SUBMISSION

Spiritual Support Services Review – Canberra Health Service

16 September 2022

Health Care Consumers' Association
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HCCA feedback on Spiritual Support Services Review at Canberra Health Services

Thank you for the opportunity to provide consumer input into the review of Spiritual Support Services at Canberra Health Services (CHS).

The document was shared with HCCA members and it stimulated a high level of interest. Members and others in our networks shared this widely and we received considered and comprehensive feedback from a broad range of people and groups.

The consultation questions are clearly designed for internal stakeholders but we have used them as a framework for our response. We encourage you to consider how you might most effectively engage with external stakeholders when framing consultation papers.

We have reviewed the consultation paper and it is clear that there is an opportunity to build on the strengths of the current service and address a range of issues that have been identified. In the move to professionalising the spiritual support services it is important not to lose the essence and value of the current service. One of our members was concerned that the proposal will dilute this. They wrote *"In short, part of what makes the spiritual service so special is its 'otherness', the fact that it is outside the system. I think the drive towards integration of this service into the health service risks spoiling it"*.

Consumers agreed that facilitating spiritual care for hospital patients is important work for CHS and there was support for the review and reconsideration of how the service is delivered. Consumers acknowledge the significance of spiritual care in the provision of holistic care, and understand that peoples' beliefs and values impact our experience and health outcomes.

Consumers value and expect high quality and safe health care. We hold the same expectations regarding quality and safety of care for spiritual services as we do for clinical care. We need any service to ensure safe and high-quality spiritual care provision by a qualified and credentialed workforce, including well trained and supported volunteers. We support the move to a consistent approach to providing spiritual care in health services.

The implementation of the Digital Health Record seems a useful opportunity to address a number of the policy issues relating to the current service.

In our response to the consultation paper in addition to speaking with consumers and carers we also reviewed the Guidelines for Quality Spiritual Care in Health (SHA, 2020), the National Safety and Quality Health Service (NSQHS) Standards, Charter of Healthcare Rights and National Palliative Care Standards

We are pleased to see the Spiritual Health Association's (SHA) 2021 *National study on spirituality, wellbeing and spiritual care in hospitals* guided this work. We note that while a useful document, SHA's consumer engagement was limited, and we think there was a need to strengthen local consumer feedback during the review. We are very pleased to be able to provide that important consumer feedback on this consultation paper.

We encourage CHS to engage with the ACT Office for Multicultural Affairs, as they can play a role to support CHS to ensure that consumers and patients from all faiths and beliefs have equitable access to the spiritual care provided by the ACT health services.

In addition to HCCA's feedback, we have attached two submissions from members of the Canberra Interfaith Forum for your consideration.

We would be very pleased to meet with you to discuss this feedback and work with you to further develop the model of care.

Yours sincerely

Darlene Cox

Executive Director

16 September 2022

HCCA Submission – Spiritual Support Services Review

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA's Members' feedback has been collated and contextualised below, including:

1. Support for establishment of a best practice spiritual care model
2. Comments on preferred model of care options
3. Ideas on the support offered by model-of-care options
4. Reflections on funding models
5. Thoughts on provision of spiritual care for CHS staff
6. Additional feedback on spiritual care services
7. Comments relating to the consultation paper and process

1. Do you support establishment of a best-practice model of spiritual care which is fully integrated in the health service, with equitable access for consumers of all faiths and beliefs, their families and staff?

All the feedback we received supports the establishment of an integrated, best-practice model of spiritual care, however there was a range of views around what this looked like.

We are aware that most large metropolitan public hospitals in Australia employ a Spiritual Care Manager (or equivalent) with varying numbers of professional staff employed by the health service or by a faith community. We also are aware that there is a move to further invest in spiritual care as part of their multi-disciplinary workforce planning, in response to the pandemic. It makes sense for CHS to review their current service and to determine the changes needed to address unmet needs.

There was ***feedback on the term 'Spiritual Support Services'.*** One consumer shared that the meaning has changed over time and *"is no longer just the giving of religious sacraments to the dying or at pivotal points in their health journey having a stranger come in for a non-denominational chat"*.

Consumers shared the view that spiritual care is not necessarily only needed at the end of life, and was also needed during critical events. *As one consumer shared with us, "**It's not just at end of life**".*

2. Referring to section 5.6, what Spiritual Support Services Model of Care is your preferred Option (1, 2 or 3)?

The feedback on the proposed model was diverse and there was not a consensus view. The differences mainly relate to the makeup of the workforce and the role of volunteers.

