RESOURCE

How do we assess and meet the spiritual needs of young people in hospital?

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MCYM Dissertation

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Abstract

This library based dissertation looks towards the concept of spirituality and its engagement within youth work practice in a hospital context. The reason for this chosen subject was because as a Christian youth worker who works in a secular hospital setting, I wanted to unpack the nature of spiritual care and see how it can be applied within my own working situation. Far deeper into this I also wanted to draw focus on the idea of holistic care and how as youth workers we can achieve this. In a hospital, there is a holistic care system in place designed to help every need that a child may have. However what I have witnessed working in a hospital, is the lack of assessment surrounding spiritual needs. Spirituality appears to be a ground very few dare to tread on as the topic is so wide and narrow, however I believe that young people do have spiritual needs and consequently youth workers must become aware of them and how they can respond accordingly.

In this dissertation I look towards the notion of spirituality, what spiritual needs young people have, as well as how we can assess and meet the needs based on current literature. From my research I concluded that there needed to be an assessment model designed specifically for hospital youth workers, and as a result I have created my own spiritual assessment framework called the L.I.F.E model; Love, Interests, Frustrations, Environment. This model, accompanied with the research in this dissertation should provide youth workers a basic foundation for their understanding of spirituality and how they can implement care for their own young people.

Introduction

For the last year, I have worked at Birmingham Children's Hospital as a youth worker. In this time I have noted how the various departments around the hospital choose to take care of young people. For example, the nurses and doctors are responsible for physical needs; psychologists are responsible for psychological needs and chaplaincy are responsible for religious needs. Youth workers, on the other hand, do not appear to have such a clear-cut role with young people and their needs. They bend and mould into whatever the young person needs them to be, whether that is a friend, advisor, advocate or something else. A youth worker does not target a single individual need, but rather aims to look at the entire young person, wanting to holistically look at how to best care for them.

However, I do not believe currently that youth workers are able to fully carry out holistic care for young people. Whilst as a hospital we are very good at meeting physical, mental and religious needs, I feel that we are lacking in one, spirituality. I am choosing to write this dissertation on spirituality to try to understand how I can affect young people in an environment that doesn't require me to share my own personal faith. As most of my youth work career has been centred around Christian agencies and therefore Christian values and principles, working in a secular organisation has forced me to try to develop my own practice and evaluate what my own mission is within working as a hospital youth worker. Through this journey I have developed a belief in the concept of holistic care for all young people, and this is echoed in *Well-being and Spirituality* where we read about the importance of shalom and the offer that Jesus gives regarding living life in all its fullness (John 10:10).[1] The reason I am choosing to highlight the importance of shalom is that I believe that my calling and my ministry is focused around holistically caring for all young people, looking at the multitude of needs they may have, opposed to only needs such as physical or mental. In this dissertation, I aim to look at how currently spirituality is treated within the NHS, with putting forward my own recommendations in light of my research, suggesting how we can improve our service in the children's hospital, in order to inspire others to do the same.

[1] Sally Nash, Nigel Pimlott, Well-being and Spirituality, 4

Chapter One:

Literature Review

When looking at how to assess and meet spiritual needs for young people, first we need to unpack the various amount of literature around spirituality. Spirituality appears to have become a far more prominent term in the last century within in the western world than ever before. Spirituality is now appearing to take an increasingly more important place in people's lives, regardless of whether they belong to a church or not. According to Varga, this shift has come from modernity and post modernity, which increasingly de-roots the individual out of traditional cultural significance.[2] As a result, spirituality seems to be taking on different forms and changing the way people interact with it. In this research I am to establish what spirituality is, unpacking its relationship with religion in the twenty-first century, researching how spirituality appears to be having an impact on gender and age and finally how spirituality is implemented into current hospital care concerning several different factors researched earlier.

Defining Spirituality

Whilst attempting to unpack spirituality it quickly became apparent that the term itself is open to various interpretations. Many of those who have written literature on the subject have suggested that it is far too difficult to simply create one clear definition, but rather to take various opinions into account (Adams, Hyde & Woolley, 2008). Others have concluded that spirituality has a clear cut definition based on its initial roots (King, 2009) - but has spirituality in the twenty-first century now changed the way we choose to define it? Which is more appropriate?

To begin with I wanted to understand the origin of spirituality, to do this I referred to Ursula King's *The Search for Spirituality*, whereby she explains that spirituality owes its origins to a Christian context, yet originally it had no direct equivalent in non-western languages. Since then, however, spirituality is now used globally regarding to all religions and cultures which all share characteristics that are deemed to be life enhancing, holistic and supportive of human well-being.[3] This idea of spirituality focusing on the individual

[2] Ivan Varga, A Sociology of Spirituality, 146

[3] Ursula King, The Search for Spirituality, 3

holistically is not an uncommon explanation; Culliford expands on this notion by explaining that there is an element of wholeness that is captivated within its definition. People's lives can often feel incredibly fragmented, even though we are used to disjunction such as beginnings to endings, birth to death and day to night, we rarely see our lives as seamless. However, when a situation arises it can place meaning on that event and echoes to us on a deeply personal level.[4]

Drawing from above explanations, there seems to be a clear emphasis that spirituality is concerned with the individual, yet I believe that we cannot just stop at this point. Is it possible that spirituality can also affect the wider community? Tisdell explains that whilst an individual's spirituality is unique to that person, the spirituality of others allows them to connect what they value and a result how they behave in the world. This provides a communal dimension to spirituality, giving many people a sense of communal responsibility to their spirituality that empowers them to work for activities such as social justice or greater equity in the world.[5] To suggest that spirituality has a direct effect on the communities and cultures surrounding an individual implies its need within care for young people and adults. However, in the hospital community would this really apply? My experience is that for the majority of young people entering the hospital, their various conditions can cause a lack of wanting to socialise or interact with others. For those that are long-term patients at the hospital, they are constantly in and out of varying communities, which could cause them to either feel that they have no responsibility at all to either, or too much responsibility for both. It is my opinion that young people need to feel that they are part of a community, and spirituality has a place within this, however we must be aware that due to the physical nature of the hospital (separate bays, rooms, curtain divides) this could be a lot harder to achieve. However I do believe that spirituality can have a part to play in bringing a far more communal aspect to the hospital.

The term 'spirituality' derives from the Latin term 'spiritus' meaning 'breath of life'[6], this implying that it is a crucial aspect to the way we live and to the way we act with others. If it is a concept that sits within the very core of who we are, it would be right to suggest then

[4] Larry Culliford, The psychology of Spirituality, 19
[5] Elizabeth J. Tisdell, Exploring Spirituality and Culture in Adult & Higher Education, 41
[6] David Elkins, Beyond Religion, 33

that spirituality is something that can be applicable to all, and it seems that through varying religions, cults and clans this has been achieved, which then begs the question can spirituality now stand as a separate ideal from religion?

Swinton points out that the rise of spirituality within contemporary western culture is causing a change to its meaning. He argues that spirituality is no longer confined to religion, but rather is now a wide and multi cultural concept. He goes on to suggest that in order for us to understand spirituality, we must let go of the need to completely define it - as for us to not only grasp it but engage with it we need to accept that there are dimensions of human experience that are essentially inexpressible. Consequently we need to learn to be comfortable with uncertainty and mystery that surrounds spirituality.[6] This opinion is shared by Rebecca Nye who argues that spirituality is not something that we can confine to words, but rather as a 'felt sense' which draws on non-verbal insight, vision, sound and touch.[7] If spirituality is something we cannot fully define, then how can we categorise it being linked with or without religion? Whilst I appreciate what both Nye and Swinton are trying to put across, I believe that spirituality must have some form of tangible explanation. If the term descends from Christianity I want to look at this strained relationship between both spirituality and religion - can they truly be now two separate entities?

