



CATHOLIC HEALTH  
Australia

A black and white photograph serves as the background. It depicts an elderly man on the left, seated and using a walker. A woman on the right is holding his hand, offering support. The image is partially obscured by a large blue rectangular area that contains the title and subtitle text.

# CATHOLIC HEALTH AUSTRALIA

Pastoral Care Mapping Survey

## Short Report

### MARCH 2016

*The analysis of the findings of the 2015  
CHA Pastoral Care Mapping Survey*

## EXECUTIVE SUMMARY

Quality pastoral care is foundational to Catholic health and aged care. It is not an optional extra: to be a provider of Catholic health and aged care requires pastoral care to be part of all that we do. As stated in the CHA publication *Strengthening Our Catholic Mission and Identity* (2015):

*Inspired by Christ's healing ministry we respond to the needs of the whole person with special attention to the religious and spiritual dimension. Pastoral Care provides for the spiritual well-being of patients, families and staff no matter what their faith may be. A pastoral approach to care is a key expression of Catholic identity and witnesses to a faith-based vision of life. It is everyone's responsibility and is often supported by specialist pastoral services.<sup>1</sup>*

Providing pastoral care is also an ethical imperative, as noted in the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*:

*Catholic health affirms that spiritual care is integral to the healing process. Pastoral care services should ensure that patients and clients are given the opportunity to reflect on and to engage with the spiritual and emotional dimensions of their healthcare needs, and to renew or reaffirm their religious beliefs.....Where practical they [Catholic healthcare institutions] should also provide pastoral visits, counselling, group prayer, and opportunities for celebrating the sacraments and other religious rites within the institution.<sup>2</sup>*

In 2015 Catholic Health Australia (CHA) conducted a pastoral care mapping survey of the Catholic health and aged care sector. The survey was conducted using Survey Monkey software. Seventy responses were received representing over 330 Catholic facilities including hospitals, sub-acute facilities, residential aged care and community care services. The completed surveys represented 85 percent of Catholic hospital beds and 60 percent of Catholic provided residential aged care beds and community care places in Australia.

Respondents were asked to identify the number of employed pastoral practitioners, the total FTE (full time equivalent) of employed pastoral practitioners and the number of pastoral volunteers in their facilities. Using this information, the mapping survey accounts for 488 employed pastoral practitioners (which equated to 264 FTE employed pastoral practitioners) and over 1100 pastoral volunteers. In other words, many employed pastoral practitioners are working on a part-time basis and there is a significant use of volunteers, particularly in the aged care sector where for every employed practitioner there are seven volunteers.

Respondents to the survey articulated their commitment and passion for the work they do. Respondents referred to the importance of the pastoral caring role in providing holistic person-centred care in a Catholic facility. Several respondents referred to the founding charism of the Catholic health or aged care organisation and linked their pastoral caring role to this founding charism.

Respondents reflected that they were there to provide spiritual and emotional support to residents, patients, clients and their families, to the bereaved as well as staff. Respondents also referred to ensuring access to sacramental care for Catholic patients.

When respondents were asked to list their top five pastoral care functions, the following were identified across the whole Catholic health and aged care sector:

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<sup>1</sup> CHA, *Strengthening Our Catholic Identity and Mission: Consultation Draft* (2015), p4 and see also CHA, *Being a Catholic Hospital*, 2004.

<sup>2</sup> CHA, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*, 7.16 and 7.17.

1. Sacramental care of Catholic patients **and** grief and loss support for patients/residents/clients (equal 1<sup>st</sup>)
2. Multi-faith and denominational chaplaincy support
3. End of life conversations with patients and families
4. Organising masses/liturgies/church services
5. Bereavement care for families

There was some variance to this grouping when the survey responses were broken down into the “acute sector” and the “aged care sector”. The acute sector also listed “multidisciplinary team meetings and responsibilities” as a key priority while the aged care sector listed “long term relationships with residents and families” as a top priority.

A question which elicited some helpful insights into the practice of pastoral care was one in which respondents were asked to describe the current key issues or challenges facing the sector. Several respondents mentioned they were blessed to have a supportive team, management and volunteers to support the work of their facility, and that pastoral care was part of a rich tradition and given priority within the organisation.

However, a number of respondents stated that funding levels and support were not keeping pace with demand and questioned the priority given to pastoral care by management. Many respondents referred to reduced funding leading to less pastoral care hours and reduced levels of service available. Attracting qualified staff and access to suitable training (particularly in rural and regional areas) was an ongoing concern as was low remuneration which made it virtually impossible to recruit younger staff. This led to an over-reliance on volunteers in some cases.

