



Canberra Health Services Consultation Paper

Spiritual Support Service Review

Spiritual Support, Division of Allied Health

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1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

The current organisational chart and the recent Annual Report and the ACT Government Budget Papers provide more detail about CHS and can be provided on request.

2. Purpose

The purpose of this paper is to describe the review into CHS Spiritual Support Services, Division of Allied Health. The following document outlines and seeks to inform on the consultation process for the review.

The review of CHS Spiritual Support Services will examine the existing models of care, workforce structure, governance and consumer needs, resulting in recommendations to improve consumers and staff access to evidence based spiritual care services. A variety of key stakeholders will be consulted including the paid and volunteer workforce, CHS staff who engage with the service, the Spiritual Health Association, faith-based and other relevant community groups, and healthcare consumers.

The Spiritual Health Association will partner with CHS throughout the project to provide subject expertise and assist with stakeholder consultation. Stakeholder consultation is anticipated to occur through interviews, surveys and focus groups.

3. Current model

Spiritual Support Services at CHS have traditionally been co-ordinated by the CHS Spiritual Support Services Manager (Administrative Services Officer Class 6) who is responsible for:

- Delivery of Spiritual Support Services throughout the Canberra Hospital and University of Canberra Hospital campuses.
- Recruiting and retaining volunteer spiritual carers.
- Promotion and education of the service to clinical staff with establishment of referral procedures.
- Coordination with members of multifaith and philosophical groups to deliver spiritual care to patients and staff within CHS.
- Maintain the multi-faith room so that it can be used by the public for prayer and reflection.

The Spiritual Support Services Manager reports to the Psychology Manager, Acute Allied Health Services. The Spiritual Services Manager position is currently vacant. The Spiritual Support team primarily consists of Chaplains, volunteer spiritual carers who are operationally managed by Spiritual Support Services Manager and the Harpist (funded by the Canberra Hospital Foundation). Onboarding of volunteer spiritual support carers is provided by the CHS Volunteer Service, Division of Infrastructure and Health Support Services. This workforce has been significantly disrupted by the COVID-19 pandemic, which, at times, has prevented the volunteer workforce from entering healthcare campuses.

Currently spiritual support at CHS operates on an informal model of care. Referrals are received by spiritual carers through a number of means:

- Volunteer spiritual carers access the ACT Patient Administration Scheme (ACTPAS) to identify inpatients who have nominated a particular religious affiliation on their personal healthcare record.
- Patients or family members self-refer to Spiritual Support services.
- Patients or family members refer to Spiritual Support services through CHS staff.
- Staff members self-refer to Spiritual Support services.
- Unit managers refer to Spiritual Support services for spiritual support including structured staff debriefing.

Spiritual carers visit patients and staff for individual or group visits. Their visits are guided by the individual's needs.

Spiritual carers do not record visits in the patients' medical record. Informal records may be kept and stored as determined by the Spiritual Support Services Manager. There are no documented policies and procedures in place, other than those outlined by Volunteer Services which are general and unrelated to delivery of spiritual care services.

4. Rationale for change

CHS Spiritual Support Services are primarily provided by a volunteer workforce. The COVID-19 pandemic has had a substantial impact on this workforce and in the delivery of services, with cessation of volunteers at CHS throughout the pandemic. The Spiritual Support Services Manager position has remained vacant for a significant period of time further disrupting the co-ordination of the workforce and continuity of Spiritual Support services.

CHS recognises that changes are occurring to Spiritual Support services in healthcare in other regions of Australia. In Victoria, spiritual care has recently been recognised as an Allied Health Profession. In order to offer patient-centred best practice care, CHS acknowledges the need to ensure care is delivered in accordance with recognised best practice guidelines. This project will provide recommendations to develop and implement Spiritual Support Services across CHS that align with best practice standards detailed in the Spiritual Care Australia Standards of Practice, 2014 (1) and Spiritual Health Association's Guidelines for Quality Spiritual Care in Health, 2020 (2). It will also enable development of sustainable Spiritual Support services that offer patient-centred and evidence-based care to patients, families and staff members of CHS.

This project aligns with the CHS values of kind, respectful, reliable, and progressive. Establishing a spiritual support service based on evidence and best practice aligns with progressive; a service which is accessible, sustainable and meets individual needs is both kind and respectful and a well governed and recruited workforce reliable. Spiritual Support services align strongly with the value of 'kind', Gardner et al (2020) found that consumers valued relationships with members of pastoral care teams where they could freely discuss the things that mattered to them.

5. Future model

5.1. Scope of the future model

CHS is undertaking a review to determine options for the future Spiritual Services Model, as such the model will be determined by the outcome of this review.

5.2. Physical design/structure

There are no current requirements for physical design change of workspaces.