Spirituality and Religion

The relationship between spirituality and religion appears to be somewhat heated. As we have already touched upon, scholars such as Elkins have highlighted moments from where a person's spirituality began to move away from the control of the institutional church in the 1960s.[8] Gollnick goes on to explain that there is now becoming a notion of "spiritual but not religious", a term created by Fuller who suggests that people who choose to define themselves in this way choose to rely on their own experience to substantiate their beliefs.[9] This implies that spirituality without religion still holds the ideal of holistically looking at oneself and as a result looking as to how to improve situations they may find themselves in. However, I find that this idea of spirituality is almost like a puzzle with a

[6] John Swinton, Spirituality and Mental Health Care, 11-13

[7] Rebecca Nye, Children's Spirituality, 1

[8] James Gollnick, Religion & Spirituality in the Life Cycle, 27, quoted from David Elkins, Beyond Religion, 1998

[9] Ibid, 30 quoted from Robert Fuller, Spiritual but not Religious, 2001

missing piece - it can never truly be completed. Spirituality should lead an individual to a place with the divine as a result of self-reflection, rather than stopping just before it.

As explained in *Just Spirituality*, Butler and Butler believe that spirituality lies at the heart of religion, as it is a way for "all people, at all times to encounter the mystery, fear and fascination of existence".[10] This idea of encountering spirituality within religion is taken one step further by MacKinlay, who makes the linear link between religion, spirituality and relationships. She believes that as humans we have three dimensions: physical, psychological and spiritual. Spirituality, she explains, can for all people be based around what is most important in their lives. For Christians, God being central in their lives provides them with the ability to explore that central meaning through worship, prayer, reading or mediation as a means of response.[11] I believe this idea of spirituality making the link with religion is where we can begin to understand how the two work together. Developing spirituality, as Ursula King explains, is like "stirring, mixing, kneading the dough of our daily life experiences into spiritual food that is truly nourishing and strengthening for us".[12]

It would seem then, that spirituality can be interpreted through many lenses. As it stands, it seems that the nature of spirituality is focusing on the individual, their peace, progress, purpose and beliefs surrounding their lives. How they choose to interact with that can be deemed as spirituality, using religion or other means to outwardly work out their own interpretations. In light of this dissertation, I believe this is a key definition to use as, whilst it is specific, it allows room for an individual to place their own structure within it. As we move forward, I would like to focus on spirituality concerning young people, looking at how they interact with it, drawing from present research into the topic and as a result looking at spiritual care that is currently put forward for youth workers in both a general and hospital setting.

[10] Barbara Butler & Tom Butler, Just Spirituality in a world of faiths, 1
[11] Elizabeth MacKinlay et al, Ageing, Spirituality and Well-being, 76-78
[12] Ursula King, The Search for Spirituality, 179

Young People's Spirituality

Spirituality with young people is, just like the term itself, open to interpretation. Young people in a post modern world will find their culture being one of continual change and rapid transition.[13] So how do we make sense of spirituality amongst young people? Referring from *Making sense of Generation Y*, Sara Savage et al, distinguish that amongst young people there are two types of spirituality: formative and transformative. They argue that a young person's search for identity and understanding can simply be evidence of a young person forming a level of understanding towards spirituality, yet the challenge is how to move them from a sense of just forming an understanding, to it actually making an impact on that young person (transformative spirituality).[14]

Phil Rankin is a researcher who, for three years, interviewed young people all around the U.K., asking them questions around spirituality. Upon his results, Rankin explains that in light of all the data he collected, his view is that young people are interested in spiritual/religious issues. He remarks that there is a clear evidence of something 'buried' among them, and that they simply require an environment for them to reflect upon it.[15] Rankin also shows us through his research how young people's understandings are wide and varied. What one young person might interpret as spirituality, another may not. Young peoples understanding can be so different to their understanding of the word God, which can be different to their understanding of angels, heaven, hell, creation, purpose, control etc. As a result, Rankin puts forward that the key is to consider each young person as a unique individual and engage with only *their* understanding of the term.[17]

It is clear then, that spirituality is continually an ever present topic in the lives of young people, how they choose to understand or interact with it may prove different as to each individual, but as a result of this I feel we must draw attention to how we choose to care for young people. If spirituality is such a key part to their development then we need to be engaging with caring for young people in a spiritual way. In this section I want to focus on the topic of spiritual care: what is it? Where is its place in youth work? Finally I will be

[13] National Society, Youth A Part, 11

[14] Sara Savage et al, Making sense of Generation Y, 121-122

[15] Phil Rankin, Buried Spirituality, 50 17

Ibid, 76

looking at the current suggested models of spiritual care, specifically within a hospital environment and establish my own understanding around the subject.

Spiritual Care

It is important to realise early on when looking at spiritual care that it is distinguishably different from that of religious and pastoral care, and as this dissertation is aiming to specifically target spiritual care and its input with young people within a hospital environment, it's important that we understand the difference in the three terms. Paul Nash explains the difference: religious care highlights a form of care relating specifically to the needs, practices and rituals that surround someone of a particular religious faith; pastoral care is a term used not only within a Christian context but in the wider world too such as schools (this then refers to care given to an individual or a family who might have concerns, problems, needs etc.); spiritual care is concerned with what are often seen as the 'big' questions in life, looking at the individual's purpose, destiny, identity and a potential relationship with the transcendent.[16] In the *Handbook of Spiritual care in Mental Illness*, provided by the Birmingham NHS, Dr. Jo Barber describes spiritual care as a way for individuals to find their own 'true' spirituality, which can in turn help them make sense of what is happening to them and give them strength to move towards recovery. She suggests that simple love, care and understanding can help a patient move towards having an increased sense of self-esteem and identity.[17] It seems right to suggest then, that spiritual care is a platform for an individual to engage with questions about their life. It allows them to explore their own understanding of how they see their life and a result choose how to live it.

So if spiritual care is the platform, how do we actively go about caring for individuals spiritually? I believe what is important to realise is that within spiritual care we will continue to have the battle between its relationship with religion. Especially within the NHS, it seems that it is still a matter of debate as to how we address spirituality within care for patients. Yet for the purposes of this dissertation I feel that, in light of previous research, it

[16] Paul Nash, Supporting Dying Children and their Families, 3

[17] Jo Barber, Handbook of Spiritual Care in Mental Illness, 11

would be foolish to not see religion as having a part to play (however small) within spiritual care in the NHS. In 2006, Gillian White argued that there is a failure to the current approach to spiritual care within the NHS. In her opinion, the scientific approach that still dominates health care can overemphasise physical aspects of health rather than that of what she describes as the four elements of each individual: body, mind, health, spirit.[18] So why is there a need for spiritual care within the NHS? Surely it is right that a hospital, which is there to improve the health of its patients, should only focus on physical care? Culliford explains that through spiritual care in the NHS he has noted that patients reported an improved feeling of self-esteem and confidence. It gave them a morale-boosting sense of being once again in better controls of their lives and described how it helped them improve their relationships, not just with family, friends and carers but also with God.[19]

Bonhoeffer explain that turning a sad person into a cheerful one, or a timid person into a courageous one, (or in light of the NHS turning a sick person into a healthy one) is not real care. He argues that secular care is something that isn't going to be fully significant to an individual in the long term. That beyond situations such as sadness and timidity (and physical health), the individual should believe that God is our help and comfort. Spiritual care is a way of preaching the gospel to those who have not heard, or for those who have withdrawn from it. He argues a love is needed that will in turn eventually lead people back to the proclamation of the gospel.[20] Whilst I agree with Bonhoeffer's stance on the concept of what is true care is, in regards to a youth worker's role within the hospital, I am not encouraged nor allowed to evangelise to patients that the Christian God I believe in can be their comfort. I do not believe that spiritual care can be restricted to only a method of preaching the gospel and working in a hospital context I believe there are far more effective ways of preaching the gospel and spiritually caring for young people in a hospital, see Appendix 2 for an example.

