Spiritual Health Victoria

SPIRITUAL CARE IN VICTORIAN HEALTH SERVICES:

TOWARDS BEST PRACTICE FRAMEWORK

Spiritual care: Creating more compassionate, person-centred health care

FOREWORD

I am delighted to present the *Spiritual Care in Victorian Health Services: Towards Best Practice Framework.*

The framework will support health services to develop best practice spiritual care that is integral to the provision of person-centred care.

The framework details the key components for effective spiritual care and equips health services to think differently and innovatively about how they provide care. This can make a significant contribution to quality of care reporting and meeting cultural competencies. Responding to the spiritual needs of patients and their families and carers is an important part of providing holistic, compassionate care.

Many people have been involved in the development of this framework through an extensive consultation process led by the Support & Development team at Spiritual Health Victoria. I would like to acknowledge the hospitals who have participated through their health service executives and spiritual care line managers. The advice, feedback, ideas and expertise received from many of the Spiritual Care Managers/Coordinators employed by health services in Victoria has been critical to this process (listed in Appendix 3). Thank you all for your contributions.

We look forward to moving towards the provision of best practice spiritual care in every Victorian health service.

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Spiritual Health Victoria

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1. ABOUT SPIRITUAL HEALTH VICTORIA

Spiritual Health Victoria (SHV) is the peak body enabling the provision of quality spiritual care in all health service settings. SHV works in collaboration with spiritual care practitioners, faith communities and health services across Victoria and is supported by the State Government of Victoria through the Department of Health and Human Services (DHHS).

Our core strategic intents are to:

- Build capacity and accountability for spiritual care to be delivered as an integral part of person-centred care.
- Support faith communities, spiritual care practitioners and health services to provide comprehensive and quality spiritual care that addresses the spiritual care needs of the community.

We do this by:

- Working closely and collaboratively with State Government, faith communities, spiritual care practitioners and other service providers, health services, relevant organisations and agencies, Primary Health Networks, education providers and patients, consumers and carers.
- Developing a competent, skilled and accountable workforce.
- Supporting, developing, innovating and evaluating service provision in response to identified needs.
- Being a discerning, responsive, accountable and reflective organisation (Spiritual Health Victoria, 2014).

2. PURPOSE OF FRAMEWORK

This framework is intended as a resource for use by health service executives, spiritual care coordinators/managers/directors and their line managers in the consideration of good practice for spiritual care of patients, families and staff in health services in Victoria.

There are three main ways in which this framework can be used:

1. As a resource for planning the development of a new Spiritual Care Department in a Victorian health service
2. To undertake a gap analysis of an existing spiritual care service
3. To inform continuous, quality improvement for spiritual care.

This framework reflects the Victorian Department of Health's *Cultural Responsiveness Framework* (2009). In particular, it reflects Standard 4 for cultural responsiveness which states: "Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices." (State of Victoria Quality Statewide Branch, 2009, p. 6). Cultural responsiveness is viewed as a strategy which improves the health outcomes for culturally diverse populations (State of Victoria Quality Statewide Branch, 2009).

It also contributes to the implementation of the *National Safety and Quality Health Service Standards (NSQHSS), (September 2012) Standard 1* "Governance for Safety and Quality in Health Service Organisations" by ensuring high standards of training, credentialling, competencies, and continuous improvement for spiritual care practitioners. *Standard 2* "Partnering with Consumers" encourages the development of consumer engagement and consumer and carer feedback regarding consumer experience of spiritual care. (Australian Commission on Safety and Quality in Healthcare, 2015).

This framework contributes to a health service meeting the *2013 EQuIPNational Standards 11 for Service Delivery* and *12 for Provision of Care* (Australian Council on Healthcare Standards, 2013) *by*:

- Supporting a health service's "delivery of appropriate and effective care" (Standard 11) which includes quality spiritual care (Australian Council on Healthcare Standards, 2013, p. 2)
- Responding to the diverse spiritual needs of patients and families as part of meeting "the diverse needs of patients and carers from diverse backgrounds" (Standard 11) (Australian Council on Healthcare Standards, 2013, p. 7)
- Meeting the spiritual needs of patients, their families and carers as part of end of life care (Standard 12) (Australian Council on Healthcare Standards, 2013, p. 5)

In the *National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care 2015* the importance of spiritual care is reflected in the following:

- Guiding Principle 3: Providing for the cultural, spiritual and psychosocial needs of patients and their families and carers (Australian Commission on Safety and Quality in Healthcare, 2015, p. 4)
- Essential Elements 1: Patient-centred communication and shared decision-making: 1.5 Chaplains are included in the list of appropriate people that could be present at end-of-life conversations with patients and families (Australian Commission on Safety and Quality in Healthcare, 2015, p. 12)

- Components of Care: Actions 3.1 The psychosocial, cultural and spiritual needs of patients and families should be assessed and provided for in accordance with the patient's and their family's wishes and needs – including religious practices. (Australian Commission on Safety and Quality in Healthcare, 2015, p. 15)

This framework acknowledges the complexity of the Victorian community in the 21st century, with a diversity of religions, beliefs and understandings of spirituality in a multicultural and increasingly secular community.

The framework also acknowledges that health services in Victoria are wide-ranging, from small rural hospitals to large metropolitan tertiary hospitals, each presenting with different needs. As a result the application of this framework may need to be shaped by the needs and requirements of the local health service setting. However, this should only be done whilst maintaining the common standards for spiritual care.

3. GUIDING PRINCIPLES

There is a global move to expand measures of health and wellbeing, quality of life, human development and capabilities beyond conventional clinical and economic measures and inclusive of the spiritual dimension. The following principles are based on emergent models and understandings of the significant factors that contribute to health, well-being and quality of life.

- Spirituality is a universal phenomenon
- Spirituality is one of the domains of holistic health care
- Spiritual care is respectful of and responsive to diversity
- Spiritual care is integral to the provision of person-centred care
- Spiritual care is integral to the provision of compassionate care
- Spiritual care is a shared responsibility
- Spiritual care requires a whole of system and whole of organisation approach (Spiritual Health Victoria, 2015).

4. KEY TERMS AND DEFINITIONS (Spiritual Health Victoria, 2015)

Use of the Term "spiritual care"

In this document "Spiritual Care" is used as an umbrella term describing a spectrum of services that can be offered in healthcare settings in response to a person's expressed or discerned spiritual needs. These services may include the provision of spiritual support, pastoral care, faith based chaplaincy, religious services and other rituals.

The term "Spiritual Care" is often used and considered as synonymous to "Pastoral Care". In this document the term "Spiritual Care" is used as a means of emphasising to health services, service providers, care recipients and other stakeholders, the essential point of difference in our

services from others involved in well-being professions in Victorian healthcare settings e.g. Social Work, Counselling etc.

The term "Spiritual Care" is more consistent with the terminology used by state and federal government departments in recognising and defining various aspects of holistic health for Australians.

Spiritual care contributes to the health, wellbeing and the quality of care of patients and families across Victoria. Spiritual Care Practitioners work in partnership with other healthcare disciplines to provide holistic health care which reflects the World Health Organisation's (WHO) view of health and health care. The WHO recognises the spiritual dimension of health in its definitions of health and Palliative Care (World Health Organisation (WHO), 2015).

What is spirituality?

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred (Pulchalski, C.M., Vitillo, R., Hull, S.K., & Reller, N., 2014).

Spirituality is individual, subjective and can be expressed in different ways. Some people choose to express their spirituality through religion or religious practice, while others may not. Spirituality can also be described as the search for answers to life's big questions, such as: Why is this happening to me? What does it all mean? What gives me comfort and hope? Does my life have meaning? What happens after we die?

What is spiritual care?

Spiritual care is a supportive, compassionate presence for people at significant times of transition, illness, grief or loss. Spiritual care is a collaborative and respectful partnership between the person and their health care provider. It is an integral component of holistic care.

How is spiritual care provided?

When faced with significant illness, many people require more than just physical care to help them cope. This care is most often delivered through attentive and reflective listening and seeks to identify the patient's spiritual resources, hopes and needs. Care is provided from a multifaith and spiritual perspective offering support, comfort, spiritual counselling, faith-based care and religious services to patients and their families.

Spiritual care professionals are most often employed directly by the institution or in partnership with a faith community and are often referred to as spiritual care practitioners, pastoral care practitioners, chaplains or visiting chaplains. Faith communities across Victoria make a significant contribution to spiritual care services by funding full and part-time positions and providing trained volunteers to add to the breadth and depth of services.

