



**Pastoral Care Council of the ACT**  
*Caring Together*

**Annual General Meeting**  
5:30 pm to 7 pm, November 3, 2011  
ACC&C Visitor Pavilion  
15 Blackall Street, Barton ACT 2600

Agenda

1. Welcome (5:30 pm)
2. Attendance
3. Introduction – Presentation on the 2012 Spiritual Care Australia Conference  
*Where words meet silence: connecting through pastoral care*  
*16 to 19 April 2012*  
*Canberra ACT*
4. Adoption of Agenda
5. Confirmation of membership – Calvary John James Hospital
6. Election of the Chair of the Council
7. Election of members to the Board of the Council
8. Reports from the Board
  - Chair
  - Executive Officer
9. Financial Report
10. Motion: *That the “Standards of Practice for Pastoral Care” be ratified as the provisional standards for pastoral care in the ACT, with a review to be conducted after 12 months.*
11. Discussion on proposed amendments to the Constitution
12. Other business
13. Meeting dates for 2012
14. Conclusion (7 pm)



**Pastoral Care Council of the ACT**  
*Caring Together*

**Report by the Chair of the Board  
To the Annual General Meeting of  
The Pastoral Care Council of the ACT  
3 November 2011**

The development of a Draft “Standards of Practice for Pastoral Care” is a significant step in providing a basis for best practice. The Standards are about seeking quality and excellence. They describe broad responsibilities for which practitioners are accountable, reflect the values and priorities of the task, and provide direction for professional practice and a framework for the evaluation of practice. This is fulfilling the mandate for the Pastoral Care Council of the ACT of ensuring the standards of accreditation of pastoral care practitioners.

Our approach to the provision of pastoral and spiritual care, in the in the context of a diverse faith and cultural backgrounds, requires skills which can seek to ensure that every person in any context can be supported. This was the driving rational which led to the establishment of the Pastoral Care Council of the ACT.

These standards provide valuable guidance for the way that pastoral care is provided by individual practitioners. It also provides a reference for best practice within institutions, as well as for the religious and faith bodies, which encourage and sponsor the provisioning of pastoral care with chaplains and spiritual carers. It is proposed that these Standards be adopted as “Provisional”, to be reviewed in twelve months.

Our focus in this coming year needs to be on the promotion, implementation and assessment of these Standards. We should give a vote of appreciation for the many hours of voluntary time provided by members of the Sub Committee in making this possible. However, this has only been a first step in the process. A submission has been made for a grant to fund this process, which will include a research project of assessment.

Also there are national implications. The question needs to be addressed as to when we can have a national standard, which the Pastoral Care Council of the ACT can incorporate as its criteria which applies to practice within the ACT. These discussions are also being explored with relevant organisations across Australia, including Spiritual Care Australia. Kevin Teo and myself will attend a meeting of national representatives in Melbourne early in November to update and discuss issues about “pastoral and spiritual care”.

The Board has particular ongoing oversight of pastoral care responsibilities at the Alexander Maconochie Centre (AMC) and at the Canberra Hospital (TCH). This is undertaken by two subcommittees tasked with the oversight these chaplaincy services

which are undertaken by Rev. Clair Hochstetler at TCH and Rev. Canon Simon Wooldridge at AMC.

The presence of the web site <http://www.pastoralcareact.org> provides a networking of information for the Council and significant organisations, including the **Canberra and Region Centre for Spiritual Care and Clinical Pastoral Education** with information on current training courses, and **Spiritual Care Australia, ACT Branch** with information on the monthly in-service training programs. A forum for interactive online discussions is also being designed; this will form part of the Council's website.

More details about the actions of the Board are contained in the Annual Progress Report of the Council, which is written against the criteria for funding from ACT Health, which is based on the mandate for the Council. My thanks are expressed for the efforts of the members of the Board and the sub-committees, as well as the splendid work of our Executive Officer, Kevin Teo. Finally, the Council should note an appreciation for the cooperative support provided by our host of office facilities, with the **Centre for Ageing and Pastoral Studies (CAPS)**.

