

12 August 2010 - Final

NSW Health
&
Civil Chaplaincies
Advisory Committee NSW

(On behalf of its Member Religious Organisations)

**MEMORANDUM
OF UNDERSTANDING**

TABLE OF CONTENTS

1. Definitions	3
2. Background	5
3. Terms and Operation of Memorandum of Understanding	6
4. Obligations of the NSW Health System.....	7
5. Obligations of the Civil Chaplaincies Advisory Committee	8
6. Obligations of Member Religious Organisations of the CCAC	9
7. Privileges and Requirements of Chaplains and Pastoral Care Workers.....	10
8. Financial Agreement	16
9. Signing of the Memorandum of Understanding	17
10. Correspondence.....	18
Attachment 1 – Further useful terminology.....	19
Attachment 2 – Related Policies	20
Attachment 3 – CCAC Member Organisations	21
Attachment 4 – Principles for Chaplaincy & Pastoral Care Services	22

1. DEFINITIONS

CHAPLAINCY AND PASTORAL CARE SERVICE/ DEPARTMENT: means the service provided by the Chaplains and Pastoral Care Workers for the spiritual care of patients, their families and staff in hospitals and healthcare institutions in New South Wales. In larger hospitals and healthcare institutions such services usually are provided through an organised Department within the hospital or healthcare institution.

CIVIL CHAPLAINCIES ADVISORY COMMITTEE (CCAC): means that organisation which has been established by member religious organisations to negotiate with State Government and government departments on behalf of its member religious organisations on matters related to Chaplaincy and Pastoral Care services.

CHAPLAIN OR PASTORAL CARE WORKER: means all spiritual caregivers appointed and accredited to work in Chaplaincy or Pastoral Care Services within a specified public hospital or healthcare facility. The terms ‘Chaplain’ and ‘Pastoral Care Worker’ are often used interchangeably although the term ‘Chaplain’ is sometimes used to refer to those who are ordained or specifically commissioned for this ministry by their religious authority.

Full time Chaplains and Pastoral Care Workers are those who have hospital and/or health service work as their main area of responsibility and are appointed by their own religious organisation and usually employed by the religious organisation.

Part Time Chaplains and Pastoral Care Workers are those who have major responsibilities elsewhere but have a regular commitment to the hospital or healthcare institution for a specified number of hours per week. They are appointed by their own religious organisation and may be employed by the religious organisation.

Volunteer Chaplains and Pastoral Care Workers are those who are trained and supervised in hospital ministry and serve in a voluntary capacity. They generally receive no reimbursement for this work, either through hospital funding or from their religious organisation. In many hospitals they perform the same functions as employed Chaplains and Pastoral Care Workers.

COORDINATOR (OF CHAPLAINCY OR PASTORAL CARE DEPARTMENT): means the person responsible for coordinating the delivery of chaplaincy or pastoral care services and liaising, on behalf of the chaplains and pastoral care workers appointed to the facility, with the hospital administration.

DEPARTMENT: means the NSW Department of Health.

DEPARTMENTAL REPRESENTATIVE FOR HEALTH CHAPLAINCY: means the person nominated by the Department as responsible for liaison with the CCAC on chaplaincy issues on behalf of NSW Health (see Section 10 for contact details).

FUNDING: means the subsidies paid to member organisations of the CCAC to assist those organisations in the employment of chaplains in designated hospitals and health facilities.

NSW PUBLIC HEALTH SYSTEM: is as the definition at section 6 of the *Health Services Act 1997*.

MEMORANDUM OF UNDERSTANDING: means this document including the Principles for Chaplaincy and Pastoral Care Services.

ORGANISATION'S REPRESENTATIVE: means the person nominated by the CCAC to act as the Organisation's representative in relation to this Memorandum of Understanding.

PUBLIC HOSPITALS: consist of those entities as defined under s15 of the *Health Services Act 1997*.

RELIGIOUS ORGANISATION / AUTHORITY: means the relevant body responsible for Chaplaincy or Pastoral Care services within the member organisations of the CCAC (see Attachment 3).

STATUTORY HEALTH CORPORATIONS: means organisations that provide health services and health support services across the whole State. These services are not limited to defined geographic areas - unlike the services provided by Area Health Services. There are three Statutory Health Corporations: **Justice Health**, the **Children's Hospital at Westmead** and the **Clinical Excellence Commission**.

2. BACKGROUND

The Department of Health recognises that patients, their families and staff in public hospitals and healthcare institutions have a basic right to spiritual care and to access Chaplaincy and Pastoral Care Services.

This Memorandum of Understanding replaces the *Model Plan for Chaplaincy and Pastoral Care Services in Hospital* (included in PD2005_123). It also takes into account the introduction of privacy laws in NSW, including the *Health Records and Information Privacy Amendment (Accredited Chaplains) Regulation 2008* which commenced on 1 October 2008. This amendment to the *Health Records and Information Privacy Act 2002* specifically allows the disclosure of patient information to accredited chaplains working in the NSW public health system.

The Memorandum of Understanding is applicable to the Civil Chaplaincies Advisory Committee (CCAC) and its member organisations, the Department, the NSW public health system and NSW public hospitals (as defined in section 15 of the *Health Services Act 1997*).

