

**Come in, Come in and Sit Down:
Seniors in Long Term Care and the Local Congregation of the
United Church of Canada**

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Certificate of Ethical Acceptability for Research Involving Humans

This is to certify that the Research Ethics Board has examined the research proposal:

AST REB File number:	0072013
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and concludes that in all respects the proposed project meets appropriate standards of ethical acceptability and is in accordance with the Tri-Council Policy Statement on Ethical Conduct of Research Involving Humans (TCPS 2) and Atlantic School of Theology's relevant policies.

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On behalf of Atlantic School of Theology's Research Ethics Board, I wish you success in your research.

Dr. Alyda Faber

Chair, Research Ethics Board, Atlantic School of
Theology

Come in, Come in and Sit Down: Seniors in Long-Term Care and the Local Congregation of the United Church of Canada

Lana B. MacLean

Abstract: Come in, come in and sit down—you are a part of the family.¹ We sing this hymn and we mean it—we want people to come in and be comfortable and to join us in worship. But when part of the family can no longer attend church services—when a senior citizen leaves their home to go into long-term care—maybe we need to take the church community to them. This paper explores how the move to long-term care affects the relationship with the United Church congregation and the senior’s spiritual needs. Seniors want the connection with their friends and their church family. As important as worship is, the visit and the connection to the community is just as important. Seniors appreciate knowing they are still part of the family of their congregation. As United Church congregations, we need to establish Pastoral Care teams and make a concerted effort to stay connected with our senior members once they have retired to long-term care facilities.

Introduction

At a local United Church Congregational Official Board meeting there was a request for visits by the church members from a senior lady, now living in a local nursing home facility. This is followed by the comment, “She is not happy but wouldn’t be happy wherever she was.” No plans were made to visit her.

I spent almost 12 years in nursing home settings, with my parents, both of whom had crippling medical conditions that impaired their physical mobility. As the sole surviving child and only caregiver, I did not always feel that the church congregation, we were members of, supported them well, in terms of keeping my Mom and Dad who were lifelong members of the United Church, connected with our faith community. Some ministers visited while others had to be coaxed to visit. But more importantly, the church members, their friends, and my friends, did not often make the effort to visit. They might send

¹ James K. Manley, “Come In, Come in and Sit Down.” *Voices United : The Hymn and Worship Book of the United Church of Canada* (Etobicoke, ON: The United Church Publishing House, 1996), 395.

messages, or a small gift at Christmas, for *me* to take to them, but there was seldom a visit from members of their church family. It was disappointing for me, and I believe for them, to be somewhat ‘cut off’ from the community they had regularly attended and that they had considered so important. I feel, almost twenty years later, it is still difficult to interest members in the congregation in visiting their fellow members of the church in a special care or seniors’ facility.

This is an important topic because of the ever increasing numbers of seniors in our churches and the number of seniors who are choosing the Nursing Home or Assisted Living option or, in some cases, have that path chosen for them. Often family members are in another community or even in another province so the Church is an important ‘family’ factor to the senior. But once a person stops attending church they may become less often thought of by others in the congregation. It is not the same as an illness or a hospital stay which is usually a defined and shorter time frame. The senior can be in the Nursing Home facility for a number of years and often in more and more fragile physical condition which prevents their moving out to the church building. I feel the connection with the faith community becomes less and less frequent. People are busy or perhaps they feel they didn’t know the individual well enough to make the effort to visit. The Minister may visit once a month or so and maybe there is even a worship service but there are many friendships that are lost. The time is long and what was once so important to the senior in church worship and fellowship seems lost to them as well.

I am interested to see how the people in Nursing Homes and Assisted Living facilities feel about their connection with the church or lack thereof. People have a hard time getting to visit those in Nursing homes. I do myself. But I believe the church membership can do a

better job of staying connected with those seniors who have been long time members of our faith community. Perhaps some congregations do it better than others and we can share those ideas with the rest of the church.

Purpose

The purpose of this project was to consider how the move to a Long-Term Nursing Home Care or Assisted Living Care facility affects seniors' connection with their local faith community and their Pastoral Charge of the United Church of Canada. By giving voice to seniors in nursing home or assisted living facilities the project will explore how the relationship with the local congregation can affect the senior's faith experience, spirituality and happiness, once they have left their home for a care facility.

Research Question

How does the move to assisted living/ long-term care facility affect the senior's connection with the faith community of the United Church of Canada? What learnings can we take from the experience of seniors moving to care facilities, particularly at a time when the number of seniors is growing, people are living longer and our congregations appear to be getting smaller? What does that effective ministry look like? How can the ministry teams of the United Church of Canada provide that effective ministry to those faithful servants of our congregations at a vulnerable time in their lives?

Review of Literature

While the “elderly [or seniors] cannot be lumped into one group or category by age,”² there are various broad categories assigned in the literature such as “the Active, the Transitional, the Frail and the Caregivers”³ or “the movers, the shakers, and the quakers.”⁴ All the readings consulted agree that the senior ministry is important for churches to take on. “They are the mainstay of a congregation’s membership.”⁵ It is also agreed that the seniors are growing in numbers due to the baby boomer bump in demographics and becoming a larger percentage of the congregational numbers.

Most of the readings were from the United States, with materials from the Lutheran tradition⁶, and the United Methodist tradition.⁷ There was also some material from

² Robert Carlson, “Step One: Who are the Elderly?” In *Ministering to Older Adults: The Building Blocks*. Donald R. Koepke. ed., (New York: Haworth Pastoral Press, 2005), 13.

³ *Ibid.*, 9.

⁴ Howard G. Hendricks, "Reaping the rewards of senior ministry." *Bibliotheca Sacra* 157: 628 (2000) 387. *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed October 1, 2013).

⁵ Lois D. Knutson, *Understanding the Senior Adult: A Tool for Wholistic Ministry* (Bethesda, MD: Alban Institute Press, 1999), xi.

⁶ *Ibid.* and also Roger D. Nuerge and Arthur E. Litke, "Senior and older adult ministry in our times: a conversation." *Concordia Journal* 38:1 (2012) 50-56. *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed October 1, 2013).