Geoffrey Hunter

*Chair*

*Board for the Pastoral Care Council of the ACT*

18/10/2011



**Pastoral Care Council of the ACT**  
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## **2011 Annual Report**

### **Council membership**

This membership of the Council has been steady this year:

- The Council has welcomed the participation of Calvary John James Hospital, whose membership should be formalized at the Annual General Meeting.
- There has been a change of representative at the Australian Catholic University.
- A change of representative is expected from CatholicCare, which will be effected once a new appointment is made by the Catholic Archdiocese of Canberra and Goulburn.

### **Seminar**

The Council organized a seminar in conjunction with the Centre for Ageing and Pastoral Studies (CAPS). This seminar on mental health and chaplaincy was presented by the Rev. Rob Merchant, a visiting gerontologist from the England, and was offered exclusively to Council members and associates. The registrations and relevant monies were collected by CAPS; this was to have been paid to the Council although it was subsequently decided that CAPS be permitted to retain the funds to offset the cost of bringing Rev. Merchant to Australia.

### **Subcommittee for Standards for Accreditation and Training (SubSAT)**

The major achievement of SubSAT this year has been the completion of a draft *Standards of Practice for Pastoral Care*, which this Subcommittee was specifically established for.

A survey was undertaken from late 2009 to mid 2010 to review the landscape of pastoral care in the ACT. Although the collection and collation of data went smoothly, there were difficulties in obtaining the expertise necessary to conduct an analysis of the results. This was eventually obtained and the analysis was completed earlier this year, with the report authored in March. SubSAT subsequently completed its first complete draft of standards in June, titled *Standards of Practice for Pastoral Care*.

The draft document has thus far been circulated to member organizations of the Council as well as to members of the ACT Churches' Council. SubSAT will review all feedback in collaboration with the Council Board and will make any necessary final adjustments to the *Standards* document before it is ratified at the Council's Annual General Meeting in November. The Council has also applied for a Community Support and Infrastructure Grant in the hope that this would enable the appointment of a project officer to oversee the introduction - and adoption - of these *Standards* by the local community.

### **Subcommittee for Corrective Services Chaplaincy**

The primary objective of this Subcommittee for 2011 was to secure a three-year renewal of a contract for the provision of chaplaincy coordination services at the Alexander Maconochie Centre (AMC). Besides accomplishing this goal, the Council was able to negotiate an increase in the value of the contract from \$99,000.17 to \$124,149.72, which alleviated two vital concerns. The Anglican Diocese of Canberra and Goulburn, who auspice the ministry of the Rev. Canon Simon Wooldridge at the AMC, had been operating at a loss as expenses to the Diocese were not being met by the income received from the Department of Justice and Community Safety (JACS). The funding increase ensures that all costs to the Diocese are now met. Secondly, the new terms also provide for an “operational cost”, wherein ministry and other expenses (such as the purchases of bibles, prayer mats, and other items for prisoners as well as program materials for training) are now provided for by JACS. The Council had hitherto been dependent upon donations from organizations such as the Rev. Fred McMaster Chaplaincy Support Trust to fund such expenses. The new agreement with JACS was made retroactive to January 2011 and will run through January 2014.

### **Subcommittee for Hospital Chaplaincy**

This Subcommittee has been maintaining oversight of the Chaplaincy Manager position at the Canberra Hospital (TCH). It was noted in last year’s report that much effort had gone into the establishment of a ward-based general team for pastoral care at TCH. With that endeavour now off the ground, the focus has been on the reclassification of the position from administrative officer (ASO5) to health professional officer (HPO4). Whilst this effort has been ongoing since 2009, the Council notes that numerous changes in upper management staff at TCH have made continued progress on this issue difficult. In March, a member of the Council Board interceded by requesting assistance from Mr Bill Arnold had interceded by seeking assistance from Mr Ross O’Donoghue (Executive Director of Policy Division at Health Directorate). The matter is awaiting action from Human Resources.

### **Reorganization and additions to the Council website**

Subsequent to feedback concerning the layout of the site, several alterations were made to the menu systems of the site. An interactive forum is also in the works and will offer Council members (and the public) to engage in bulletin board discussions, with a special focus on the *Standards of Practice for Pastoral Care*.

