



The Pastoral Care Council
of the ACT

Caring Together

Standards of Practice
for Pastoral Care

Ratified
18 December 2013

**Pastoral Care as defined in the
Constitution of the Pastoral Care Council of the ACT:**

Pastoral care is the offering of emotional support and spiritual care to people in the community, by assisting them to connect with their own inner and community resources.

INTRODUCTION & RATIONALE

While there have been various discussions in recent years about the need for a commonly held Standard of Practice for Pastoral Care within Australia none has yet been 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 such as doctors, nurses, social workers and professionals from other disciplines especially when working as peers in a team. It also ensures the quality of care when there are commonly held measurable criteria for the skills required, 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 as is needed, particularly here in the ACT.

In 2009, the Pastoral Care Council of the ACT created a Subcommittee for Standards for Accreditation and Training to address the issue of accreditation standards, training and the practice of pastoral care. This group decided the first basic step was to develop and distribute a survey and analyse the resulting data to determine the characteristics, the breadth of diversity and training for pastoral care practitioners in their particular work environments in the ACT. This was considered 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 Australian conditions and our needs in the ACT. The subcommittee recognises the diverse characteristics and needs of pastoral care personnel in all relevant environments (not exclusively health care) and among all faith groups in the ACT. The majority of pastoral care practitioners in the ACT are trained volunteers. Standards 11-13 focus on expectations for those with professional leadership responsibility.

GLOSSARY OF TERMS

To provide clarity and understanding, the following definitions are offered:

Pastoral Care as defined in the Constitution of the Pastoral Care Council of the ACT is the offering of emotional support and spiritual care to people in the community, by assisting them to connect with their own inner and community resources. Pastoral Care respects the beliefs and values of the person(s) being cared for. Pastoral Care may include the provision of ministry, rituals and prayer.

Pastoral Care Practitioner: A person recognised as the spiritual care specialist in an organisation and/or care team. Their role includes seeking out and responding to those who are expressing emotional, spiritual and religious need by providing appropriate care. This may include facilitating that care, through referral to, with the person's permission, an appropriate person of their choice.

Chaplaincy: A form of professional ministry requiring the skills and authority to provide pastoral, religious and spiritual care in a range of diverse environments. Endorsement from one's faith community or belief group is usually required to minister as a Chaplain. Chaplains work mainly though not exclusively with members of their own faith community or belief group.

Belief group: Any group that has a cohesive system of values and beliefs.

Faith community: A recognised group who share a belief system and usually undertake religious practices such as prayer, scripture reading, meditation and communal acts of worship.

Spirituality: Spirituality may be experienced in a quest for meaning, purpose, connection, belonging and hope. Spirituality is always embedded in the unique experience and story of each person and so is essentially individual and subjective. Spirituality can also be expressed in many different ways, unique to the individual or group.

Spiritual Care: Spiritual care gives attention to the above dynamics in relationship, either one to one or in a group setting.

Standards of Practice: These are a set of authoritative statements that describe broad responsibilities for which practitioners are accountable. They reflect the values and priorities of the profession and provide direction for professional practice and a framework for the evaluation of practice.

Client: The person who is the recipient of pastoral care. The term *client* encompasses the person *and* their situation, including family and caregivers.

Staff: This term involves all staff, volunteers, other professional and students in the organisation's setting.

PREAMBLE

Pastoral care is based on initiating, developing and bringing to an appropriate end 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 and 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 need to remain flexible, as well as aspirational, since this document will likely require adjustments as organisational pastoral care continues to mature and as new situations and opportunities for pastoral care emerge in the Australian context.

SCOPE

The Pastoral Care Council of the ACT is moving toward providing accreditation and maintaining a registry of pastoral care practitioners in the ACT. These Standards currently apply to pastoral care practitioners approved by organisations that are members of the Pastoral Care Council of the ACT and are not intended to hinder or inhibit faith group representatives from visiting their own people.

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 the practice of the pastoral care practitioner. Provision of effective care requires that pastoral care practitioners continually assess client needs and resources. A pastoral care practitioner assessment involves relevant physical, psychosocial 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.
- Prioritising care for those whose needs appear to exceed their personal resources.

MEASUREMENT CRITERIA

- Gathers accurate information in an intentional, systematic and ongoing process in relation to the client.
- An assessment may be initial and brief or ongoing and in depth.
- Involves the client, family, other care providers and the client's local spiritual/religious community, as appropriate, in the assessment.
- Evaluates available data, information and knowledge relevant to the situation to identify patterns, variations and resources.
- Records 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 to provide continuity of care and spiritual and emotional support.