The importance of spirituality in health

Issues of spirituality, faith and religion are important to many patients in Victoria's health care system. Two in three Victorians connect with some form of religious affiliation with many others describing themselves as "spiritual but not religious". Regardless of whether religious faith is a part of a person's life, assessing a patient's spiritual needs can help determine how they perceive

health and illness, death and dying and other major life transitions. These perceptions are likely to influence care plans and the person's ability to cope (Spiritual Health Victoria, 2015).

Health service

A health service is 'a registered funded agency, multipurpose service or health service establishment' (State of Victoria, 2012, p. 6).

Hospital

A hospital is 'a healthcare facility licensed by the respective regulator as a hospital or declared as a hospital' (State of Victoria, 2012, p. 10).

Spiritual Care Department

A Spiritual Care Department will vary in each health service. It may include a part time sole practitioner in a small rural hospital with a volunteer program or multiple practitioners (paid and voluntary) working under a coordinator/manager/director in a large metropolitan tertiary health service.

Universal Sacred Space

A universal sacred space is 'a welcoming and harmonious sanctuary of peace and spirituality where everyone can feel safe and comfortable' (Garg, 2010) to engage with their spirituality or religion.

5. CONTEXT FOR SPIRITUAL CARE IN HEALTH SERVICES

Spiritual care in Victorian health services is currently delivered by trained and supervised spiritual care practitioners including professionals, volunteers and visiting faith/religious representatives. Practitioners provide a skilled, compassionate and supportive spiritual care presence. This is available to all patients, families and staff within a healthcare setting regardless of spirituality, religion or beliefs.

Religious care was historically provided by clergy, chaplains and congregational visitors from the Christian churches. A model of universal spiritual care has developed in addition to faith-based spiritual care. This has been in response to the following changes in the Victorian community and the place of spiritual care in health services:

- Increasing interest in spirituality
- Decreasing numbers of people who claim affiliation with a particular faith tradition
- Increasing numbers of people who identify as "spiritual" but not "religious"
- Growth in spiritual and cultural diversity within the Victorian community
- Movement towards the direct employment of spiritual care practitioners by health services
- Increasing interest and growing evidence base for the link between spirituality and health
- Increased complexity of the health system and requirements for professional and accountable delivery of care
- Growing evidence base for best practice spiritual care.

There are now growing numbers of spiritual care practitioners employed directly by health services (SHV, 2008), an increasing non-sectarian approach to the delivery of spiritual care (Orton, 2008) and increasing expectations by individuals that their spiritual/religious/personal beliefs and values will be attended to as part of their health care experience (Hilbers, Kivikko, & Ratnavyuha, 2007, Barletta & Witteveen, 2007) (Spiritual Health Victoria, 2012).

These changes and adaptations have been significant in the development of spiritual care in recent years.

For 2014 - 2015 DHHS approved a number of key performance indicators for SHV including the following deliverable and performance measure:

> Deliverable 1.2: *Build capacity and accountability for spiritual care delivered as an integral part of a patient's total care*
>
> Performance Measure: *Develop SHV guidelines for provision of spiritual care in hospitals* (Spiritual Health Victoria, 2014)

The development of this framework seeks to address the lack of a standardised approach to good practice of spiritual care in Victorian health services and to achieve this goal and deliverable.

6. SHV FRAMEWORK CONSULTATION PROCESS

Spiritual Health Victoria (SHV) developed the framework for spiritual care in Victorian health services in consultation with key stakeholders including the SHV Council, spiritual care coordinators and managers, health care executives and line managers of Spiritual Care Departments in Victorian health services from March to May 2015.

In April two surveys were undertaken: one by health care executives and the other by spiritual care line managers. These survey summaries and reports are in Appendix No 3. These surveys invited feedback on the content headings for the framework and requested additional suggestions for headings and content. Applicable suggestions were incorporated into the framework. People were then invited to indicate their interest in a follow-up meeting with SHV staff for further discussion and input for the framework. The six follow-up meetings were conducted in May and June 2015.

Feedback on the final draft of the framework was sought from the Health and Spiritual Care Advisory Group (H&SCAG). The H&SCAG consists of senior health service executives and representatives from DHHS and Victorian Healthcare Association. The feedback from the H&SCAG was incorporated into the framework in September 2015.

7. CURRENT MODELS FOR SPIRITUAL CARE IN HEALTH SERVICES IN VICTORIA: PROFESSIONAL PRACTITIONERS, FAITH REPRESENTATIVES AND VOLUNTEERS

Historically, spiritual care has been provided through many different service models to suit individual health services resulting in a diversity of practitioner types, training programs, spiritual care activities and practices.

In Victorian health services, spiritual care services are currently provided in any one or combination of the following ways (Spiritual Health Victoria, 2012):

Professional models

Spiritual care practitioners/coordinator or manager – comprises spiritual care practitioners employed by the health service to provide spiritual care to the whole health service community (patients, families, and staff). This may include a spiritual care coordinator or manager employed by the health service to coordinate, provide, develop and supervise spiritual care provision in the health service.

Faith representatives – comprises appointed representatives from faith communities employed by the faith community to work within a health service. Faith representatives may provide religious care and/or spiritual care depending on the role description as agreed between the health service and the faith community.

Clinical Pastoral Education (CPE) – comprises a paid CPE supervisor to teach and supervise CPE students who provide spiritual care services to health service patients.

Volunteer models

Religious care – comprises appointed representatives from faith communities authorised by their faith community to visit their own faith community members. These representatives may be leaders of their communities (priest, minister, rabbi, imam) or lay people.

Spiritual care – comprises visitors/volunteers authorised by the health service to provide limited spiritual care services to all patients allocated to their care. These volunteers are recruited, trained and supervised by a professionally qualified spiritual care practitioner.

8. PERSON-CENTRED CARE: PRIMARY FOCUS OF SPIRITUAL CARE IN HEALTH SERVICES

Person-centred care is the primary focus of care in a health service setting and is integral to the delivery of quality spiritual care. Good practice in person-centred spiritual care is expressed by the following:

- The spiritual care service embodies the values of equal access, quality, compassion and respect in the delivery of person-centred care to patients and their families
- Patient needs are paramount and the essential focus in the delivery of spiritual care
- Patients and families have timely access to the spiritual care service
- Staff admitting patients are educated to identify and document the spirituality of patients
- Spiritual care staff prioritise referrals and respond in a timely way
- Spiritual care is responsive to the diversity of patients' spiritual, cultural, religious/belief needs and values
- Practitioners respond to the spiritual and religious needs of patients by facilitating appropriate support including referral to outside services
- The Spiritual Care Department is proactive in the delivery of service as appropriate
- Practitioners are compassionate and non-judgemental and do not proselytise in their delivery of spiritual care.

9. KEY AREAS AND COMPONENTS FOR EFFECTIVE SPIRITUAL CARE IN VICTORIAN HEALTH SERVICES

In addition to person-centred care as the primary focus for spiritual care, SHV has identified nine overarching areas for the effective practice of spiritual care in a health service as: Governance; Quality Service Delivery and Accountability; Integration; Resources; Staffing (Recruitment and Appointment); After-Hours On-Call Service; Data Collection and Record Keeping; Staff and Organisational Support; Professional Development.

The key components for effective and quality spiritual care for each of these overarching areas are outlined below.

Governance

- The health service has a written policy which describes the spiritual care service including what can be expected from the service
- The health service has in place clear spiritual care practice processes and procedures
- The health service has clear organisational structures and lines of reporting for the Spiritual Care Department
- The health service appoints management at an appropriate level to reflect the complexity of the health service (coordinator/manager/director) with oversight of a cohesive team
- The health service uses consumer engagement and consumer and carer feedback to "inform quality improvements and [for] improving consumers' experiences" (Australian Commission on Safety and Quality in Healthcare, 2015, p. 23)
- The health service has an agreed written procedure for referrals integrated into the organisation's referral process.