### **Bimberi Youth Justice Centre**

The Council was unsuccessful in its effort to secure a grant to fund a pastoral care service at Bimberi Youth Justice Centre. One of the reasons for this was that the Council was unable to obtain a letter of support from Bimberi. This was unfortunate as the Bimberi Programs and Services Manager was the only contact point for the Council; at the time of the application, he was on an extended period of leave due to injury and subsequently resigned his position. The Council is also disappointed that

the assessment panel believed that the “provision of pastoral care is not specifically a health promotion project but more of an individual intervention”.

### **Meeting of State and Territory Chaplaincy and Pastoral Care Bodies**

In October 2010, the Chair of the Council Board and the Executive Officer met with representatives from the equivalent chaplaincy and pastoral care bodies from New South Wales, South Australia, Victoria and Western Australia. On November 8 and 9, there will be a follow-up of this meeting in Melbourne. On the agenda for discussion, are the ACT’s *Standards of Practice for Pastoral Care*, Victoria’s *Capabilities Framework* glossary and general discussions about training standards and accreditation processes.

The meeting will also debate the relationship of state chaplaincy bodies with Spiritual Care Australia, which is the professional association for practitioners in chaplaincy and pastoral care. The Council already has long-standing links with Spiritual Care Australia (which is a member of the Council and has its ACT Branch web page hosted by the Council) and hopes to continue this relationship into the future.

The Council views that participation in interstate dialog provides the Council a better picture of where it stands in relation to the other states and therein a better understanding of the areas in which improvement to pastoral care practice and advocacy is needed in the ACT.

Kevin Teo  
*Executive Officer*  
*Pastoral Care Council of the ACT*



The Pastoral Care Council of the  
ACT

*Caring Together*

Standards of Practice for Pastoral  
Care  
(Draft)

## INTRODUCTION & RATIONALE

Whilst there have been various conversations in recent years regarding the need and the challenges involved, a commonly held Standard of Practice for Pastoral Care within Australia has yet to be established. This document represents the first known attempt to do so within an entire State, Territory, or Regional association of multi-faith pastoral care practitioners serving in diverse roles.

Establishing and adhering to Standards of Practice encourages good communication, recognition and referrals to pastoral care by others (e.g. doctors, nurses, social workers, and professionals from other disciplines) especially when working as peers in a team. It also raises the bar for the quality of care when we have commonly held measurable criteria regarding the skills required and expectations for personal performance and continuing education. This is important regardless of which faith group one is affiliated with, or whether one is a paid professional or a valued volunteer.

Professional health care chaplains in North America (at least those affiliated with the Association for Professional Chaplains) have recently approved Standards of Practice for those specifically working in acute care in hospitals and have created a separate document for those in long-term and aged care settings, but not a unified document with a broader scope and the flexibility we know we need, particularly here in the ACT.

A working subcommittee of the ACT Pastoral Care Council was appointed in 2009 to address the issue of standards for accreditation, training and the practise of pastoral care. This group decided the first basic step was to developed and distribute a survey and analyse the resulting data to determine the characteristics, the breadth of diversity, and training of pastoral carers and their work contexts in this region. This was taken into consideration as these Standards of Practice were developed.

The subcommittee also spent time exploring and comparing various strategies and models for standards. Eventually it was determined that certain parts of the model utilised by the Association of Professional Chaplains, while still “in process” at the time, could provide a good basic structure for what is needed. However, it required significant revisions and adaptations to fit our Australian context and our needs in this region. The subcommittee recognises the diverse characteristics and needs of pastoral care personnel in all contexts (not exclusively health care) and among all faith groups in this region. The majority of pastoral care practitioners in the ACT are trained volunteers. Standards 11-13 focus on expectations for those with professional leadership responsibility.

## DISTINCTIONS IN TERMINOLOGY

In order to provide clarity and understanding, the following definitions are offered:

- *Standards of Practice* are authoritative statements that describe broad responsibilities for which practitioners are accountable, “reflect the values and priorities of the profession,” and “provide direction for professional ... practice and a framework for the evaluation of practice.” They describe a function,

action, or process that is directed toward the client to contribute to the shared goal(s) of the client and organization team. For example, a Standard of Practice may require that there is a process for assessing the spiritual/religious needs of clients.