Spiritual Care in a Hospital Context

To answer this question, I wanted to focus my attention on scholars who had researched and worked in the field of delivering spiritual care in the NHS. To start with, I turned towards the work of Dr. Rebecca Nye who has been working in the field of children's

[18] Gillian White, Talking about Spirituality in Health Care Practice, 25-29
[19] Larry Culliford, The psychology of Spirituality, 61
[20] Dietrich Bonhoeffer, Spiritual Care, 30-31

spirituality as a researcher, consultant and practitioner since 1994. Nye suggests her own developed model (Space. Process. Imagination. Relationship. Intimacy. Trust)[21] See Appendix 3 for further details.

Nye's spiritual care model is one that I can appreciate and see value to. When working with young people, I believe the model she has laid out is equally applicable to them. For example, Terry emphasises how, in his opinion, relationships are at the very heart of youth work. He goes on to suggest that relationships are in fact everything because personal growth, development, learning about values etc, are all human tasks that can only be done via relationships. As a result, he explains that not only will youth work provide opportunities in safe environments for young people to challenge and be challenged, but also allow them space to learn about themselves, their relationship to the world and their relationship with God.[22]

Nye is not the only scholar to have created a form of model in order to help those carrying out spiritual care. The Access model (Assessment. Communication. Cultural negotiation & Compromise. Establishing respect & rapport. Sensitivity. Safety) was developed by Aru Narayanasamy, who devised this strategy for providing sensitive care related to the cultural and spiritual needs of patients.[23] What appeals to me about this model is how Narayanasamy looks logically at the varying aspects of spirituality and how it can change according to the individual. In this model, we see aspects of Nye's echoing throughout, such as safety and establishing respect and rapport (relationship). Narayanasamy's approach includes looking at how we choose to communicate to those we are working with and highlights the importance of looking towards the culture in order to help the overall care. He argues that in the U.K. (and especially looking towards Birmingham Children's Hospital) we have a wealth of multi-culture, and as a result we need to be sensitive to the spiritual and cultural implications that come with patients who come from various backgrounds.

[21] Rebecca Nye, Children's Spirituality, 41-55
[22] Neal Terry, Quoted in Kerry Young, The Art of Youth Work, 62
[23] Aru Narayanasamy, Spiritual Care, 20-23

Overall, it is clear to me that spirituality and spiritual care is a clear need for young people. In this literature review, I have discovered the complexity that comes with attempting to define it as well as the varying ways that individuals will respond to it. I believe that Ursula King summarises spirituality in a most profound way by stating that "many definitions of spirituality have been suggested, but it is perhaps more helpful to ask what spirituality does rather than what it is. It can be linked to all human experiences, but it has a particularly close connection with the imagination, human creativity, resourcefulness, relationships - whether with ourselves, others or with a transcendent reality, named or unnamed, God."[24] When we choose to spiritually care for any individual or group, it seems clear to me that we must allow ourselves to be open to new thoughts and processes. Spirituality, as Nye so simply states, is "God's ways of being with children and children's ways of being with God."[25] Whilst I party agree with this statement, I do not agree with it in its entirety. In light of my research, it appears to me that spirituality is focused on the individual's response to their life. I believe as part of this, the concept of God must enter in at some point. A young person who is suffering with Cystic Fibrosis may well at some point question who God is and why they have a life limiting illness. However, going far deeper than this, they will also ask questions on what they should do with their life, how should they act, should they do their physiotherapy and asking to the point "does my life even matter when it is so short?" In light of my research, I believe that spirituality is a journey, one that asks a number of questions (related and unrelated to God) and attempts to answer them in whatever way they can. As youth workers, it is our role to guide young people through that process, standing alongside them and opening up the foundations for them to base their very identity on. Having now concluded on what spirituality is, I will now be moving onto to looking specifically at the spiritual needs of young people. Whilst being aware of how broad a subject this may lead to and how we may never fully be able to classify each individual spiritual need of young person, I believe that providing holistic spiritual care for young people requires us to be aware of the needs that they might have and explore further with them.

[24] Ursula King, The Search for Spirituality, 3

[25] Rebecca Nye, Children's Spirituality, 5

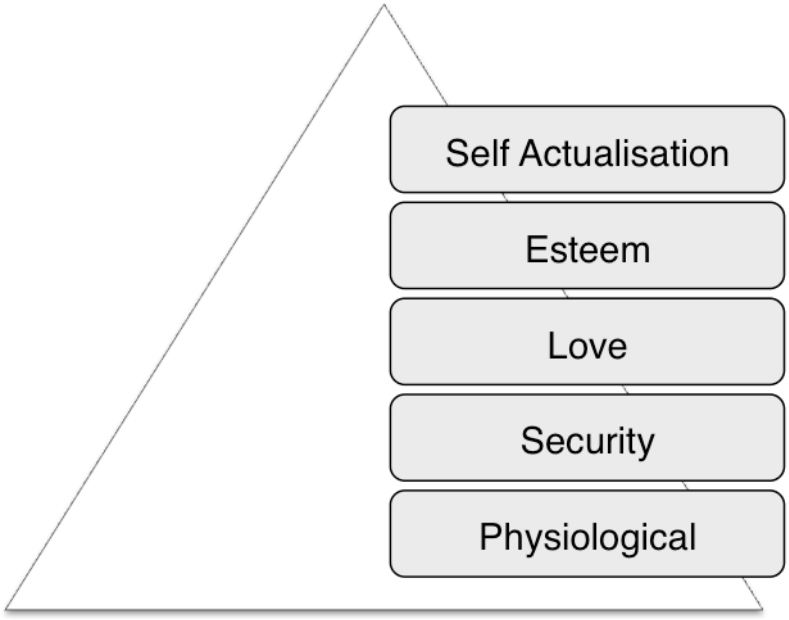
Chapter Two:
Spiritual Needs of Young People

Having now gained insight into the concept of spirituality and spiritual care, I now want to draw focus on the spiritual needs of young people. It is my hypothesis that to understand the spiritual needs of young people we must first be aware of the current theory that surrounds the general needs of young people. As a result this chapter will be broken down into several sections, including exploring Maslow's hierarchy of needs as well as faith development theory from James Fowler. From this I will be able to draw out what are the general spiritual needs of young people and look towards any literature highlighting how this may have an impact on or change the spiritual needs of young people within a hospital setting.