Quality Service Delivery and Accountability

- A Spiritual Care Department consists of qualified practitioners - including professional practitioners and trained and supervised volunteers
- A health service implements an appropriate process for credentialling according to the *Spiritual Care Australia (SCA) Standards of Practice 2013* when appointing spiritual care practitioners (Spiritual Care Australia, 2013)
- Faith communities appoint their spiritual care practitioners with a rigorous process for credentialling and adheres to the credentialling process which incorporates agreed core components as outlined in the *Spiritual Care Providers (Faith Community Appointed) Credentialling Framework 2015* (Spiritual Health Victoria, 2015)
- Professional practitioners meet the competencies and capabilities for spiritual care as outlined in the *SHV Capabilities Framework for Pastoral Care and Chaplaincy 2011* (Spiritual Health Victoria, 2011)
- Volunteer practitioners meet the *"initial entry level training for spiritual care volunteers"* as outlined in the *Spiritual Care Volunteer Training Program: A Manual for Trainers, 2015* (Spiritual Health Victoria, 2015)
- The health service has clear scope of practice and position descriptions for all spiritual care practitioners according to the *Spiritual Care Australia (SCA) Standards of Practice 2013* (Spiritual Care Australia, 2013)

- Practitioners abide by federal and state legislation; the safety and quality framework (Australian Commission on Safety and Quality in Healthcare, 2015) and the policies and guidelines of the hospital including mandatory training, as well as the *SCA Code of Conduct* (Spiritual Care Australia)
- Patients and families can expect quality spiritual care as outlined in the *SHV Capabilities Framework for Pastoral Care and Chaplaincy 2011* (Spiritual Health Victoria, 2011) and practitioners meet at least the Member level of the *SCA Standards of Practice 2013* (Spiritual Care Australia, 2013)
- Spiritual care is transparent and accountable to the health service, patients and the faith communities as applicable.

The health service uses validated spiritual care assessment tools to determine the spiritual, religious and pastoral needs of patients. For example *FICA* by Christina Puchalski (Puchalski, 2006) and *FACIT-SP* by A.H. Peterman (Peterman, Fitchett, Brady, Hernaandez, & Cella, 2002).

- All practitioners keep accurate and up to date records in patient medical records and other health service data collection systems to ensure accountability, safety and continuity of care for patients (Spiritual Health Victoria, 2015)
- Practitioners (professional and volunteer) have regular access to external supervision by qualified spiritual care supervisors and internally, by their line manager as per the *SCA Standards of Practice* (Spiritual Care Australia, 2013)
- The health service conducts annual reviews for all employed spiritual care practitioners
- Practitioners have regular access to professional development as per the *SCA Standards of Practice* (Spiritual Care Australia, 2013) and health service requirements.

Integration

- Spiritual care and the Spiritual Care Department are integrated in the health organisation at every level including quality assurance and accountability to standards
- The health service consults the Spiritual Care Department when the service's policies, procedures and clinical guidelines are written
- The health service involves the Spiritual Care Department in the orientation and education of staff
- Multidisciplinary team meetings include spiritual care practitioners to ensure the holistic care of patients
- The health service includes spiritual care practitioners in hospital forums and the membership of key committees such as the Ethics Committee, Mission and Values Committee, and Cultural Diversity Committee
- Spiritual care manager or their delegate is a member of the organisation's Ethics Committee.

Resources

The health service adequately resources a Spiritual Care Department, thus ensuring an efficient and professional spiritual care service. When setting up a Spiritual Care Department or undertaking a gap analysis, it is recommended the health service refers to the *SHV Guidelines*

for Victorian Pastoral Care Department Facilities (Healthcare Chaplaincy Council of Victoria Inc., 2008) as well as the Audit Tools in the Appendices.

The following resources and facilities are recommended for the sustainability and good practice of spiritual care:

- The health service resources the Spiritual Care Department with a realistic budget to ensure adequate staffing. For recent work done on adequate staffing for spiritual care see the *NHS England, NHS Chaplaincy Guidelines 2015* (Swift, Revd Dr Chris., Chaplaincy Leaders Forum, National Equality and Health Inequalities Team, NHS England, 2015)
- The health service provides meaningful and appropriate universal sacred space(s) for worship, prayer and reflection which caters for the diverse spiritual needs of patients, families and staff
- The Spiritual Care Department manages the sacred space
- The health service provides the Spiritual Care Department with the following resources:
    - Dedicated office space with privacy for confidential staff conversations and with secure storage for confidential documents
    - Computers for practitioners with access to the internet and to the patient database including an agreed system for recording patient visits
    - Books, journals and other resources for the continuing education of practitioners
    - Inspirational material and resources to respond to the spiritual needs of patients, families and staff
- The health service ensures that the Spiritual Care Department has access to meeting rooms for the following:
    - confidential meetings with patients, families and staff
    - supervision of practitioners
    - team meetings
    - professional development and teaching
- The health service provides leaflets and clear signage to promote the services of the Spiritual Care Department.

Staffing (Recruitment and Appointment)

The recruitment and appointment of suitably qualified and skilled spiritual care practitioners is important to ensure the delivery of quality spiritual care for patients, families and staff. To safeguard the quality of spiritual care it is recommended when recruiting and appointing practitioners:

- The health service appoints a designated spiritual care coordinator, manager or director with oversight of a cohesive team
- The Spiritual Care Department adheres to Human Resources guidelines for recruitment of practitioners to the organisation
- Job design and position descriptions are based on the *SHV Capabilities Framework for Pastoral Care and Chaplaincy* (Spiritual Health Victoria, 2011) and the *SCA Standards of Practice* (Spiritual Care Australia, 2013)
- Position descriptions accurately indicate the level at which a role is to be considered and its requirements

- Spiritual care selection panels include at least one member from another discipline
- SHV provides support to health services in the recruitment of spiritual care manager positions for public hospitals (and some private hospitals) including being part of the selection panel
- The health service appoints spiritual care practitioners based on merit
- The selection panel ensures interviewees meet, as a minimum, the appropriate SCA Membership level or the equivalent (Spiritual Care Australia, 2013)
- Practitioners and managers are paid an appropriate award that reflects their skills and responsibilities, based on parity with other Allied Health disciplines. The Health Professionals and Support Services Award 2010 (Federal) provides a benchmark
- The health service identifies the demographics of its patient population and through the Spiritual Care Department, identifies the spiritual care needs and appoints faith community representatives to reflect its diversity
- Faith communities in collaboration with health services, recruit and/or appoint professional faith community representatives based on *the SHV Pastoral Care Service Agreement or Memorandum of Understanding* (Spiritual Health Victoria) and the *SHV Spiritual Care Providers (Faith Community Appointed) Credentialling Framework* (Spiritual Health Victoria, 2015).

After Hours On-Call Service

It is good practice for spiritual care to be universally accessible and available 24 hours a day, 7 days per week. However, this can only be achieved when a health service can resource a spiritual care after-hours on-call service in a sustainable manner. This would include the following:

- The health service provides a spiritual care after hours on-call service paid for according to award rates
- A spiritual care after hours on-call service is accessible by all patients, delivered by the Spiritual Care Department's practitioners and supported by faith communities where appropriate
- The Spiritual Care Department provides the relevant health service departments, switchboard and staff with an up to date contact list of faith community representatives.

Data Collection and Record Keeping

Accurate and consistent data collection and record keeping by spiritual care practitioners is an essential part of the accountability of a Spiritual Care Department in its delivery of spiritual care. The collection of data by spiritual care practitioners enables the Spiritual Care Department to report its level of activity accurately to the health service and to the Department of Health and Human Services.

Good practice in data collection and record keeping is ensured when:

- All practitioners keep up to date records of spiritual care activity in an agreed format and in accordance with the health service's policies for record keeping
- Professional practitioners document patient visits in patient notes and medical records in accordance with the health service's policies and *SHV Spiritual Care Minimum Data Set*

Framework (Spiritual Health Victoria, 2015) and *SCA Standards of Practice* (Spiritual Care Australia, 2013)

- Accredited and trained faith community representatives adhere to the Spiritual Care Department's procedure for recording interventions (Spiritual Health Victoria, 2015)
- All practitioners report their spiritual care activity using the *World Health Organisation's ICD 10-AM Pastoral Intervention Codings* or the *ACHI Codes: Australian Classification of Health Interventions, 7th Edition* (World Health Organisation).

Staff and Organisational Support

Health professionals deliver holistic and quality care to patients in their care. During the delivery of health care, staff (individually and collectively) may benefit from the skilled and compassionate support of spiritual care practitioners.

Trained spiritual care practitioners have the capacity to resource and offer educational support to the health service.