- *Best practice* refers to a process that is deemed by practitioners and researchers to be more effective and efficient compared to other methods. They reflect a means of exceeding the minimal standard of practice.
- The term *client* encompasses the client *and* their situation, including family and staff.
- The term *staff* (e.g. *staff care*) involves all staff, volunteers, other professionals, and students in the organisation's setting.
- The term *spiritual/religious* - we recognize there are some inherent differences in the two individual concepts but link them in this document for the sake of ease and inclusion.

## PREAMBLE

Pastoral care is grounded in initiating, developing and bringing to an appropriate close a mutual and empathic relationship with the client, resident, their family members, and/or staff. The development of a genuine relationship is at the core of pastoral care and underpins - even enables - all the other dimensions of pastoral care to occur. It is assumed that all of these standards are addressed within the context of such relationships.

Such Standards of Practice also need to remain flexible as well as aspirational, recognizing this document will likely require adjustments as organizational pastoral care continues to mature and as new situations and opportunities for pastoral care emerge in our Australian context.

## THE CREDENTIALS OF A PASTORAL CARE PRACTITIONER

A pastoral care practitioner accredited by the ACT Pastoral Care Council is able to demonstrate that they meet the following basic qualifications and accountabilities:

- Has pursued or is undertaking basic courses in pastoral care and religious studies.
- Has completed a course in Clinical Pastoral Education as accredited by ANZACPE or an equivalency, for example, having at least one unit of training within another recognized body in Australia providing a certificate in pastoral care or chaplaincy. Proposals for equivalencies and readiness need to be assessed by the Standards and Accreditation Committee of the ACT Pastoral Care Council.
- Holds current endorsement by a recognized religious or faith group, or professional organization.
- Can demonstrate the ability to meet these standards for pastoral care as established by the ACT Pastoral Care Council.

- Engages in continuing education to maintain good standards of practice.
- Practices pastoral care according to the Code of Ethics of the organisation one is serving.
- Remains accountable to the endorsing faith group, employer, and accrediting body. (One's accreditation can be reviewed by the Standards and Accreditation Committee of the ACT Pastoral Care Council.)

## STANDARDS OF PRACTICE

### SECTION I: THE PASTORAL CARE PRACTITIONER'S ROLE WITH CLIENTS & FAMILIES

#### STANDARD 1: ASSESSMENT

Assessment: The pastoral care practitioner gathers and evaluates relevant data pertinent to the client's situation and/or physical-emotional-spiritual/religious health.

#### *INTERPRETATION*

Assessment is a fundamental process of pastoral care practitioner practice. Provision of effective care requires that pastoral care practitioners assess and reassess client needs and resources. A pastoral care practitioner assessment involves relevant physical, psycho-social, and spiritual/religious factors, including the needs, hopes, and resources of the individual client and/or family.

A comprehensive pastoral care practitioner assessment process includes:

- In-depth open listening and observation
- Gathering and evaluating information about the spiritual/religious, emotional and social needs, hopes, and resources of the client or the situation
- Prioritizing care for those whose needs appear to outweigh their personal resources

#### *MEASUREMENT CRITERIA*

- Gathers information in an intentional, systematic, and ongoing process in relation to the client.
- An assessment may be brief and initial or on-going and in depth.
- Involves the client, family, other care providers, and the client's local spiritual/religious community, as appropriate, in the assessment.
- Synthesizes and evaluates available data, information, and knowledge relevant to the situation to identify patterns, variances, and resources.
- Documents relevant information in a retrievable format accessible to the care team.

## EXAMPLES

- Basic: Understands these assessment issues in relation to client-initiated engagement.
- Advanced: Demonstrates familiarity with one accepted model for spiritual/religious assessment and makes use of that model in his/her pastoral care practitioner practice as appropriate.

## STANDARD 2: CARE OF THE CLIENT

The pastoral care practitioner engages with the client to promote their well-being and continuity of care, and to provide spiritual and emotional support.

### INTERPRETATION

The pastoral care practitioner collaborates with the client, client's family, and with other members of the care team. Pastoral care practitioners are able to adapt their practice to best address client needs.