The Department of Health and the Civil Chaplaincies Advisory Committee have developed a cooperative approach to the delivery of Chaplaincy and Pastoral Care Services to patients, their families and staff. This approach is set out in the MOU and described in greater detail in the accompanying *Principles for Chaplaincy and Pastoral Care Services* (see Attachment 4).

3. TERMS AND OPERATION OF MEMORANDUM OF UNDERSTANDING

- 3.1** This Memorandum of Understanding commences on the date of first signing and remains in place until formally terminated.
- 3.2** The Department and CCAC will jointly monitor the implementation of this Memorandum of Understanding.
- 3.3** The Parties to this Memorandum of Understanding will be the Director General of the Department of Health and the Chair of the CCAC.
- 3.4** Dispute resolutions and variations to the Memorandum of Understanding.
 - The parties to this Memorandum of Understanding may change any of its terms if they both agree to changes in writing.
 - Either party may suspend or terminate this Memorandum of Understanding in the event that there has been a substantial and proven breach of it. Should the default not be remedied to the satisfaction of both parties within ninety (90) days from the date of service of the notice, either party may terminate the Memorandum of Understanding by providing such a statement in writing. However, both parties will use their best endeavour to resolve any dispute between them relating to this Memorandum of Understanding.
 - In the event of a default occurring, as specified above, written notice of the default is to be forwarded to the other party and an opportunity provided to investigate and respond in writing to the perceived fault.

4. OBLIGATIONS OF THE NSW HEALTH SYSTEM

4.1 The Director-General will nominate an officer from senior management to be responsible for liaison with the CCAC on chaplaincy issues on behalf of NSW Health. (Departmental representative for health chaplaincy – see Section 10 for contact details.)

4.2 The Director-General is responsible for establishing (through Area Health Services or local hospital administration) appropriate processes for the accreditation of Chaplains and Pastoral Care Workers in hospitals under this agreement.

These processes must include the signing of a Confidentiality Agreement, a Criminal Record Check, and the signing of a Non-Prohibited Person Statement. Where no Chaplaincy or Pastoral Care Department exists in a hospital, these processes may be undertaken through the Human Resources Department.

4.3 The Director-General will, through Area Health Services or local hospital administration, provide the agreed subsidies to member religious organisations of the CCAC to assist those organisations in the employment of chaplains in designated hospitals as per the Financial Agreement outlined in this Memorandum of Understanding.

4.4 Area Health Services or local hospital administration will provide facilities and resources to enable the effective operation of a Chaplaincy or Pastoral Care Department.

It is normally expected by the community that larger hospitals have a dedicated chapel/religious space, and provision for such should be made in planning future facilities. In particular, where accredited chaplains operate in a hospital, there is generally a greater need for a dedicated religious space.

Allocation of funding and other resources for a chapel/religious space and for the operation of a Chaplaincy or Pastoral Care Department is to be managed at a local level and is separate to the funding provided by way of subsidies to assist religious organisations in the employment of chaplains.

4.5 Area Health Services and local hospital administrations will consult with local staff, including accredited chaplains and other relevant stakeholders, when making decisions that affect local processes relevant to the delivery of chaplaincy services or the provision of resources.

5. OBLIGATIONS OF THE CIVIL CHAPLAINCIES ADVISORY COMMITTEE

- 5.1** The CCAC will negotiate with its member religious organisations and the Department of Health to ensure that Chaplaincy or Pastoral Care Services are provided in those hospitals and health facilities where a subsidy is provided to one or more CCAC member religious organisations.
- 5.2** The CCAC will ensure that from the signing of this Memorandum of Understanding all persons appointed by its Member Religious Organisations and being recommended for accreditation as full-time Chaplains or Pastoral Care Workers will:
- Have completed a Basic Clinical Pastoral Education course (CPE) or equivalent as determined by CCAC, or
 - Be in the process of undertaking a Basic CPE course or equivalent as determined by CCAC, or
 - Be prepared to undertake a Basic CPE course or equivalent as determined by CCAC within the first twelve months of their accreditation.
- 5.3** The CCAC will negotiate with its member religious organisations to ensure that Chaplains and Pastoral Care Workers are supported professionally and spiritually.
- 5.4** The CCAC will act as a resource for its member organisations, the Department, Area Health Services and Statutory Health Corporations on Chaplaincy and Pastoral Care matters.
- 5.5** The CCAC will inform member religious organisations of their need to provide to the Department, on request, a signed independent auditor's declaration that the funds provided for Chaplains and Pastoral Care Workers have indeed been applied to employing chaplains in order to provide Chaplaincy or Pastoral Care Service to patients, their families and staff at the designated hospital or health facility.
- 5.6** The CCAC will inform member religious organisations that subsidies will be terminated if a religious organisation is using the funding or part of the funding, for purposes other than for the employment of a Chaplain or Pastoral Care Worker in the designated hospital.
- 5.7** The CCAC will inform member religious organisations that subsidies will be terminated if a religious organisation, without reasonable cause, fails to carry out the provision of Chaplaincy or Pastoral Care Services at a designated hospital.
- 5.8** If the Department requests an independent auditor's declaration, the auditor chosen must be:
- a member of the Institute of Chartered Accountants, or
 - a member of the Australian Society of Certified Practising Accountants, or
 - a member of the National Institute of Accountants who holds a current Public Practicing Certificate, or
 - a Registered Company Accountant.
- 5.9** CCAC will notify the Department in writing should the Committee become aware of anything which might prevent a member organisation from carrying out its obligations under this Memorandum of Understanding.