Needs of Young People

It is clear from the start that, when reading literature based around the needs of young people, there are many processes at work, making it harder to initially define clear needs. However, certain scholars (Maslow 1943, Fowler 1981, Erikson 1968) have all provided their own thoughts on how we as people develop. To begin with, Maslow establishes that as humans we all have a hierarchy of needs and motivations. As a result, he breaks these 'stages' down into 5 main points (see figure 1 below).

Figure 1.



According to Maslow, the survival needs of any individual will always take priority over needs of others such as esteem and love, and that, "each level must be satisfied before an individual is ready to strive for satisfaction of the next higher level of need."[26] Sapin however makes the point that whilst this may be accurate to Maslow's hierarchy, we are not confined to it. She explains that different perspectives, which could come from factors such as age or interest, (also for the purposes of this dissertation circumstances such as discovery of a medical condition, life limiting illness etc) can lead to an individual changing their priorities.[27] For example, for a young person with a life limiting illness, the physiological needs of that young person take full priority. This could lead to that young person not addressing the needs around love, building relationships, their esteem towards their responsibility and reputation etc. Maslow's hierarchy gives strength to the idea of all individuals having certain priorities that can lead to their needs developing and changing over time.

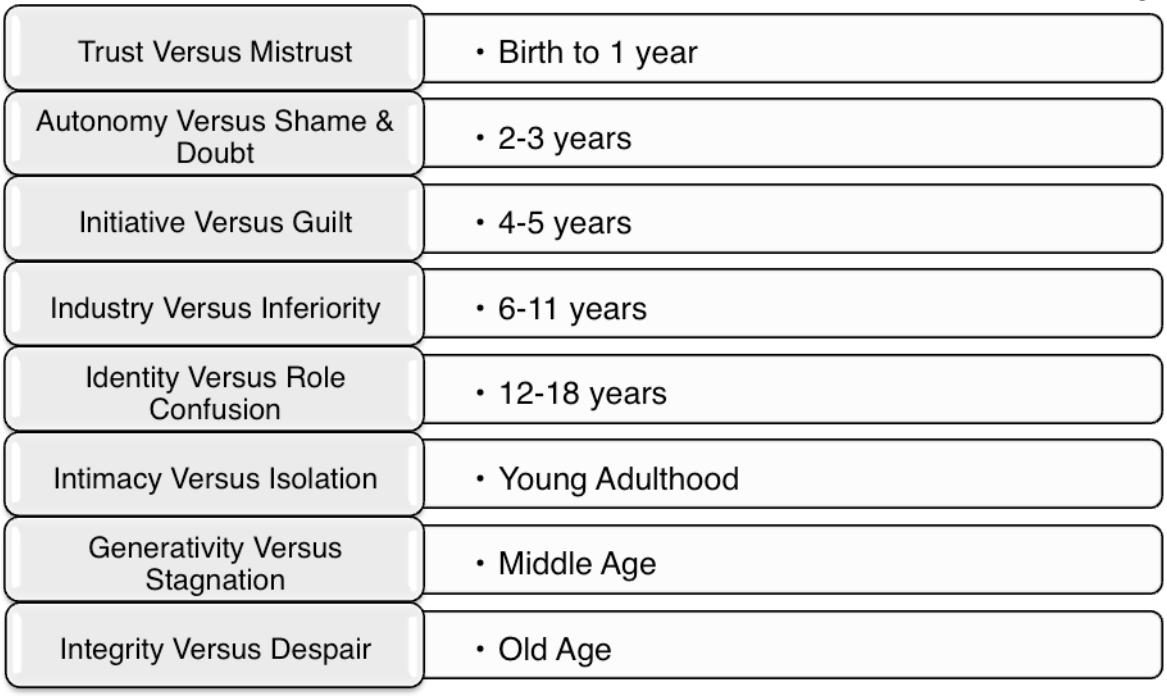
For young people (especially in a hospital setting) their needs might fluctuate from physiological to esteem and back again. I believe that Maslow's approach cannot be seen as a linear concept (even though the title suggests it), but rather, as Sapin suggested, one that allows all individuals to move up and down the scale. I believe Maslow gives youth workers, and all those concerned with development of individuals, a basic structure,

[26] Mary Elizabeth Milliken, Alyson Honeycutt, Understanding Human Behaviour, 73
[27] Kate Sapin, Essential Skills for Youth Work Practice, 77

allowing others to build upon what for each individual needs such as security might look like for them.

Erik Erikson in 1968 developed the idea of ‘stages’ of needs further, in his stages of psychosocial development (see figure 2 below), he considers that development of young people can consist of them passing through a series of stages, building (similar to Maslow 1943) upon each other. Erikson believes that individuals can pass through these stages either successfully or not and argues that if they do not pass through the stages successfully, then problems will emerge later in life[28].

Figure 2.



For this dissertation I want to focus on the 5th stage of Erikson’s mode (identity versus role confusion). Erikson suggests that in the adolescent years, young people are faced with the task of discovering who they are and what they want to do with their lives. This can lead to identity confusion and self-doubt. Through this stage, Erikson seems to highlight this more and more, stressing that it is in this stage where a young person needs to establish a solid sense of identity, and that failure to do this could result in individuals left with considerable

[28] Rob Toplis, Childhood and Youth Studies, 86-87

role confusion.[29] In our research into defining spirituality, we read from Paul Nash how spirituality (and spiritual care) was concerned with the individual asking what are seen as the big questions in life, focusing on their purpose, destiny, identity and a potential relationship with the transcendent.[30] This seems to echo what we are seeing within Erikson's stage and whilst Erikson does not explicitly mention spirituality within his model, it seems right to suggest that spirituality has a place within this stage.

Finally we look towards James Fowler, one of the world's most renowned scholars, who has written many books on faith development. His faith development theory touches on several stages of faith (see figure 3).

Figure 3.

In this, stage 3 is seen as a stage predominately for adolescents. Fowler describes this concept of mirrors, stating: "the adolescent needs mirrors ... but in a qualitatively new way the young person also looks for mirrors of another sort. He or she needs the eyes and ears of a few trusted others in which to see the image of a personality emerging and to get a hearing for the new feelings, insights and anxieties and commitments that are forming and seeking expression."[31] What Fowler seems to strike upon in far more detail opposed to Erikson and Maslow, is the process of thinking that comes within being an adolescent. In

[29] Ibid, 87

[30] Paul Nash, Supporting Dying Children and their Families, 3

[31] James W, Fowler, Stages of Faith, 151

this stage, Fowler explains how a young person has their entire concept of God turned upside-down. This is not a phase where suddenly their sense of identity and purpose becomes clear, but rather the simple 'truths' that they have believed until now begin to be challenged. They begin, by observation and experience, to discover that either God is powerless or God is hidden. As a result they lose what they initially saw God as, and begin constructing a new opinion (that is liable to change multiple times). This is a time, as Fowler describes, where their mind "takes wings".[32] They are no longer limited in their thinking but now they can construct a multitude of ideas by which there thinking can be transformed.

It is clear so far from both Maslow, Erikson and Fowler that young people are in need during adolescence. For Maslow, the needs are clearly drawn out as he argues young people need to be safe, secure, love, esteem and self-actualisation. Building on this, both Erikson and Fowler stress the importance of adolescence being a time where identity is challenged, young people will be in a phase of observing their life and attempting to create themselves into the person they want to be - implying a need for the space to do that. Towle echoes this by explaining how adolescence is a period in which all earlier needs from childhood can be (to an extent) relived. This state of mind allows the young person to go through a process of general reorganisation of their personality.[33]

Spiritual Needs of Young People

Moving on from needs of young people, I now want to draw focus onto their spiritual needs. Whilst writing this dissertation I have noticed that there is not a great wealth of literature surrounding young people and spirituality - yet scholars including Nye, have written and researched spiritual needs of children. If we are to take from Towle's point about this idea of 'reliving' childhood experiences within adolescence, then I feel that this might be a worthy starting point for trying to interpret the spiritual needs of young people.

