffee club. He did, and he and Jenny got on well. He found an opportunity to talk to her about the loss of his wife, and how sad and lonely he felt. Jenny felt he was in need of some gentle befriending and set out to do so. He began to come to her house for Sunday lunch regularly, he joined the bridge club and the bowling society, and often picked her up to take her to meetings. He got involved in various aspects of church life, sometimes at Jenny's request, but usually because someone else asked him.

After a year, Jenny felt Sebastian was integrating well into village life, and fully part of the church community and began to see less of him. However lots of people suddenly started to say things like "how exciting", and "we hear congratulations may be in the offing" in rather coy ways. Jenny was understandably rather surprised and concerned but bewildered. The vicar rang her up to ask whether they had set a date for the wedding. Jenny said what and it transpired that Sebastian had been telling people that it was a secret but that he and Jenny were getting engaged.

### Discuss:

- 1. What do you think was happening in this situation?**
- 2. Who was exercising power and how?**
- 3. How could Jenny have managed things differently?**

## Appendix 9: Components of Self-Care

<p>Time out</p> <p>Prayer and reflection</p> <p>Family and friends time</p> <p>Me time – e.g gin and a bubble bath</p> <p>Understanding and recognising your own stress indicators</p>	<p>Time out</p> <p>Prayer and reflection</p> <p>Family and friends time</p> <p>Me time – e.g gin and a bubble bath</p> <p>Understanding and recognising your own stress indicators</p>
<p>Time out</p> <p>Prayer and reflection</p> <p>Family and friends time</p> <p>Me time – e.g gin and a bubble bath</p> <p>Understanding and recognising your own stress indicators</p>	<p>Time out</p> <p>Prayer and reflection</p> <p>Family and friends time</p> <p>Me time – e.g gin and a bubble bath</p> <p>Understanding and recognising your own stress indicators</p>



## Appendix 10: OK or Not OK

Answer the 20 statements below by ticking the "OK" or "not OK" boxes. Do not stop to think but read and respond quickly. The first 10 are statements from a pastoral visitor. The second 10 are requests made to a pastoral visitor. There is no right or wrong answer so don't worry about it. They are for discussion

Statement	OK	NOT OK
1. That's a really lovely vase, Mrs James.		
2. Oh, my brother's an electrician, he can fix that for you.		
3. Of course I can pick up some shopping for you. Do you want to pay me back afterwards?		
4. Yes, I can help you with your benefit claim.		
5. Let's pray about that.		
6. If I were you, I would report that to the police.		
7. Shall I run your bath for you?		
8. Don't be silly, you are going to live a lot longer than this!		
9. Chin up, things will get better, with God's help.		
10. Ok, yes of course I can give you a hug.		
11. Please can you buy me Playboy while you do my shopping?		
12. Please will you take on the legal power of attorney for me, as I have no one else?		
13. Of course that is cannabis, but it just makes me relax.		
14. Please can you help me take my pills?		
15. Don't tell my mum I have a boyfriend will you?		
16. It's ok, the children are always asleep when it happens.		
17. Sometimes I feel like killing myself and my children, I get so tired.		
18. I want you to have it, there is no one else who can.		
19. Please can you rub my back, its aching.		
20. I am at my wits end, what would you do?		

## Appendix 11: Understanding Domestic Abuse and Coercive Control

Domestic abuse is not limited to physical violence. It can include repeated patterns of abusive behaviour to maintain power and control in a relationship. The current cross-government definition of domestic violence and abuse (<https://www.gov.uk/government/news/new-definition-of-domestic-violence> [accessed 13-6-19]) recognises this and defines domestic abuse as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." \*

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

It can involve acts of humiliation or intimidation, or making the victim subordinate or dependent. Examples can include cutting someone off from friends and family, stopping them from having independent finances, and controlling where they go. The offence was created because this form of domestic abuse was not previously covered by legislation.

Katie Ghosh, chief executive of Women's Aid describes it like this: "If your partner is constantly chipping away at your self-esteem and rubbishing you. If they are monitoring who you see, what you wear, where you go and taking away your ability to see your friends and family. Financial abuse, controlling and monitoring what you spend, can also be a warning sign."

(<https://www.bbc.co.uk/news/newsbeat-46347957> [accessed 13-6-19]). Here are some examples.

- Being stopped from working or going to school/college/university
- Having money taken away or controlled
- Being isolated from friends and family
- Having access to food, drinks and day-to-day products restricted
- Having their social media accounts monitored or controlled
- Being told what they should wear
- Being threatened with violence if they do not behave in a certain way
- Having threats made to loved ones or pets.

