



**National Guidelines for Spiritual Care in Aged Care  
in relation to  
Residential Aged Care Accreditation Standards**

There are a number of challenges when putting the National Guidelines for Spiritual Care in Aged Care alongside the Residential Aged Care Accreditation Standards.

The Guidelines describe spiritual care as:

...caring for the whole person holistically incorporating the needs of mind, body and spirit. This holistic approach can enhance spiritual wellbeing and improve health and quality of life. Spiritual care recognises and responds to a person's spiritual needs by supporting them to find meaning, purpose, hope and transcend loss, grief, disability, illness and pain.<sup>1</sup>

The current results and processes described under the Accreditation Standards Outcome 3.8 do not equip assessors or organisations to identify quality spiritual care. The wording of the current Outcome leads to a focus on cultural and religious practice. The National Guidelines for Spiritual Care in Aged Care describe the difference between these two intentions as follows:

The distinctions between religious and spiritual care can be defined as: Spiritual care...[is]...the umbrella term of which religious care is a part. It is the intention of religious care to meet spiritual need. Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Spiritual care is not necessarily religious. Religious care should always be spiritual.<sup>2</sup>

Given the framework of the current outcome 3.8 is individual religious belief and practice, there is an immediate tension between quality spiritual care and the wording of this outcome. This is seen, for example, in the references to 'events' and 'activities'. When offered with care and regularity, cultural and religious events are important for those care recipients whose spirituality is supported by formal practices, however the above definitions demonstrate that this a very thin view of spiritual need and spiritual care.

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<sup>1</sup> Meaningful Ageing Australia, (2016). National Guidelines for Spiritual Care in Aged Care. Meaningful Ageing Australia, Parkville, p23.

<sup>2</sup> National Guidelines, p.8

A risk that has been identified in the process of creating the National Guidelines for Spiritual Care in Aged Care is that in many cases basic spiritual need is not met. This has come about in part by the narrow framing of outcome 3.8 and the second, and somewhat ironic situation, of staff in organisations with professional spiritual carers (such as chaplains and pastoral carers) leaving all spiritual care to “the professionals”.<sup>3</sup> The Quality Agency is activity working to support organisations to embrace quality as more than meeting the baseline outlined in the Accreditation Standards. The Australian Aged Care Quality Agency (AACQA) has initiated a process with the aged care sector that is moving care providers from a focus on safety, compliance and minimum standards to a much broader, holistic and nuanced view orientated around quality of life for the older person.<sup>4</sup> In the extensive ‘Quality Conversation’ undertaken by AACQA in 2015, “psychological and spiritual wellbeing...were regularly cited as key factors in quality care” (p6). Meaningful Ageing Australia is looking forward to providing input into the new single set of quality standards that more effectively captures best practice spiritual care for older people.

Implementation of the National Guidelines contribute to organisations’ going beyond the base line of the current Accreditation Standards. The below tables shows the current Standards Outcomes in relation to the National Guidelines for Spiritual Care in Aged Care.

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<sup>3</sup> Pringle, E., & Doyle, C. (2016). Stakeholder Consultation Report. National Guidelines for Spiritual Care in Aged Care. Meaningful Ageing Australia, Parkville. (To be published on the Meaningful Ageing Australia website in August 2016 <http://meaningfulageing.org.au/national-guidelines-for-spiritual-care-in-aged-care/>)

<sup>4</sup> Australian Aged Care Quality Agency, (2015). *Let’s Talk About Quality*.

## Mapping the National Guidelines for Spiritual Care in Aged Care to the current Residential Aged Care Accreditation Standards