The Spiritual Care Department may offer spiritual care support for staff and the organisation. This support may be provided when:

- The Spiritual Care Department and the health service ensures the service is easily accessible by staff
- The Spiritual Care Department supports the health service in the following ways:
    - rituals for the organisation as a response to specific events
    - rituals for individual or staff groups within the health service at times of bereavement
    - formal support for multidisciplinary teams and health service staff as appropriate
- The Spiritual Care Department embodies the values of the health service and educates the staff in these values.

Professional Development

Ongoing training and professional development for all spiritual care practitioners is vital to the continuous improvement in the delivery of quality spiritual care. To ensure the development of a spiritual care practitioner's capabilities and competencies it is recommended:

- The health service develops or establishes pathways for practitioners' Professional Development, capacity building and skills development based on the *SHV Capabilities Framework for Pastoral Care and Chaplaincy* (Spiritual Health Victoria, 2011).

10. GOOD PRACTICE FOR THE MANAGEMENT OF SPIRITUAL CARE VOLUNTEERS

Spiritual care and faith representative volunteers are often the first to respond to the spiritual needs of a person. They offer understanding, acceptance and a supportive presence to patients and families as they face questions of personal meaning and hope (Spiritual Health Victoria, 2015).

Trained and accredited volunteers can be an important part of the spiritual care team and enhance the delivery of a comprehensive and sustainable spiritual care service.

Spiritual care volunteers are recruited, trained and supervised by professionally qualified spiritual care practitioners. Volunteer faith representatives are also recruited, accredited and supervised by their faith community.

To ensure the good practice of spiritual care and faith representative volunteers in a health service the following are recommended:

- The health service has written policies for the recruitment, accreditation and scope of practice for spiritual care volunteers
- Faith communities recruit and accredit volunteer faith representatives in consultation with the spiritual care manager and the health service
- Faith communities use appropriate processes for the credentialling of a volunteer prior to appointment as outlined in the *SHV Spiritual Care Providers (Faith Community Appointed Credentialling Framework 2015* (Spiritual Health Victoria, 2015)
- Volunteers abide by federal and state legislation and the policies and guidelines of the health service
- Appropriate and adequate public liability insurance is arranged for all volunteers
- Volunteers undertake all appropriate mandatory training required by the health service
- All volunteers are given, have explained and adhere to the *SCA Code of Conduct* as part of their orientation to the Spiritual Care Department
- Volunteers are initially trained as outlined in the SHV Volunteer Training Program or the approved equivalent
- The person delivering the volunteer training will be appropriately trained and qualified. This may include a senior spiritual care practitioner who meets the minimum standard of Level 3 or the equivalent as outlined in *SHV Capabilities Framework* (Spiritual Health Victoria, 2011)
- All volunteers report to the spiritual care manager on entering and leaving a health service as part of accountability
- The spiritual care manager monitors volunteers' patient contact and provides the means for referral
- Volunteers are regularly supervised by professionally qualified spiritual care supervisors
- Volunteers undertake annual reviews with the spiritual care manager (and their faith community if applicable)
- Volunteers are offered ongoing development opportunities for further relevant training by their faith community and or the Spiritual Care Department.

11. GOOD PRACTICE FOR THE MANAGEMENT OF SPIRITUAL CARE STUDENTS

In many health services in Victoria, spiritual care students are an integral part of the delivery of a spiritual care service. Students provide spiritual care to patients and families and extend the accessibility and capacity of the Spiritual Care Department.

Students are placed in a health service as part of their field placement for Clinical Pastoral Education (CPE) or another spiritual care approved course.

The following are recommended to manage spiritual care students in the health service:

- Students are only placed when there is a spiritual care manager in the health service to oversee the student and their development
- Students abide by federal and state legislation and the policies and guidelines of the health service
- Appropriate and adequate public liability insurance is arranged for all students
- Students are made aware of and adhere to the *SCA Code of Conduct (*Spiritual Care Australia, 2013)
- Students undertake all appropriate mandatory training of the health service
- Students are given appropriate access to patients and staff and their relevant information (including medical records) whilst maintaining confidentiality
- Students are given health service identification and access to staff facilities
- Students have access to a computer and internet so that patient visits can be recorded and data entered into the health service data collection system
- Students keep up to date records of visits and enter the information into the approved data collection system
- Students meet regularly with their CPE or Tertiary Supervisor
- Experienced students (e.g. Advanced CPE students undertaking Levels 2 and above) are given the opportunity to be part of a multi-disciplinary team when appropriate.

In addition to these recommendations for all spiritual care students, below are requirements pertaining to a tertiary health service which has a Clinical Pastoral Education Centre:

- The Centre is registered by the Association for Supervised Pastoral Education in Australia Incorporated (ASPEA Inc.)
- The Centre is managed by an ASPEA accredited and health service employed director
- CPE Supervisors are accountable to the centre director for maintaining standards
- An ASPEA CPE Centre has the written approval of the management of the health service (Association for Supervised Pastoral Education in Australia Inc.).

12. RESEARCH AND FUTURE INNOVATIONS FOR SPIRITUAL CARE IN HEALTH SERVICES

Spiritual care practitioners have unique perspectives to contribute to the research and development of a health service. To enable the future innovation and development of spiritual care practice and to provide evidence based practice, the following considerations for research are recommended:

- Practitioners participate in quality research projects
- Spiritual care develops research partnerships with academics and health professionals
- Practitioners participate in spiritual care cross sector research
- Practitioners collaborate in multidisciplinary, evidence based research for the organisation
- Spiritual care manager or their delegate is a member of the organisation's Human Research Ethics Committee
- Spiritual care manager assists in expanding faith communities' understanding of research.

Key stakeholders have identified the following areas to be explored to ensure the continuing development and improvement of spiritual care in Victorian health services into the future:

- Staffing formulas for an effective spiritual care service
- Benchmarking for spiritual care practice, outcome measures and awards with best practice models in Victoria, Australia and internationally
- Specialisation in the provision of spiritual care e.g. art and music.

13. USEFUL NETWORKS AND LINKS

- Spiritual Health Victoria (SHV)
  www.spiritualhealthvictoria.org.au

- Spiritual Care Australia (SCA)
  www.spiritualcareaustralia.org.au

- Association for Supervised Pastoral Education in Australia Incorporated (ASPEA Inc.) www.aspea.org.au
  **Please note change of name (October 2015) to Association for Supervised and Clinical Pastoral Education in Victoria (ASACPEV) – this name change will come into effect in 2016.*

- ICPCC (International Council on Pastoral Care and Counselling) www.icpcc.net

- HealthCare Chaplaincy Network (HCCN) www.healthcarechaplaincy.org

- Scottish Association of Chaplains in Healthcare (SACH) www.sach.org.uk

- Canadian Association for Spiritual Care (CASC) www.spiritualcare.ca

- National Health Service Chaplaincy Guidelines 2015 (UK) www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf

- Safety and Quality Improvement Guides: NHQHS Standards: www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/#Monitoring-tool

14. REFERENCES

Agency for Healthcare Research and Quality. (n.d.). Retrieved December 2015, from Agency for Healthcare Research and Quality: http://www.ahrq.gov/

Association for Supervised Pastoral Education in Australia Inc. (n.d.). *Standards for Clinical Pastoral Education.* Retrieved July 2015, from Association for Supervised Pastoral Education in Australia Incorporated: http://www.aspea.org.au/uploads/aspea_standards_2011_10.pdf

Australian Commision on Safety and Quality in Healthcare. (2015). *National Safety and Quality Health Service Standards.*

Australian Commission on Safety and Quality in Healthcare. (2015). *National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care.*

Australian Commission on Safety and Quality in Healthcare. (2015). *National Safety and Quality Health Service Standard, Standard 1: Governance for Safety and Quality Health Service Organisations.*

Australian Commission on Safety and Quality in Healthcare. (2015, Oct). *National Safety and Quality Health Service Standards Standard 2:.* Retrieved May 2015, from Australian Commission on Safety in Healthcare: National Safety and Quality Health Service Standards Standard 2: Partnering with consumers, p. 23 see also http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf

Australian Council on Healthcare Standards. (2013). *Introducing EQuIPNational Standards.*

Garg, S. M. (2010). *Coming together: A Universal Sacred Space.* Retrieved August 8, 2015, from http://gradworks.umi.com/14/76/1476754.html

Healthcare Chaplaincy Council of Victoria Inc. (2008). *Guidelines for Victorian Pastoral Care Department Facilities.*

Peterman, A., Fitchett, G., Brady, M., Hernaandez, L., & Cella, D. (2002). Measuring spiritual well-being in people with cancer: The functional assessment of chronic illness therapy-Spritual Well-being Scale. *Annals of Behavioural Medicine, 24*, 49-58.