Some respondents also referred to the growing complexity in patient/resident/client needs as more people present with dementia, trauma experiences and family breakdown.

Another significant issue noted by many respondents is that with an increasing secular population, many respondents noted that more work needs to be done to overcome the perception that pastoral care is an exclusively religious service and to encourage a broader cross-section of referrals.

In the main, respondents had relationships with local Catholic parishes and this was a unique and valuable part of the pastoral care ministry in Catholic health and aged care. Many pastoral volunteers come from local Catholic parishes and in many cases access to sacramental ministry is based on relationships with local parish priests. This was more pronounced in Catholic aged care. However, many respondents did refer to a declining number of Catholic priests available and that it is often hard to backfill Catholic priests and chaplains during illness or leave.

The results of the survey indicate that all the Catholic sacraments are being administered within the Catholic health and aged care sector. Anointing of the sick, Eucharist and viaticum (last rites) were widely administered as was the sacrament of penance or reconciliation, although to a lesser degree. Understandably the sacraments of matrimony and confirmation were not widely administered while over 50 percent of the Catholic acute hospitals recorded baptisms within the previous 12 months.

A significant component of pastoral care work is working with chaplains and representatives of other faith traditions. The survey results indicate that Catholic health and aged care organisations are working with a wide range of Christian denominations and other faith traditions including Jewish, Buddhist, Muslim and the Hindu faith traditions. Of particular note, are the very strong links with chaplains and support ministries provided by the Anglican Church.

The survey results indicate that pastoral practitioners are becoming more “qualified” and “professionalised” with evidence that many pastoral practitioners are prioritising appropriate studies such as clinical pastoral education (CPE) and are accessing professional clinical supervision. While the results suggest that over half of pastoral managers/coordinators and part-time pastoral practitioners are receiving professional clinical supervision, just under half of full-time pastoral practitioners are undertaking professional clinical supervision. The acute sector is generally undertaking professional clinical pastoral to a greater degree than the aged care sector. Further work can be done to ensure that more pastoral practitioners are accessing professional clinical supervision across the Catholic sector.

There is evidence that career structure and succession planning are in place in many Catholic organisations. The acute sector was ahead in this area, potentially reflecting bigger pastoral care teams in general and a higher proportion of paid pastoral practitioners to pastoral volunteers (compared to the aged care sector).

Access to suitable training and education opportunities are not consistent across the country (non-existent for many rural and regional practitioners) and there is a great deal of variance across the country about the financial and time support given to paid pastoral practitioners (and also pastoral volunteers) for professional development and spiritual formation.

Many respondents referred to the work of CHA in supporting pastoral care work in Catholic health and aged care. There is appreciation and support for the work that has been done to date and many respondents indicated that they looked to CHA to provide information, advocacy, support and networking opportunities with other pastoral practitioners.



## PASTORAL CARE MAPPING SURVEY 2015: KEY FINDINGS AND RECOMMENDATIONS

Based on the analysis of the CHA Pastoral Care Mapping Survey the following summarises the key findings of this report, which are then supported by recommendations for Catholic health and aged care organisations and Catholic Health Australia (CHA):

Key Findings	Recommendations
Recognition for pastoral care	
a) Pastoral practitioners are passionate and committed to their work. They offer holistic person-centred care providing spiritual and emotional support to patients; residents; clients; families, the bereaved; and to staff. Good pastoral care can differentiate the Catholic sector from other providers of health and aged care.	1. Pastoral care can be recognised as a ministry where the Catholic sector can differentiate its service from other providers – benefiting patients/residents/clients and their families together with staff, the community and the ongoing sustainability of Catholic health and aged care provision into the future.
The Pastoral Care model meets local needs	
b) The demographic make-up of staff, patients, residents and clients is continually changing with people coming from a range of faith traditions and no faith tradition.	2. Pastoral care departments and teams are advised to undertake an analysis of the demographic base of their patients/clients and residents and based on this analysis develop the best model of care to meet the pastoral and spiritual needs of the people in the care of the Catholic facility.