In *The Spirit of the Child*, Rebecca Nye unpacks the core that surrounds children spirituality. In this she explains how, following extensive research into conversations with school children surrounding spirituality, she has concluded that there was a compound

[32] James W. Fowler, Becoming Adult, Becoming Christian, 46
[33] Charlotte Towle, Common Human Needs, 67

property that tied each interview together, something she calls ‘relational consciousness’. In this she explains how this reflected two patterns she observed, one being an unusual level of consciousness or perceptiveness that related to other passages of conversation by the child, two being how that the conversation expressed in a context of how the child related to things, other people, themselves and God. As Nye explains “children's spirituality was recognised by a distinctive property of mental activity, profound and intricate enough to be termed consciousness”[34]. This therefore implies that, even from a young age, children are able to interact with spirituality on a profound level by way of their relationships - in regards to this dissertation, we were made aware in the previous chapter about the significance of relationships within youth work (Young, 1999), this therefore implies that as children use their relationships to begin to structure their understanding of spirituality, we can presume that young people will in fact also do the same.

Yet how do young people structure their understanding of spirituality? Whilst Nye appears to suggest this idea of conscious spirituality with children, Phil Rankin who researched into spirituality with young people (2005) seems to imply something else. As a result of his research, Rankin concluded that young people are spiritual, yet unlike Nye who attests to the idea of children having a conscious way of relating spirituality to themselves and their situations, Rankin suggests that spirituality in adolescence is buried under the demands of everyday life. He argues that providing a space for young people to fully consider their spiritual questions is essential for the development of young people and their needs.[35]

This is also attested to in *The Faith of Generation Y* where we read the importance of family and friends in a young person’s life. Collins-Mayo et al. describes a sense of faith that young people displayed when describing their relationships. They identified how their family and friends helped them feel secure as they provided moral support in times of difficulty, as well as knowing the need to trust in themselves.[36] This further emphasises this need of relationships with young people, not just for a developmental need, but for their spiritual needs too drawing from both Nye and Rankin’s early stances.

[34] Rebecca Nye & David Hay, The Spirit of the Child, 109
[35] Phil Rankin, Buried Spirituality, 80-81
[36] Sylvia Collins-Mayo et al. The Faith of Generation Y, 33-37

Spiritual Needs of Young People in the NHS

Wanting to focus further on the needs of those within the healthcare system, scholar J Bradshaw[37] identified four types of needs: Normative, Comparative, Felt and Expressed (See Appendix 1). Whilst these four needs establish a base level of needs for people, I feel (similar to Maslow's hierarchy) that it only scratches the surface of spiritual needs, especially considering the complexity of young people. I feel that this needs to be explored further.

This is exactly what Aru Narayanasamy has done as he unpacks the idea of spiritual needs in general, but links them within the healthcare system making them far more applicable to the target young people this dissertation is focusing on.[40] He comprises a list of varying needs he believes we need to be aware of when spiritually caring for all those within the healthcare system which are; the need for meaning and purpose, the need for love and harmonious relationships, the need for forgiveness, the need for a source of hope & strength, the need for creativity, the need for trust, the need for expression of personal beliefs & values and finally the need for spiritual practices in relation to a God or deity. What Narayanasamy has described here all appear to be linked with other needs we have established both in this chapter and the previous one. He acknowledges with needs such as meaning and purpose the importance of a patient finding their purpose in their life, whilst also attributing to what we have already discovered in regards to relationships and their key part to play within spiritual care. He also touches on the importance of hope, something that I feel that in a hospital environment we are often apprehensive to give, for the right reason of a fear of bringing false hope. Yet I feel that what Narayanasamy is describing here is not that, but a hope that is sourced from love, support and stability - even in the face of a life-limiting illness, hope can still have a part to play within spiritual care.

During this chapter, we have looked at spiritual needs, ranging from developmental through to spiritual. What is clear here is that there are a wealth of needs that, as youth workers, we must be aware of when considering how to assess and meet them. The key thing to consider is that, whilst we can formulate spiritual needs into some models and

[37] Jonathan Bradshaw, The Concept of Social Need, 640-643 [40] Aru Narayanasamy, Spiritual Care: a practical guide for nurses and health care practitioners, 28-33

tables, we cannot fully constitute as to what a spiritual need is. As McSherry explains, “a spiritual need is unique, specifically determined and interpreted or perceived by the individual who demonstrates or expresses that need.”[38] Now that we are aware of the multitude of needs that individuals can/may have, we now need to look towards how we can take this wide variety and consolidate it and cater it for the young people we encounter within hospital settings - and this is where we will begin in chapter three.

Chapter Three:
Spiritual Assessment

Over the last two chapters, there has come about a wide understanding of spirituality and its need within young people. Now that we have established both what spirituality is as well as some of the needs young people may require, we will now move into how we aim to meet those needs. Before we do this, we must look at how we can assess spirituality within a hospital setting, looking towards what tools and methods are currently available for us to do this. The importance of knowing how to assess individuals on their spiritual needs will in turn provide a better service provision for the hospital but also it will help us as youth workers to determine where the individual is on their spiritual journey[39]. Whilst we have already looked towards models of suggested spiritual needs in chapter two, in this chapter we will be taking this further. Choosing to bring assessment within youth work practice will allow youth workers to step back from the varying situations they may find themselves in, and will enable them to establish how they will deliver spiritual care from the needs they may have assessed.

Why Spiritual Assessment?

[38] Wilfred McSherry, Making sense of Spirituality in nursing and health care practice, 59
[39] Elizabeth MacKinlay, Spiritual Growth and Care in the fourth age of life, 44

In a report on nursing theory, Smith and McSherry write about how spiritual care is now becoming vital within the role of nursing. Nurses need to take a far more holistic approach to their care so that they may see all aspects of a young person within a hospital - including spirituality. For a nurse to do this they will need to learn how to assess those needs. However in a busy hospital care setting, acute care can be often the priority and as a result is often left out of the equation. Smith and McSherry go as far to argue that leaving out spiritual assessment within nursing may actually deny a child the opportunity to maintain normal home routines.[40] Whilst I agree that nursing needs to have a far more holistic approach to care for young people, I acknowledge that, in today's finical climate where the NHS are struggling for funding, the nursing staff are already stretched to a limit. This is why we choose to have a youth work service so that we may help provide a holistic care approach to young people through a variety of teams. Spiritual assessment allows those teams to work together in order to provide the best care possible for the young person.

Edwards & Gilbert advocate the importance of spiritual assessment within the NHS by explaining that people want to both recover and discover whilst they are within a hospital. That most people in hospital not only want to learn how to cope with their illness, but also to understand why they are in the situations they are in and to gain strength within themselves.[41] What both Edwards and Gilbert stress, however, is that we need to be aware of who we are in relation to the individual when conducting our assessment. How can we truly assess the spiritual needs of any young people if we do not know them, who they are, where they have come from and where they would like to go? Even within this, can we ever truly know someone else?[42] This in itself may be true, but as we have already drawn out from our study of spirituality, it is relational, and I believe from that we have the ability to take an even greater approach to assessment because it engages with one of the core aspects of youth work: relationships (Young, 1999).