⁷ Richard H. Gentzler, *Designing an Older Adult Ministry* (Nashville, TN: Discipleship Resources, 1999) and *The Graying of the Church* (Nashville, TN: Discipleship Resources, 2004) and *Aging and Ministry in the 21st Century*. (Nashville, TN: Discipleship Resources, 2008); and also Marie White Webb, *Building a Ministry for homebound and Nursing-Home Residents* (Nashville, TN: Discipleship Resources, 2003).

Elizabeth MacKinlay,⁸ an Australian nurse and Anglican priest, which was expanded upon by Patricia Gleason-Wynn,⁹ an American social worker. The lack of Canadian materials in this subject area is troubling as there is such a wide range of first generation Canadians now in their senior years and “in personal care homes in many places in Canada (this is the case in Winnipeg) [where] English is a second language...”¹⁰ The same could be said of First Nations Peoples in Canada. Data from the Canadian 2011 Census of Population shows that “seniors accounted for 14.8% of the population in 2011, up from 13.7% in 2006.”¹¹ This percentage will only continue to increase as the baby boom generation, consisting of people born between 1946 and 1965, turn 65 in coming years. With an aging population, the need for nursing home and long term care facilities will accelerate in Canada. While the material from other jurisdictions is useful and informative, it must be employed with consideration for the Canadian context, social and cultural traditions as well as legal implications. Other than this brief three page article by Lenshyn, there appears to be little direction in the area of Seniors Ministries for the United Church of Canada.

I found writing from clergy, chaplains, social workers, nurses, doctors, psychologists, and even family members but there was no direct commentary, nor feelings/ impressions from

⁸ Elizabeth MacKinlay, “Understanding the ageing process: a developmental perspective of the psychosocial and spiritual dimensions.” In *Aging, Spirituality and Pastoral care: a Multi-national perspective*. Elizabeth McKinley, James W. Ellor and Stephen Pickard., Eds., (New York: Haworth Pastoral Press. 2001), 119-120.

⁹ Patricia Gleason-Wynn, "Enhancing the quality of life for older persons: ministry in nursing facilities," *Journal of Family Ministry* 17:4 (2003)35-50. *ATLA Religion Database with ATLASerials, EBSCOhost* (accessed October 1, 2013).

¹⁰John Lenshyn, “Worship in Personal Care Homes,” (The United Church of Canada, 2006). <http://www.united-church.ca/allages/seniors/articles>

¹¹Statistics Canada. “2011 Census: Age and Sex.” *The Daily*. May 29, 2012.

the senior residents of long-term care facilities about their experience in nursing homes.

While my study will only address one aspect of the seniors' life in a long term care facility, I will open the avenue to hear that voice regarding the individual's experience and wishes for their spiritual care journey.

The literature ranges from comprehensive ministry programs covering a broad range of ages and abilities in church and further afield¹² through to a discussion of the emotional, relational and spiritual distress experienced in palliative care and how faith can light that journey.¹³

Themes that emerged regularly in the literature besides the growing number of seniors in community were:

- 1) seniors are much more mobile, active and living longer
- 2) theological and biblical examples/ reasons for supporting seniors
- 3) reason for living as related to faith
- 3) benefits to church congregation and community of senior participation and wisdom
- 4) caregiver support including cases where the spouse is primary caregiver and where the child of the fragile senior is also a senior
- 5) the practice of senior programming that leads to seniors assisting other seniors
- 6) the experience of grief and loss

¹² Gentzler, 1999 and 2004; and also David P. Gallagher, *Senior Adult Ministry in the 21st Century: step-by-step strategies for reaching people over 50* (Loveland, CO: Group, 2002).

¹³ Jackie Cameron, "Palliative Care: Suffering and Healing at the End of Life." In *Aging, death, and the quest for immortality*, (Grand Rapids, MI: Eerdmans, 2004), 134-149.

7) fear of dying.

While I did find a manual for developing a ministry for home-bound and or nursing home residents¹⁴ and an article, “Local Church Ministry to and through Older Adults” by Waybright,¹⁵ I found that most material dealing directly with nursing home, special care and/ or assisted living facilities was embedded in the larger topic of Senior Ministries. There was little that dealt specifically with the issues that were pertinent to nursing home moves, the changes associated with the move, the isolation from family and loss of home environment and community.

In a 2003 article, Patricia Gleason-Wynn states, “As churches and their leaders strive to meet the spiritual needs of their aging members, they encounter the challenge of providing effective ministry in long-term care facilities such as retirement homes, assisted living facilities, and nursing care facilities.”¹⁶ Gleason-Wynn goes on to illustrate that the nursing home world has its own routines and challenges that can seem foreign and confusing to the visitor. She contends that nursing home residents “face various spiritual challenges”¹⁷ and that spiritual communities can greatly enhance the quality of life for such residents.

Methodology

Using the narrative methodology along with phenomenological assessment, seven senior residents who have left their home and moved to a long term care facility or an assisted

¹⁴ Webb, 2003.

¹⁵ Gregory Waybright, "Local church ministry to and through older adults." In *Aging, death, and the quest for immortality*, (Grand Rapids, MI: Eerdmans, 2004), 107-120.

¹⁶ Gleason-Wynn. 36.

¹⁷ Ibid. 38.

living facility in the past two years were interviewed as to how that move affected their connection with their local congregation of the United Church of Canada. Due to the potential for risk to a vulnerable population, the selected interviewees were encouraged to have another person, probably a son, daughter or designated other, attending for their protection. Persons who are known to have memory problems or any form of dementia were not considered for the research interviews.

Suggestions for potential interview candidates were sought from the members of the Halifax Presbytery of the United Church of Canada—see sample letter Appendix Three.

I travelled to visit with the interviewees in their nursing home or assisted living residence. Two interviews took place in rural Nova Scotia and five interviews took place in the Halifax city region.

Feedback will be given to the participants in the form of a follow-up visit, if agreed upon by the interviewee or, if not, a summary sheet of the findings will be mailed. Public presentation of material took place at AST on March 12, 2014 and this detailed written project will be submitted to Dr. Willhauck on March 27, 2014.