6. OBLIGATIONS OF MEMBER RELIGIOUS ORGANISATIONS OF THE CCAC

- 6.1** Each member religious organisation is responsible for appointing its Chaplains and Pastoral Care Workers in accordance with this Memorandum of Understanding and CCAC policies and guidelines.

- 6.2** Each member religious organisation must keep appropriate accounting records and be able to provide, on request, an auditor's declaration that funds provided for Chaplaincy or Pastoral Care Services have been applied towards the employment of chaplains in the provision of these services at the facility nominated. The auditor chosen must be as defined in section 5.8 of the Memorandum of Understanding.

7. PRIVILEGES AND REQUIREMENTS OF CHAPLAINS AND PASTORAL CARE WORKERS

7.1 Appointment and Accreditation of Chaplains and Pastoral Care Workers

Chaplains and Pastoral Care Workers are normally either employed or stipended by their own faith communities, or serve in a voluntary capacity. They retain independence from, yet commitment to, the hospital to which they are accredited.

There are various arrangements in place for the appointment of Chaplains and Pastoral Care Workers, depending on the size and location of the facility in which they work, and whether or not there is an established Chaplaincy or Pastoral Care Department at the hospital.

Generally larger hospitals will have a Chaplaincy or Pastoral Care Department with an established training and accreditation process overseen by the Department's Coordinator and the hospital. Accredited chaplains must be guided by the Chaplaincy Department and comply with relevant NSW Health Policy Directives, as well as local policies and processes.

Facilities that do not have a Chaplaincy or Pastoral Care Department will need to establish local processes to determine accreditation for chaplains, for example, by liaising with a Chaplaincy Department at another hospital. The CCAC is able to provide advice. Accredited chaplains at facilities without a Chaplaincy Department should agree on local processes with the hospital's General Manager or other senior manager and ensure regular communication regarding local chaplaincy activities and processes. All such communication should be documented and records kept of local decision making.

For the purposes of the *Health Records and Information Privacy Amendment (Accredited Chaplains) Regulation 2008*, persons appointed under the processes outlined in sections 7.1.1 and 7.1.2 are recognised as 'Accredited Chaplains'.

7.1.1 Chaplains and Pastoral Care Workers

The following procedure is to be followed for the appointment of full-time and part-time accredited Chaplains and Pastoral Care Workers who are appointed by a religious organisation and, in most cases, are also employed by the religious organisation.

- A. Selection.** The Chaplain or Pastoral Care Worker is selected by the appointing/employing religious organisation, taking into account relevant training and qualifications, including standards set by the CCAC and the hospital, and involving the Hospital Chaplaincy or Pastoral Care Department Coordinator or representative in the selection process.
- B. Accreditation.** On completion of the necessary Confidentiality Agreement, Criminal Record and Prohibited Person checks, the Chief Executive (or delegate), accredits the selected Chaplain or Pastoral Care Worker to function within the hospital. The Chief Executive (or delegate) may take into consideration advice from the Chaplaincy or Pastoral Care Department during this process.
- C. Appointment.** Following advice and recommendations from the Hospital, usually through the Chaplaincy or Pastoral Care Department, the Chaplain or Pastoral Care Worker is appointed by the religious organisation.

- D. Review.** The religious organisation, with the help of the Hospital Chaplaincy or Pastoral Care Department, assesses the work of the new Chaplain or Pastoral Care Worker after three (3) months.

Organisations wishing to appoint Chaplains or Pastoral Care Workers should contact the Hospital or its Chaplaincy or Pastoral Care Department in the first instance and follow the procedure set out above. Usually such an organisation needs to be a member of CCAC.

7.1.2 Volunteer Chaplains and Pastoral Care Workers

A parallel procedure has been adopted for Chaplains and Pastoral Care Workers who serve in a voluntary capacity.

- A. Selection.** The relevant local faith community provides a letter of recommendation, nominating the Volunteer Chaplain or Pastoral Care Worker as a suitable person who is capable of undertaking the commitment required for hospital ministry.
- B. Accreditation.** The Chief Executive (or delegate) with consideration of advice from the Chaplaincy or Pastoral Care Department or, where this does not exist, the Human Resources Manager or other senior manager of the hospital, approves Volunteer Chaplains or Pastoral Care Workers. Accreditation is provided on the basis of recommendation by the person's community of faith, having undertaken minimum pastoral training and having had a satisfactory interview with the Chaplaincy or Pastoral Care Department (or other). It is also necessary to complete a Confidentiality Agreement, and Criminal Record and Prohibited Person checks. The Chief Executive (or delegate) accredits the person to function within the hospital.
- C. Appointment.** The Hospital recognises and appoints the Volunteer Chaplain or Pastoral Care Worker for pastoral ministry in that hospital.
- D. Review.** The Hospital Chaplaincy or Pastoral Care Department assesses the work of the Volunteer Chaplain or Pastoral Care Worker after three (3) months.