There's a myth that coercive control - and domestic abuse in general - happens to older couples, who might have been together for years. But that's not the case. Anyone can be a victim, Domestic abuse knows no age limits. In fact, it's younger women who can be most at risk, particularly if they're in their first relationships. In addition the risk of serious abuse can increase when a female partner gets pregnant.

The Home Office have set out (November 2018) a helpful diagram describing both prevalence and the different ways it can be identified, responded to and dealt with (Appendix 11).

Crime Survey for England and Wales (CSEW) during the year ending March 2018 is used to understand prevalence. The measurement of domestic abuse in the CSEW combines partner abuse (non-sexual), family abuse (non-sexual) and sexual assault or stalking carried out by a current or former partner or other family member. This broadly matches the government's definition of domestic violence and abuse. However, currently the CSEW estimates do not completely capture the new offence of coercive and controlling behaviour.

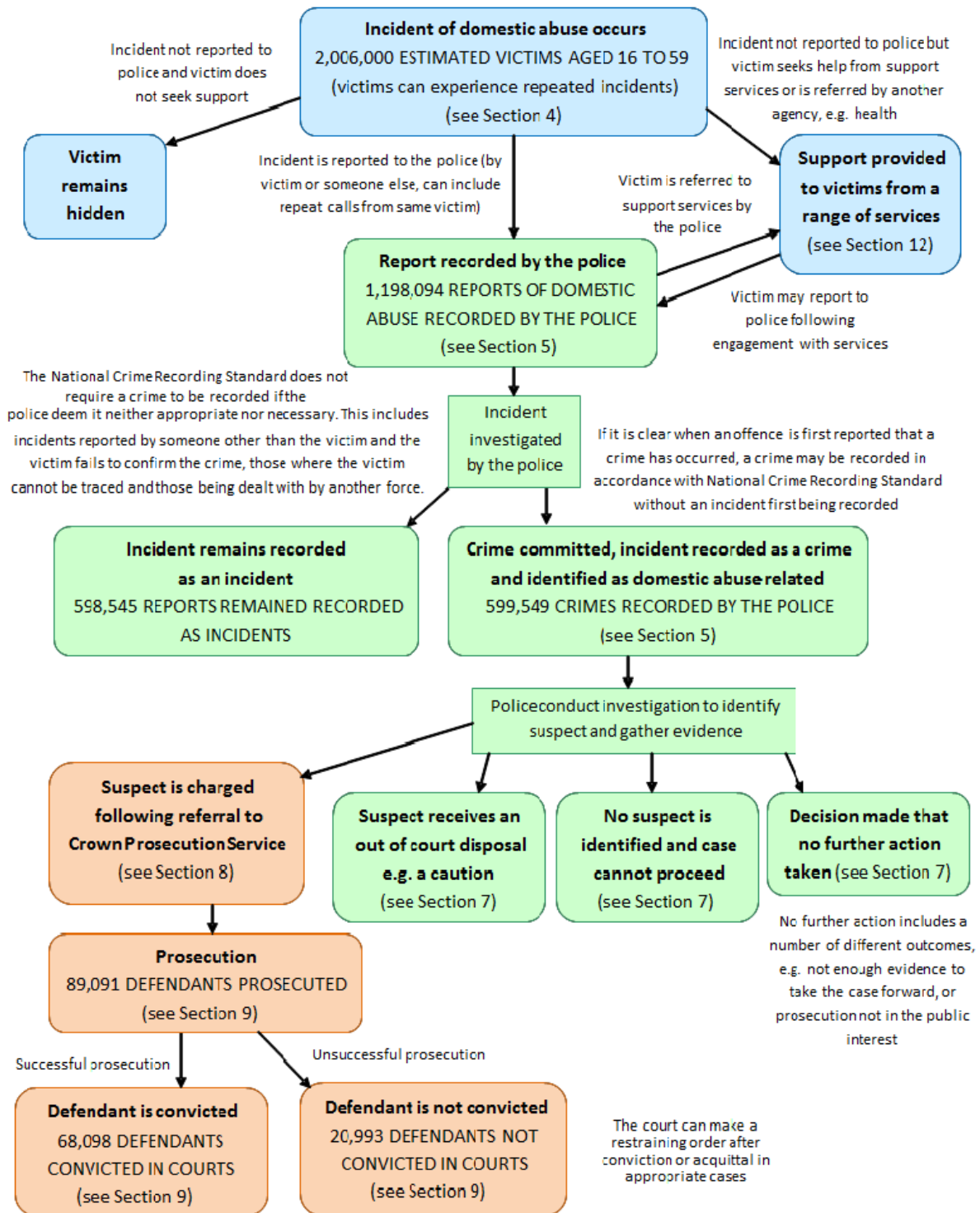
The data indicates that an estimated 2.0 million adults aged 16 to 59 years experienced domestic abuse in the year ending March 2018, equating to a prevalence rate of approximately 6 in 100 adults. Women were around twice as likely to have experienced domestic abuse than men (7.9% compared with 4.2%). This equates to an estimated 1.3 million female victims and 695,000 male victims (The estimates do not take into account the context and impact of the abusive behaviours experienced. Research suggests that when coercive and controlling behaviour is taken into account, the differences between the experiences of male and female victims become more apparent.