Data Collection

The participants were Josephine Smith, Claire, Oma, Doc, Wayne, Mary Jones and Shirley. All participants chose their own alias. Some chose their granddaughters' names. Oma is the name grandchildren call one woman. Wayne is a woman (she laughed and said it would confuse people). The seniors ranged in age from 65 through 96. All participants were members of the United Church of Canada. Some were able to attend regular Sunday morning worship services and others were not. Of the seven participants, there was only

one man, Doc. They represented six different congregations—two of them in rural Nova Scotia and the remaining four congregations are located in the city of Halifax. Each and every one of the participants were vibrant and wonderfully inspiring to me. I found them to be in various levels of assisted living and nursing home care and all in different facilities, but each of these seniors is still mentally acute and attuned to the world around them. Despite their physical and /or medical challenges they are engaged and enjoying life.

Each participant was asked a series of questions relating to their background in the United Church of Canada and their involvement over the years as compared to their church activity now. They were asked questions about attending worship and if they read the Bible, if they prayed, or read other religious materials, and how often they had visitors, mail or phone calls from their church congregation. They are also asked to share opinions about the future of the United Church of Canada and any advice as to how seniors, such as themselves, should be cared for by the church. They were each asked how they kept their faith and spirit alive in the long-term care facility.

Data Analysis

Senior members are important to the life and work of our congregations, and we are just as important to them. One senior woman that I know, lives in a nursing home and when I visit, she often says, “I miss my church family. I miss my friends. Tell them I love them all.” But she did not want to be interviewed and is not one of my participants. After knowing and taking an interest in other members of the congregation, the move to not attending church services can mean the loss of connections with friends and the loss of interaction with many of the community. These are people they would have known and socialized with through church functions over many years. In my own case, my parents

loved to see the church bulletin, as much to see who took part in the service and to read the weekly announcements, as to read the prayers and the scripture lessons that were used.

For seniors a move into the nursing home or assisted living is a big loss. They give up their home and their independence. Sometimes it is necessary due to medical conditions or impairments but it is not always the senior's choice. They have family that make the decision that it is time, and they often move from hospital to nursing home, and their stuff is disposed of by other family members leaving the senior to grieve the changes for a long time. For others it is a relief.

Claire told me she couldn't take care of the house anymore so she moved into an apartment. But even that was not the answer, as she lived in a rural area, and access to medical personnel became an issue. When she was visiting a friend in a city nursing home/ assisted living complex, she decided to move to the city. Once she became established she was able to have access to doctors, specialists, therapists for each medical issue and she feels she is much better off, getting the very best of medical care. She was about to celebrate her 96th birthday when I visited, and she was in very good form—having lunch in the spacious dining room and checking her mail before returning to her room for a short rest before she would go to play cards. I hope to be half as smart at her age!

Life Long Members

The people I visited have all taken part in the church for many years. Josephine and Oma talked about being on the farm and not getting to church all the time. They talked about Bible study in the home and Oma talked about the 'Little Teachers' which I suspect were pamphlets used to share Bible stories with children. Mary and Wayne grew up in town or

city and a bit younger so they talked about attending church regularly with their families. They were also part of Explorers and CGIT as young people. Wayne was also involved in Girl Guides. Mary was a Sunday School teacher and in the choir and led youth groups. After her family had grown up she took on various roles in both Presbytery and Maritime Conference and even attend General Council once. Claire, Oma and Josephine each talked about Young Peoples groups and their UCW experiences. Oma, in her retirement years, was a frequent visitor to the hospitals visiting on behalf of her United Church Congregation. She told me even the Anglican minister asked her to add his people to her list. She spent at least one full day a week in the hospitals visiting. She said her husband didn't mind as long as she left him something to eat as he was busy in his garden.

Doc lived in Western Canada and talked about how he loved to read and how his mother left a Bible for him to read. He became curious about religion and asked questions as his parents and grandparents had differing faith backgrounds. In the military, the chaplain became a resource for his questions and he talked about how all the service men would attend worship. It was a good thing to do. He would later join the United Church of Canada because he was impressed with the CCF and socialist movements that he saw the church involved in, as they attempted to make a better life for all, in the depression years and in the aftermath of the war.

Shirley talked about coming from a poor family but learning to work hard and to stretch things to make do, but they always went to church. She said, "I grew up in the church, went to church with my mother. I got married, raised a family and away from the church for many years—had an accident. Got here to Halifax—people heard I was here—go to

church they would pick me up. It was too far to walk—I had no vehicle and people would pick me up.”

Change in Church Involvement

As to the question about how the involvement and connect with the home congregation changed after going to the nursing home, I found the responses were split geographically. In the rural charges the two participants, Josephine and Mary were less than totally satisfied with the connection to the church.

But Josephine was very gracious in telling me that she understood it was probably as good as it would get. She understood that everyone was busy and working. Also she talked about how women today are working outside of the home and don't have the time to visit. She told me that “when you get to be old you have to remember not to be too self-centered and not look for too much attention.”

Mary, on the other hand, was not long in nursing home having spent a total of 16 months in hospital and in private boarding care. She was very disappointed that in all those months she had only seen the minister five times. On two occasions the minister had arrived at mealtime to offer her communion and she felt embarrassed because she was unaware of the visit for communion at the hospital and she had not been dressed. She was not happy with how the church had made connection with her. With moving to the nursing home she would get to the weekly worship service in the nursing home and was hopeful that she would see more visitors.

The response from the five participants who attended churches in the city were very happy with their connection with the church. Some like Shirley and Claire do not get out to church

regularly anymore due to physical limitations and the need for walker or wheelchair but they attend the church service in the nursing home where their own congregation came as well as services put on by other churches. Claire and Shirley talked about going to even the Roman Catholic services with friends. Claire also stated that she listened to a church service on the radio each Sunday morning and really enjoyed the music. Oma, on the other hand, after not getting out for a bit, has a member from her church picking her up to attend church. She goes with her walker and then they go out for lunch. Claire told me she used to get a taxi to go to church or she would get a drive with friends, but lately she is worried about people having to navigate her walker and particularly does not attempt to go to service in the winter. Doc goes to the weekly service at the church with either his family or a volunteer driver from the congregation. He was not as impressed with the services held in his nursing home.