7.1.3 Chaplains or Pastoral Care Workers employed by an Area Health Service

A Chaplain or Pastoral Care Worker who is to be employed by an Area Health Service will be appointed and employed in accordance with the Policies and Procedures of the Area Health Service. The Chaplain or Pastoral Care Worker will be accountable to the manager designated by the Area Health Service.

7.2 Withdrawal of accreditation

The Chief Executive of an Area Health Service may withdraw the accreditation of a Chaplain or Pastoral Care Worker where the person is found to have breached the terms of this MOU, the health service's Code of Conduct, or other protocols and policies.

In the event of any significant concerns on the part of the hospital or other chaplains about the behaviour or performance of a Chaplain or Pastoral Care Worker, the matter should be discussed as soon as possible with the chaplain concerned as well as the person responsible in the chaplain's employing religious organisation.

Where disciplinary action needs to be taken, the following NSW Health policies should be referred to:

- A Process for Managing the Disciplinary Process in NSW Health (PD2005_225)
- Recruitment and Selection Policy and Business Processes (PD2006_059)

7.3 Responsibility for spiritual care

A Chaplain or Pastoral Care Worker is responsible for the provision of spiritual care to patients, their families and staff at the hospital to which he or she is accredited. This is carried out in accordance with the established practices of the Chaplaincy or Pastoral Care Services at the hospital.

7.4 Responsibility for patient confidentiality

The CCAC acknowledges that Chaplains and Pastoral Care Workers must maintain confidentiality of information disclosed to them except where:

- information is already a matter of public knowledge;
- disclosure is required by law, apart from the seal of confession;
- disclosure is authorized by the patient or guardian;
- disclosure or use of the information is necessary to prevent a serious or imminent threat to life, health or safety of the individual or another person, pursuant to the *Health Records and Information Privacy Act 2002*, Health Privacy Principles 10(1)(c) and 11(1)(c).

7.5 Patient religion information

As part of the admissions process, a patient's religion will be recorded, where this information is provided by the patient or family. Chaplains and Pastoral Care Workers accredited to the hospital are routinely provided with the name and religious faith or denomination of patients. Patient consent for release of this information to accredited chaplains is not required.

This process is documented in the following documents: **Chaplaincy Services and Privacy Law: IB2008_044**, and **the Information Sheet for Accredited Chaplains**. Further details are provided in Attachment 2.

7.6 Referral to chaplaincy services

Specific requests by a patient to see a chaplain, or requests by family members or hospital staff for a chaplain to see a patient, are generally handled at the ward. A nurse, social worker or ward clerk may contact a chaplain requesting a visit on behalf of the patient, family member or staff member.

7.7 Patient withdrawal from chaplaincy services

Chaplaincy and pastoral care services may be offered to all patients. Where a patient declines the services of a chaplain or requests no further contact from a chaplain, this request will be noted by the Chaplaincy or Pastoral Care Department and the wishes of the patient respected and complied with.

If a patient is unable to communicate whether they wish to have the services of a chaplain and has not previously indicated their wishes in this regard, chaplains should have regard to the views of the patient's family, carer or friend.

7.8 Scope of duties and responsibilities

An Accredited Chaplain or Pastoral Care Worker may:

- visit patients and their families in a hospital to which they are accredited, at all reasonable times, for the purpose of offering or providing pastoral care;
- be available for emergency calls in order to attend to the immediate spiritual and religious needs of patients and families;
- provide appropriate rites and rituals, for example, for those suffering from serious illness or injury, or where a death has occurred or is anticipated.

7.9 Examples of duties and responsibilities

In addition to the above, with agreement from treating clinical staff, accredited Chaplains and Pastoral Care Workers may carry out some or all of the following roles:

- Documentation of significant pastoral or spiritual care interventions in patient's clinical notes.
- Organising chaplaincy and pastoral care activities such as worship services and the celebration of sacraments, or group activities in cooperation with other hospital departments.
- Participation in inter-professional activities.
- Running groups and encouraging discussion of matters relating to general and spiritual well-being. (Mental Health Chaplains)
- Linking patients, families and staff with representatives of their own particular faith community.
- Advising the hospital staff on matters of religion and faith, and such cultural practices or issues that may be associated with specific religious traditions. This could be within a general forum or may be case specific. It may also include such things as requests from outside groups to visit, distribute literature or conduct religious activities in the hospital.
- Coordinating denominational and interdenominational co-operative chaplaincy or pastoral care programs.
- Arranging for training, accreditation, consultation and supervision for Chaplains and Pastoral Care Workers, pastoral visitors and visiting clergy.
- Evaluating the effectiveness of the chaplaincy and pastoral care services in the hospital.
- Facilitating the work of visiting clergy and other pastoral carers.
- Meeting with other Chaplains and Pastoral Care Workers for business, fellowship and support, in-service training and supervision.