Most people we heard from supported Option 3 and shared views on this option.

The range of responses demonstrates the challenge of providing a service to meet a diverse range of needs. As one member noted, *"Spiritual Support is a challenging area to gain community commitment and a united response for all, in our current times".*

There was strong support for delivery of spiritual care services on weekends and after hours under Option 3. For example, we note that the Royal Children's Hospital Melbourne has a Spiritual Care program that provides 24 hour confidential care and support that includes after-hours on-call support[i].

There was strong support for multi-faith and non-faith services.

There was concern about the focus on the Christian faith tradition and establishing Memorandums of Understanding with Catholic, Anglican and Uniting Churches as a way of "acknowledging the contribution of the Chaplains". This scope needs to be broadened to meet the needs of our multicultural communities. One of our members

suggested appointment of additional spiritual care on a pro rata basis, based on the religious composition of our Canberra population.

A number of consumers noted that the existing model provides limited Spiritual Support Services for non-Christian faith traditions. This needs to be addressed and we are pleased to see this referenced in the consultation paper. Colleagues from the Canberra Interfaith Forum emphasised the need for every faith to *"be given an equal opportunity to be involved and have their respective views considered and taken into account in a meaningful way".*

We recommend CHS consult with other faith groups and establish MOUs with them, whenever possible, to ensure the future spiritual support services in the ACT are multi-faith and meet the requirements of members of different faith traditions.

There was concern that in the existing service (option 1) the only non-Christian faith involvement are two people (one male and one female) acting as body washers. There is need for more clarity about who the "volunteer Spiritual Carers" are, and whether they represent different spiritual faith traditions. According to the ABS, the top five religions in the ACT other than Christianity (38.1%) are Islam (4.5%), Hinduism (3.2%), and Buddhism (2.8), with 44.2% of people claiming no religious affiliation[1]. There needs to be services in place to reflect this diversity and support options that can deliver this.

3. How will your preferred Model of Care (MoC) support you and your team in the delivery of person-centred care at Canberra Health Service?

The consultation paper does not address the issues of obtaining and recording the informed consent for spiritual support services.

There is a reference that all activity is to be ***documented in the medical record***. We recognise the value of documentation for practitioners and for volunteers. Access to the medical record needs to be considered closely and made clear to consumers and families what information will be recorded and by whom. It would be useful to record the referral and/or request and spiritual care interventions as well as consent for the involvement of spiritual service staff. There may also be issues with granting volunteers access to the medical records, in accordance with CHS policies relating to privacy and medical records. There will need to be consideration of how to enable spiritual care workers and volunteers to document their visits and how this is included in the Digital Health Record. This would also need to extend to individuals employed by their faith communities.

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[1] https://www.abs.gov.au/articles/snapshot-act-2021#:~:text=Housing-,Population,the%20Census%20counted%20137%2C000%20people. Accessed 14 September 2022.

The principle of ***involving spiritual support staff in multidisciplinary team (MDT) meetings*** is supported however, as with any member of the MDT, it is important that consumers consent to this.

The consultation paper makes a number of references to consumers self-referring to spiritual support services. Our experience is that this is not well known by consumers, and additionally they may not be in a frame of mind where they can self-refer. There is a need to ***develop materials for consumers, carers and families*** to inform them about the spiritual care services available. As part of person-centred care, we see that it is the role of all staff to be familiar with spiritual support services and identify where spiritual support services may be helpful, and to approach the patient, family and or carer about whether these services would be appreciated. One consumer was very clear about the need for this and stated "*I think spiritual support services should be actively promoted to family members and carers of patients".*

The CHS website is limited in the content relating to spiritual support services. We think there is value in increasing the information available. For example, a listing of the times and days of services including prayers, eucharist and Mass.

We would be very pleased to work with you to develop these materials. One of our members commented that *"The best way to serve the spiritual needs of these people might be to facilitate provision of spiritual care through family and friends, and let them and the patient know about how it can be provided"*.

The ***role of volunteers*** is a vexed one and we received significant feedback on their role. From our reading of the consultation paper it appears that CHS has had challenges with this workforce and there is a concerning tone in how they are described. One HCCA member commented that volunteers *"seem to be downplayed a lot and don't look very welcomed".* For example, there is a reference to not using volunteers when a "professional response" is required. We do not consider this to be respectful of the contributions of volunteers.