Wayne has a motorized wheelchair and travels to church on Sunday and for meetings and Bible study in that! She uses the transit bus if the weather is bad or for night meetings.

Wayne told me that she is pleasantly surprised about her experience in the nursing home. She says, "Lot better than I thought it would be. Get as much freedom as they can." She does have two hour treatments morning and evening but she is still able to take part in lots of activities at her church, serves on committees and attends all Bible Study groups.

Wayne attends the monthly UCC service at the nursing home as well as other services such as the Presbyterian service and occasionally the Roman Catholic service. Shirley told me, "The church I belong to, it comes here and has a service once a month—I attend that, when health allows me, and meet with my familiar friends. Very pleasant occasion for me because I enjoy church and I like to attend."

Connections

All participants said they enjoyed visits. The Halifax participants talked about how people from their church congregations visited and there were people who volunteered to drive. They also mentioned Pastoral Care Committees as well as other social activities that they attended both in the church and at the nursing home that was put on by members of their church as well as other faith communities. Wayne talked about how important visits were for people in the nursing home, especially for people who did not get out as much as she did. In fact, she does visiting around her floor during coffee time to other more senior patients.

Josephine, who is in a rural community, stated, “Maybe it would be better, if the church had a few members that they could send one or two a month to the nursing home to make a short visit. It doesn’t have to be a long visit and they wouldn’t have to bring anything. Just come in and chat with the members—especially the members they already know. I think that would be worthwhile.” Those pastoral care teams that we see in the city do not seem to be in the rural areas. Perhaps they think the minister can do the visiting or perhaps another visitor is not perceived as being a visitor from the church?

She goes on to say, “But when you are old, in a nursing home, all the friends you had were old and a lot of friends are already dead. So not that many who have anything in common with you to come and visit—or may not be possible for them to visit. Age makes a big difference. When you are younger you don’t understand the limitations that age puts upon you.”

Keep Faith Alive

All participants were asked how they kept their faith alive in the nursing home.

Josephine replies with a laugh! “I don’t know! I guess when you have believed in something as long as 91 years you’re going to keep on believing it.”

When asked, “Do you feel your spiritual and religious needs are being met?”

Josephine says. “I would say so. When you are as old as I am, your needs are not as great as they were when you are young. You have your faith and you believe and that keeps you going.”

Claire tells me, “I like spiritual care but some of my friends don’t want any part of it. You try to talk to them but they have their own beliefs but I think at the end three quarters of the people would appreciate some prayers. It all depends too on the individual, the Minister, how they can cope with visiting.”

When I asked her, “How do you keep your faith alive?”

Claire replied, “I pray; I believe; I don’t read the Bible as much anymore, as I used to, but I know pretty well all the old stories; the ones I like.”

Shirley was about helping others where she could, “Through meeting of other church members, having church service here, conversations with one another and so on; We are free to talk and relate--way of life—may see someone with a little difficulty and always nice to say a few words --to say something to them to cheer them up—be helpful—not to degrade people --to uplift them.” When I asked her if she prayed, Shirley replied, “Yes every night and several times throughout the day. I often think I wish I was able to do

this... I miss doing the work I was doing when I was able to work. Often wish I could run my home the way I used to run it, bake and cook, but I don't give up."

Wayne's answer was to, "Read the Bible; pray and stay as positive as possible."

Mary tells me, "I guess, I guess I just meet them myself. I read my Bible. Many's the night I go to bed and pray. But, other than that, I guess it's up to myself to do it."

Jerry Ulman and Paul Steinke, in a 1985 study of pastoral care needs for institutionalized elderly, suggested that while there was a large significance of church before entering the nursing home for their study participants, there was less reliance on a minister or chaplain for spiritual help after being in a nursing home. They state a key factor in their survey data "is relatively meager and inadequate visitation. Pastoral care visits tend to be both less frequent and shorter in duration than desired."¹⁸ They state that from personal interviews that it was "clear that the elderly truly enjoy talking with their family ministers. It gives them an opportunity to keep in touch: to learn about congregational activities and receive news about old friends in the congregation."¹⁹ I would suggest from my research that would extend to the lay pastoral care teams of the home congregations, where they exist, as well.

So, what does this mean?

I was pleasantly surprised to see the satisfaction rate here in the urban area of Halifax.

Shirley told me, "I don't know the amount of visitation other churches do for

¹⁸ Jerry Uhlman and Paul D. Steinke, "Pastoral Care for the institutionalized elderly." *The Journal of Pastoral Care*. 39:1 (March 1985) 29.

¹⁹ Ibid.

congregations. My minister is very busy. I am thankful for her visits once a month. When I was sick I know she was interested to know how I was doing. She is a very nice person.”

There are lots of good things happening in the city. The Reverend Dr. Susan MacAlpine-Gillis tells us that her congregation of Cole Harbour –Woodside United Church has almost a second congregation with up to 50-60 participants attending services at the Parkland Nursing Home in her community. She says that they make sure that the service is as much like “church” as possible, with her donning her alb and stole and the choir wearing their choir gowns. They bring the Lenten triad or the Advent candles and other liturgical dressings. They have a service bulletin and introduce new hymns along with singing the old favourites, but they do not take up collection. Rev. MacAlpine-Gillis has even had the opportunity to perform a wedding ceremony for a 94 year old man and his 76 year old bride at the retirement home. It was a first in the nursing home history and Rev. MacAlpine – Gillis felt she was chosen to officiate because the couple had felt such a connection through the monthly worship services. Now we need to translate that across the national spectrum of our United Church of Canada. It is interesting to me because in a rural area where everyone knows each other you would expect it to be different; that it would be the rural area where there was more connection to the church community. Maybe the expectation is on the minister or that someone else is doing the visiting. Perhaps a visit doesn’t count unless it is a minister?

I think that pastoral care teams are necessary and *trained* pastoral care teams so they have some basic ideas about what makes a good visit.

Transportation teams are very valuable, not only for seniors, but many who do not have transportation to church on Sunday and for various weekly activities.