(<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018> [accessed 13-6-19])

# Appendix 12: Understanding domestic abuse within the criminal justice system

Figures for England and Wales, year ending March 2018

(<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018> [accessed 13-6-19])



# Appendix 13: Church of England Policy on Domestic Abuse

## 1.3 Church of England Policy on Domestic Abuse

The Church of England is committed to raising awareness about domestic abuse and its impact on individuals, children, the wider family and community.

It will work to ensure that:

- The safety of individuals suffering abuse or seeking help is the first priority, and to be aware of the need for confidentiality within the bounds of good safeguarding practice;
- Teaching and worship reflects awareness-raising about domestic abuse, uses appropriate language and says clearly that domestic abuse is wrong;
- Inappropriate behaviour is challenged, this needs to be done in an extremely careful way, in a way that does not place any individual including a victim at increased risk.
- Clergy and clergy spouses have the same access to support and resources as others who are experiencing domestic abuse. In addition the Diocesan Bishop will appoint a Bishop's Visitor whose role is to support the clergy or clergy spouse at the time of the breakdown of the relationship, and for as long as possible after, as required.

It is committed to all Church Bodies:

- Adopting and publishing a local policy on domestic abuse, including who to contact if there are concerns;
- Having clear procedures in place to respond to concerns about domestic abuse in line with Responding to Domestic Abuse Practice Guidance and Responding to Serious Safeguarding Concerns Against Church Officers Practice Guidance.
- Ensuring signage is in place in local venues to demonstrate that your Church or setting is willing to talk with everyone about domestic abuse and how to access support;
- Appointing a named individual who has responsibility for domestic abuse and violence and who is a point of contact for any advice and support. This may be the DSA, PSO or the nominated safeguarding lead;
- Training those in leadership positions, safeguarding roles and with pastoral roles on domestic abuse;
- Discussing domestic abuse and violence in appropriate contexts such as marriage preparation, youth groups, ordinand training and in church settings;
- Organising and promoting training and awareness-raising sessions;
- Working with Statutory agencies and other support bodies. Supporting and publicising their work.

<https://www.churchofengland.org/sites/default/files/2017-11/responding-well-to-domestic-abuse-formatted-master-copy-030317.pdf> [accessed 13-6-19]

## Appendix 14: Biblical Texts

Scripture can be used both helpfully and unhelpfully; this activity aims to help you to reflect on this, equipping your self to face the debates and to guide others through.

Consider each of these passages:

<p>"Wives, submit yourselves to your own husbands as you do to the Lord." (Ephesians 5:22)</p>
<p>"For the husband is the head of the wife as Christ is the head of the church, his body, of which he is the Saviour." (Ephesians 5:23)</p>
<p>"To the woman he said... Your desire will be for your husband, and he will rule over you." (Genesis 3:16)</p>
<p>"The LORD God said, 'It is not good for the man to be alone. I will make a helper suitable for him.'" (Genesis 2:18)</p>
<p>"And forgive us our debts, as we also have forgiven our debtors." (Matthew 6:12)</p>
<p>"When the woman saw that the fruit of the tree was good for food and pleasing to the eye, and also desirable for gaining wisdom, she took some and ate it. She also gave some to her husband, who was with her, and he ate it." (Genesis 3:6)</p>
<p>"But I say to you that anyone who divorces his wife, except on the ground of unchastity, causes her to commit adultery" (Matthew 5:32)</p>
<p>"In all this you greatly rejoice, though now for a little while you may have had to suffer grief in all kinds of trials." (1 Peter 1:6)</p>

## Appendix 15: The Church of England position

Patriarchy should be replaced NOT reinterpreted  
– *“following the pattern of Christ means that patterns of domination and submission are being transformed in the mutuality of love, faithful care and sharing of burdens”*

Ephesians 5:21 *“Be subject to one another out of reverence for Christ”*

C of E policy *“Domestic abuse in all its forms is contrary to the will of God and an affront to human dignity”*