### MEASUREMENT CRITERIA

- Observes the client's values, spiritual/religious practices and beliefs, ethical considerations, environment, and situation.
- Involves the client and other care providers as appropriate.
- Identifies client's goals, hopes and observes their inner and outer resources to provide direction for continuity of care and to support them in making the best decisions.
- Exercises flexibility while moving with the client, and observing and assessing shifts in the client's experience and perspectives.

## EXAMPLES

- Basic: Reflects on the expressed and deeper needs of the client, plans possible future engagement, documents the encounter and communicates within the team.
- Advanced: a) Works within a team approach in the care of the client. b) Works within a team approach as part of a specialised care unit – for example, an ICU in a hospital, prison, child protection unit.

## STANDARD 3: DOCUMENTATION OF CARE

The pastoral care practitioner enters information into the client's file or progress notes that is relevant to the client's emotional and spiritual care.

## *INTERPRETATION*

Documentation related to the pastoral care practitioner's interaction with client, family, and/or staff is pertinent to the overall plan of care and therefore accessible to other members of the care team. The format, language, and content of a pastoral care practitioner's documentation must respect the organizational and regulatory guidelines with regard to confidentiality while ensuring that the care team is aware of relevant emotional/spiritual needs and concerns.

Documentation could include but is not limited to the following:

- Spiritual/religious preferences and desire for or refusal of on-going pastoral care
- Reason for encounter
- If there are continuing on-going visits with client
- Any significant outcomes resulting from the pastoral care practitioner's visit
- Referrals made by pastoral care practitioner on behalf of client/family
- Critical elements of emotional/spiritual assessment
- Client's desired hopes and resources
- Any issues required by one's duty of care (e.g. child abuse, suicide intentions)

## *MEASUREMENT CRITERIA*

- Documentation is readily accessible to all disciplines.
- Information included reflects assessment and delivery of care as well as appropriate privacy/confidentiality.

## *EXAMPLES*

- Documentation in client file of emotional/spiritual assessment, client's on-going emotional/spiritual and ritual needs.
- Documenting a client's wish to receive or terminate on-going pastoral care.

## **STANDARD 4: TEAMWORK AND COLLABORATION**

The pastoral care practitioner collaborates with the organization's interdisciplinary care team.

## *INTERPRETATION*

Client and family pastoral care is a collaborative endeavor that necessitates the pastoral care practitioner's effective integration within the wider care team. Such integration requires the practitioner's commitment to clear, regular communication patterns, as well as dedication to collegial, collaborative interaction.

## *MEASUREMENT CRITERIA*

- Possesses a thorough knowledge of the services represented on the interdisciplinary care team.

- Alert to client referral opportunities that arise while providing pastoral care.
- Participates as fully as possible in the organization's interdisciplinary care team meetings.
- Works collaboratively to ensure that the client's wishes and holistic care remain primary.
- Promptly responds to interdisciplinary care team member referrals.
- Educates staff regarding the role of pastoral care.

#### *EXAMPLES*

- Contributes consistently and meaningfully in interdisciplinary meetings, including sharing information derived from skillful assessment.
- Documents pastoral care practitioner's interactions using professional language through means readily accessible to other care team members.

### **STANDARD 5: ETHICAL PRACTICE**

The pastoral care practitioner will adhere to the Code of Conduct and Code of Ethics of the organization which guides decision-making and professional behaviour.

#### *INTERPRETATION*

The pastoral care practitioner understands the multiple levels of relationship in the process of providing holistic care to clients, family members, and staff. This care is provided in a context of cultural, spiritual, and theological differences when individuals are often at a vulnerable point in their lives. An understanding of professional boundaries and ethical relationships is of utmost importance.

#### *MEASUREMENT CRITERIA*

- Protects the confidential relationships involved.
- Maintains clear boundaries for sexual, spiritual/religious, financial, and/or cultural values.

#### *EXAMPLES*

- Is respectful of other's theological and religious values.
- Understands personal/professional limitations and seeks consultation when needed.

### **STANDARD 6: CONFIDENTIALITY**

The pastoral care practitioner respects the confidentiality of information from all sources, including the client, medical record, other team members, and family members in accordance with Commonwealth law, the ACT Privacy Act, and other regulations and rules for mandatory reporting.