INTERPRETATION

The pastoral care practitioner collaborates with the client, client's family and with other members of the care team – adapting his or her 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 attending the client and when observing and assessing shifts in the client's experience and perspectives.
- Addresses or secures help to address client's sacramental and ritual needs.

EXAMPLES

- Basic: Reflects on the expressed and deeper needs of the client, plans possible future engagement, records 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 – as in an Intensive Care Unit in a hospital, prison or child protection unit.

STANDARD 3: DOCUMENTATION OF CARE

The pastoral care practitioner records 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 organisational 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 ongoing pastoral care.
- Reason for encounter.
- If there are to be continuing ongoing 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 accurate 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 organisation's care team.

INTERPRETATION

Client and family pastoral care is a collaborative endeavor requiring the pastoral care practitioner's effective integration within the wider care team. Such integration requires concise, regular communication patterns and dedication to collegial, collaborative interaction.

MEASUREMENT CRITERIA

- Possesses a thorough knowledge of the services represented on the care team.
- Alert to client referral opportunities.
- Participates as fully as possible in the organisation's care team meetings.
- Works collaboratively to ensure that the client's wishes and holistic care remain a priority.
- Promptly responds to the care team member referrals.
- Educates staff regarding the role of pastoral care.

EXAMPLES

- Contributes consistently and meaningfully in care team meetings, including sharing information derived from skillful assessment.
- Records pastoral care practitioner's interactions using concise language 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 organisation, which guides decision-making and professional behavior of the organisation in which the pastoral care practitioner offers pastoral care.

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 respecting cultural, spiritual and theological diversity of individuals often at a vulnerable point in their lives. Professional boundaries and ethical relationships are always to be respected.

MEASUREMENT CRITERIA

- Protects the confidential relationships involved.
- Maintains clear boundaries for gender, 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

It is important to responsibly use information, which has been given to a pastoral care practitioner by the individual who is receiving care. It is important to decide what information to keep confidential; what to share with other staff members, state or regulatory agencies; and/or, what to write in client notes.

MEASUREMENT CRITERIA

- Recording only what is appropriate for the care being received.
- Understanding the requirements 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 conducting a confidential conversation.
- Understands the ramification of a decision to keep confidential information that could be at odds with the legal requirements.
- Safeguarding privacy when using clinical material for educational activities or story publishing.

STANDARD 7: RESPECT FOR DIVERSITY

The pastoral care practitioner respects and provides culturally, spiritually and religiously 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 care 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 information to care staff in cultural and spiritual/religious diversity.

SECTION II: PASTORAL CARE AMONG STAFF AND WITHIN THE ORGANISATION

STANDARD 8: CARE FOR STAFF

The pastoral care practitioner provides timely and sensitive pastoral care to the organisation'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 organisational staff is of critical importance.

Staff care involves a wide range of pastoral care services for all team members within the organisation. 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 organisation's staff through inclusive interactions.
- Proactively offers group rituals or peer support, particularly after emotionally significant events or unexpected deaths.
- Makes referrals to the organisation's Employee Assistance Program or to appropriate counselling or mediation as needed.

EXAMPLES

- Offers informal one-on-one support with staff members.
- Attends to staff needs through scheduled public opportunities.
- Advanced: Depending on one's level of expertise and experience, conducts formal one-on-one pastoral counseling sessions, group work and critical incident debriefing.

STANDARD 9: CARE FOR THE ORGANISATION

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

INTERPRETATION

Pastoral care practitioners must work within their organisation's spiritual aspirations and mission. While respecting diversity, pastoral care practitioners are creative and proactive in implementing initiatives that respect the spiritual/religious aspects of their organisation's mission.

MEASUREMENT CRITERIA

- Maintains professional relationships with organisational leaders.
- Plans and implements spiritually-based rituals and inspirational community observances consistent with the organisation'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 organisation'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 organisational leaders through regular 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 self-care, continuing professional development and supervision. The pastoral care practitioner also demonstrates knowledge of current pastoral care practice and integrates such information into practice.

INTERPRETATION

To meet the needs of the clients, the pastoral care practitioner continues to grow and develop professionally, emotionally and spiritually and religiously to meet the changing environment and practice of the profession and the organisation's needs. The pastoral care practitioner seeks to maintain a high level of awareness and reflective capacity and to nurture personal spiritual development. This involves creative engagement in a variety of relevant modes or methods.