We also received feedback that *"Proposing annual performance reviews seems a little strong. Are they doing the same of the faith based chaplains, and how about all the rest of the staff at TCH. Not very encouraging".* Another member felt that there is a need to *"have some paid roles, some formal mechanisms of accountability, but largely preserve the independence and dignity of the volunteers"*. Given the challenges of staffing we think the value of volunteers needs to be reconsidered.

One of our members suggested that *"faith-based volunteers be recruited through an open EOI process and in consultation and cooperation with the ACT Office for Multicultural Affairs. After necessary vetting and training these volunteers be allowed to provide spiritual care services in their own capacity and time. However, supervision may be required in complex cases, if and when prescribed by the medical practitioners. Also,*

instead of supervision a quarterly or bi-annual volunteer training update could be provided, if and when required."

The ***spiritual assessment*** does not seem to be consumer friendly and could lead to a delay in consumers and carers accessing the care they need. Similarly, the ***triage process*** of the Acute Allied Health Clinical Prioritisation Guideline (CHS 21/451) with a response within the relevant timeframes according to the level of risk could provide a barrier to the care people need. It means that an assessment will be made by someone else about our spiritual needs. It is not clear why an assessment process needs to be completed. As one HCCA member wrote, surely "Their desire for this should be enough". As one member commented "*Information about spiritual care should be available for all patients, when needed, without waste of time on administrative matters"*.

There needs to be consideration of the ***allocation of spaces for consumers and staff to support spiritual practises*** like prayer. There is only one designated space on the CHS and UCH campus for this purpose and our experience is that consumers on the whole, are not aware that it exists as a resource that they could use. Additionally, the Canberra Hospital campus is large and confusing and the one area available for spiritual practises may be too far away from the patient's location to be of any use. It is an important consideration in the master planning and redevelopment of the Canberra Hospital campus that a number of accessible spaces are provided across the campus for spiritual purposes. These functions could be combined with other supportive purposes to make best use of the space. Some spiritual support spaces should be outside, in appropriate reflective settings.

4. If you prefer option 2 or 3, what funding will your division contribute to establish the staffing required to deliver this option?

While this question is clearly designed for internal stakeholders, some consumers shared their thoughts about funding sources.

The people who commented expressed their view that ongoing funding should be provided by the ACT Government. One commented that multicultural communities are not well resourced and as volunteer based organisations they would not be able to provide additional funding to support this service.

5. Should the model of care include provision of spiritual care for staff of CHS? Please describe what services you think should be provided.

We support the provision of spiritual care for staff of CHS.

There is a duty of care CHS has to the staff it employs. The provision of spiritual support services for staff in an environment of sustain, high stress and exposure to trauma is important. We think this is supportive of a positive staff culture. One consumer commented that *"to embed this service for the workforce would raise staff awareness of its existence, it would be more valued and visible overall, and these benefits could flow to consumers in terms of referrals and funding for the service"*.

6. Any other feedback you would like considered in relation to spiritual support services at CHS?

Many people have spoken to us about ***the importance of spirituality in our multicultural communities.*** *Australia has become more religiously and spiritually diverse; according to the ACT Census snapshot, 12.1% of people in the ACT who claimed a religious affiliation were identified with a non-Christian religion*[2]*.* As such, there is a need for this service to provide an increased range of spiritual supports to community members in times of need. One HCCA member commented that *"This is especially important for families, who are migrant, newly arrived and away from their extended family support"*.

One member was interested in the link between spiritual supports services for diverse communities and the ***training staff (including volunteers) receive on spiritual practices and rituals of different faith traditions***. They noted that this is important *"to enable them to better understand specific spiritual care needs of the patients they provide support and care"*.

One of our members raised the need to provide a ***different style of spiritual care*** such as *"the introduction of new skills which the consumer can take home to improve or maintain their health journey".* This is particularly important as we look to enhance the "Mind-Body connection" and take a more holistic approach to health and wellbeing. This is consistent with a range of other elements that support health and wellbeing including connection to nature, pet therapy, music/sound, and art therapy. Mindfulness, yoga, and working with breath to alleviate pain as well as food that can be comforting and nurturing all contribute to consumers' spiritual health. We are aware that hospitals in Melbourne provide Mindfulness Meditation sessions for staff and volunteers.