## *INTERPRETATION*

An understanding of what to do with the information and its use, which has been given to a pastoral care practitioner by the individual who is receiving care, is important. Knowing and deciding what information to keep to oneself; what to share with other staff members, state or regulatory agencies and/or what to write in client notes mark various degrees of confidentiality.

## *MEASUREMENT CRITERIA*

- Charting only what is appropriate for the care being received.
- Understanding the ramifications of the laws, rules, and regulations regarding confidentiality within the state where one practices.
- Maintains the confidentiality of anyone who is a subject in a research project and uses appropriate informed consent with such a research project.

## *EXAMPLES*

- Understands the issues of duty of care versus confidentiality by appropriate state law.
- Communicates what is and is not reportable to authorities when a confidential conversation is desired.
- Understands the ramification of a decision to keep confidential information that could be at odds with the legal requirements, e.g., child abuse, suicidal intentions.
- Safeguarding privacy when using clinical material for educational activities or story publishing.

## **STANDARD 7: RESPECT FOR DIVERSITY**

The pastoral care practitioner models and collaborates with the organization and its interdisciplinary team in respecting and providing culturally appropriate care.

## *INTERPRETATION*

The pastoral care practitioner's assessment includes the identification of cultural and spiritual/religious issues, beliefs, and values of the client or family that may impact the care provided. The pastoral care practitioner assists the interdisciplinary team through practice and education to incorporate issues of diversity into the client's care.

## *MEASUREMENT CRITERIA*

- Demonstrates a knowledge and understanding of cultural and spiritual/religious diversity.
- Identifies and respects spiritual/religious and/or cultural values, beliefs, ethical

- considerations, environment, and/or situation.
- Assists in responding to identified needs and boundaries.

#### *EXAMPLES*

- Functions as an advocate for the client's cultural and spiritual needs or finding someone who can.
- Provides education to interdisciplinary staff in cultural and spiritual/religious diversity.

## **SECTION II: PASTORAL CARE AMONG STAFF AND WITHIN THE ORGANIZATION**

### **STANDARD 8: CARE FOR STAFF**

The pastoral care practitioner provides timely and sensitive pastoral care to the organization's staff via individual and group interactions.

#### *INTERPRETATION*

Though client and family support is the primary focus of pastoral care practitioners, the pastoral care provided to organizational staff is of critical importance.

Staff care involves a wide range of pastoral care services for all team members within the organization. These services vary in their complexity. At a basic level, that may include one-on-one supportive conversations with staff and/or provision of public worship opportunities.

#### *MEASUREMENT CRITERIA*

- Provides supportive conversations with staff.
- Provides a supportive presence and pastoral care to the organization's staff through inclusive interactions.
- Proactively offers group rituals or peer support, particularly after emotionally significant events.
- Makes referrals to the organization's Employee Assistance Program or to appropriate counsel or mediation as needed.

#### *EXAMPLES*

- Offers informal one-on-one support with staff members.
- Attends to staff needs through scheduled public opportunities.
- Provides memorial rituals for staff, especially after unexpected deaths.
- Depending on one's level of expertise and experience, conducts formal one-on-one pastoral counseling sessions, group work, and critical incident debriefing.
- Gives attention to grief issues and family/work related stresses.

## **STANDARD 9: CARE FOR THE ORGANIZATION**

The pastoral care practitioner provides pastoral care within the organization in ways consistent with the organization's values and mission statement.

### *INTERPRETATION*

Pastoral care practitioners are alert to potential means of expressing their organization's spiritual aspirations and mission. While respecting diversity, pastoral care practitioners are creative and proactive in implementing initiatives that honor and champion the spiritual/religious aspects of their organization's mission.

### *MEASUREMENT CRITERIA*

- Maintains professional relationships with organizational leaders.
- Plans and implements spiritually-based rituals and inspirational community observances consistent with the organization's mission statement and community needs.
- Creates and maintains adequate public sacred spaces and the design and placement of public religious symbols in ways that are consistent with the organization's spiritual/religious heritage.
- When possible, the pastoral care practitioner provides a pastoral voice in the development and implementation of policies.