Congregations need to keep track of seniors, even if they are out of the area; try to keep in touch by mail or calls. Josephine mentioned that she had been originally placed in a nursing home an hour away from her home community and she had had no contact with the local United Church; something that was very surprising to her. She suggested that the nursing home should alert the local congregation that there was a person of that faith who had moved in. Due to privacy regulations, that probably would not happen, but, hopefully, the local church community would or could maintain connection via phone or letter with the resident so as to get permission to pass that information on to the neighbouring minister and congregation. This becomes even more important if the senior does not have family local or if the family are not church affiliated. If the senior is placed locally, perhaps assign a couple of people who will visit and check in periodically.

Simple and small things can make such a difference—bring or mail the church bulletin; bring *The Upper Room*²⁰ if your church has a subscription, or any other publications that might be of interest.

Claire and Oma talked about the Baptist Church group coming in with books—novels to share and circulate among the women who meet for coffee time. Perhaps people in your congregation could pass on magazines or novels that would be interesting to residents or there is someone who would host a knitting circle or who could teach a craft.

Another idea that involves multi-generations of the congregation would be to create a church history and have young people record the stories of the seniors of the congregation to be shared with the congregation—those stories I heard are wonderfully inspiring and more people should know them!

²⁰ *The Upper Room* is a daily devotional resource published by The Upper Room, Nashville, TN.

All of these activities mean connections, social activity and inclusion in the family of the congregation. They give the senior a sense of being remembered and being important to the rest of the congregation.

My friend Josephine, when I thanked her for doing the interview, said, “ I am glad to do it –there is nothing that old people like to do better than give advice –and tell people what to do”.

But mostly seniors in nursing homes want to hear what is going on in the community and to hear different voices. They want the company and a little chat with someone who is not staff and someone who brings a bit of excitement into their day. The visit can give them something new to talk about among their fellow residents; and the sense of friendship that we all desire.

So take time to visit. I am confident that you will receive a warm welcome and be greeted with, “Come in, come in and sit down. I want to hear your good news!”

Evaluation and Implications for Pastoral Theology and Ministry

Biblical Insights

The first Biblical reference that got me thinking of seniors was the Ten Commandments, and in particular, the commandment to “Honour your father and mother, as the Lord God commanded you, so that your days may be long and that it may go well with you in the land that the Lord your God is giving you.” (Deut. 5: 16)²¹ It is so very important to honour our ancestors and learn from our history; the past rights, as well as wrongs. Out of

²¹ All scripture references are from the New Revised Standard Version unless otherwise stated.

this experience will come depth and growth to the not only the person ministered *to*, but also those *in* ministry to the elder.

Genesis 25: 8 tells us that “Abraham breathed his last and died in a good old age, an old man and full of years, and was gathered to his people.” This seems to indicate that Abraham was held close to his family and was cared for into his old age.

Ruth Chapter 1 tells us of Ruth’s love and care of her mother-in-law, for whom she had no real responsibility, but whom she loved and would not leave abandoned. She says, “Do not press me to leave you or to turn back from following you. Where you go I will go; where you lodge, I will lodge; your people are my people, and your God my God.” (Ruth 1:15) Ruth is greatly rewarded for her loyalty and love of her mother-in-law as she finds a new husband and produces an heir for Naomi. The Lord blessed Naomi. “He shall be to you a restorer of life and a nourisher of your old age” (Ruth 4:15) and all this accomplished through Ruth who has borne her a son with Boaz. Good things come to those who honour their parents and who love their elders. We are all aging and some day will need help; it is in our best interests to help those who need it in anticipation of the time when we will require the assistance.

Job 15: 10 tells us that “The gray-haired and the aged are on our side, those older than your father.” I think that this is so true and I saw this when I asked what they would like to see in the United Church of the future. By the time people have lived their lives they *want* to see the younger people find their place. They are happy to instruct and mentor, but usually more than happy, to see the younger generation take over the work. The big concern for the older generation of the church is that there does not seem to be the next generation ready to take the responsibility, to take the reins of the church, to bring it to another

generation. But the seniors' population is on our side. They are wanting to see the continuation of the church, to see the work continue, not just for their own benefit but also to see the legacy that they worked so hard to pass to us, continues and is passed on for generations to come.

In his letter to the Romans, Paul writes to the church, "For as in one body we have many members, and not all members have the same function, so we, who are many, are one body in Christ, and individually we are members one of another." (Romans 12: 4-5) So as a body corporate, the church, are we not to care for one another? Do we not care for the other, even at the time the person needs the most care and assistance? Even as we are nurtured by those in the past, we come to nurture, those who were once the nurturers. It is the cycle of life. We come to the point where we parent the parent. Just as we all have differing strengths and abilities, at different times in our journey, we will have differing needs and abilities. We, as the church, are meant to support each other. I would challenge the church to remember their elders, and their dying, as they prepare for the Kingdom of heaven. In those so close to dying—so close to heaven-- I would suggest that we might be blessed with a glimpse of our God in those thin spaces, at the end of life as we know it, and the transition to life eternal. In our blessing others, we too become blessed with new meaning and understanding of our Heavenly Maker, our God, at work in our Lord and Saviour Jesus, the Christ, and by the power of the Holy Spirit.

Theological Background

Rev. Dr. Elizabeth MacKinlay, nurse and lecturer of Pastoral Theology in Australia, writes that spirituality is defined as "that which lies at the core of each person's being, an essential dimension which brings meaning to life. Constituted not only in religious practices, but

understood more broadly, as relationship with God, however God or ultimate meaning is perceived by the person, and in relationship with other people.”²² It is in these relationships that one finds meaning for life. After being part of a church family for many years, perhaps even all one’s life, those church connections, church relationships are tremendously important to the senior person. It might be the congregation where they married, brought children to be baptised and raised a family. It might be the congregation from where they buried a spouse. As one of my participants stated, after believing so long, their faith in God is pretty sound, but the relationship with the other people of the congregation is less so if all of a sudden they don’t hear or see anything of them again. All of my participants were very gracious in giving lots of reasons for people not being connected and they were also very grateful for those times when they did see the minister and the visitors or other connections with the church congregation.