Puchalski, C. (2006). Spiritual Assessment in Clinical Practice. *Psychiatric annals, 36,3 Psychology Module*, 150.

Pulchalski, C.M., Vitillo, R., Hull, S.K., & Reller, N. (2014). *Spiritual Dimensions of Whole Person Care: Reaching National and International Consensus.*

Spiritual Care Australia. (2013). *Standards of Practice.*

Spiritual Care Australia. (n.d.). *Code of Conduct.* Retrieved July 2015, from Spiritual Care Australia: Spiritual Care Australia http://web20.pamsonline.com.au/iMIS20_SCA/SCA/Documents/Code_of_Conduct.pdf

Spiritual Care Australia. (n.d.). *Membership*. Retrieved July 2015, from Spiritual Care Australia: http://www.spiritualcareaustralia.org.au/SCA/Membership/Membership_Categories/SCA/Membership_Categories.aspx?hkey=6aef302e-fa05-4a23-973d-dc955aaa8b5e#A_life

Spiritual Health Victoria. (2011). *Capabilities Framework for Pastoral Care and Chaplaincy*.

Spiritual Health Victoria. (2012). *A Framework for the Integration of Spiritual Care in Victorian Health Services*.

Spiritual Health Victoria. (2012). *Standards for Reporting on Pastoral Care Services in Victorian Hospitals*.

Spiritual Health Victoria. (2014). *Spiritual Health Victoria Service Agreement: Key Performance Indicators 2014-2015*.

Spiritual Health Victoria. (2014). *Strategic Plan 2014-2015*.

Spiritual Health Victoria. (2015, November). *Spiritual Care Minimum Data Set Framework*.

Spiritual Health Victoria. (2015, September). *Spiritual Care Providers (Faith Community Appointed) Credentialling Framework*.

Spiritual Health Victoria. (2015). *Spiritual Care Volunteer Training Program: A Manual for Trainers 2015*.

Spiritual Health Victoria. (2015). *Volunteer Capabilities Framework*.

Spiritual Health Victoria. (n.d.). *Pastoral Care Service Agreement or Memorandum of Understanding*.

State of Victoria Quality Statewide Branch. (2009). *Cultural Responsiveness Framework: Guidelines for Victorian Health Services*.

State of Victoria. (2012). *Health Services Act 1988: Authorised Version incorporating amendments as at 1 July 2012*.

Swift, Revd Dr Chris., Chaplaincy Leaders Forum, National Equality and Health Inequalities Team, NHS England, 2015 NHS England. (2015). *NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual and Religious Care*.

World Health Organisation (WHO). (2015, July). *Fact Sheet 402, July 2015*. Retrieved January 2016, from World Health Organisation: http://www.who.int/mediacentre/factsheets/fs402/en/

World Health Organisation. (n.d.). *Appendix 3 10-10AM Pastoral Intervention Codes*. Retrieved September 2015, from Health Department: http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/400/$FILE/400%20-%20C%20-AHWCA%20-APPENDIX%203%20ICD-10-AM%20Pastoral%20Intervention%20Codings.pdf

APPENDICES

Appendix 1 - Audit Tool 1

Setting up a Spiritual Care Service

Purpose: To enable a health service to consider the necessary components when setting up an effective and quality spiritual care service.

Setting up a Spiritual Care Service		
MODELS OF SPIRITUAL CARE: Current models for spiritual care in Victorian health services are outlined on p.11 of the framework.		
1. What practitioner model best suits your health service?		
	YES	**NO**
2. Will a designated spiritual care manager be employed?		
3. Will your health service employ professional spiritual care practitioners?		
4. Will there be faith community professional practitioners employed by faith communities?		
5. Will volunteers be used to assist in the delivery of spiritual care?		
6. If so, will there be spiritual care volunteers authorised by the health service?		
7. Will there be religious care volunteers authorised by faith communities?		
8. Will there be the capacity for spiritual care students?		
9. Are there plans for a Clinical Pastoral Care Centre for the teaching of Clinical Pastoral Education as outlined by the Association for Supervised Education in Australia Incorporated?		

Setting up a Spiritual Care Service	YES	NO
GOVERNANCE:		
1. Is there a written policy describing the spiritual care service?		
2. Are there written procedures for the delivery of spiritual care?		
3. Are there clear organisational structures and lines of reporting for the Spiritual Care Department?		
4. Is there an agreed written procedure for integrated spiritual care referrals?		
INTEGRATION: Is the health service planning to integrate the Spiritual Care Department into the health service by:		
1. Consulting the Spiritual Care Department when writing policies, procedures and clinical guidelines?		
2. Involving the Spiritual Care Department in the orientation and education of staff?		
3. Including practitioners in multidisciplinary team meetings?		
4. Including practitioners in hospital forums and key committees?		
RESOURCES: It is recommended that the health service refers to the *Spiritual Health Victoria Guidelines for Victorian Pastoral Care Department Facilities* when considering the setting up of a spiritual care service.		
1. What is the budget for the Spiritual Care Department and what level of sustainable staffing is this able to fund?		
2. Will there be a universal sacred space in the health service?		
3. Will the sacred space be located near and managed by the Spiritual Care Department?		
4. What kind of space is appropriate for the diversity of spiritual beliefs and practices of the patient, families and staff population?		
5. Who will be part of the consultation process for setting up a sacred space and what will the consultation process be?		
6. Will there be dedicated office space with telephones for practitioners?		
7. Will the office have secure storage for confidential documents?		

Setting up a Spiritual Care Service	YES	NO
8. Will there be space for confidential conversations with staff?		
9. Will practitioners have computers with access to the internet and to patient data bases?		
10. Will the Spiritual Care Department have a budget for books, journals and resources for practitioners and inspirational materials and resources for patients and staff?		
11. Will the Spiritual Care Department have access to rooms for confidential meetings with patients and their families, supervision of practitioners, team meetings, professional development and teaching?		
12. Will the health service provide brochures to promote the spiritual care services?		
13. Will there be clear signage for the spiritual care service to be easily accessible?		
STAFFING: All spiritual care practitioners are required to meet the *SHV Capabilities Framework for Pastoral Care and Chaplaincy* and the *Spiritual Care Australia's Standards of Practice.* Please refer to the framework (on p.13) for details regarding recruiting and appointing appropriate spiritual care practitioners.		
1. Will job descriptions be designed and written based on the *SHV Capabilities Framework for Pastoral Care and Chaplaincy* and the *Spiritual Care Australia's Standards of Practice?*		
2. Will the manager and practitioners be paid an appropriate award on parity with other Allied Health disciplines? (The Health Professionals and Support Services Award 2010 (Federal) is a benchmark).		
3. Will the demographics of the patient population be identified and the appointment of faith community representatives reflect this diversity?		
4. Will the health service ensure that validated spiritual assessment tools are used by practitioners?		

Setting up a Spiritual Care Service	YES	NO
AFTER HOURS ON-CALL SERVICE		
1. Are there plans for a spiritual care after hour's on-call service?		
2. If so, what hours of coverage will there be with the on-call service?		
3. Will the on-call service be accessible to all patients?		
4. Will practitioners be paid at the award rate for the delivery of on-call services?		
DATA COLLECTION AND RECORD KEEPING		
1. Will professional/qualified practitioners have access to patient medical records and all practitioners have access to databases and be made aware of the requirements to document their activity in these?		
2. Will the health service ensure that practitioners are aware of the standards, policies and procedures for record keeping?		
PROFESSIONAL DEVELOPMENT, SUPERVISION AND REVIEWS		
1. Will practitioners be made aware of the health service's mandatory training?		
2. Will the health service provide pathways for practitioners to undertake professional development based on the *SHV Capabilities Framework for Pastoral Care and Chaplaincy 2011*?		
3. Will the health service ensure that practitioners have regular supervision by their manager and external professional supervision as per SCA Standard 7?		
4. Will the health service conduct annual reviews for practitioners?		