Key Findings	Recommendations
Strengthening Pastoral Care Practice	
<p>c) Pastoral care works best when:</p> <ul style="list-style-type: none"> <li>➤ it is embedded into the fabric of facilities;</li> <li>➤ there are multiple ways of referral;</li> <li>➤ all staff are aware of the role of pastoral care; and</li> <li>➤ pastoral care teams are a visible and active presence throughout the facility.</li> </ul> <p>d) Many pastoral practitioners perceive that the leadership in Catholic facilities do not always understand or value the work that they do. They often face reduced budgets, cuts to hours of service provision and other pressures such as limited office space and resources.</p> <p>e) There is a significant reliance on a stipended workforce and this will need to be factored into future cost considerations as the move to a lay dominated (ie paid pastoral practitioner) workforce continues to change the make-up of many pastoral care teams.</p>	<p>3. It is recommended that providers undertake an analysis of their current pastoral care provision and identify its strengths and weaknesses together with perceptions of staff about pastoral care provision in the facility. (CHA is developing an assessment tool which will help with this). From this analysis, providers can determine strategies for improving pastoral care provision.</p> <p>4. Demonstrate organisational priority for providing excellent pastoral care through measures such as:</p> <ul style="list-style-type: none"> <li>• Appropriate resourcing;</li> <li>• Strengthening budget funding (recognising that some of the pastoral volunteer and stipended workforce may need to be replaced with paid pastoral practitioners in the future);</li> <li>• Ensuring adequate office space and room for confidential meetings;</li> <li>• Including pastoral care as part of service brochures and publicity material;</li> <li>• Including pastoral care information in all staff orientation and induction sessions; and</li> <li>• Reporting on pastoral care service provision in key documents such as annual reports, commemorative booklets etc.</li> </ul>

Key Findings	Recommendations
Maintaining Catholic identity	
f) Pastoral carers work hard to foster their Catholic identity within facilities while addressing the false perception that pastoral care is an exclusively religious service.	<p>5. Recognising the changing demographics of patients/residents and clients, pastoral care teams need to be supported in finding ways to provide pastoral care to people of all faith traditions (and none) while maintaining an identifiable Catholic identity within their pastoral care ministries.</p> <p>6. Many paid pastoral practitioners (and where applicable, pastoral volunteers) would benefit from ongoing theological formation opportunities to understand the foundation of the Catholic health and aged care ministry together with the specific foundational charisms of their particular Catholic health or aged care system.</p>

Key Findings	Recommendations
Scope of Practice	
<p>g) 90 percent of all Catholic health and aged care facilities are providing:</p> <ul style="list-style-type: none"> <li>➤ Sacramental care of Catholic patients</li> <li>➤ Organising Masses/liturgies/church services</li> <li>➤ Rituals/services for patients and families</li> </ul>	<p>7. The scope of practice for most pastoral practitioners is very wide. Pastoral practitioners need to be supported to access appropriate training and skills to:</p> <ul style="list-style-type: none"> <li>• help people who are ill, bereaved, suffering grief and loss;</li> <li>• work with chaplains and leaders of various faith traditions; and</li> </ul>

Key Findings	Recommendations
<b>Scope of Practice</b>	
<p>In addition, over 80 per cent of the Catholic sector are providing:</p> <ul style="list-style-type: none"> <li>➤ Multi-faith and denominational chaplaincy support</li> <li>➤ Bereavement care for families</li> <li>➤ Grief and loss support (for patients/ residents/ clients)</li> <li>➤ Professional development for pastoral care staff</li> <li>➤ End of life conversations with patients and families</li> </ul> <p>h) The top 5 pastoral care functions in the Catholic sector are:</p> <ul style="list-style-type: none"> <li>➤ Sacramental care of Catholic patients</li> <li>➤ Grief and loss support and bereavement care (for patients, residents and families)</li> <li>➤ Multi-faith and denominational chaplaincy support</li> <li>➤ End of life conversations with patients and families</li> <li>➤ Organising Masses/liturgies/Church Services.</li> </ul>	<ul style="list-style-type: none"> <li>• journey with people with complex needs such as people with a diagnosis of dementia, past trauma and/or experiencing family conflict and breakdown.</li> </ul> <p>8. Identify opportunities where paid pastoral practitioners could be involved in ethics committees and participate in ethics training.</p>

Key Findings	Recommendations
<b>Human Resource Issues</b>	
<p>i) Position descriptions for paid pastoral practitioners are widely used and the wording in position descriptions reflects the Catholic mission and values of the organisation.</p> <p>j) The average paid pastoral practitioner in the aged care sector is employed at 0.5 Full Time Equivalent (FTE) and in the acute sector, the average paid pastoral practitioner is</p>	<p>9. Providers need to work to ensure that paid pastoral practitioners have:</p> <ul style="list-style-type: none"> <li>• Position descriptions;</li> <li>• Suitable work space and office support;</li> <li>• Financial and allocated working time to receive clinical supervision to align with Spiritual Care Australia guidelines;</li> <li>• Access and support to attend spiritual and theological</li> </ul>