Our theological approach in any pastoral ministry encounter with someone affected by or the survivor of DV or Coercive control should be to recognise that religious or spiritual factors are central to the victim’s response/understanding. A lack of understanding regarding the biblical perspective on abusive relationships among those they turn to for support, spiritual guidance can add to the emotional, physical and other burdens they face. However, with care, prayer and informed support their own faith and the support of the church can be vital in helping the healing and recovery process. Remember too that there are significant and serious difficulties for victims/survivors in leaving an abusive situation and usually it takes at least five attempts. It is a very hidden issue (the private nature of family life, intimate relationships and marriage creates an easy screen to hide behind) and it can affect anyone

The basis of our approach is to be clear ourselves in our belief that human beings are created in the divine image to live in relationships of love, respect and mutual self-giving. The corruption of human nature through sin means that that mutual love and dependency can become the vehicle through which one inflicts harm on the other but abuse of any kind is contrary to the will of God. We know that the good news of Christ promises redemption and healing and that this means we are committed to doing justice to the truth about God and human beings as revealed in the Gospel

Churches **should be** places of safety where:

- Domestic abuse is taken seriously
- Victims/survivors are believed and respected
- And alleged or known perpetrators are challenged (in the right way by the right people)

## **Appendix 16: Case Study**

### **A Case Study: Andrew and Jody**

Andrew is separated from his wife, Jody, who had called the police and Andrew was arrested after an incident of domestic abuse. Charges were pressed and he was found guilty and given a community service order. Andrew is living apart from Jody. The couple have two children aged 6 and 8, both of whom live with Jody. Andrew wants to be reconciled with his wife and with the church of which they are both long-standing members. He has come to the vicarage to discuss this with the vicar, whom he asks to run an informal 'truth and reconciliation' meeting for anyone in the church who wants to come, in which he can explain what he has done, how sorry he is and how he is desperate to be reintegrated into his two homes – his domestic home and his spiritual home. He is currently not attending church.

#### **Considerations in responding**

The vicar needs to seek advice and support from the DSA in how best to respond.

The vicar needs to check out Andrew's motives: in approaching the vicar, who knows them both, Andrew might be seen as manipulating the vicar to support him, with the prime motive of reconciliation with his wife. What evidence is there of his repentance, and the steps he has taken to change his behaviour? How are his spiritual needs currently being met?

Any consideration of reconciliation with Jody must be in the context of assessing risk to her and risk to their children, and can only be considered if Jody is also willing to consider a conciliation process.

The vicar should not get involved in any conciliation between them as this is specialist work and needs to be undertaken by an independent agency equipped for the purpose. The vicar can signpost Andrew to such agencies.

The vicar can discuss with Andrew repentance and forgiveness by God, and arrange for him to receive spiritual care. This would be most appropriately offered by someone not known to either of them.

The vicar needs to be aware of boundaries of confidentiality, and should not be passing information from Andrew to Jody or vice versa. By so doing, not only may he lose the trust of one or the other, but he may be putting Jody at further risk.

The vicar should take care not to put the sanctity of marriage over the safety of vulnerable people.

(taken from <https://www.churchofengland.org/sites/default/files/2017-11/responding-well-to-domestic-abuse-formatted-master-copy-030317.pdf> [accessed 13-6-19])



## Appendix 17: Useful organisations

- **AMPARO SUFFOLK:** Call 0330 088 9255 or email [amparo.service@listening-ear.co.uk](mailto:amparo.service@listening-ear.co.uk)
- **YANA:** The YANA Project provides confidential support, mental health awareness and funding for counselling to the farming and rural communities of Norfolk and Suffolk
- **Samaritans:** call 116 123 (7 days a week, 24 hours a day freephone helpline)
- **Suffolk Mind:** call 0300 111 6000 (Monday to Friday, 9am to 5pm)
- **Rethink Mental Illness:** call 0300 5000 927 (Monday to Friday, 9.30am to 4pm)
- **Suffolk Wellbeing:** call Suffolk on 0300 123 1781 or Norfolk & Waveney on 0300 123 1503
- **CALM (Campaign Against Living Miserably):** call 0800 585858 (7 days a week, 5pm to midnight)
- **Men's Health Forum Beatstress.uk:** offers a free, confidential web chat and SMS service for men – live chat on Wednesdays 7pm to 10pm or receive a reply within 48 hours.
- **Mental Health Foundation:** a charity focused on preventing mental health problems
- **Papyrus:** call 0800 068 4141 (Monday to Friday 10am to 10pm, weekends and bank holidays 2pm to 5pm) or email [pat@papyrus-org.uk](mailto:pat@papyrus-org.uk)
- **Survivors of Bereavement by Suicide (SoBS):** call 0300 111 5065 (9am to 9pm) or email [sobs.support@hotmail.com](mailto:sobs.support@hotmail.com)