1 [SCA Standards of Practice Document-1.pdf \(spiritualcareaustralia.org.au\)](#)

2 [Guidelines-4-Qual-Spir-Care-Health-2021-1-190821-Web2021.pdf \(spiritualhealth.org.au\)](#)

5.3. Benefits of the future model

It is intended that the future model will have numerous benefits for CHS consumers and staff. These include:

- Provision of Spiritual Support services in line with best practice standards that meet the needs of all consumers.
- Defining workforce qualifications and experience requirements, ensuring a high standard of services are delivered by an appropriately trained and qualified workforce.
- Improved staff and job satisfaction through formal recognition of the Spiritual Support services workforce and the role they have in supporting consumers and staff members.
- Provide policies and procedures outlining the scope of Spiritual Support services.
- Defining the service and workforce governance structure and reporting lines.
- Potential to improve workplace culture.
- Potential for improved partnering with consumers.

5.4. Implementation of the future model

Key stakeholders including volunteer CHS Spiritual Support workforce, Chaplains, CHS staff who work with Spiritual Support Services, the Spiritual Health Association, faith-based and other relevant community groups, and healthcare consumers will be consulted through a range of consultation forums during the project timeline. Following consultation and analysis of stakeholder input, a report will be drafted and released for stakeholders to provide feedback. The report will provide recommendations on:

- How to align and ensure spiritual care at CHS is delivered in accordance with the Spiritual Care Australia Standards of Practice, 2014 and Spiritual Health Association's Guidelines for Quality Spiritual Care in Health, 2020.
- An efficient model of care describing who and how these services will be delivered.
- Operational governance and structure of the workforce, including relevant qualifications and experience required.

Following stakeholder consultation and feedback, a final copy of the report will be provided to the Executive Director of Allied Health for endorsement.

Adoption of the report recommendations will be dependent on staffing, resources and ongoing available funding. Consideration may also need to be given for establishment of an implementation project team to champion changes and further consultation regarding the changes may to be conducted.

5.5. Related change processes

The implementation of this project may be dependent on successful recruitment to the Spiritual Support Services Manager position.

5.6. Implications for not undertaking the change

The implications of no change will impact CHS's ability to deliver high quality and accessible Spiritual Support Services, with potential to adversely affect workplace culture and patient outcomes. A lack of governance and reliance on a volunteer workforce has the potential to

lead to further inequitable service delivery and potential risk of harm to healthcare consumers.

6. Consultation methodology

This Review will occur over 12 weeks, with a final report required by 31 July 2022.

CHS in partnership with Spiritual Health Association aim to:

- Identify and meet with key stakeholders to discuss current issues, opportunities and future needs of CHS Spiritual Support services. Consultation will occur with key stakeholders 1 – 20 May 2022 and will be conducted through a combination of virtual and face to face meetings.
- Written feedback can be provided at any time throughout the Review on the Consultation form (when developed) or through email.
- Conduct a literature review to determine best practice.
- Perform gap analysis of current service against Spiritual Care Australia Standards of Practice, 2014 and Spiritual Health Association's Guidelines for Quality Spiritual Care in Health, 2020.
- Integrate findings from the above to design a future model of care that aligns with the needs of CHS, its consumers, families and staff including operational detail describing how this model of care will be delivered.
- Make recommendations for future workforce, including governance structure and reporting lines, identify workforce qualifications and experience required to deliver services.

Unions are recognised as a key stakeholder and will be invited to attend a consultation forum and contribute to testing of the model of care options as developed.

Key communications intended throughout this review include:

- Review initiation communication advising CHS staff and key stakeholders of the Review and encouraging staff engagement through written feedback in the week commencing 25 April
- Communication to key stakeholders inviting attendance at a consultation forum week commencing 25 April
- Mid Review key stakeholder progress communication week commencing 25 May
- Testing model of care options with key stakeholders week commencing 20 June
- Provision of final endorsed report to key stakeholders by 31 July.

Throughout the Review feedback can be provided on email to lisa.schmierer@act.gov.au

Initial feedback in the information contained in this paper is due by 4.5.2022. Further opportunities to provide feedback throughout the project are identified above.

At this time, we are seeking responses to the following questions:

1. Do you have any concerns about the proposal so far, if so, what are they?
2. Do you have any other feedback you would like to be considered in relation to this proposal?

For any further information relating to the Spiritual Support Services Project and the consultation process, please contact Lisa Schmierer, Project Officer – Spiritual Support via email lisa.schmierer@act.gov.au

7. References

Document	Author
Canberra Health Services Strategic Plan	CEO, Canberra Health Services
What Spirituality Means for Patients and Families in Health Care, Journal of Religion and Health, 59(1):195-203	Gardner F, Tan H, Rumbold B (2020)
CERTIFICATION FOR SPIRITUAL CARE PRACTITIONERS IN HEALTH: Literature Review, Mapping & Provisional Recommendations	Spiritual Care Australia & Spiritual Health Association