MacKinlay continues, “There is an inextricable connection between physical decline and spiritual development. It seems that in aging, as Paul [in] 2 Corinthians 4:16 “Even though our outer nature is wasting away, our inner nature is being renewed day by day.”There is potential of spiritual development to continue to the point of death. In fact it can be said that the process of dying itself is part of the spiritual journey.”²³ Perhaps this is where the graciousness and understanding nature comes into play; the sense that one cannot ask for too much.

²² Elizabeth MacKinley, “Understanding the ageing process: a developmental perspective of the psychosocial and spiritual dimensions.” In *Aging, Spirituality and Pastoral care: a Multi-national perspective*. Elizabeth MacKinley, James W. Ellor and Stephen Pickard., Eds., (New York: Haworth Pastoral Press, 2001), 119-120.

²³ Ibid. 120.

James W. Fowler describes seven stages of faith starting at birth with primal faith and as a child developing intuitive-projective faith and mystic-literal faith. With the movement into synthetic-conventional faith, some people may actually stay in this stage of faith where they synthesize the faith stories and beliefs and are embedded in their values and beliefs; unable to question these or examine them in light of other perspectives. Those who critically reflect on their images of self-identity and values may move into a stage of faith Fowler calls individuative-reflective. In order to see this development, “there must be the emergence of an ‘executive ego’—a differentiation of the self behind the personae (masks) one wears and the roles one bears from the composite of roles and relations through which the self is expressed.”²⁴ The other shift seen is in a critical choice of values and beliefs that now leads to a commitment and accountability. Fowler suggests that while some may go through this stage of faith development in their twenties, often people experience only part of this, or not at all.

The final of the seven stages that Fowler identifies was seen in those persons of middle age or older. Fowler maintains there is a transition which he calls conjunctive faith where all elements of the self are integrated. He suggests that this leads to recognition there are polarities to life—young and old, male and female, constructive and destructive selves that are all held in tension. “Constructive faith brings a sense that truth is more multiform and complex than most of the clear either-or categories of the individuative stage can properly grasp.”²⁵ Constructive faith goes beyond the interpretation of symbols and myth into one story but rather is open to many truths and perspectives. There is no right and only way.

²⁴ James W. Fowler, *Becoming Adult, Becoming Christian: Adult Development and Christian Faith* (San Francisco, CA: Harper Collins, 1984) 62.

²⁵ *Ibid.*, 65.

This comes about with a decentralization from the self and the ability to look at faith from other perspectives. The move to universalizing faith is “the fruit of a person’s total and pervasive response in love and trust to the radical love of God.”²⁶ I saw this kind of peace and openness in many of my participants. It truly was an inspiration to be in their presence.

Fowler credits Erik H. Erickson’s work as being foundational for his own theory. Erickson sees the human body mature and at the same time there is growth in mental and emotional development. The adult will mature and in middle years become generative as opposed to stagnate; that is to say the adult will have the strength, or virtue, to care for others, as opposed to being self-centred. Erickson’s final stage of old age is identified as the emotional and developmental crisis of integrity versus despair. By integrity, the senior adult will have the feeling of accomplishment and satisfaction; “the considered feeling that one played the roles and met the challenges of each of the eras of the life cycle.”²⁷ This is not to say there is perfection or no regrets but there is a feeling that one’s life counts for something and “one accrues the virtue Erikson calls *wisdom*.”²⁸ I saw this this wisdom in many of my participants. They had so much to offer in advice and opinions. And yet they never made one feel that they knew it all or more than anyone else. But they had that experience that made you feel they were wise beyond words. “Such persons, in Erikson’s view can face old age and oncoming death with a sense of integrity...[and] he clearly affirms the importance, and even the necessity, of faith in the sustaining of lives of meaning and devotion.”²⁹

²⁶Ibid., 70.

²⁷ Ibid., 26.

²⁸ Ibid.

²⁹ Ibid., 29.

Richard Gentzler, Director of Adult Ministries for the United Methodist Church in the US suggests that there are five main faith needs of older adults,

- 1) know that God loves older people—not just “Jesus loves the little children.” God loves people throughout their life span. (favourite hymn at nursing home services is ‘Jesus loves me’)
- 2) experience a church that cares about older adults—sometimes local congregations emphasis is youth, but older adults need to experience respect and acceptance and to feel valued by the church. (A 93 year old woman at my SFE site, who lives alone in her own home, was thrilled to be asked to pour tea at the church supper saying, “It is good to know I can still do something to contribute.”)
- 3) remain a vital part of the church --this segment of population is the biggest attenders and givers but for those who cannot contribute in that way—we still need to find a way for them to participate.
- 4) find new ways of serving others—serving as mentors and role models for succeeding generations. (Claire—96 years old in assisted living makes daily phone calls to friends to ‘check in’ with them to see how they are doing—a ministry of her own.)
- 5) have available support systems—coping with losses, adapting to new roles and situations— such as the moves.³⁰

Janet Ramsey in an article about preaching in nursing homes said that the four preachers she interviewed, “found that preaching in a nursing home can be a path to deeper knowledge, a new way to know and to be known. They rediscovered that powerful

³⁰Gentzler, (1999), 29-30.

something that occurs when the word meets the world.And it is a special privilege to preach to the very old who have a strange sense of vitality that transcends their physical vulnerabilities.”³¹ I can honestly say that I have experienced this sense of wonderment and powerful spirit in these aging members of our church. They seem to have an inner strength and peace that defies their physical and health struggles. They are concerned for others—mentioning how they can offer a word of encouragement to someone experiencing a difficult time, phoning a friend or writing a letter. They also have a sense of resiliency and a sense of engagement with the world around them as they take on opportunities to meet with others and do new things in the search for something to pass the time. Oma talked about playing Bingo which she had never done before. Others talked about attending services of other faiths with their new friends in the nursing home. In years past they probably would not have done this.

Historical Considerations

One of the reasons the United Church of Canada had ‘Canada’ in its name was the vision of the founding parties that the newly united churches would become the ‘national’ church and, building on previous unions among the Methodist and Presbyterian churches, the UCC would consolidate the efforts “to create a Christian civilization in English-speaking Canada” and “have a definitive influence on Canadian society.”³² One of the big growth factors of United Church of Canada was its desire to populate and grow communities for the development of the country of Canada. Like the predecessor denominations of the

³¹ Janet Ramsey, “Love, call and coming home: preaching the word to the very old.” *Word and World*. 33:1, (2013) 90.