Key Findings	Recommendations
Human Resource Issues	
<p>0.6 FTE. This can have implications for managing rosters, on-call and after hours service provision.</p> <p>k) The survey results revealed mixed findings about whether paid pastoral practitioners had career structures and succession planning processes in place. The bigger acute hospitals are more likely to have larger pastoral care teams and access to career structures and coordinated succession planning.</p> <p>l) Recruiting appropriate staff for pastoral care roles is an ongoing challenge. Low remuneration and general resourcing for pastoral care teams is part of this. Finding people with suitable qualifications and experience is a challenge for many pastoral care teams.</p>	<p>formation and professional development opportunities; and</p> <ul style="list-style-type: none"> <li>• Where possible, an identifiable career path.</li> </ul>

Key Findings	Recommendations
Clinical Pastoral Education	
<p>m) There is an expectation that paid pastoral practitioners in the Catholic sector will have completed (or be completing) Clinical Pastoral Education (CPE) units or other comparable qualifications and in many instances tertiary qualifications.</p>	<p>10. Paid pastoral practitioners should be supported to continue their uptake of CPE Units and other advanced units of pastoral care study. Further efforts could be directed to support more priests, deacons and pastoral volunteers to undertake CPE.</p>

Key Findings	Recommendations
Professional Clinical Supervision	
<p>n) Over half of pastoral managers/coordinators and part-time pastoral practitioners are receiving professional clinical supervision. However, just under half of full-time pastoral practitioners are undertaking professional clinical supervision. The acute sector is generally undertaking professional clinical supervision to a greater degree than the aged care sector.</p> <p>o) For those receiving professional clinical supervision, it generally occurs every month for full-time pastoral practitioners and every two months for part-time pastoral practitioners. Where this is not happening, more could be done to support pastoral practitioners to receive appropriate clinical supervision.</p> <p>p) Under two-thirds of clinical supervision is paid for by the employer and just over half of clinical supervision is undertaken in work time. A quarter of survey respondents indicated that employees were paying for their own clinical supervision and close to a quarter were doing clinical supervision in their own time.</p>	<p>11. Providers need to ensure paid pastoral practitioners are supported to undertake clinical supervision. A useful comparison within a facility would be to map the clinical supervision required (and supported) for other relational professions such as social workers, counsellors and psychologists and ensure paid pastoral practitioners are accessing at least an equivalent level of support.</p> <p>12. Identify strategies to increase access for clinical supervision and training and development opportunities for paid pastoral practitioners in rural and remote areas. This could include (but not be limited to) video conferencing for professional clinical supervision; mentoring arrangements with providers in metropolitan areas; webinars and other technology to be used for training and development which does not require attendance at a venue.</p>

Key Findings	Recommendations
<b>Relationships with Catholic clergy and parishes</b>	
<p>q) Sacramental care is a key priority and function of the work of pastoral care teams across the Catholic health and aged care sector (see key findings under “Scope of Practice”).</p> <p>r) Catholic priests are making themselves available as much as possible to Catholic patients/residents/clients particularly when a Catholic hospital or aged care facility calls on them. However, Catholic facilities identified that it is getting harder to access a priest for sacramental care and the declining number of priests and reliance on retired priests is an issue now and for the future. Some facilities have adjusted their models of service in relation to sacramental care to reflect the inability to obtain the services of a priest on a regular basis.</p> <p>s) In general, Catholic hospitals and aged care facilities have positive and supportive relationships with local Catholic parishes and this is a unique and valuable part of the Catholic pastoral care ministry. This is particularly the case in Catholic aged care.</p>	<p>13. It is recommended that Catholic health and aged care facilities continue to strengthen and build on relationships with local Catholic parishes and clergy.</p> <p>14. Arranging a meeting with the local Bishop/Archbishop to discuss strategies for collaboration and improving access to Catholic clergy is also recommended.</p> <p>See also recommendation 22.</p>

Key Findings	Recommendations
<b>Volunteers</b>	
<p>t) The Catholic sector has a high proportion of pastoral volunteers. The aged care sector is particularly reliant on volunteers with 7 pastoral volunteers engaged for every employed paid pastoral practitioner. In the acute sector, there is one pastoral volunteer for every employed pastoral practitioner.</p>	<p>15. Linked to recommendation 2, providers are advised to undertake an analysis to develop the best model of care to meet the pastoral and spiritual needs of the people in the care of the Catholic facility. This includes determining whether pastoral volunteers are appropriate or not for the service and if so, the appropriate balance of paid pastoral</p>