Appendix 2 - Audit Tool 2

Spiritual Care Framework – Gap Analysis table[1]

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
1.	**Governance**				
1.1	A written policy describing the spiritual care service				
1.2	Written spiritual care procedures				
1.3	Clear organisational structures and line of reporting for the Spiritual Care Department				
1.4	Agreed written procedure for integrated spiritual care referrals				

[1] Adapted from the Agency for Healthcare Research and Quality: http://www.ahrq.gov/

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
2.	**Quality Service, Delivery and Accountability**				
2.1	The Spiritual Care Department consists of qualified practitioners - including professionally trained and supervised volunteers				
2.2	The health service has an appropriate process for credentialling according to the *SCA Standards of Practice*				
2.3	Professional practitioners meet the competencies and capabilities as outlined in the *SHV Capabilities Framework for Pastoral Care and Chaplaincy*				
2.4	Volunteer practitioners meet the capabilities as outlined in the *Spiritual Care Volunteers Training Program: A Manual 2015*				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
2.5	The health service has clear scope of practice and positions descriptions for all spiritual care practitioners according to the *SCA Standards of Practice*				
2.6	Practitioners meet at least the Member level of the *SCA Standards of Practice*				
2.7	Practitioners abide by the federal and state legislation and the policies and guidelines of the hospital and the *SCA Code of Conduct*				
2.8	Validated spiritual care assessment tools are used e.g. FICA and FACIT-SP				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
3.	**Integration**				
3.1	The Spiritual Care Department is consulted when writing health service policies, procedures and clinical guidelines				
3.2	The Spiritual Care Department is involved in the orientation and education of health service staff				
3.3	Practitioners are involved in hospital forums and key committees				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
4.	**Resources**				
4.1	A Spiritual Care Department budget for adequate and sustainable staffing				
4.2	A universal sacred space				
4.3	Sacred space managed by and located near the Spiritual Care Department				
4.4	Dedicated office space with telephones				
4.5	Access to computers with the internet and patient data bases				
4.6	Secure storage for confidential documents				
4.7	Space for confidential conversations with staff				
4.8	A budget for books, journals and resources for practitioners				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
4.9	A budget for inspirational materials and resources for patients and staff				
4.10	Access to rooms for confidential meetings, supervision, team meetings, professional development and teaching				
4.11	Brochures to promote the spiritual care services				
4.12	Clear signage to easily identify the spiritual care service				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
5.	**Staffing**				
5.1	A designated spiritual care manager				
5.2	Job descriptions designed and written based on the *SHV Capabilities Framework 2011* and the SCA *Standards of Practice 2013*				
5.3	Spiritual care staff paid an award on parity with other Allied Health disciplines. Benchmark is Health Professionals and Support Services Award 2010 (Federal)				
5.4	Practitioners meet the relevant SCA Membership level or the equivalent				
5.5	Faith community representatives reflect the diversity of the patient population				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
6.	**After Hours On - Call Service**				
6.1	Accessible by all patients and available after hours on-call service 7 days per week				
6.2	Practitioners receive Award rates for the delivery of on-call services				
6.3	The Spiritual Care Department provides relevant departments and staff with an up to date contact list of faith community representatives				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
7.	**Data Collection and Record Keeping**				
7.1	Professional Practitioners have access to patient medical records and data bases and are aware of requirements to document activities				
7.2	Practitioners (professional and volunteer) keep accurate and up to date records of spiritual care activity in an agreed format and in accordance with the health services policies				
7.3	Professional practitioners document patient visits medical records in accordance with health service's policies and the *SHV Spiritual Care Minimum Data Set Framework 2015*				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
7.4	Practitioners record their activity using the WHO ICD 10-AM Pastoral Intervention Codes or ACHI Codes See: World Health Organisation. *Appendix 3 10-10AM Pastoral Interventions Codings*				
7.5	Faith community representatives have a clear procedure for recording interventions				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
8.	**Professional Development, Supervision and Reviews**				
8.1	Practitioners undertake the health service's (or hospital) mandatory training.				
8.2	Practitioners are provided with pathways for professional development based on the *SHV Capabilities Framework 2011* and the *SCA Standards of Practice 2013*				
8.3	Practitioners have regular external professional supervision and supervision from their line manager				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
9.	**Staff and Organisational Support**				
9.1	Practitioners provide educational support to the health care service in matters relating to spirituality				
9.2	The Spiritual Care Department is easily accessible by staff				
9.3	The Spiritual Care Department provides rituals for staff responding to specific events including bereavement				
9.4	The Spiritual Care Department provides formal support for multidisciplinary teams and staff as appropriate				
9.5	The Spiritual Care Department educates staff in the health service values				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
10.	**Management of Spiritual Care Volunteers**				
10.1	Spiritual care volunteers are recruited, trained and supervised by professionally qualified spiritual care practitioners and according to the written policies of the health service				
10.2	Volunteer faith representatives are recruited, accredited and supervised by their faith community and in consultation with the spiritual care manager and the health service				
10.3	Faith communities use appropriate credentialling processes prior to appointment as outlined in the *SHV Credentialling Guideline of Spiritual Care Providers 2015*				
10.4	Volunteers abide by federal and state legislation and policies and guidelines of the health service				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
10.5	Volunteers undertake all appropriate mandatory training provided by the health service				
10.6	Volunteers are given and understand the SCA Code of Conduct				
10.7	Volunteers are initially trained as outlined in the SHV Volunteer Training Program or the equivalent				
10.8	The person delivering the training is a senior spiritual care practitioner				
10.9	All volunteers report to the Spiritual Care Department on entering and leaving a health service				
10.10	The spiritual care manager monitors volunteers' patient contact and provides the means for referral				
10.11	Volunteers are regularly supervised by professionally qualified spiritual care supervisors				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
10.12	Volunteers undertake annual reviews with the spiritual care manager (and their faith community if applicable)				
10.13	Volunteers are offered ongoing development by their faith community and/or the Spiritual Care Department				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
11.	**Management of Spiritual Care Students (if applicable)**				
11.1	Students placed only when there is a spiritual care manager				
11.2	Appropriate and adequate public liability insurance is arranged for students				
11.3	Students abide by federal and state legislation and policies and guidelines of the health service				
11.4	Students undertake all appropriate mandatory training provided by the health service				
11.5	Students are made aware of and understand the *SCA Code of Conduct*				
11.6	Students are given appropriate access to patients and staff and their relevant information including medical records as appropriate				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
11.7	Students have access to a computer and the internet				
11.8	Students keep up to date records of visit and enter the information into the approved data collection system				
11.9	Students meet regularly with their CPE or tertiary supervisor				
11.10	Experienced students represent the Spiritual Care Department as part of a multidisciplinary team where appropriate				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
12.	**Clinical Pastoral Education Centre (CPE) (if applicable)**				
12.1	The CPE centre is registered by the Association for Supervised Pastoral Education in Australia Incorporated (ASPEA Inc.)				
12.2	The ASPEA Accredited Director is employed by the health service to provide Clinical Pastoral Education				
12.3	CPE Supervisors are accountable to the centre director				
12.4	The CPE Centre has written approval of the management of the health service				

	Good Practice	Do you currently meet Good Practice?	How does your practice differ from Good Practice?	Barriers to Good Practice Implementation	Will implement Good Practice (Yes/No) If No, why not?
13.	**Research**				
13.1	Practitioners participate in quality research projects regularly including cross sector research				
13.2	The Spiritual Care Department develops research partnerships with academics and health professionals				
13.4	Practitioners collaborate in multidisciplinary, evidence based research				
13.5	Spiritual care manager assists in expanding faith communities' understanding of research				

Appendix 3a

Contributors

List of contributors from Spiritual Care Management consultation forum, executive and line manager survey respondents and Health and Spiritual Care Advisory Group members. Some contributors have provided input into several consultation processes.