[40] Joanna Smith & Wilfred McSherry, Nursing theory and concept development or analysis, 311-313
[41] Wendy Edwards & Peter Gilbert, Spirituality, Values and Mental Health, 148
[42] Ibid, 146-147

Spiritual Assessment Framework

We have already acknowledged that there is need for spiritual assessment, but what exactly does this framework consist of? As we concluded in chapter 2, spiritual needs are wide and change from one individual to the next, so what frameworks and methods are currently in place to help us challenge this without being in danger of restricting spirituality to a textbook process? I believe that frameworks are there to guide and not to lead – that they can provide us with at the very least a starting point for us to build on with the young person.

One of the earliest spiritual assessment guides was developed by a nurse (Stoll, 1979) which was divided into four main sections: the person's concept of God/Deity; the person's source of strength and hope; the significance of religious practices and rituals to the person; the person's perceived relationship between their spiritual beliefs and health status.[43] Whilst this guide was not focused towards adolescent assessment, these four elements provide a foundation for a youth worker to build upon, and I believe that there is a strength in particular to Stoll's final point as to how the individual relates their illness back to their own beliefs. As we have read already, spirituality allows an individual to examine life's big questions[44] and so by making this a clear starting point it prepares the youth worker in how to move forward with the individual's beliefs. However, my concern with this initial framework is the period of time and the level of invasiveness that could be brought with it. Stoll is being incredibly specific with her statements, and in an age where the individual is projected far more for their own specific needs, is this model just too specific? Also within youth work a relationship must be established before engaging with personal details. A youth worker outside a hospital could take weeks or perhaps months to establish a relationship with a young person before spiritually assessing them based on this framework to respect the privacy of a young person. However, in a hospital young people come and go; some will be there for months, but the reality is a lot will be there for a matter of days or weeks. As a result, how do we then spiritually assess someone who could potentially only be in hospital for a few weeks?

[43] Ruth Stoll, Guidelines for Spiritual Assessment, 1574-1577
[44] Paul Nash, Supporting Dying children and their Families,
3

Moving forward, John Fisher appears to have taken Stoll's four categories and has expanded them to much wider fields. He claims that when we spiritually assess children, we need to be aware of the quality of relationship with self (personal), with others (communal), with the environment (environmental) and/or transcendent other (transcendental).[45] This, whilst being a model for spiritually assessing children, has a more youth work friendly orientation to that of Stoll. It expands on the world around the individual whilst also drawing it back to spirituality and frees them and the worker to incorporate the religious aspect of spirituality as much or as little as that person sees fit. Due to its less specific nature, it also seems to allow a time span of whatever is necessary. Whilst there is still a need for the worker to establish (through relationship) how an individual sees various aspects of their lives, it would appear to be on a far more informal level. What we must bear in mind, however, is that this structure appears to have been developed far more specifically for children's spiritual assessment – not adolescence. As a result, I believe this model is too vague as children are in a stage of mythical versus literal faith (Fowler 1981). They cannot fully comprehend into words how they have a relationship with these four categories, whereas a young person is in an almost opposite state of mind where they are questioning everything and every relationship they have. This results in leaving this model almost too open and parts of the assessment could be interpreted different ways. For example: a young persons relationship to God before having leukaemia may have resulted in the young person feeling confident in an idea of God. However, after being diagnosed with leukaemia a young person may begin to doubt God and question their relationship ever truly existing. So, whilst this model provides a far more universal approach to spiritual assessment, it falls short by being too vague and appears to be far more targeted towards children and not young people.

Spiritual assessment, according to Elizabeth MacKinlay, is an "integral component" of holistic care.[46] It appears through the two models highlighted above, that spiritual assessment is designed to be a starting block, a guide, rather than a list that you work through. What is clear is that, within spiritual assessment, we need to begin to understand how the individual sees themselves in relationship to everything around them. Only then can we begin to process how we choose to spiritually care for them, bearing in mind that,

[45] John W Fisher, Getting the balance: assessing spirituality and well-being among children and youth, 273
[46] Elizabeth Mackinlay, Spiritual Growth and care in the fourth age of life, 55

as each individual comes with a wealth of their *own* needs, we must be prepared to adapt every time to the new individual.

Chapter Four:
Meet & Develop

To meet various needs of young people in a hospital can be challenging when faced with being in such an environment where physical health takes priority. However, the aim of this dissertation is to highlight the need for spiritual care within hospitals, not just by chaplaincy, but by youth workers too. As we have learnt, spirituality is something that appears to be ever-developing, with more interest now in its use when providing care for all those in the health care system as well as outside of it. In this final chapter, I aim to put forward what I believe we need to consider as we try to meet these needs. However, what we must bear in mind is that, for each individual that we encounter within hospital, they bring with themselves their own story, their own past and their own cultural and religious preferences (Narayanasamy 2001). As a result, whilst we can prepare in a variety of ways as to how we can meet their needs, the reality is that is all we can do. We cannot meet young people with a set agenda of their care, but rather through time and relationship seek to learn about the individual and develop a holistic care strategy that is right for them.

Self Awareness

Before looking specifically at how we can meet these needs, I felt it was important to look at how we ourselves are tuned into the care that we will give to these young people. We all come with our own values, beliefs, aims and desires, so how does this in turn affect how we spiritually care for individuals? As a Christian who practices youth work with the NHS, how I may choose to practice spiritual care might in turn be different from a Muslim who practices youth work within the NHS - yet is this right? Should my faith have a distinct role within the care I give to the young people I encounter? If I were practising youth work in a church, it would be expected of me to guide young people through spiritual care with references to Christian teaching. Whilst I am not implying that there is a level of coercion between those who are practicing a certain faith tradition and the young people they work with within spiritual care, I do believe we need to be aware of the relationship between the two.

Coyte goes as far to suggest that when we practice spiritual care, we need to have this idea of both doing and being - which can both be separate and closely connected.[47] What Coyte means by this, is that as we go through spiritual care, we need to be aware how there will be times where our faith can be useful. Our own history may provide insight into a particular situation and allows us to *do* spiritual care based on our own values and beliefs. However at the same time, we need to be aware when to pull back from using our own beliefs and history and instead simply *be* there for the individual in order for them to reach their own conclusions without direct input.

As each individual comes with his or her own spirituality, we must be aware of a corporate/communal sense of spirituality we may encounter.[48] A youth worker needs to be aware not just of themselves in relation to their spiritual experience, but that of the family, friends and co-workers that surround them. Only then can the youth worker learn what is valued and stressed within that young person's life and as a result work with them to provide the needs they require. Whilst God is an intrinsic aspect to my life, I do not work with young people to talk about *my* life; I work with young people to talk about *their* life. As a result, I believe that when conducting spiritual care within a hospital, I can lead by example and embody my own values into my practice. However by constantly reflecting on my own practice I will have the ability to be aware as to when my values may be invading that of someone else's spiritual journey, and look towards how I can mould that to provide the best service possible.