Key Findings	Recommendations
<p><b>Volunteers</b></p> <p>u) The high proportion of pastoral volunteers has positive aspects:</p> <ul style="list-style-type: none"> <li>➤ It often demonstrates strong links with communities and local parishes; and</li> <li>➤ It builds a community within facilities.</li> </ul> <p>However, there may be cause for concern if:</p> <ul style="list-style-type: none"> <li>➤ the reliance on pastoral volunteers is to compensate for lack of investment and resourcing for paid pastoral practitioners; or</li> <li>➤ Pastoral volunteers do not have clear role delineation and role boundaries (in particular where they do not have position descriptions); or</li> <li>➤ Pastoral volunteers are not receiving appropriate education and training for their roles.</li> </ul>	<p>practitioners and pastoral volunteers with clear role expectations defined.</p> <p>16. Position descriptions are recommended for pastoral volunteers. Given the important contact that volunteers have with patients and residents it is important that volunteers are clear about what they can and can't do and what is in the scope of their volunteering role. This includes distinguishing between the roles of pastoral volunteers recruited by the organisation and the roles of parish representatives/visitors including Extraordinary Ministers of the Eucharist.</p> <p>17. Providers utilising the service of pastoral volunteers need to ensure volunteers have access to team supervision and debriefing as a minimum standard.</p> <p>18. Providers need to ensure pastoral volunteers have an appropriate induction and that pastoral volunteers have ongoing formal training and spiritual and theological formation opportunities including in Catholic identity and ministry.</p>



Key Findings	Recommendations
Links to other faith traditions	
<p>v) The majority of the Catholic sector are working with, and accessing support from, chaplains from other faith traditions. This includes working with chaplains from a cross-section of Christian denominations and also with non-Christian faith traditions (including Islamic, Buddhist, Hindu and Jewish faith traditions).</p> <p>w) Links with the Anglican Church are very strong with a significant proportion of chaplains, paid pastoral practitioners and volunteers coming from the Anglican tradition.</p> <p>x) There is ambiguity across the sector about what is required for chaplain accreditation.</p>	<p>19. Providers are advised to ensure Chaplains from all faith traditions:</p> <ul style="list-style-type: none"> <li>• are accredited and have insurance;</li> <li>• attend an induction session;</li> <li>• have appropriate police checks and the appropriate cards to identify that they are able to work with children and other vulnerable people;</li> <li>• fill in a record of their visits;</li> <li>• are encouraged to attend pastoral care training including CPE; and</li> <li>• are encouraged to receive clinical supervision where appropriate.</li> </ul> <p>See also recommendation 23.</p>

Key Findings	Recommendations
Pastoral Care Research	
<p>y) More research is needed to support the evidence-base for the efficacy of pastoral care, to determine best practice models and to foster cross-system collaboration in the Catholic health and aged care sector.</p>	<p>20. The discipline of pastoral care would benefit from a greater allocation of resources for pastoral care research to support the evidence base for the efficacy of pastoral care, develop best practice models and foster cross system collaboration across the Catholic health and aged care sector.</p>

Key Findings	Recommendations
<p>Catholic Health Australia (CHA)</p> <p>z) Over two-thirds of survey respondents are aware of the work of CHA to support pastoral care in the sector. There is support for CHA publications, resources, forums and other events that support pastoral care. Respondents also identified that CHA could assist them by helping to raise the profile of pastoral care and provide more resources to support the work of pastoral practitioners into the future.</p>	
	<p>21. CHA to work with pastoral practitioners in the Catholic sector to increase support for pastoral care. This includes:</p> <ul style="list-style-type: none"> <li>• Supporting theological and spiritual formation and professional development opportunities for pastoral practitioners.</li> <li>• Developing resources to strengthen pastoral care provision in Catholic facilities.</li> <li>• Working with service providers on educational pathways, career structures and awards.</li> <li>• Hosting pastoral care forums and/or sessions at conferences for pastoral practitioners and volunteers.</li> <li>• Supporting cross-Catholic sector pastoral care research initiatives, particularly in areas such as evaluation and studies of the efficacy of pastoral care.</li> </ul> <p>22. It is recommended that CHA work with the Australian Catholic Bishops Conference (ACBC) to identify ways that pastoral care teams can ensure Catholic patients, residents and clients have access to sacramental care when a Catholic priest is not available.</p> <p>23. CHA together with members could work to develop uniform processes to follow for accrediting other faith representatives and chaplains.</p>