### *EXAMPLES*

- Cultivates relationships with significant organizational leaders through regular and intentional face-to-face interactions.
- Designs and maintains appropriate sacred spaces, materials, and rituals that meet the spiritual and religious needs of clients, families, staff and the local community.

## **STANDARD 10: KNOWLEDGE AND CONTINUING EDUCATION**

The pastoral care practitioner assumes responsibility for continued professional development, demonstrates a knowledge of current pastoral care practice, and integrates information into practice.

### *INTERPRETATION*

In order to meet the needs of the clients the pastoral care practitioner continues to grow and develop professionally, spiritually, and religiously to meet the changing environment and practice of the profession and/or the organization's needs.

## MEASUREMENT CRITERIA

Relevant continuing education is accountable...

- By documentation and reporting to the endorsing professional or employer or religious body.
- To the function, specialty, and/or the strategic initiatives of the organization in which they volunteer or are employed.
- To current theory and practice which may be found by reading and reviewing current peer-reviewed literature.
- By regular professional supervision (minimum of quarterly) and periodic peer review (at least annually, e.g. case presentation).

## EXAMPLES

The pastoral care practitioner may be guided by...

- Needs, interests, and/or performance evaluation, including professional and personal goals/objectives for the year.
- Readings within the pastoral care literature of one's faith tradition.
- Readings in peer-reviewed literature such as the *Journal of Pastoral Care and Counseling*, advanced medical journals, the *Hastings Center Report*, the *Oates Journal* and journals relevant to the culture of Australia such as (the online) *Pastoral Care Journal*. Of interest are new research articles and books that advance the practice of pastoral care.
- Areas of growing importance to the field, such as quality improvement, research, and data collection. The need to continually learn and implement self-care practices to bring balance to life through healthy habits, e.g., nutrition, rest, relationships, exercise, spirituality.

Note: The following Standards 11 through 13 apply to those with significant leadership and management responsibilities.

## STANDARD 11: LEADERSHIP

The pastoral care practitioner provides leadership in the professional practice setting as well as in the profession itself.

## INTERPRETATION

In the practice setting, the pastoral care practitioner will take on significant leadership within that setting on issues related to spiritual/religious/cultural care and observance. The pastoral carer will also have the obligation to help advance the profession by providing education, supporting colleagues, and participating in one's professional organization(s.)

## MEASUREMENT CRITERIA

- Serves in key roles in the work setting by participating in or leading committees, councils, and administrative teams.
- Contributes to key organizational initiatives that draw on the knowledge and skills of the professional pastoral care practitioner such as cultural competence training, customer and staff retention, and communications training.
- Mentors colleagues
- Promotes advancement of the profession through active participation in the professional association(s).
- Advocates that the size and skills of the pastoral care staff are aligned with the scope and complexity of the organization.

## EXAMPLES

- Serves on organizational committees (e.g. Clinical and/or Research Ethics Committee, Customer Satisfaction, Quality and Safety committees and service-based projects) and educates staff on communications and religious/spiritual/cultural issues.
- Works closely with those managing and supervising Clinical Pastoral Education programs.

## STANDARD 12: CONTINUOUS QUALITY IMPROVEMENT

The pastoral care practitioner seeks and creates opportunities to enhance the quality of pastoral care practice.

## INTERPRETATION

All organizations have programs for continuous quality improvement and the pastoral care practitioner participates in programs that are relevant to pastoral care. The pastoral care practitioner contributes to the organization's quality initiatives with other members of the interdisciplinary team. Using current, established quality improvement methodologies and with the support of the organization's quality department, the pastoral care practitioner helps identify processes in the delivery of pastoral care for ongoing review and improvement.

## MEASUREMENT CRITERIA

- Collects relevant data to monitor quality and effectiveness of pastoral care services.
- Develops and implements an annual plan for pastoral care quality improvement.
- Participates in the quality improvement program and meeting the accreditation standards of the organization.
- Participates on interdisciplinary teams to monitor opportunities for quality improvement in the organizational setting.

- Uses the results of quality improvement activities to initiate change in methods of delivering pastoral care.
- Reports quality improvement initiatives and outcomes to the organization's quality improvement program.