Practice

Now having reflected on our own values within practice, I want to draw attention to how we aim to meet these needs through our practice. There have been a number of practical examples written through varying literature, giving various different solutions to how we can help the needs we establish through assessment to be met. Narayanasamy writing in *Spiritual Care* argues that how we implement spiritual care needs to be derived from education and experience within the field. The skills he describes range from building communications skills to trust and the ability to feel light-heartedness, as well as a

[47] Mary Ellen Coyte, Spirituality, Values and Mental Health, 195
[48] Daniel Scott, Douglas Magnuson et al. The Handbook of Spiritual Development in Childhood and Adolescence, 449

comforter, counsellor and challenger.[49] However, whilst I agree with Narayanasamy, these skills he describes are related to health care practitioners, who often deal with the art of conversation over many other skills. In youth work, we need to take this further to places of not just conversation, but reflection through many mediums. Mary Ellen Coyte gives three examples of this within the practice of adult mental health care, describing how three individuals used shamanic journeying, meditation or dancing to help them explore their spiritual journeys. As one example explains: "I have realised as an adult that my need to dance helped me to survive and recover from my earlier years when I was emotionally and mentally abused ... Dance has become a spiritual outlet for the rest of my life, improving and enlightening me every step of the way."[50] It seems then that spiritual care is not simply about talking about it, but engaging with it on levels of physical expression.

This can also relate to the physical environment. According to Gillian White, there is a need for individuals to be in a safe space where the spiritual aspect of that person can be recognised and valued. Within that space, differing ideas can be shared and discussed openly, perhaps even for the first time.[51] Outside a hospital environment, this concept of a safe space might be easier to achieve. However within one, this is a lot harder to attain. Having a chapel within the hospital is one way we can combat this. It allows an individual to also engage with the side of spirituality that concerns their relationship between them and the Divine. Staff at Birmingham Children's Hospital who do not lean towards one particular faith have commented upon the peacefulness that comes from sitting inside the chapel, which therefore gives room for a number of young people to come and meditate. However, not all young people will be able to leave their beds, so how do we create a safe space for them when people surround them?

I believe the answer lies in bringing various activities to the bedside. It is not a method of distraction but rather one that engages the young person in an activity that will allow them to step out of the physical situation they may find themselves in. Creative and expressive arts - for example poetry, painting and drama have all shown a significant benefit to helping children in distress (Walsh-Bowers & Basso 1999). Art as a form of engagement with spirituality gives individuals access to emotions that we may have never known

[49] Aru Narayanasamy, Spiritual Care: A Practical guide for nurses and health care practitioners, 75-99

[50] Mary Ellen Coyte, Spirituality, Values and Mental Health, 196

[51] Gillian White, Talking about Spirituality in Health Care Practice, 123

before. As well as that, music and drama can elevate mood and nurture higher levels of creativity.[52] This can also be the case with spiritual practices such as silence, contemplation and meditation.[56] What is key to remember with creativity, is that for each young person there will be an activity that makes them 'click', something that they love and enjoy, something that they will delight themselves in and want to engage with. It may not be creativity, but as youth workers it is part of our role to find out what that is in order to relate to that young person. For some, creativity at the bedside might be an ideal activity, one that allows the youth worker to use art to engage with how the young person sees themselves spiritually and others (based on assessment frameworks in chapter three). However, for others creativity might not be the activity they enjoy (see Appendix 4 for an example).

There is an element of informality that comes with spiritually meeting needs. Informal education is a form of engaging with young people in an environment set apart from formal education (school, college, courses etc.). Informal education allows youth workers to build relationships through sport, art, social activities and simply through regular contact.[53] As spirituality allows individuals to engage with questions in varying ways, informal education is the platform that gives them opportunity to reflect in those ways that are unique to themselves without putting pressure on them for doing something right or wrong.

Development & the Future

In this last section of this chapter, I want to draw together everything that we have learnt so far in this dissertation and put forward my own ideas for development in the future within the healthcare system. It is clear from writers such as Narayanasamy, Nye and Smith that there is definitely a lack of education for nurses in regards to spiritual care. It seems that currently there is an almost unspoken expectancy that chaplaincy are responsible for delivering spirituality and all issues surrounding it. However, what we have discovered is that spirituality, whilst having a firm place within religion, also reaches further out to looking at life through questions, relationships and also the concept of the divine. For this reason, I

[52] Raisuyah Bhagwan, Creating sacred experiences for children as pathways to healing, growth and transformation, 229 [56] Paul Nash et al. Perspectives of spirituality and sick children and young people in a multicultural paediatric hospital context, 3
[53] Tony Jeffs & Mark K. Smith, Informal Education, 6

believe that nurses, but primarily youth workers, should be taking a far more active role in the delivery of spiritual care. At Birmingham Children's Hospital, the Adolescent Support Service works primarily on a referral basis. If we are to provide holistic care to each individual patient within hospitals, nursing staff need to become far more aware of potential needs of each young person so that they may be able to refer patients to us at the first sign of spiritual distress or other. At this point the Adolescent Support Service would be able to assess the spiritual needs, whilst also building initial relationships in order to provide a greater service provision.

This leads me on to stress the importance that I believe youth work has within spiritual care. As I have already touched upon, chaplaincy can be seen as a way of 'passing on' young people that may appear to have spiritual/religious needs. Yet I believe that as a matter of development within the hospital, youth workers will need to take a far more primary role within spiritual care for young people. Youth workers have the skill and training to build relationships with young people that encourages them to talk openly about the situations they may find themselves in. We previously concluded in chapter one how spirituality focuses on the individual but also implies a cultural impact. If youth work is built on values such as education, participation, equality of opportunity and empowerment[54] then spiritual care should also come under that banner. My argument is that when we choose to incorporate spiritual care within our youth work practice, we should in turn see a number of the principles of youth work fulfilled. Youth workers can build relationships whilst providing safe places and environments where young people can engage with whichever issue they feel relevant at the time. It is my opinion that there needs to be far more education on what the term spirituality means, so that those in the health care system do not reject it to a religious aspect only, but rather see the greater impact spirituality can have on young people.

In terms of how we can assess these spiritual needs, from my research into both Stoll and Fisher (see chapter three), I commented on how both models, whilst possibly more suited to different age groups or situations, would not be the most effective models to use within a hospital environment. However the reason I chose to highlight these two models in particular was because I felt we could take these models and create one far more suited to the constraints within a hospital. When considering a suitable framework for young people

[54] Kate Sapin, Essential Skills for Youth Work Practice, 3

in hospital, I wanted to take into account various factors, such as their health condition, their bed space, their culture, their age, their upbringing, their length of stay in hospital and their families. When working in a hospital, all of these factors can mean having to change and alter your practice with a young person. So what I wanted to achieve was the freedom to change the model according to those circumstances while still giving a more accurate guideline on starting points for spirituality. In chapter one, we concluded that spirituality emphasises the individual, how they see the world they live in and how are they responding to it. In this model, I wanted to continue that stance on spirituality by allowing the young person the freedom to interact with any questions they may have over their life as much or as little as they want to. Like both Stoll and Fisher, my suggestion for assessing spiritual needs comes in four parts and is called L.I.F.E.

L – Love. The key here is to remember that by finding out their loves, we can find out their hates. This is partly similar to Interest. However, the difference here is that the youth worker should focus on the *relationships* they love, rather than things. What are the relationships that matter most and the ones they cannot stand? Have they changed over time when being in hospital? Who do they rely on as their source of strength? By doing this we can establish their relationship structure and, as part of this, learn what relationship (if any) the have to the Divine and as a result how do they relate their illness to God. (Stoll 1979)

I – Interest. What do they enjoy doing? Where do/did they enjoy going? What are the things in life they delight in? By knowing this, we can already begin to formulate activities around finding out other aspects of this assessment model and build relationships with them at the same time. It gives the young person a chance to control situations and choose activities in an environment where that might not always be the case.