## Appendix 18: The Gospel, Sexual Abuse And The Church

Resource: "The Gospel, Sexual Abuse and the Church – A theological resource for the local church", produced by The Faith and Order Commission (Church House Publishing, London 2016)

Available to buy (book or e-book) from Church House Publishing, and to download free from <https://www.churchofengland.org/media/2535755/theologicalresourcefaocweb.pdf>



**We strive to be:**

**a church where those who have been hurt by abuse find compassion, and people ready to travel patiently alongside them**

**a church where those who commit abuse are called to face human justice, hear God's word of judgement and repent and believe the good news**

**a church where all people are welcomed into open and secure communities that make known Christ's reconciling peace**

**a repenting and learning church that recognises past and present failures and the harm they have caused, and seeks forgiveness from those we have failed and from God**



If you would like support in thinking through these issues with a benefice or deanery group (either as a repeat of today's session or as something more in-depth) then please contact:  
Ruth Dennigan, Discipleship and Ministry Development Officer  
Email: [ruth.dennigan@cofesuffolk.org](mailto:ruth.dennigan@cofesuffolk.org) or Tel: 07468 474252

For more information, advice or support regarding safeguarding please contact the Diocesan Safeguarding Advisor – see <https://www.cofesuffolk.org/promoting-a-safer-church>.

If this subject-matter raises difficult issues for you and you would like the opportunity to talk them through, you might like to speak to a diocesan Authorised Listener: they can be contacted via the Diocesan Safeguarding Advisor (contact details above) – please note, this is not a counselling service.

If you would like to speak to a counsellor then the Suffolk Association for Counselling (<http://www.suffolkassoccounselling.org> or [enquiries@suffolkassoccounselling.org](mailto:enquiries@suffolkassoccounselling.org) or 01473 212113) provides a searchable directory of counsellors and counselling organisations across Suffolk.

## Appendix 19: Case studies

1. Dawn's husband died in a freak storm accident 18 months ago at the age of 33. She has two children at primary school. People say that Dawn is "doing incredibly well". She had two weeks of work when the accident happened but hasn't missed a day since.
2. Trevor's health has been deteriorating since he slipped on an icy step and fell. His son and daughter, who both live about 60 miles away, decided it would be safer for him to move into sheltered accommodation near one of them. So, Trevor moved into a pleasant block with a friendly warden, just around the corner from his daughter's house. He puts on a brave face when she comes to see him, but alone he sits in silence and is often in tears
3. Deb is in her 50's and works at an FE College. The latest round of cuts has brought another round of redundancies, and she has the chance to opt for voluntary redundancy. She feels frightened at the prospect of the change and upheaval this would bring. Deb goes each year to a local retreat centre for a couple of day's quiet, which happens to be booked for just after the redundancy news. While she is away, she takes a deep look at herself and asks herself what she really wants to be doing with her life. In the quiet, she realises that this change will give her the opportunity to follow up some of the interests that she has always postponed because she has been too busy. Her fear turns to anticipation.