Metropolitan health services and sector	Rural health services and sector
Alfred Health	Bass Coast Health
Austin Health	Barwon Health
Cabrini Health	Ballarat Health
Calvary Health Care Bethlehem	Albury Wodonga Health
Department of Health and Human Services*	Bendigo Healthcare
Eastern Health*	St John of God Hospital Warrnambool
Epworth Healthcare	South Gippsland Hospital *
Melbourne Health	
Mercy Health	
Monash Health	
Northern Health	
Peninsula Health	
St Vincent's Public Hospital	
The Royal Children's Hospital	
The Royal Women's Hospital	
Thomas Embling Hospital	
Victorian Healthcare Association *	
Western Health	

* Member of the Health and Spiritual Care Advisory Group (H&SCAG)

Appendix 3b

Health Care Executive Survey Summary

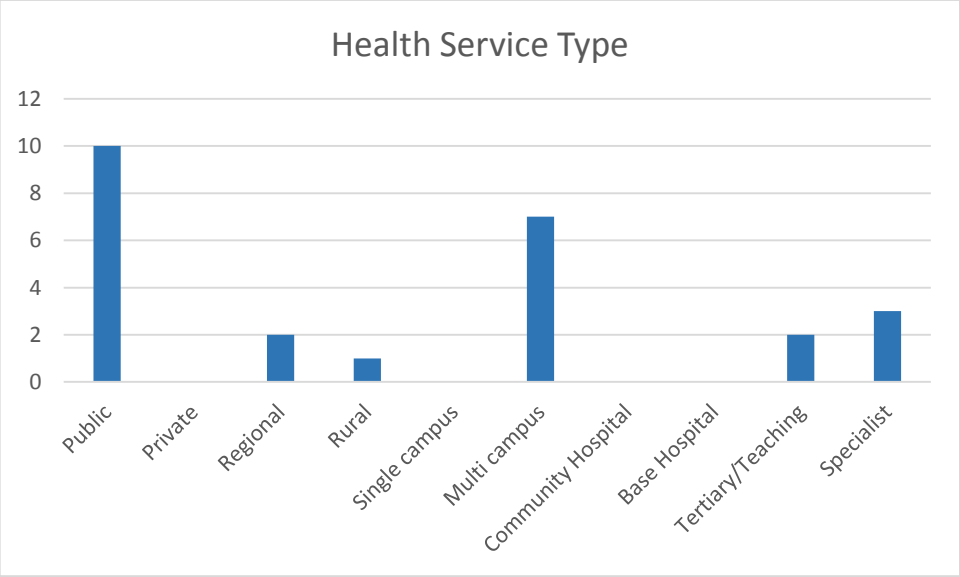
Two surveys were designed and distributed to health care executives and spiritual care line managers respectively across all public health services in Victoria. The main purpose of the surveys were to consult with executives and line managers about the headings for the Spiritual Care Framework and for suggestions as to other areas to be included. It was also an opportunity to determine where Spiritual Care Departments sit within the health service.

This is the summary for the Health Care Executive Survey.

There were eleven respondents from ten health care services including: two CEOs; eight Executive Directors/Directors and one Line Manager. The health care services included: Bendigo Health Care Group; Royal Women's Hospital x 2; Monash Health; Ballarat Health Services; Albury Wodonga Health; Western Health; Bass Coast Health; Melbourne Health; Calvary Health Care Bethlehem and Alfred Health.

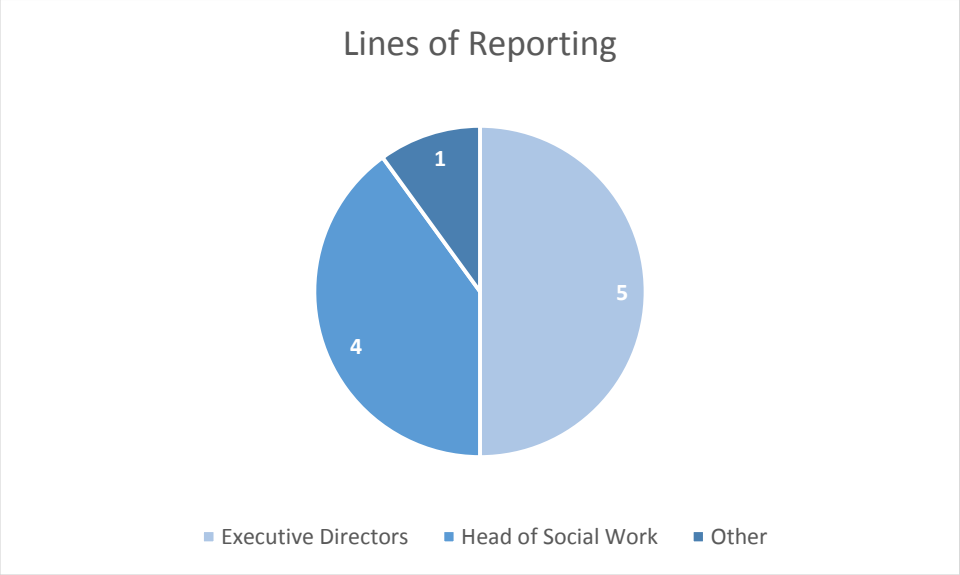
Below is a graph of the type of health services involved in this survey.

Health Service Type:

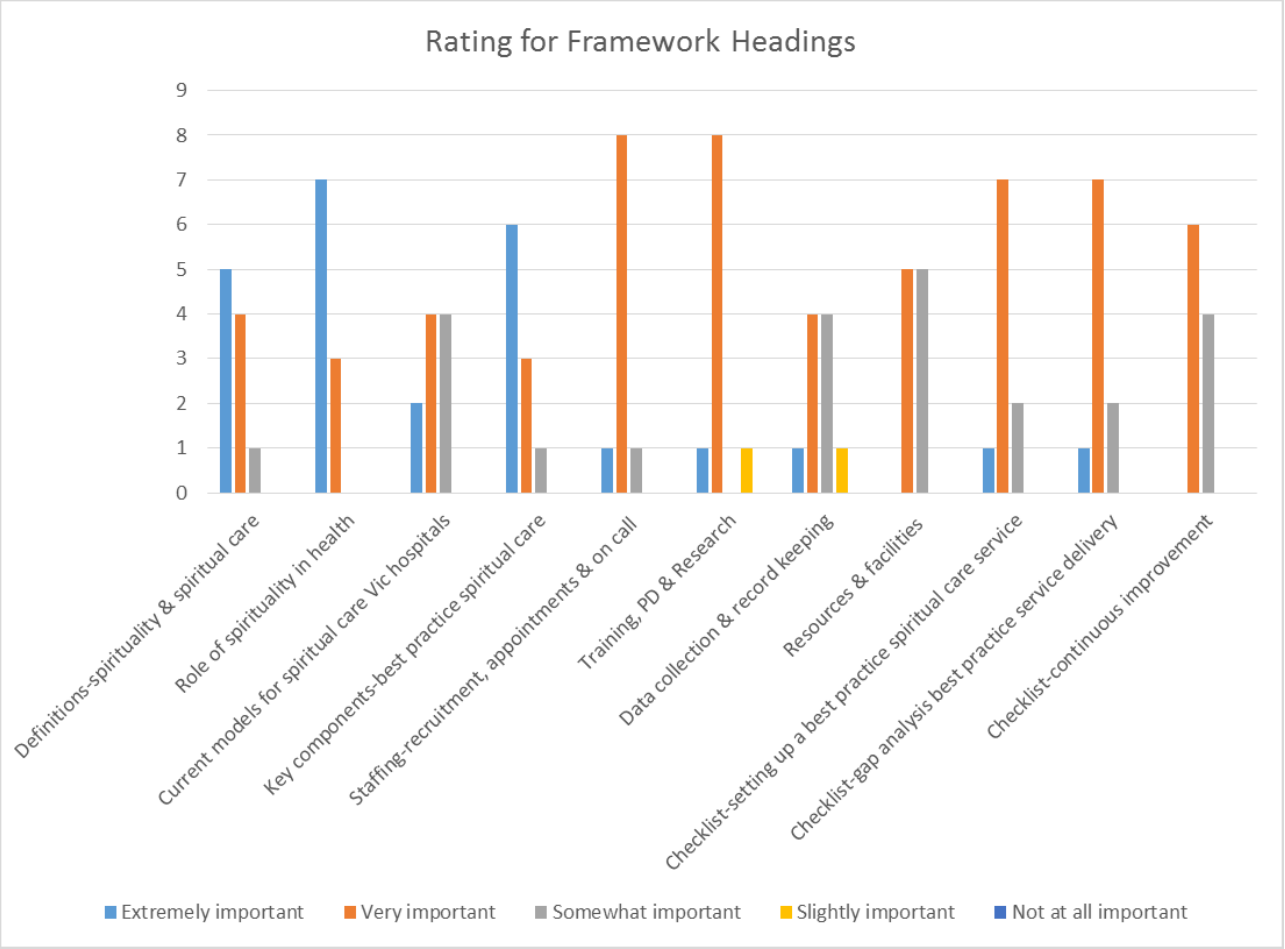


There are spiritual care services in all ten responding health care services. Nine out of ten of these services employ a spiritual or pastoral care coordinator/manager/director.