7.10 Participation in ward and committee meetings

Chaplains and Pastoral Care Workers may participate in relevant ward and committee meetings, including family conference meetings, regular ward meetings, planning meetings, palliative care meetings, and so on, at which personal and health information may be discussed.

Accredited Chaplains and Pastoral Care Workers may also be invited to be involved in a wider range of Committees across the NSW Health System such as Ethics Committees, Palliative Care Committees, and Organ and Tissue Donation Committees.

Chaplain participation in these meetings should pay regard to the wishes of patients, and be arranged at a local level and in accordance with local practices.

7.11 Documentation in patient's health care record

There are certain occasions in the delivery of spiritual and pastoral care where it is appropriate to document certain aspects of the care provided to the patient; for example, where the patient, family member, clinical staff or social worker has requested a visit from a chaplain, especially when this is to administer a spiritual ritual or intervention such as the Sacrament of Anointing (Catholic tradition) or the reading of the Quran (Islamic tradition).

Documentation enables staff to know that a request has been responded to, and so that the health care record contains an accurate record of significant attendances and interventions that have occurred. This may be relevant to clinical care, and it can be especially important to patients and their families to know that the spiritual needs of patients have been attended to.

Clinical and health information staff should ensure that accredited chaplains and pastoral care workers are provided with appropriate access to patient health care records, in either written or electronic form, in accordance with local procedures.

7.12 Documentation process

Accredited chaplains and pastoral care workers may add comments to a patient's health care record where the chaplain or pastoral care worker has been directly involved in providing spiritual or pastoral care for the patient or their family.

- Any notation should follow the chronological order of the health care record and include date and time of entry and the heading 'Chaplaincy'.
- The format should be consistent with that prescribed in the "*Health Care Records – Principles for Content and Management Policy*", Section 4.
- Documentation must only relate to the spiritual and pastoral needs of the patient or family or significant spiritual or pastoral care interventions. Some examples include:
 - A patient visit in response to a request or referral from the patient, family, clinical staff, social worker, etc.
 - Where the Sacrament of Anointing (or Last Rites) (Catholic tradition) has been provided.
 - Anointing of oil (Anglican tradition).
 - Baptism (Christian tradition) especially of babies, but also adults in some cases.
 - Attendance by an accredited Rabbi or patient's Rabbi (Jewish tradition).
 - Reading of the Quran (Islamic tradition) for terminally ill patients.
 - Following death, appropriate preparation of body (Islamic tradition).
 - Prayers, scripture readings, etc especially when prior to death.
- Permission is to be given by the patient or family and this permission is to be recorded, for example 'Noted here with permission'.

- The chaplain or pastoral care worker is to write their name and title (eg Catholic Chaplain) in capitals, sign and date the entry.

7.13 Accountabilities

A Chaplain or Pastoral Care Worker is accountable to:

- His/her religious authority in matters of faith and religious practice, and for the maintenance of professional standards as determined by their authority's relevant Code of Conduct or professional ethics standards;
- The local Chaplaincy or Pastoral Care Services Co-ordinator for working in accordance with the policies of the CCAC and the Chaplaincy or Pastoral Care Department of the hospital;
- The Chief Executive in matters pertaining to NSW Health and local health service policy, protocol, security and Code of Conduct.

8. FINANCIAL AGREEMENT

- 8.1** In December 2003, NSW Health agreed to fund 30 new full-time subsidies for accredited chaplains. These subsidies are to be funded on a recurrent basis and indexed annually in accordance with the Consumer Price Index.

27 of the 30 subsidies were allocated to the Christian denominations that were already actively providing chaplaincy services across 10 major hospitals in the Sydney, Newcastle and Illawarra regions. The other 3 subsidies were allocated to the other faith groups represented on the CCAC (Islamic Council of NSW, Buddhist Council of NSW and Jewish Board of Deputies).

- 8.2** In addition to the new 30 subsidies provided by NSW Health from 2003, there are also current funding arrangements in place for chaplaincy services on a local level with individual Area Health Services and Public Health Organisations. These subsidies are also to be funded on a recurrent basis and indexed annually in accordance with the Consumer Price Index.

- 8.3** Early in each calendar year the Department publishes a Policy Directive that specifies the amount of the subsidy for the year.

CCAC member organisations that have been allocated subsidies are required to submit a Tax Invoice (monthly or at some other agreed frequency) to the relevant hospital or Area Health Service, indicating the period covered by the Tax Invoice, and the hospital(s) at which the services have been provided.

- 8.4** In the event that the Department or an Area Health Service or hospital administration agrees to the provision of one or more additional chaplaincy subsidies, the body responsible for the provision of the subsidy will consult with the CCAC in determining both the facility for which the subsidy will be provided and the CCAC member religious organisation to which the subsidy will be allocated.

9. SIGNING OF THE MEMORANDUM OF UNDERSTANDING

We commend the *NSW Health & Civil Chaplaincies Advisory Committee Memorandum of Understanding* and fully endorse its implementation.