Accreditation Standards	National Guidelines for Spiritual Care in Aged Care
<b>Standard 1</b>	
<b>Management systems, staffing and organisational development</b>	
1.3 Education and Staff Development	1.4 Leadership at all levels demonstrates awareness of spirituality, particularly in relation to supporting staff through the inevitable transitions of their direct care giving role.
	1.5 Spiritual training commensurate with role and responsibilities is available for all personnel who have direct and/or frequent contact with older people, regardless of whether they are employees or contracted through another organisation.
	2.1 Leaders and managers support those who have contact with older people in developing the spiritual and emotional resources they need.
1.4 Comments and complaints	2.5 Performance appraisal and quality improvement processes include seeking the views of older people regarding their satisfaction with spiritual care and services in a way that maintains confidentiality.
1.5 Planning and leadership	1.1 The governing body incorporates spiritual care into the organisation's overall strategy, including setting strategic goals to foster spiritual care.
	1.2 There are corporate strategies in place to respond to the spiritual needs of older people and staff. Strategies are incorporated into operational plans and quality management systems, and these are measured.
	1.10 For residential care homes, a dedicated inclusive, sacred space is available for meditation or contemplation as well as community or faith activities.
1.6 Human resource management	2.2 Recruitment and selection processes place a high priority on attracting and selecting those who demonstrate empathy, genuine care and the capacity to connect appropriately with older people.
	2.6 A culture of connectedness, compassion, 'being with' and 'being present to' older people is reflected in recruitment and selection, training, rosters, position descriptions, work values and performance appraisal systems.

Accreditation Standards	National Guidelines for Spiritual Care in Aged Care
<b>Standard 1 cont.</b>	
<b>Management systems, staffing and organisational development</b>	
	<p>2.7 Those who have direct contact with older people are trained and equipped with spiritual awareness to:</p> <ul style="list-style-type: none"> <li>• Understand their own spirituality and a diverse range of spiritual experiences and expressions</li> <li>• Be able to enter into a conversation/have connection with older people about what gives their life meaning</li> <li>• Know when, how and whom to refer to when spiritual needs arise</li> <li>• Incorporate spirituality into their role/function</li> <li>• Provide compassionate partnering.</li> </ul>
	4.5 Provision of spiritual support resources is adequate to meet the identified spiritual needs of older people.
1.8 Information systems	1.6 There is a system that respects the confidentiality of a person’s life history and enables the appropriate referral to specialists as required.
	3.3 Spiritual choices, preferences and needs are documented, addressed and integrated with clinical and lifestyle plans to facilitate holistic care.
1.9 External services	1.6 There is a system that respects the confidentiality of a person’s life history and enables the appropriate referral to specialists as required.
	3.6 There is a referral system in place to enable access to specialised spiritual carers at short notice and on an on-going basis.

<b>Standard 2 Health and personal care</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
2.1 Continuous improvement	2.5 Performance appraisal and quality improvement processes include seeking the views of older people regarding their satisfaction with spiritual care and services in a way that maintains confidentiality.
2.6 Other health and related services	1.6 There is a system that respects the confidentiality of a person's life history and enables the appropriate referral to specialists as required.
	2.8 Spiritual care needs are sensitively shared to ensure that all those who have direct contact with older people have access to information appropriate to their role and relationship.
	4.7 Spiritual assessments and relevant personal information are made available to those who have contact with older people commensurate with their role and responsibility, and the older person's consent and preferences.
	4.8 Spiritual care practitioners have access to care information and are required to notate relevant information that enhances holistic care.
	5.4 Older people have access to spiritual care practitioners to share their spiritual journey.
	4.8 Spiritual care practitioners have access to care information and are required to notate relevant information that enhances holistic care.
	5.4 Older people have access to spiritual care practitioners to share their spiritual journey.
2.9 Palliative care	3.9 Older people are supported to prepare for end of life: <ul style="list-style-type: none"> <li>• By reflecting on their life, contribution and legacy</li> <li>• By affirming worth, identity and uniqueness</li> <li>• By exploring unresolved issues such as 'unfinished business', fear, guilt, need to reconcile, meaning and purpose, and life review</li> <li>• End of life spiritual care needs and preferences are documented, supported and respected</li> <li>• Palliative care preferences</li> <li>• Advance care planning is offered</li> <li>• Death and dying rituals and preferences are documented and respected.</li> </ul>