In half of the health care services the Spiritual Care Department reports to an executive director. Four out of the ten Spiritual Care Departments report to the head of social work.



The framework headings were presented and respondents were asked to rate each heading according to its importance from extremely important, very important, somewhat important and slightly important. The results are shown below:



In addition respondents suggested the following areas to be included in the framework:

- Supervision
- Crossover between pastoral care and palliative care volunteer programs
- Evidence based assessment tools
- Outcome measures
- Availability of service to patients and carers
- Consumer feedback on service

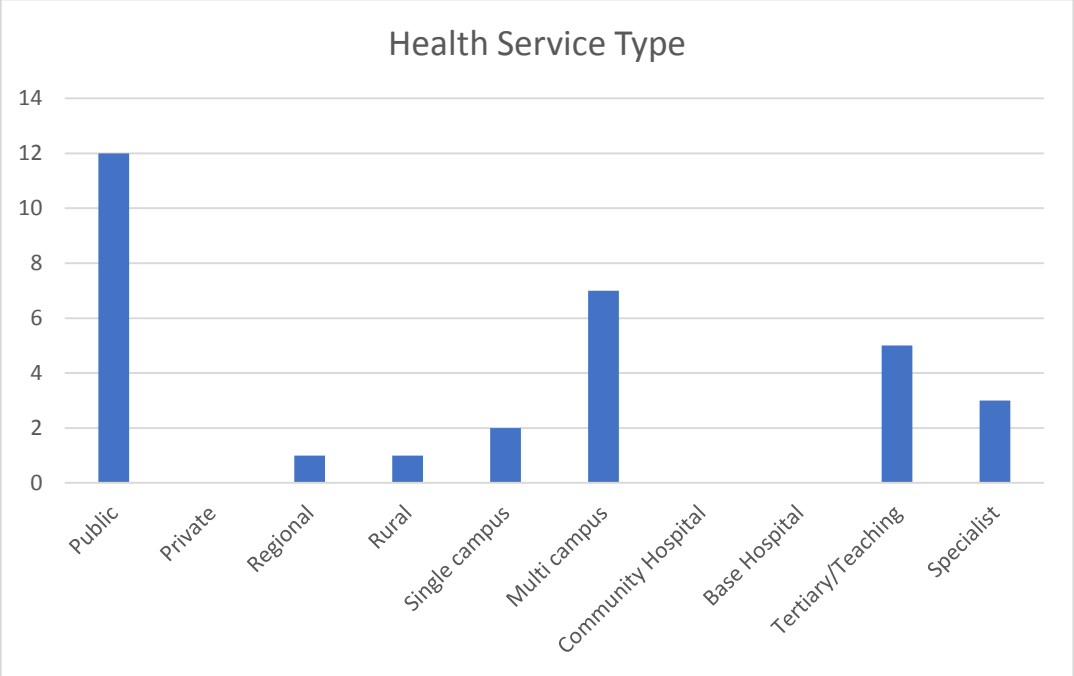
Four health care executives indicated they would like to meet with SHV staff for further consultation. These meetings occurred during May and June 2015.

Appendix 3c

Spiritual Care Line Manager Survey Summary

There were twelve respondents from twelve health care services including: three Executive Directors, two Heads of Social Work, one Volunteer Program Manager, one Chief of Nursing and Midwifery.

The health care services included: Western Health; Monash Health; Bass Coast Health; Peninsula Health; Northern Health; Mercy Health; Mercy Hospital for Women; Austin Health; Eastern Health; Melbourne Health; Alfred Health; Barwon Health.

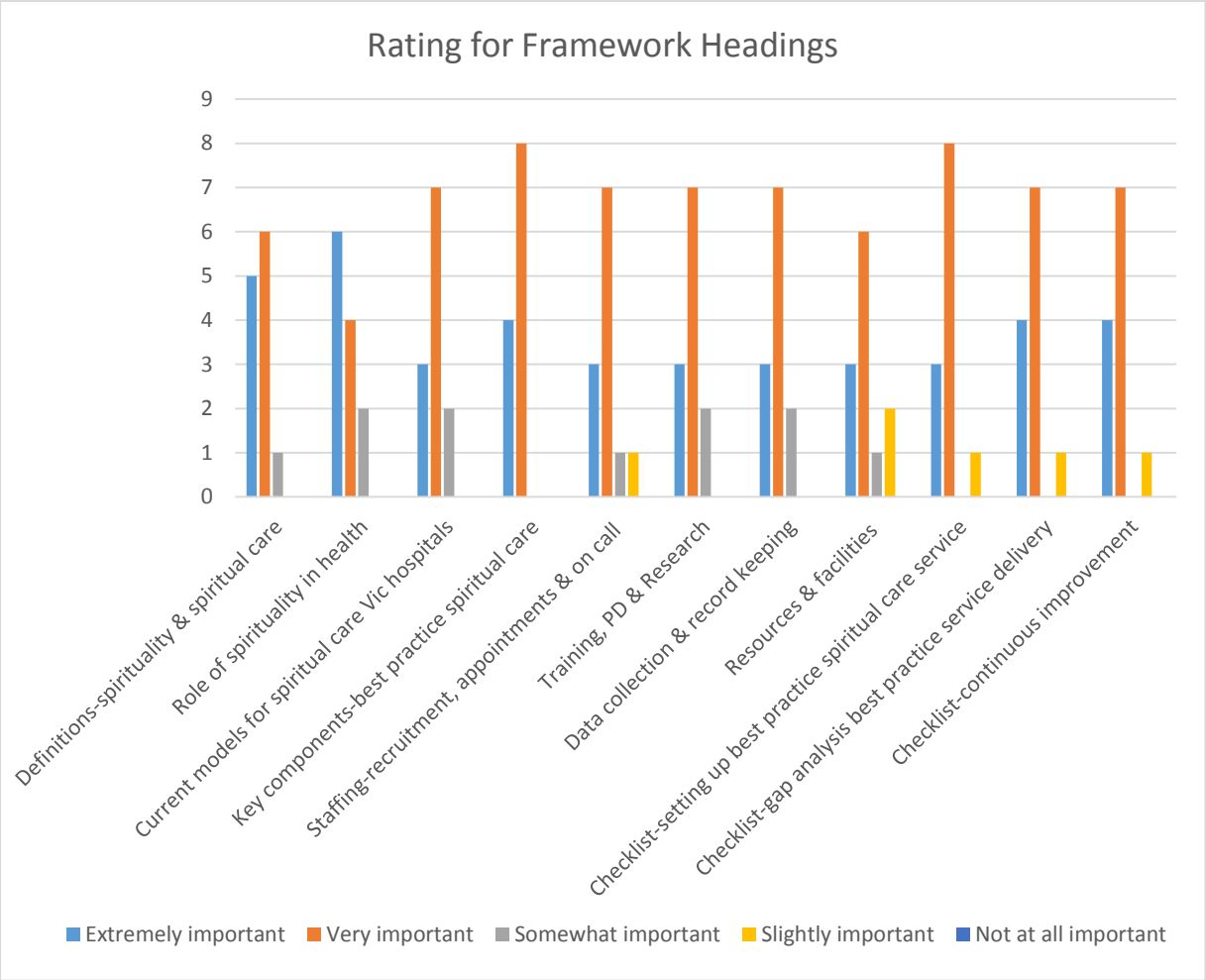


There are spiritual care services in all twelve responding health care services. Ten out of twelve of these services employ a spiritual or pastoral care coordinator/manager/director.

The line managers of Spiritual Care Department have the following position titles:

- Allied Health Manager of Social Work and Pastoral Care
- Director Support Services
- Volunteer Coordinator Team Leader
- Head of Social Work
- Director Patient Experience & Consumer Participation
- Directors of Allied Health
- Manager Social Work
- Manager
- Chief Nursing & Midwifery Officer

The framework headings were presented and respondents were asked to rate each heading according to its importance from extremely important, very important, somewhat important and slightly important. The results are shown below:



In addition respondents suggested the following areas to be included in the framework:

- Creating competency and capability
- Determination of which faith groups should be represented in spiritual care teams
- Role of spiritual care volunteers
- Governance and management of spiritual care volunteers
- Recommendations for level of employed staff vs volunteer staff
- Benchmarking with best practice - internationally

Six respondents indicated that they would like to meet with SHV staff and these visits were conducted during May and June 2015.

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