This Memorandum of Understanding is made on the day of 2010

This Memorandum of Understanding is made:

BETWEEN NSW Health:

Signed by:

Signature:

Date:

**Professor Debora Picone AM
Director-General**

for and on behalf of NSW Health, but not so as to incur any personal liability.

Witnessed by:

Signature:

Date:

Name of Witness:

AND the Civil Chaplaincies Advisory Committee:

Signed by:

Signature:

Date:

**Rev. Ian Duncan
Chair, Civil Chaplaincies Advisory Committee**
for and on behalf of its member organisations.

Witnessed by:

Signature:

Date:

Name of Witness:
**Rev. Graham McKay
Deputy Chair, Civil Chaplaincies Advisory Committee**

10. CORRESPONDENCE

All correspondence in regard to this Memorandum of Understanding should be forwarded to :

1. THE DEPARTMENTAL REPRESENTATIVE FOR HEALTH CHAPLAINCY

Leanne O'Shannessy
Director Legal and Legislation
NSW Department of Health
Locked Mail Bag 961
North Sydney NSW 2059

And

2. THE CCAC REPRESENTATIVE FOR HEALTH CHAPLAINCY

Graham McKay
Convenor, Health Services Sub-committee
Civil Chaplaincies Advisory Committee
C/- PO Box A2178
Sydney South NSW 1235

Attachment 1 – Further useful terminology

PASTORAL CARE: the terms “Chaplaincy” and “Pastoral Care” are often used interchangeably to refer to the healing, sustaining, guiding and reconciling activity of the faith community, helping people as they go through crisis and growth to deal with their ultimate concerns.

RELIGIOUS ACTIVITIES: include the use of ritual, worship, meditation, scripture, fellowship and the traditions of a person’s faith to promote courage, hope, and peace, in the crises as well as the daily routines of life.

SPIRITUAL CARE: refers to approaches and practices that guide and nourish the human spirit in the struggle to survive and grow in times of distress and difficulty. In the case of theistic religions, this is through belief in and alliance with God. More generally, spirituality may be described as the web of relationships that give coherence to an individual’s life. Religious belief may or may not be part of that web. Often an individual only becomes aware of strands in the web when they are stretched or broken, as happens with a life-changing event such as a diagnosis of serious illness in himself or herself or in someone they love. Spiritual care is not merely a matter of facilitating the private religious practices of some patients. Attending to the spiritual needs of patients and relatives, whether or not they are formally religious, is an integral part of the healing process along with other aspects of care for all involved, including the medical staff

VISITING CLERGY, MONKS, NUNS AND VISITING LAY PASTORAL CARERS: are local priests, ministers, leaders of faith communities and lay people who have a pastoral relationship with patients and their families from their particular community of faith and provide a valued spiritual support and continuity within a patient’s congregation. As they are not accredited to the hospital, they do not form part of the Chaplaincy and Pastoral Care team and do not have Chaplains and Pastoral Care Workers privileges. The Chaplaincy or Pastoral Care Department acknowledges their role in the hospital or health facility.

Attachment 2 – Related Policies

The NSW Health policy and procedure documents referred to below relate to the delivery of hospital chaplaincy services and are to be observed in addition to the requirements of this Memorandum of Understanding.

The reference numbers provided are current at the time of publication and may change over time. The NSW Health website provides current references to its policy documents at:

<http://www.health.nsw.gov.au/policies/index.asp>

General information relating to hospital chaplaincy is also provided via the Privacy page of the NSW Health internet at:

<http://www.health.nsw.gov.au/utilities/privacy/index.asp>

Chaplains Subsidy: PD2010_015

This Policy Directive is issued at the beginning of each calendar year to establish the rate for chaplaincy subsidies.

Privacy Manual: PD2005_593

This Policy Directive provides rules for NSW Health staff on all areas of privacy and confidentiality.

Chaplaincy Services and Privacy Law: IB2008_044

This Information Bulletin provides guidance to Accredited Chaplains and NSW Health staff on the operation of the *Health Records and Information Privacy Amendment (Accredited Chaplains) Regulation 2008*. The Regulation clarifies the use of information for NSW Health chaplaincy services and provides a legal basis for information sharing with chaplaincy services in the NSW Health system.

Information Sheet for Accredited Chaplains

This document sets out the areas of privacy compliance which are of particular importance for chaplaincy services. It can be found via the Privacy page of the NSW Health Internet at:

<http://www.health.nsw.gov.au/utilities/privacy/index.asp>

Attachment 3 – CCAC Member Organisations

**Member Religious Organisations
of the Civil Chaplaincies Advisory Committee**

The Anglican Church of Australia

The Assemblies of God

The Baptist Church

The Buddhist Council of NSW

The Catholic Church

The Churches of Christ

The Greek Orthodox Archdiocese

The Islamic Council of NSW

The NSW Jewish Board of Deputies

The Presbyterian Church

The Salvation Army

The Uniting Church

Attachment 4 – Principles for Chaplaincy & Pastoral Care Services

Principle 1: The Nature of Healthcare Chaplaincy

Chaplaincy and Pastoral Care in New South Wales is no longer the traditional stereotype of ministers or leaders of religious communities visiting members of their congregations when hospitalised. Over the last two decades there has been a dramatic shift in the role, demands and expectations of hospital Chaplaincy. The modern role of Chaplains and Pastoral Care Workers is multifaceted, combining a broad range of health concerns. They operate within a holistic framework incorporating an understanding of the behavioural, emotional, physical and spiritual perspectives of their patients, families and staff. Additionally their role requires a high level of training and professional expertise in matters relating to spiritual guidance, management, accreditation and quality improvement in the healthcare setting. The nature of healthcare chaplaincy, as described within this document, is based on the development of services over many years within hospitals and healthcare institutions administered by The NSW Department of Health.

