# **Pastoral Care Consultation Paper September 2011**

## Action Items – Report on Progress

Action Item No	Action Item	Progress
1.	Develop a third resource specifically focused on articulating a theology of pastoral care to underpin and support the development of the discipline and appreciation by leaders and managers of its centrality in a Catholic service.	The book: Welcome, Inclusion, Attentive Presence: The Central Role of Pastoral Care in Catholic Health and Aged Care written by Professor Maryanne Confoy rsc was published by CHA in 2015.
2.	Comprehensively map currently available courses that provide suitable qualifications and competency, as well as progress with relevant educational bodies the development of a Graduate course in Pastoral Care or similar qualification. Such a course should encompass the development of the range of skills both academic and personal, required for the role.	A decision was taken by the CHA Pastoral Care Special Interest Group (PCSIG) in 2012 that a completely new course was not necessary given the existing courses available. Enhancing existing courses was considered a preferred option.  In 2013, Little Company of Mary Health Care shared a list of known courses (go to link - http://www.cha.org.au/images/resources/Directory%20Formation%202013. pdf)
3.	Map the provision of pastoral care services across the Catholic sector to provide a snapshot of the range of circumstances that exists across urban, regional and rural settings in terms of structures of reporting and accountability, models of practice, qualifications, staff ratios, age demographic, formation requirements, denominational profile, remuneration, recruitment issues and the role of volunteers.	CHA conducted a mapping exercise through a comprehensive survey in 2015 with the final report and an assessment tool published in March 2016 [add link to pastoral care survey reports and assessment on CHA Website]
4.	Establish a Working Group to progress the development of Standards for Pastoral Care in Catholic facilities and agreed competencies for pastoral care staff.	The CHA Pastoral Care Special Interest Group (PCSIG) was established and continues to advise and support CHA on a number of pastoral care issues. A copy of the terms of reference for this group can be found [here].
		Members of the CHA PCSIG found that rather than preparing new scope of

		practice frameworks, useful documents already exist which will assist members to develop frameworks specific to their organisation's needs and circumstances. See CHA's pastoral care publications [link to relevant section of CHA pastoral care page] and Spiritual Care Australia standards and policies <a href="http://www.spiritualcareaustralia.org.au/SCA/About_Us/Standards_P_olicies/SCA/Standards_and_Policies.aspx?hkey=a9ff6708-6bf9-4577-a908-d58f7d2ba953">http://www.spiritual Health Victoria standards and guidelines [http://www.spiritualhealthvictoria.org.au/standards-and-guidelines].</a>
5.	CHA has the potential to be a valuable conduit between member services and the bishops and clergy by raising awareness about the practical impact of declining clergy on the delivery of pastoral care services. Initiatives to facilitate communication about these issues would facilitate mutual recognition of the challenges and a shared approach to the articulation of practical and acceptable solutions.	CHA has liaised with the Australian Catholic Bishops about the impact of declining clergy on the delivery of pastoral care services. The CHA Pastoral Care Mapping Survey also addressed this issue. The information coming out of the Pastoral Care Mapping Survey and other feedback from member organisations will continue to form the basis of communication between CHA and the Australian Catholic Bishops on this issue.
6.	CHA and member organisations could actively promote the pastoral care research agenda with partner institutions as well as foster an internal research focus. CHA could develop a communications strategy to assist communication of research findings and outcomes.	CHA held its first Pastoral Care Forum in May 2015 with a focus on pastoral care research. Due to its success and popularity, another pastoral care forum with a research focus is planned for October 2016. CHA has been communicating with and offering support to a number of Catholic health and aged care providers in their pastoral care research endeavours.

#### **Terms of Reference**

## **CHA Pastoral Care Special Interest Group (PCSIG)**

#### **Function**

The CHA Pastoral Care Special Interest Group (PCSIG) is convened under the auspices of the CHA Mission & Identity Committee to provide a member perspective and support to CHA on the issues arising around the provision of quality pastoral services across the Catholic health and aged care sector.

### **Terms of Reference**

- To support strategies and communication of the centrality of pastoral care in Catholic service provision.
- To support strategies to address ongoing challenges in ensuring quality, professional pastoral care within Catholic health and aged care services.
- To consider and shape the response to emerging issues and ensure best practice in person-centred pastoral care across different service delivery models.
- To support effective liaison between CHA, its members and the Catholic bishops and clergy.
- To support effective liaison between CHA, its members and other pastoral and spiritual care focussed organisations eg Spiritual Care Australia,
   Spiritual Health Victoria and Meaningful Ageing Australia.
- Promote and support pastoral care research and evaluation initiatives across the Catholic health and aged care sector.

## Membership

Dominic Arcamone, Catholic Healthcare
Julie Binstead, Cabrini
Mary Klasen, Mercy Hospital for Women, Melbourne
Fr Darryl Mackie, St Vincent's Health Network
Peter Martin, Mater Health Services, Brisbane
Mary Ringstad, Calvary Mater Newcastle
Eleanor Roderick, St John of God Health Care
Karan Smith, Southern Cross Care, Victoria
Margaret Deerain, Catholic Health Australia

Reviewed: 24 May 2016