³² Don Schweitzer, "The Changing social imaginary of the United Church of Canada." In *The United Church of Canada: a history*, Don Schweitzer. ed., (Toronto, ON: Wilfred Laurier University Press, 2012), 280.

Presbyterian church, the Methodist church and the Brethren Congregations, the United Church of Canada put great value in constructing schools and hospitals for the growth of community and the care and education of its people. It was felt that this “socially progressive Protestantism was essential to the well-being of society”³³ and this was lived out with much “cooperation between churches and governments in organizing education, social services and healthcare.”³⁴ Out of this tradition I would suggest that the care of all members of the family was vital to United Church members in its early years.

However after the 1960’s religion lost its place of prominence and respect in the Canadian landscape due to a number of changes in the economic, cultural and demographic sectors. One of the big factors was the growth of the welfare state and the emergence of multiculturalism in the country which meant that the church no longer had as much influence in an increasingly secular society. Schweitzer goes on to discuss the more recent biblical reference which seems to be directing the UCC discourse today which is Micah 6:8, “What does the Lord require of you but to do justice, and to love kindness and to walk humbly with your God?” Schweitzer suggests that the UCC needs to re-adopt its image as a ‘national’ church and to develop a new sense of mission in terms of this social justice which gives legs to the sense of beliefs and the values that are still central to the work of the UCC and its members.

I would suggest that this sense of justice must only reinforce the need to care for the most vulnerable in society and, in particular, the elders of our churches; those faithful and true disciples that are now finding themselves at the fringes of the church with frailty and infirmity and the lack of funds or transportation. This is not a matter that is unique to one

³³ Ibid., 281.

³⁴ Ibid.

church or one conference but pervades the whole church, across the country, as the demographics are reaching the peak numbers of Baby Boomers. Seniors are, in many communities, the largest percentage of the population and in churches this is even more the case. Many of our church members are facing the care question in a very real sense as they come to terms with their own failing health or with that of a loved one. Just when a person might actually require more, not less, spiritual care and support with such a large transition in one's life and living conditions, is when the person is most cut off from the church community. To love kindness would be to honour and affirm the dignity and value of these senior members of the congregation by maintaining contact with them and encouraging connections with the faith community. Walking humbly in faith could be illustrated in the relationship and message that the elder wisdom can bring to all those in the congregation. Too often our society sees youth as the ideal and the seniors are sidelined whereas other cultures value and venerate the aged and seek them as wise counsel. The church might be well advised to continue to nurture those relationships with their senior members even after they have moved to long-term care facilities.

Cultural Considerations

In Maritime region of Canada, it has only been in the past 50 years or so that families have moved to putting loved ones in long-term care facilities or assisted living apartments. Prior to this, extended family took the senior family member into their home or there was someone who took over the family home and the senior stayed on. Those who did not have family would 'share' their living space or would 'board' with another family or individual. After the war years we see more and more women working outside the home and we start to see the development of retirement communities and nursing homes. In my own family

my mother left school in Grade 10 to care for her mother with Parkinson's Disease. My father's mother went to live with his sister in the United States. Both my parents felt it was important that the same burden was not placed on the next generation. So often, we hear older people say that they do not want to be a burden to their children. The reality is that the world and workplaces make it very difficult to care for senior members of the family in the home. Often families are separated by wide distances and today's economics makes living with a parent and sharing the family home less of an incentive than it once was for unmarried/unemployed children.

In addition to the Baby Boomer generation, which will peak the number of senior citizens, good healthcare, new drug therapies and medical procedures means that people are living longer lives, than they ever have before and this too adds to the numbers of seniors. The term "senior" is a blanket umbrella for anyone over the age of 60 or 65 or sometimes an even younger age. It is as difficult to define an age selection as it is to define a genre of people. Some seniors are healthy and active socially and in their community as volunteers. And there are some 90 years plus who would be physically healthy and active in a learning sector while others for whom the world is a dark and dreary place and everything in between. There are cases where seniors are caring for their neighbours much younger than themselves, who are in a more frail physical condition or who are suffering memory loss. Often the term 'senior' can be defined as a state of mind or attitude as much as the physical condition of the individual.

The United Church of Canada on its website, has a page devoted to Senior's ministry but it is very difficult to find, layered under three layers of material and it was last updated in 2003. It has a collection of articles related to seniors, a short collection of resources for

seniors as well as prayers and reflections that might be used with seniors. Clearly not a subject of great importance for the church. The one article which appears to be a statement of the church on seniors' ministry makes reference to the attitude of the members in the pews that the seniors visit will make little difference. Now, I am confident that many individual churches do remember their seniors, however it does not appear to be a concern for the national church which I propose is a grievous error.

The church, as a national body, could be advocating for better/ more housing and care facilities for senior as well as establishing vibrant and interactive ministries within those same care facilities reaching not only its own members but those who in later years find themselves searching for answers to spiritual questions or requiring support after grief and loss or facing their own journey in illness and dying. It is a community that is ripe and hungry for the Word, longing for nurturing and fellowship, ready for relationship and purposeful work. With a little organization and training, there are many retirees who could be helping other seniors in a ministry that brings new meaning to both parties while furthering the message and loving care of Jesus, whom we strive to emulate in our work of the Church.

With more and more seniors entering that 'golden' time of life where they are no longer able to care for a home and find themselves separated from their church family as well, it is one more transition in a series of changes. The church needs to look at the 'whole people of God' wherever they may be living or regardless of their ability to physically attend the worship space. With the greater number of seniors and the mobility of seniors, especially the upcoming breed of seniors like myself who are coming from a work world with pension and new ways of retirement living, the church has to look outside the traditional doors of

the church building to maintain the community connections of the Christian family. In a world where people can get isolated with online social media and computer games, the church has to work at moving into the places where the seniors are and maintain those personal and spiritual connections with one another. Instead of just saying come in and sit down—maybe the church, too, has to go out into the world of the growing age of seniors and be the church for, and with, the seniors of today and tomorrow. Because we are all part of the family; God's family.