## Appendix 20: End-of-life Care Resources

- St Nicholas Hospice Care (West Suffolk region)
  - [www.stnicholashospice.org.uk](http://www.stnicholashospice.org.uk)
  - 24-hour advice line: 01284 766133
  - To make a referral or for more information, phone the First Contact team on 01284 766133 or email [firstcontact@stnh.org.uk](mailto:firstcontact@stnh.org.uk)
  - For more information about education at St Nicholas Hospice Care please email [education@stnh.org.uk](mailto:education@stnh.org.uk)
- St Elizabeth Hospice (East Suffolk region)
  - [www.stelizabethhospice.org.uk](http://www.stelizabethhospice.org.uk)
  - 24-hour advice line: 0800 56 70 111 24
- Community Nursing Teams – local to area – to be put in touch, contact:
  - (for Suffolk Community Healthcare’s services) 0300 123 2425
  - (for general queries) 0300 123 2425 or [enquiries@suffolkch.nhs.uk](mailto:enquiries@suffolkch.nhs.uk)
  - (for PALS, the patient advice and liaison service) 0800 389 6819 or [pals@suffolk.nhs.uk](mailto:pals@suffolk.nhs.uk) or PALS, Rushbrook House, Paper Mill Lane, Bramford, Ipswich IP8 4DE.
- Out of hours medical care:
  - 111, or [www.suffolkoutofhours.nhs.uk/](http://www.suffolkoutofhours.nhs.uk/)
  - (from Monday-Friday 9am-6pm and on Bank Holidays) 0118 990 2210
- Social Services:
  - 0808 800 4005 or [customer.first@suffolk.gov.uk](mailto:customer.first@suffolk.gov.uk)
  - [www.suffolk.gov.uk/about/contact-us/](http://www.suffolk.gov.uk/about/contact-us/)
- General websites with information about end-of-life care:
  - Suffolk End of Life: [www.westsuffolkccg.nhs.uk/wp-content/uploads/2017/11/Suffolk-End-of-Life-Care-Guidelines-2017.pdf](http://www.westsuffolkccg.nhs.uk/wp-content/uploads/2017/11/Suffolk-End-of-Life-Care-Guidelines-2017.pdf)
  - National Guidance for Care of the Dying: [www.nice.org.uk/guidance/ng31](http://www.nice.org.uk/guidance/ng31)
  - Social Care Institute for Excellent: [www.scie.org.uk/about/index.asp](http://www.scie.org.uk/about/index.asp)
  - Gold Standard Framework: [www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk)
  - Dying Matters: [www.dyingmatters.org/](http://www.dyingmatters.org/)
  - Dignity in Care: [www.dignityincare.org.uk/](http://www.dignityincare.org.uk/)
  - Skills for Health: [www.skillsforhealth.org.uk/](http://www.skillsforhealth.org.uk/)
  - Marie Curie: [www.mariecurie.org.uk](http://www.mariecurie.org.uk)
  - National Council for Palliative Care: [www.ncpc.org.uk](http://www.ncpc.org.uk)
  - West Suffolk Clinical Commissioning Group: [www.westsuffolkccg.org.uk](http://www.westsuffolkccg.org.uk)
  - End-of-life Care Documentation: [www.westsuffolkccg.nhs.uk/clinical-area/clinical-workstreams-and-current-priorities/integrated-care/my-care-wishes](http://www.westsuffolkccg.nhs.uk/clinical-area/clinical-workstreams-and-current-priorities/integrated-care/my-care-wishes)
  - Resuscitation: [www.resus.org.uk/pages/dnar.pdf](http://www.resus.org.uk/pages/dnar.pdf)
- Dementia Resources:
  - Alzheimer’s Society (UK): [www.alzheimers.org.uk](http://www.alzheimers.org.uk) or 0300 222 3500
  - Alzheimer’s Disease International: [www.alz.co.uk](http://www.alz.co.uk)
  - Contented Dementia Trust: [www.contenteddementiastrust.org/](http://www.contenteddementiastrust.org/)
  - [www.dementiafriends.org.uk/](http://www.dementiafriends.org.uk/)
  - [www.ageuk.org.uk/dementia/support](http://www.ageuk.org.uk/dementia/support)
- Carer Support Resources:
  - [www.carersuk.org](http://www.carersuk.org)
  - [www.suffolkfamilycarers.org/](http://www.suffolkfamilycarers.org/) or 01473 835400

## Appendix 21: Quick Carers Quiz

	<b>Questions</b>	<b>T or F</b>
1	There are more men than women who are family carers	
2	Nearly 1 in 4 adults are carers	
3	Family carers save the Government approximately £197 million a year	
4	The person supported by a family carer needs to live with them	
5	10% of carers reported that they had given up work to provide care	
6	50% of carers in the UK have suffered physical ill health as a result of caring	
7	All family carers have a legal entitlement to a "Carers' Assessment"	
8	At least 72% of carers in the UK have suffered mental ill health as a result of caring	
9	80% of carers in England said they had received a Carers' Assessment in the last 12 months	

## Appendix 22: Quick Carers Quiz – answer sheet

(information from Suffolk Family Carers)

	<b>Answers</b>
1	False: Carers are 58% women and 42% men (Carers UK 2018)
2	False: 1 in 8 adults (around 6.5 million people) are carer. By 2037 it's anticipated that 6,000 will take on a caring responsibility; this equals 2 million people each year. Over 1 million people care for more than one person. (Carers UK 2018)
3	False: £132 billion a year – an average of £19,336 per carer (Carers UK 2018).
4	False: A family carer will continue to have a role if the person they help is in hospital, a care home, or lives elsewhere. The definition is based on the role they play for the person[s] they care for, and the impact on them.
5	False: Overall, over one third of carers (35%) reported that they had given up work to provide care, with 16% saying that they had reduced their hours of work in order to support the person they care for. ("State of Caring" survey, Carers UK 2018)
6	False: 62% of carers said they had suffered physical ill health as a result of caring ("State of Caring" survey, Carers UK 2018).
7	True: Where they or anyone else believes they may be in need of support, independent of the person they care for, focusing on the outcomes they want in their lives and the impact of the caring role (Care Act 2014, Children and Families Act 2014).
8	True: 72% of carers responding to Carers UK's "State of Caring" survey 2018 said they had suffered mental ill health as a result of caring.
9	False: The majority of carers in England (67%) said they had received a Carers' Assessment in the last 12 months ("State of Caring" survey, Carers UK 2018).