<b>Standard 3 Care recipient lifestyle</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
3.1 Continuous improvement	2.5 Performance appraisal and quality improvement processes include seeking the views of older people regarding their satisfaction with spiritual care and services in a way that maintains confidentiality.
3.2 Regulatory compliance	4.10 Spiritual care complies with all relevant legal requirements and codes of conduct/codes of practice.
3.3 Education and staff development	1.4 Leadership at all levels demonstrates awareness of spirituality, particularly in relation to supporting staff through the inevitable transitions of their direct care giving role.
	1.5 Spiritual training commensurate with role and responsibilities is available for all personnel who have direct and/or frequent contact with older people, regardless of whether they are employees or contracted through another organisation.
	2.1 Leaders and managers support those who have contact with older people in developing the spiritual and emotional resources they need.
	2.4 All those who have contact with older people have responsibility and accountability for spiritual well-being of those in their care.
	2.7 Those who have direct contact with older people are trained and equipped with spiritual awareness to: <ul style="list-style-type: none"> <li>• Understand their own spirituality and a diverse range of spiritual experiences and expressions</li> <li>• Be able to enter into a conversation/have connection with older people about what gives their life meaning</li> <li>• Know when, how and whom to refer to when spiritual needs arise</li> <li>• Incorporate spirituality into their role/function</li> <li>• Provide compassionate partnering.</li> </ul>
	4.3 Those who have contact with older people work within their scope of competency and are aware of the referral process and role of spiritual care specialists.
3.4 Emotional support	1.7 Information technology and communications infrastructure supports older people with the capacity to digitally connect with people, events and places. Access to technology such as: video calls, podcasts, web-casting, tablets, messaging/emails is available.
	1.9 For residential care homes, there is a reasonable physical space (other than in their room) for families/ loved ones and spiritual carers to meet with the older person in ways that are private and uninterrupted.
	2.3 To enable mutual relationships of trust and openness to develop, staff are consistently assigned as caregivers to the same older person.

<b>Standard 3 cont. Care recipient lifestyle</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
	2.8 Spiritual care needs are sensitively shared to ensure that all those who have direct contact with older people have access to information appropriate to their role and relationship.
	2.10 In residential care, relationships and connections with family, carers and loved ones is supported and encouraged with visitor-friendly spaces, telephone and use of technology/social media.
	3.5 After critical life events such as trauma, crisis, illness, losses or significant changes, older people are offered opportunities to reflect on their life's meaning or purpose.
	3.7 Older people are supported to find meaning, purpose and connectedness as they transition through the different stages associated with ageing.
	3.8 Finding meaning and purpose through relationship and connection is central to all activities and lifestyle programs based on individual choices, preferences and needs.
	3.9 Older people are supported to prepare for end of life: <ul style="list-style-type: none"> <li>• By reflecting on their life, contribution and legacy</li> <li>• By affirming worth, identity and uniqueness</li> <li>• By exploring unresolved issues such as 'unfinished business', fear, guilt, need to reconcile, meaning and purpose, and life review</li> <li>• End of life spiritual care needs and preferences are documented, supported and respected</li> <li>• Palliative care preferences</li> <li>• Advance care planning is offered</li> <li>• Death and dying rituals and preferences are documented and respected.</li> </ul>
	5.1 Individual and group activities promote spiritual growth and attainment of spiritual maturity, for example: spiritual reminiscence groups, life history and life review.
	5.9 The organisation facilitates older people having access to sacred texts, daily readings, biographies, poetry, other texts and or study/discussion groups that promote spiritual growth and resilience.
	5.10 Loss and grief in relation to death and dying of loved ones and/or other residents/clients is acknowledged. The life of the deceased is celebrated in some form such as a commemoration service, book or photos.
3.5 Independence	2.10 In residential care, relationships and connections with family, carers and loved ones is supported and encouraged with visitor-friendly spaces, telephone and use of technology/social media.
	3.4 The approach to providing spiritual care is multi-disciplinary, inter-disciplinary and includes the older person and/or their circle of support.