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APPENDIX 1

INFORMED CONSENT FORM

**Seniors in Assisted Living/ Long-Term Care and Connection with United Church of Canada
Congregations**

**Lana MacLean
ATLANTIC SCHOOL OF THEOLOGY
660 Francklyn Street
Halifax, NS B3H 3B5**

[Phone # 1-902-227-5776; e-mail address: lana.maclea@ns.sympatico.ca]

I am student enrolled in the Master of Divinity Degree Programmed at Atlantic School of Theology. As a part of my course work under the supervision of the Dr. Susan Willhauck, I am conducting a study on seniors and their connection to the United Church of Canada. I will be interviewing people who are Seniors who have moved into Nursing Home, Long Term Care home, or Assisted Living facility within the past two years. I am inviting you to participate in my study. The purpose of the work is to examine what ideas and experiences you have had with the United Church since you have moved into your new home. The purpose of this work is two fold: First, to increase the body of knowledge that we have on the topic of Seniors living in Nursing Homes, Long- Term Care facilities or Assisted Living facilities and local congregations of the United Church of Canada. Second, to explore how these themes might filter into the life and work of the church.

Your participation in this project is appreciated. The questions and the project are designed to move to the contours of your experience as you actively speak about what it is like to be a leader and senior member of your church. The researcher will take notes and/or audiotape the conversation.

The tapes and transcript will be held in a secure environment until the completion of this course of study, at which time they will be destroyed. This project will be completed by the end of April 2014.

If you are willing to participate in this project please read the following and indicate your willingness to be involved by giving your signature at the bottom of this page.

I acknowledge that the research procedures outline and of which I have a copy have been outlined to me. I know that if I have any questions they were answered to my satisfaction. I know that I can contact the researcher at anytime should I have further questions. I am aware that my participation in this study is purely voluntary and I am assured that personal record relating to this study will be kept confidential, I understand that I am free to withdraw form this study at any time.

All information obtained in this study will be kept strictly **confidential and anonymous**. Names and revealing facts will be changed, thus affording you anonymity. To further protect individual identities, this consent form will be sealed in an envelope and stored separately.

Furthermore, the results of this study will be presented as a group and no individual participants will be identified.

The following is a time line for the storage and destruction of data:

1. Upon receiving a signed Informed Consent from research participants, I will:
 - a) provide one copy for the participants
 - b) keep one copy for myself which I will place in an envelope separate from all other materials and store in a locked file cabinet in my home office.
 - c) provide one copy for my supervisor (Dr. Willhauck), also placed in a separate envelope, who will store it in a locked file cabinet in her office at AST.
2. Audio tapes of interviews will be recorded on a digital recording device. These digital recording devices will be kept in locked brief cases or safes and secured at all times during data collection from the time of Informed Consent through the public Grad Project presentations (March 11, 12 and 13) and until deleted permanently from my device (no later than March 20).
3. Within two weeks of each interview, I will transcribe the interviews onto a Word document. The Word Document transcripts will be kept on a password protected computer from the time of data collection until the final Grad Project paper is due on March 25, 2014.
4. The public Grad Project Presentations take place on March 11, 12, and 13. On March 20, 2014, I will bring my recording device to my supervisor who will check to make sure all interviews have been deleted.
5. When the final Graduate Research paper is submitted to my supervisor on March 25, 2014, the Word Document transcripts of interviews will also be submitted to her, either printed as hard copies or disposable CDs and deleted from my computer and trash bin.
6. Dr. Willhauck will store transcripts of interviews in a locked file cabinet in her office at AST for one year and all data materials will be destroyed by shredding or crushing on April 27, 2015.

If you have any questions, please contact the student researcher, Lana MacLean, at phone # 902-227-5776 or e-mail address: lana.maclea@ns.sympatico.ca

This research has been reviewed and approved by the Research Ethics Board of Atlantic School of Theology. If you have any questions or concerns about the study, you may contact Dr. Alyda Faber at afaber@astheology.ns.ca, Chair, Research Ethics Board.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

Participant's Signature: _____ Date: _____

Please keep one copy of this form for your own records.

APPENDIX 2

Seniors in Assisted Living/ Long-Term Care and Connection with United Church of Canada Congregations by Lana MacLeanQuestions

1. Has your participation in the church congregation changed since your move to the Nursing Home/ Assisted Living facility? How? How did you participate in the life and work of the United Church of Canada in the past?
2. What is your connection with your home congregation like? How do you feel about that?
3. How often do you have visitors/calls/ mail from your church congregation?
4. If you could speak freely and in confidence to your minister and/ or congregation about your experience in the nursing home, what would you tell him/her/ them?
5. How do you keep faith alive here? Is pastoral care offered to you by this care facility? Is there a chapel? Is there a chaplain?
6. How are your spiritual/religious needs are being met? Do you attend worship services? Pray? Read the Bible? Read the *Observer*? Read the *Upper Room*? Read other spiritual publications?
7. What would you like to see for the United Church of Canada in the future?
8. What suggestions do you have for the church regarding spiritual care and connection with senior citizens such as yourself?

APPENDIX 3

Rev. Stephen Fram, Secretary
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Lana MacLean
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January 6, 2014

Dear Rev. Fram;

I am student enrolled in the Master of Divinity Degree Programme at Atlantic School of Theology. As a part of my course work under the supervision of the Dr. Susan Willhauck, I am conducting a study on seniors and their connection to the United Church of Canada. I will be interviewing senior members of the United Church of Canada who have moved into Nursing Home, Long Term Care home, or Assisted Living facility within the past two years. I am asking the Members of Halifax Presbytery to make suggestions as to who might be good candidates for this research and for interviews. Seniors who have known memory problems or who have any form of dementia would not be appropriate candidates for this research. For the safety of the seniors, interviews will be conducted with a close family member, a son, daughter, or designated other, in attendance. If you would ask possible candidates as to their interest and give them my contact information so they could reach me, it would be much appreciated.

My contact information is listed above and I would greatly appreciate receiving any suggestions in the next few weeks as the time frame for the start of this project is short.

Thanking you in advance for any assistance in this matter,

Yours in Christ,

Lana MacLean