While historically it has mainly been Chaplains and Pastoral Care Workers from the various Christian traditions who have undertaken this work, the emergence of a multi-cultural and multi-faith society requires that the models and underlying approaches be adapted in order for them to be relevant and appropriate to other world faiths and wider spiritualities. One primary purpose for this Memorandum of Understanding is to ensure that there is a chaplaincy/spiritual care service available in hospitals and healthcare institutions that is equal, just, humane and respectful, and which meets the spiritual and religious needs of people of all faiths and people of no particular faith tradition. The proactive inclusion of the spiritual needs of patients and their families in the everyday team management of cases ultimately improves the quality of care being offered to patients and their families. Holistic healthcare sees spiritual care as integral to the process of healing and not as an addendum to other biomedical protocols.

Chaplaincy and Pastoral Care is understood to include all activities in support of pastoral, spiritual and religious care of patients, their families and staff. Chaplains and Pastoral Care Workers have particular expertise in accessing and enabling others to access resources of their particular religious/spiritual tradition. The term ‘chaplain’ should be understood to include all appropriately accredited spiritual caregivers.

Chaplaincy and Pastoral Care Teams are largely autonomous, responsible to the Hospital Administration and acting with its authority, advising the Administration on matters relating to the religious, spiritual and pastoral concerns of the hospital community. In general, Chaplains and Pastoral Care Workers operate independently within the hospitals without being part of the Department of Health or directly in the employ of any Area Health Service. It is critical for their effectiveness that they maintain this autonomy. The level of trust and confidentiality between Chaplains and Pastoral Care Workers and patients must be preserved at all times.

Principle 2: Goals of Chaplaincy and Pastoral Care in NSW Hospitals

The Chaplaincy and Pastoral Care Service provides resources to meet the spiritual, religious, pastoral, sacramental, and ritual requirements appropriate to the needs, background culture and tradition of its patients, families and staff. Chaplaincy and Pastoral Care Services are not

restricted to those who demonstrate an affiliation with a particular community of faith. Chaplains and Pastoral Care Workers do much of their work with patients, families and staff who have no current religious affiliation with a faith community but who acknowledge their own spiritual needs.

Functioning denominationally, or on a cooperative non-denominational basis, Chaplains and Pastoral Care Workers attempt to meet the spiritual needs of all patients, families and staff. For many patients and their families contact with the Chaplain or Pastoral Care Worker may be their first significant opportunity for many years to reappraise their spiritual state. The Chaplaincy and Pastoral Care Service aims to have a positive effect on quality of life during illness, after surgery and in disability; encourages responsiveness to management procedures in acute illness; maximises recovery and rehabilitation; and, where necessary, builds a capacity in patients and their relatives to prepare for loss and death. The Chaplaincy and Pastoral Care Service continues to provide appropriate support and services for families following a death.

Principle 3: The Role of Chaplains and Pastoral Carers in Hospitals

Chaplaincy and Pastoral Care is a vital component of healthcare and the Department recognises that Chaplaincy Services form part of the health services available at a hospital or health facility. Chaplaincy and Pastoral Care Services are to be given facilities appropriate for a department within the hospital or healthcare facility.

Chaplains and Pastoral Care Workers give expression to the faith of believers; bring reconciliation between people and with God; support those in suffering and crisis; help struggling people find purpose and meaning, value and direction, hope and peace; bring a theological perspective to the hospital's philosophy and duty of care. As part of a multidisciplinary team, accredited chaplains bring spiritual care that may contribute to the care and healing of patients.

Examples of the duties and responsibilities of Chaplains and Pastoral Care Workers are provided in Sections 7.8 - 7.12 of the Memorandum of Understanding.

Principle 4: The Needs of Patients and Families

Chaplains and Pastoral Care Workers engage with patients, their families and staff on the understanding that every person has a right to spiritual care and must be treated with respect and dignity at all times. Healthcare exists at the juncture of human suffering and spiritual searching. It attends to people when they are suffering, recognising that a time of suffering is often when people re-evaluate their lifestyle and ask significant questions about what is ultimate and how it is to be included at this moment.

The primary focus of Chaplaincy and Pastoral Care is the needs of patients, families and staff for spiritual care. Active proselytising is not a function of Chaplaincy and Pastoral Care Services.

The most basic needs of patients and their families in hospitals and healthcare institutions are no different from those people outside such an institution. They include both physical and spiritual needs.