#### *EXAMPLES*

- The pastoral care practitioner participates in a quality improvement project that is interdisciplinary. The pastoral care practitioner is not responsible for the whole project but contributes alongside other team members.
- A pastoral care department develops an annual plan for continuous quality improvement. Results are reported to the organization's quality improvement leadership.
- In organizations - projects are developed and implemented across the system to improve pastoral care and foster an ongoing process of quality improvement.

### **STANDARD 13: RESEARCH**

The pastoral care practitioner practices evidence-based care including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research.

#### *INTERPRETATION*

Increasingly, pastoral care practitioners may be asked to demonstrate that they, too, practice out of an evidence base, and explicitly make a contribution to organization. In some cases, where the pastoral care practitioner has sufficient skills and support, this will mean participating in or creating research efforts to improve pastoral care.

#### *MEASUREMENT CRITERIA*

- Demonstrates familiarity with published research findings that inform practice through reading professional journals and other materials.
- Critically evaluates and integrates new research for its potential to improve practice.

#### *EXAMPLES*

- Reads and discusses research articles in professional journals and considers implications for practice.
- Uses published research to educate administrators or other organization professionals on the role, value, or impact of pastoral care.
- Serves on an editorial board as peer-reviewer for a professional journal.
- Collaborates with researchers in other disciplines (or with other pastoral care practitioners) in research projects designed for publication in peer-reviewed journals.

## WHO WAS INVOLVED AND WHAT IS THE PROCESS FOR APPROVAL?

*Submitted 25 May 2011 for review and discussion by the larger Standards, Accreditation and Training Subcommittee (SubSAT) of the ACT PCC after a number of sessions were conducted by a small “working group” comprised of Clair Hochstetler (Chair), Debra McCarthy, and Liz Porra.*

*The SubSAT includes those above plus Mary Waterford who consulted with the working group in one session, Eric McDonald, Pam Robertson, Elizabeth MacKinlay AM (with Judith Marston as Ms. MacKinlay’s substitute while on leave) and Kevin Teo (Council XO).*

*Submitted as a DRAFT PROPOSAL for discussion by the Board of the Council and to be presented to the member organizations of the Council at its July meeting to test applicability among respective constituencies and solicit feedback regarding further changes and discussion by the SubSAT.*

*16 June 2011*

## CONTACT US

Please direct all correspondence to:

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Pastoral Care Council of the ACT  
*Caring Together*

## **Proposed amendments to the Constitution**

### **Extract of relevant sections of the Constitution:**

#### **10. Membership of The Board**

10.1. Membership of The Board will consist of 9 **Council representatives** who are elected by the Council at its Annual General Meeting; (consisting ordinarily of 3 office bearers and 6 ordinary members)

10.2. Election will normally be for a term of three years and is renewable once. Membership will have a rotation of three members elected each year.

#### **11. Election of Board members**

11.1. Nominations of candidates for election of Board members will be made in writing, by a member of Council, to the Secretary not less than 14 days before the date fixed for the Annual General Meeting at which the election is to take place.

11.2. If insufficient nominations are received to fill all vacancies on The Board, the candidates nominated are taken to be elected and further nominations may be invited at the Annual General Meeting.

*Note: Because an amendment to the Constitution requires sufficient notice of 2 months, this may not be voted on at the AGM in November 2011.*

#### **32. Alteration of objects and rules**

32.1 Proposed amendments to the Constitution will be circulated to The Council by The Board a minimum of two months prior to a meeting of The Council for approval.

### **Proposed amendments to the Constitution:**

Change the words in 10.1 from “9 Council representatives” to “9 persons”

Add new sections 10.2

Renumber old 10.2 - 4 to become new 10.3 - 5

#### **10. Membership of The Board**

10.1. Membership of The Board will consist of 9 *persons* who are elected by the Council at its Annual General Meeting; (consisting ordinarily of 3 office bearers and 6 ordinary members)

10.2. Membership of the Board is not restricted to a “Council representative”.\*

\*The criteria for selection of members of the Board should be determined by the Council to ensure a range of skills that are desirable to conduct the business of the Board. For this reason it is proposed that the following amendments be made to the Constitution.

*Geoff Hunter 18/10/2011*