The recent Census showed an increasing number of Australians selecting 'no religion' box when asked about their religion. This increased from 30% in 2016 to 39% in 2021. At least one third of the Canberra Region population claimed to be secular. The Census

[2] https://www.abs.gov.au/articles/snapshot-act-2021#:~:text=Housing-,Population,the%20Census%20counted%20137%2C000%20people. Accessed 14 September 2022

also recorded a reduction in the numbers of people identifying as Christian (from 52% to 44%). In the ACT there is a small but growing population of people of other faiths and spiritual beliefs. As once consumer commented *“their spiritual needs in a health crisis or life-threatening situation need to be taken into account, or they will 'fall between the cracks'”*.

Non-religious spiritual support must also be available. The CHS music therapist is a great example of this. We received feedback from a consumer last year about music therapy at CHS:

> *“Today, Alison spent at least half an hour playing for Mum, letting Mum play, they did a beautiful duet, and Mum was beyond delighted. It also removed a lot of dementia/anxiety…. The harp session was magical, Mum became Mum again. Very special memories.”*

We know that this service is not well known by either staff or patients, and believe if this was known more broadly more could be done with the use of music to provide spiritual comfort to patients and families. Could a ***volunteer musician programme*** be part of the future spiritual support services?

The ***scope of service*** delivery appears to be inpatient for TCH and UCPH. CHS provides a range of community-based services as well as outpatient services and there is no mention of having programmes for consumer accessing these services, when there may be a need. Is there consideration of how this would work across CHS?

Spiritual Support needs of consumers who identify as LGBTIQA+

Spiritual care staff must be expected to provide sensitive spiritual care to LGBTQIA+ people. CHS should be careful not to presume that LGBTIQA+ consumers do not want spiritual or religious support.

We want all spiritual support staff to have the skills and resources they need to provide culturally responsive care for trans and gender diverse people. They need to understand that trans and gender diverse people face barriers to care in healthcare facilities.

Spiritual care staff should have trauma informed care training as LGBTQIA+ people who identify as religious can and do experience religion-based trauma and this can be a barrier to accessing the spiritual care they want and need.

As far as possible staff appointed to provide faith-based care should take an inclusive approach. Attitudes to LGBTIQA+ people can vary widely within religious organisations and CHS needs to consider how it will identify and appoint LGBTQIA+ welcoming staff and how to monitor for attitudes and approaches that are harmful to LGBTIQA+ consumers.

We suggest the Chaplaincy Innovation Lab (chaplaincyinnovation.org) as a useful resource in developing LGBTIQA+ welcoming spiritual support services.

Aboriginal and Torres Strait Islanders.

We recommend CHS talks to the Aboriginal and Torres Strait Islander Consumer Reference Group about this review and development of the spiritual support service.

7. Comments relating to the consultation paper and process

Page numbers are always useful for referencing. In the absence of page numbers we have referred to the section of the paper.

The document is detailed and technical making it difficult for some consumers to comment on. As one consumer commented the *"sorry, too technical to read for me"*.

Given a review of the literature had been undertaken to develop the paper we were expecting to see more references included throughout the document to demonstrate the evidence base and a list of those sources cited would be useful. Similarly a list of the best practice guidelines would also have been useful.

1. Introduction

a) Three walk-in centres are mentioned. There are five walk-in centres although only four are currently operating due to staffing constraints relating to the pandemic.
b) Is the reference to 1 October 2018 and the transition to two separate organisations relevant?
c) The reference to the organisational chart, Annual report and ACT Budget Papers is not helpful unless there are links. Very few people would follow up to request this. There may be value in having this information included in the CHS website https://www.canberrahealthservices.act.gov.au/about-us

2. Background

a) There is a list of five dot points on the benefits of spiritual care in health care. We would expect these to be referenced to demonstrate the evidence base to support this work.
b) We have specific questions about the Review undertaken:
   - What were the Terms of Reference?
   - What consumer and carer input was there in the Review?
   - There is a reference to a comprehensive report of the Review being available. It is not obvious how to request a copy.
c) What is the link to the National Standards? It would be useful to have identified this in the consultation paper.

5.2 Consumer and Staff Feedback

A number of consumers were interested in consumer feedback on the current service and how this was used to develop the options outlined in the paper. As one consumer commented: *"You know, what I think is missing from the review, is asking the users of this service (when there was one) what they got out of it. Where are the questions about who uses it and what for and how good they found it. And what they would actually like"*

We value the role of consumer feedback in reviewing existing services. We are interested to know what consultation has been undertaken to develop this proposal. One of our members asked: *"Were the various faiths and other relevant organisations involved in the preparation of this, or have they been invited to respond?"*

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[i] https://www.rch.org.au/cpc/services/Services_provided/