MEASUREMENT CRITERIA

Relevant self-care and continuing education is demonstrated...

- To oneself - taking the time for personal reflection and development, engaging in debriefing, taking personal retreats, drawing upon the skills of a mentor or spiritual director, or the wisdom of the pastoral care community.
- By providing relevant documentation to the endorsing professional or employer or religious body.
- To the function, specialty and/or the strategic initiatives of the organisation in which they volunteer or are employed.

- By reading and reviewing current peer-reviewed literature on current theory and practice.
- By regular clinical supervision.
- By annual appraisal by one's manager.

EXAMPLES

The pastoral care practitioner may be guided by...

- 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
- Clinical supervision: for a full time person the expectation is for monthly sessions or at least 10 hours annually.
- 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 pastoral care literature, specialised journals in other fields such as mental health or aging, or which are relevant to the culture of Australia. 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.

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 both within the professional area of practice and in the profession itself.

INTERPRETATION

In the work area the pastoral care practitioner will provide leadership within that area for issues related to spiritual/religious/cultural care and observance. The pastoral care practitioner will also help advance the profession by providing education, supporting colleagues and participating in one's professional organisation(s).

MEASUREMENT CRITERIA

- Serves in key roles in the work area by participating in or leading committees, councils and administrative teams.
- Contributes to key organisational 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 and supports 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 organisation.

EXAMPLES

- Serves on organisational 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 organisations 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 organisation's quality initiatives with other members of the care team. Using current, established quality improvement methodologies and with the support of the organisation's quality improvement department, the pastoral care practitioner helps identify processes for 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 to meet the accreditation standards of the organisation.
- Participates on care teams to monitor opportunities for quality improvement in the organisation.
- Uses the results of quality improvement activities to improve methods of delivering pastoral care.
- Reports quality improvement initiatives and outcomes to the organisation's quality improvement program.

EXAMPLES

- The pastoral care leadership participates in quality improvement projects.
- A pastoral care department develops an annual plan for continuous quality improvement. Results are reported to the organisation's quality improvement leadership.
- Ensuring pastoral care participation in organisational quality improvement projects.

STANDARD 13: RESEARCH

The pastoral care practitioner contributes to or conducts research.

INTERPRETATION

Pastoral care practitioners make a contribution to the research efforts of the profession of pastoral care and to the organisation.

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 organisation 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 the profession of pastoral care in research projects designed for publication in peer-reviewed journals.

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 responsibilities:

- 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 equivalent, such as having at least one unit of training within another recognised body in Australia providing a certificate in pastoral care or chaplaincy. Proposals for equivalence need to be assessed by the Standards and Accreditation Committee of the Pastoral Care Council of the ACT.

- Holds current endorsement by a recognised religious or faith group, or professional organisation.
- Can demonstrate the ability to meet the standards for pastoral care as established by the Pastoral Care Council of the ACT.
- Engages in continuing education to maintain good standards of practice.
- Practices pastoral care according to the Code of Ethics/Conduct of the employing organisation one is serving or a related professional body such as Spiritual Care Australia.
- Remains accountable to the endorsing faith group, employer and accrediting body. One's accreditation can be reviewed by the Council's Subcommittee for Standards for Accreditation and Training.

WHO WAS INVOLVED IN ESTABLISHING THESE STANDARDS AND WHAT WAS THE PROCESS?

The Board of the Pastoral Care Council of the ACT appointed a Subcommittee for Standards for Accreditation and Training (SubSAT) comprised of the Rev. Clair Hochstetler (Chair), Sr Debra McCarthy DC, Ms Elizabeth Porra, Ms Mary Waterford, the Rev. Prof. Elizabeth MacKinlay AM FACN, Mrs Pam Robertson, Mr Eric McDonald and Mr Kevin Teo (Council Executive Officer.)

Working together for over a number of sessions spanning more than a year, the original Draft Proposal was submitted in May 2011 for discussion by the Board of the Pastoral Care Council of the ACT on 21 June 2011. It was affirmed in that meeting and presented to the member organisations of the Council in July and ratified by Council on 3 November 2011. Member of the Council continued to test the Standard's applicability among our respective constituencies and to solicit feedback for further consideration by the SubSAT. After receiving such from several sources this working group met several more times making a number of changes. All revisions were finalised 11 June 2013 and ratified by the Council on 18 December 2013.

CONTACT US

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