Principle 5: The Needs of Staff Members

Within the hospitals and health facilities, Chaplains and Pastoral Care Workers can make appropriate contact with patients, their families and staff alike. Chaplaincy and Pastoral Care Services allow staff members an avenue to discuss issues in private that can assist in limiting the negative effect that a hospital environment can have on them. The confidential nature of Chaplaincy and Pastoral Care means that staff members are free to speak with the Chaplain or Pastoral Care Worker, knowing that their times of personal struggle or their personal concerns around hospital protocols never enter the wider world of the hospital or the Department of Health. The Chaplain or Pastoral Care Worker is a resource for staff to defuse stress of many kinds, and to seek professional advice in areas that concern them.

Although an Employee Assistance Programs is available for staff, the Chaplain or Pastoral Care Worker is also available to staff of hospitals and institutions. Chaplains and Pastoral Care Workers offer staff a sense of religious or spiritual depth which grounds their patient contact in the intangibles of life.

Chaplaincy and Pastoral Care also provides a link to local religious organisations for staff in times of crisis, such as a family death, and may provide an opportunity to minister to staff in place of a local religious organisation by providing appropriate religious services as needed.

Principle 6: Staff Development and Education

Hospitals are to make provision for training and updating members of Chaplaincy and Pastoral Care Services and supporting their professional development needs.

- **Minimum Pastoral Training**

Chaplains and all Pastoral Care Workers or volunteers are expected to complete pastoral training equivalent to the Introductory Programme of Clinical Pastoral Education (40 hours). For full-time Chaplains and Pastoral Care Workers it is required that they undertake the Basic Clinical Pastoral Education (400 hours) or equivalent as determined by CCAC.

- **In-Service Training**

Chaplains and Pastoral Care Workers participate in continuing education programs in the hospital and other places of learning, both for their own development and to contribute to the increased understanding of other staff about matters relating to faith and health.

- **General Orientation and Pastoral Consultations**

Chaplaincy and Pastoral Care Services participate in providing General Orientation programmes for new staff, pastoral consultation, training and supervision for leaders of religious communities and communities of faith in the local area served by the hospital and, together with Chaplains and Pastoral Care Workers from other faith traditions and hospitals, encourage the development and continuation of effective Chaplaincy and Pastoral Care throughout the State.

Resources and facilities

Hospitals provide facilities and support for the Chaplaincy and Pastoral Care Department. This includes office space and adequate facilities which will usually include phones and pagers, access to email and Intranet and, in some cases, access to Internet, patient clinical

notes and health information, access to staff amenities [such as parking, cafeteria], clerical assistance, a budgeted cost centre, and financial support for attendance at Chaplain or Pastoral Care Workers' professional development activities.

In addition there should be an adequate and suitable Spiritual Care Centre for Chaplaincy and Pastoral Care activity, including where possible an on-site chapel specifically designated for worship and group devotions. The Spiritual Care Centre should be easily accessible by patients, families and staff, and of a design suitable for use by all faiths or people with no specific faith adherence. In General Hospitals it needs to be accessible 24 hours a day and seven days a week. The CCAC can advise the Hospital regarding its location, design and furnishings. A documented protocol/policy for use of the Spiritual Care Centre and places designed for worship activities needs to be in place and arrangements made for the safe and secure storage of religious artefacts and symbols.

Professional support, evaluation, and supervision

Regular reviews, at least once every three years, with representatives of the hospital administration and the Civil Chaplaincies Advisory Committee helps the Service evaluate its functioning, improve its effectiveness, develop new initiatives and revise its written plan. The evaluation may consider submissions from patients, their families, staff, the hospital administration, Chaplains and Pastoral Care Workers, the CCAC, relevant religious organisations and other interested bodies. Such quality control activities assess the extent to which the Chaplaincy and Pastoral Care Service is achieving its goals.

Chaplains and Pastoral Care Workers are expected to receive clinical supervision by a qualified supervisor who understands the requirements of their profession, is familiar with the training of Chaplains and Pastoral Care Workers, and is aware of the professional standards required by the relevant member organisation of CCAC.

The Chaplaincy and Pastoral Care Service monitors the effectiveness of individual Chaplains and Pastoral Care Workers through in-service training and supervision programs. Individual Chaplains and Pastoral Care Workers are regularly reviewed by their own faith community.

Principle 7: Privacy and Confidentiality

As part of the process of accreditation, members of Chaplaincy and Pastoral Care Services must sign a confidentiality agreement. As part of their in-service training, they will be made aware of their obligations and responsibilities with regards to issues of privacy and confidentiality. Consequently, Chaplains and Pastoral Care Workers observe the requirements of confidentiality, professional ethics and the requirements of privacy laws. They accept and operate within the guidelines of the Code of Conduct appropriate to their relevant public health organisation and the NSW Health Privacy Manual.

Accredited chaplains are bound by the terms of the *Health Records and Information Privacy Act 2002* and the *Health Records and Information Privacy Amendment (Accredited Chaplains) Regulation 2008*. NSW Health has produced an Information Sheet to assist in the interpretation of the Regulation (see Attachment 2 for details).

Public health organisations are encouraged to work with their Chaplaincy Services Steering Committee to establish local protocols and procedures for complying with the Regulation.