## Appendix 23: Being a Family Carer – Dick’s Story

*83-year-old Dick (not his real name) shares with us what his days are like caring for his 87-year-old wife Doris (not her real name) who has dementia.*

**Doris** (not her real name) and I are widow/widowers. Doris is 87, I am 83. Our first spouses died in 1993. Doris and my first wife were friends. We got together late that year and have been married nearly 22 years. Doris was diagnosed with dementia in March 2015.

**Becoming a family carer** is an involuntary long-term assignment. The carer has no choice but to learn and adapt. The process is demanding and exhausting – shopping, cooking, washing, dressing, bedmaking etc. Then one has to learn how to deal with somebody you love but whose brain has been irreparably damaged, so you are dealing effectively with a child aged three or four.

**It is not easy always to avoid frustration**, not to complain or argue, and accept that what has happened is not Doris’ fault. Her mental disease has brought about her condition. The choice is to accept a less than perfect life with Doris at home or endure the loneliness of oneself in an empty house and her stuck for ever in a care home.

**An early problem** was learning to cope with Doris’ frustration and aggression. She has her own slow pace for doing things. Try and move her faster, and the result is rebellion - or worse, with occasional kicking, biting or spitting. Doris may be 87 but she is still strong, capable for example of getting herself in and out of the bath.

**When she is unduly aggressive**, my response has been to get her settled on the sofa in the sitting room, sit down with her and let the aggression blow over in 10 minutes or so. Very often the cause is exhaustion, and the best cure to let her sleep for an hour or more.

**It has taken us some time** to adapt to a professional carer coming in for an hour or two every day, but their help and understanding is invaluable.

**Doris’ dementia became easier to handle** once we had overcome two problems, correct medication and incontinence. I had to explore, without being embarrassed, the ‘female care’ shelves in the supermarket for the appropriate pads (we call them) for night and day. Now we have a daily routine of appropriate pads, and medication at breakfast time and evening. That said, it is important to keep a surreptitious eye on where the tablets are going. The other day Doris, like a naughty three year old, dropped on purpose a tablet down the kitchen drain!

**Doris wears hearing aids.** When she was diagnosed with dementia she would hide or remove them and we were for ever doing without or applying for more. Now she is less mobile, the hiding is less frequent and we have a settled routine for putting them away at night.

**Memory failure** features large in making appointments – why, where and when? - and travelling to places with which Doris she is supposedly familiar but has not seen for a while. My real home is Wales, but we are finding it increasingly difficult to get there. Not only packing the suitcase but explaining we shall be going. Yet when we get there Doris settles down happily and does not want to come back.

**Doris and i have always shared a bed** and continue happily to do so. The best moment of the day is switching the light off, exchanging a kiss or two and settling down for the night. Neither of us has much use for TV so we start for bed not long after 9.00pm. I get up around 8.00am and hope Doris will stay there. That is the time of day I am free to do my own thing.

by **Dick** (not my real name).



## Appendix 24: What Pastoral Ministry can do

I was 13 when my Nan moved in. I loved my Nan. She was absolutely wonderful in every way. And what's more she looked like Nans should: slightly plump, white wavy hair, rosy cheeks and a big smile. She spent her time doing what Nans (of her era) should: talking about the war, eating boiled sweets and sewing. She had an uncanny ability to make pretty much anything out of scraps of material. And I mean anything ... When she had some fingers amputated and was told she was too old for prosthetics she simply went to her "rag bag", dug out some leatherette, some old tights and some ribbon and made herself some fingers that she could tie on each morning. Best - Nan - ever!

But that was only half the story. Incapacitated through heart-problems, riddled with arthritis and fighting the slow but inevitable decline of terminal cancer, she had to come and live with us. At the time, it seemed like the only option. But that option was far from easy.

There were better years and worse years but towards the end, looking after my Nan was a round-the-clock activity. Mum and I would take it in shifts to "sleep" on the floor next to her bed so we could bring her drinks, help her to the commode, pass her drugs and say something vaguely encouraging when we were alert enough to do so. She wanted to stay with us not go into hospital. We wanted that too. But the pressure was relentless. Most of the time she was wincing in pain. On the rare occasions she went to sleep, she snored like it was an Olympic sport. Sleep deprivation was the order of the day for the whole family. And that took its toll on everything.