F – Frustrations. What are their frustrations about the circumstances they are in? What are their “big questions”?[55] What is it about their situation that they want to unpack? How do they feel about being in hospital? Youth workers need to help young people tease out their

[55] Paul Nash, Supporting Dying Children and their Families, 3-5

own questions, empowering them to search for answers and to reflect on their situations and their future actions.

E – Environment. Drawing from Fisher's model, how does the young person interact with the environment around them? Are they uncomfortable with being in a hospital? Or do they prefer it to home? The aim here is to begin understanding what they consider is their 'safe space'. Would they rather be on a noisy ward or a quiet one? Can they relax with friends/family/doctors in the room or do they prefer to have one on one session?

The reason I am advocating my own model is that I believe that currently there is not enough work around spiritual care in the hospital. This model is a first step towards educating the staff as well as the youth workers on how we can assess those needs. However, how can we implement this model? What I feel is key here, is to understand that every youth worker will have skills that will help them develop this model into however they need it to work with a young person. Personally, I have always promoted the need for creativity in the hospital. As Bhagwan highlighted earlier in this chapter, creativity can radically change a young person's attitude to a situation. For young people, art will allow them to express how they feel in a language of their very own. There are no right or wrong answers within art, which frees the young person to just do whatever comes to their mind naturally – and it's a fun activity. It is something different from watching TV or playing on a games console. It exercises their mind and empowers them in building on their own skills. For youth workers, art is a great tool not only for assessment but for development. A youth worker can come with two agendas to a session with a young person. The first may be to simply grow in relationship with that young person, but the second agenda might be to attempt to assess how they see themselves through a certain activity (see appendix 5 for an example).

Conclusion

When I began writing this essay, I was eager to know how I could spiritually care for young people. That desire came from being in an environment where I could not verbally talk about God, and that it was perceived as not my role to do so. I felt that because of this I could not holistically care for the young people I was working with – that I could only go so far before I would have to refer to chaplaincy. My own understanding of spirituality came from my own Christian understanding of spirituality, and as result led me to my own

opinions on what I could and could not do within the hospital. I could not talk about God, I could not engage in conversations on how God is relevant to a young person's life. However, since learning about spirituality away from a predominantly Christian understanding, as well as learning about spiritual needs and how to assess and meet them, my desires and my understanding has changed. I still believe full heartedly that my ministry is focused around providing holistic care to young people, and part of that includes God. Nevertheless, how I choose to do this and implement this has changed. Before I felt that my mission was to actively speak about God to young people, to stir up conversations about God by simply asking them what they thought about Him and partaking in activities that encouraged reflection on who God is to you. My understanding of spirituality and spiritual care has changed my thinking; I have realised that I have two purposes for working with young people. I believe in the concept of shalom – helping them live life to the full. Away from that purpose, though, I also believe that God loves them and wants to be in relationship with them. How I choose to reflect that love can be by engaging with them on whatever level they choose to about who they are and where their identity lies in. It is in my opinion, that most Christians are quick to jump straight to God within the topic of spirituality or spiritual care – that it seems that God is the answer to all questions. However, my progress through this dissertation has shown me that, at some point, a young person will question everything about who they are. Developmentally, spiritually, physically, sexually, morally etc and as a youth worker, my role is to help them through each time of questioning, to provide support and help them establish the person they want to be. God is ever-present with every young person I encounter. He was there before I arrived and continues to be there after I leave. In conclusion, I believe that, for us to truly meet and assess spiritual needs for young people in a hospital, we need to allow ourselves to be open to whatever journey that young person wants to take; their journey is not ours – it will not look the same and it should not either. Instead, we are to walk alongside that young person, assessing their needs, and ensuring we implement them in the way that is best for them.

Appendices

Appendix 1

Normative – needs determined by professional's judgements and standards. Normative spiritual needs reflect the professional's view in regards to the health problem, which can vary between each individual.

Comparative – needs that are decided through looking towards those who are not in need, for instance focusing on different areas to establish which area needs the greater help.

Felt – Bradshaw believes that these are needs that the individual can identify. In certain cases questions can be asked of a patient in order to 'tease out' these spiritual needs, however there may also be times where an individual might not be able to see themselves as 'in need'.

Expressed – needs, which the individuals identify within themselves, which can often be a felt need moving into a form of request.

Appendix 2

When working with one young person who was on the Intensive Care Unit, we had a session where I painted her nails. I massaged cream into her hands, painted her nails and held her hands still as they dried. The intimacy within than moment reminded me of Jesus washing the disciples feet, choosing to be so close and to humble himself before others. There were few words spoken between myself and the young person as she was wearing a mask, however I knew that by holding her hand, I was reflecting the gospel through my actions – words were not necessary.

Appendix 3

Space is concerning the physical, emotional and auditory space that a child may require. Space can lead to contemplation, calm, peace which can all be brought about by ensuring the right space is given first.

Process reflects the need for NHS individuals to not focus on creating a product with the child but simply allowing the spiritual care to continue as they grow and develop - there doesn't always need to be a resolution.

Imagination draws on the idea of helping a child to develop their understanding on their own spirituality, how it impacts them and their lives - and can also be a replacement for spiritual language.

Relationship highlights the importance of growing in a relationship with the child, allowing ourselves to be flexible to the particular style that the child needs in order to provide the right spiritual care for them.

Intimacy leads on from relationship, empowering and enabling the child to come closer to people, ideas, process' or even potentially the divine.

Trust, allowing the child to take a more relaxed, longer termed view on their relationships with others. This gives the child the ability to develop trust in adults and feeling able to engage with spirituality in their own life as well as the lives of others, being able to distinguish between who they choose to trust and why.

Appendix 4

Paul Nash recants a particular young person (George) with leukaemia, which one side effect caused him to have fragile skin. Unfortunately George had a love for cooking but his condition made it incredibly difficult to do so. Paul arranged a visit to the hospital kitchens where George was given a jacket with his name on it and was allowed to cook.[56] To many this experience does not appear to be spiritual care. Empowering and inspiring but not spiritual care. However both myself and Nash agree that this in fact was a way for George to experience his vocation, and to reflect on who he wants to be. This enabling him to ask the 'big life questions' such as "what is my purpose" and as a result meant that George was able to indirectly and informally begin to answer them through an activity as simple as cooking.

Appendix 5

One art-orientated activity that I believes helps youth workers initially assess young people (for all needs but especially spirituality), is an activity called "Me Boards". The surface aim

[56] Paul Nash, Supporting Dying Children and their Families, 3-5

for this activity is to get to know people. On a me board you put things on it that summarise who you are. You can use paint, crayons, pencils, materials, magazine clippings etc, with the aim to put on there what makes you who you are. However, underneath this primary aim, a youth worker can begin to see how a young person see's themselves. Within the activity are they eager to show who they are, or do they prefer to hold themselves back? What words and pictures do they use to describe who they are? Do they mention any people on the me board. As the activity continues, the youth worker can quietly observe this activity. The activity can take up to an hour, and from there you would have a starting point for the next session. The young person now knows things about you and vise versa, therefore building the initial foundations for a relationship.

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