Mum became a virtual hermit. She convinced herself she couldn't leave the house. She was sure there was no-one else with whom to share the strain ... not that she ever asked for help. I struggled to keep my studies going. I'm sort of intelligent when you get down to it but my grades belied that fact quite spectacularly. The school never asked why.

And then there were the arguments. Those moments when, like all families, we just lost the plot with one another but with a whole new dimension added in. It was usually over something trivial. You know the kind of thing: forgetting to put the watercress out for tea or some similar crime. That would descend into a screaming match full of vitriol. "Well, we will all be better off when you're dead, won't we...?"

A thick black blanket enveloped the family for a while. Tiredness and guilt led to depression. And the hardest thing was: no-one knew. On those rare occasions we went out socialising, we pretended everything was fine. I don't know why we did that. Pride, maybe? Shame? A collective assumption that no-one really wanted to know?

Just occasionally, though, there was a little light. To this day, I don't imagine she knows what an impact she had on our family but a lovely lady from the local church popped in once a month. We weren't a regular church-going family but were definitely on the fringe. And she reached out to us. An hour a month. It was a beautiful oasis.

She'd pop in and we'd make tea. We'd talk about things in the outside world. Talk about church. We'd break the routine. Best of all, we'd laugh. Laugh about stupid, insignificant things. We'd

remember that life was more than an endless round of drugs and drudgery. She focused us on something – someone – even more precious than my Nan. In small ways, she pointed us to Jesus.

When the end came, the emotions were mixed. Overwhelming grief at the loss of someone so precious. Relief that the pain was over for her – and over for us. And confusion ... how would we ever get our life back to something approaching normality? Could any of us even remember what normality was? But we made it through.

There are many moments in my past that I consider a privilege. There are many moments in my past of which I am ashamed. Caring for my Nan falls squarely into both those categories. If I had my time again, I'd definitely do things differently. But I wouldn't miss out on the chance to support her in her final years. A wonderful opportunity to serve. A brilliant opportunity to grow. And for that, I thank God.

## Appendix 25: Growing up with caring in the family

For many of us, caring is simply part of family life. We may have grown up with a parent, sibling or grandparent who needed care, or maybe as a parent we can see how caring is shaping our family life. Three people open up about the challenges, the memories and the lessons they learnt from growing up with caring at the heart of their family.

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### **Russell – "I think growing up with caring in the family has made me more aware of other people and what they may be going through"**

Russell looks back at how helping to care for his mum Sandra – who had a physical disability all of her life – shaped his childhood..

"For me, caring was just part and parcel of growing up. Everyone in my family pulled together to make it work. We're a close-knit family and lived close to each other, so mum's twin sister and my grandparents were always helping out. When I was younger my mum was in hospital constantly, and my dad would work all day then visit her in hospital. My grandparents would look after me for months at a time.

"Don't get me wrong, things could be tough. But it's part of life when you're born into that situation. Mum was determined to not let her disability hold her back, and would struggle on even when she was suffering (sometimes paying the price later). I can remember the one and only time that mum was able to take me out on my own, using her sticks. I was about five or six years old, and we went to the cinema to see Snow White. After that she always had to use her mobility scooter or with the help of someone pushing her in a wheelchair.

"My dad gave up a lot to care, and when I was about ten years old gave up work so he could give mum the full-time care she needed. At the time I didn't notice it so much, but with hindsight I can see the frustration and stress they must have had experienced. But he did it because he loved her, and because he saw it as his duty as a husband.

"The way I see it, you can be bitter about the tough things life has thrown at you. Or you can use it to mould yourself – see the positive side and try to make the most of it. I think growing up with caring in the family has made me more aware of other people and what they may be going through.

"I had a good upbringing and a loving family. Above all I remember how upbeat mum was – she saw the best in people and was always up for a laugh or a bit of mischief!"

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### **Kim – "I guess growing up with someone whose needs are different and sometimes much greater than your own teaches you this"**

Proud mum Kim tells us about how looking after her son Rory – who has autism and learning disabilities – has enriched family life:

"Caring for Rory can be very tiring and lonely sometimes, but I wouldn't have it any other way. Rory is a very happy and vivacious young man – he can talk trains 24/7 which sometimes drives us mad but he's also very funny!

It's been difficult for my daughter Kiera at times, especially at school with her family being 'different' to her peers. However she's now just turned 20, and is in her second year at university, studying English Literature. She is much more empathetic and inclusive in her thinking than others her age – I guess growing up with someone whose needs are different and sometimes much greater than your own teaches you this! I am immensely proud of them both."