<b>Standard 3 cont. Care recipient lifestyle</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
	3.7 Older people are supported to find meaning, purpose and connectedness as they transition through the different stages associated with ageing.
	3.8 Finding meaning and purpose through relationship and connection is central to all activities and lifestyle programs based on individual choices, preferences and needs.
	5.3 Older people are supported and encouraged to connect with their loved ones and/or religious/ community/cultural group by participating in person, visitation and/or via technology (video call, podcasts, virtual reality etc).
3.6 Privacy and dignity	2.8 Spiritual care needs are sensitively shared to ensure that all those who have direct contact with older people have access to information appropriate to their role and relationship.
3.7 Leisure interests and activities	3.8 Finding meaning and purpose through relationship and connection is central to all activities and lifestyle programs based on individual choices, preferences and needs.
	3.10 The environment, routines and practices are conducive to acknowledging and supporting the emergence of spiritual ‘moments’, reflections and insights.
	4.10 Spiritual care complies with all relevant legal requirements and codes of conduct/codes of practice.
	5.1 Individual and group activities promote spiritual growth and attainment of spiritual maturity, for example: spiritual reminiscence groups, life history and life review.
	5.7 Older people are supported to participate in the arts such as music, singing, dancing, drawing, painting, poetry and story-telling.
	5.9 The organisation facilitates older people having access to sacred texts, daily readings, biographies, poetry, other texts and or study/discussion groups that promote spiritual growth and resilience.
3.8 Cultural and spiritual life	1.7 Information technology and communications infrastructure supports older people with the capacity to digitally connect with people, events and places. Access to technology such as: video calls, podcasts, web-casting, tablets, messaging/emails is available.
	1.8 Care recipients are supported and encouraged to access outdoor areas. Those who cannot physically move outside are assisted to connect with the natural world.
	2.8 Spiritual care needs are sensitively shared to ensure that all those who have direct contact with older people have access to information appropriate to their role and relationship.
	2.9 Relationships and connectedness with God/divine power, life force, or places, events, animals, objects that bring meaning, are fostered and facilitated.

<b>Standard 3 cont. Care recipient lifestyle</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
	2.10 In residential care, relationships and connections with family, carers and loved ones is supported and encouraged with visitor-friendly spaces, telephone and use of technology/social media.
	3.1 Upon commencement of care services, spiritual choices, preferences and needs are identified to establish immediate and ongoing care, with the consent of the older person.
	3.2 The spiritual choices, preferences and needs of older people are assessed using valid and reliable tools within one month of commencement and at least six monthly thereafter, with the consent of the older person.
	3.4 The approach to providing spiritual care is multi-disciplinary, inter-disciplinary and includes the older person and/or their circle of support.
	3.8 Finding meaning and purpose through relationship and connection is central to all activities and lifestyle programs based on individual choices, preferences and needs.
	3.10 The environment, routines and practices are conducive to acknowledging and supporting the emergence of spiritual 'moments', reflections and insights.
	3.6 There is a referral system in place to enable access to specialised spiritual carers at short notice and on an on-going basis.
	3.7 Older people are supported to find meaning, purpose and connectedness as they transition through the different stages associated with ageing.
	3.9 Older people are supported to prepare for end of life: <ul style="list-style-type: none"> <li>• By reflecting on their life, contribution and legacy</li> <li>• By affirming worth, identity and uniqueness</li> <li>• By exploring unresolved issues such as 'unfinished business', fear, guilt, need to reconcile, meaning and purpose, and life review</li> <li>• End of life spiritual care needs and preferences are documented, supported and respected</li> <li>• Palliative care preferences</li> <li>• Advance care planning is offered</li> <li>• Death and dying rituals and preferences are documented and respected.</li> </ul>
	4.1 Spiritual care for older people with special needs takes into account their personal situation and how this may impact their experience of care.
	4.2 Spiritual care recognises and respects the older person's choices and preferences in the context of holistic care. It is integrated with the physical, psychological, social and cultural dimensions of the whole person and their carers and family/loved ones.
	4.3 Those who have contact with older people work within their scope of competency and are aware of the referral process and role of spiritual care specialists.

<b>Standard 3 cont. Care recipient lifestyle</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
	4.4 Spiritual care is provided within a culture of acceptance, tolerance and inclusivity. Spiritual views, beliefs, culture, values and affiliations are respected. The individual's right to self-determination regarding spirituality and spiritual care is upheld.
	4.6 Spiritual practices such as prayer, healing rites, rituals or religious sacraments are respectfully offered within the context of choice, preferences and assessed needs.
	4.7 Spiritual assessments and relevant personal information are made available to those who have contact with older people commensurate with their role and responsibility, and the older person's consent and preferences.
	4.9 Older people who express a desire to explore alternative faith/beliefs and/or change their view of faith/beliefs/values are provided with information and access to faith representatives. Family and loved ones are supported to understand and respect the older person's choices.
	5.1 Individual and group activities promote spiritual growth and attainment of spiritual maturity, for example: spiritual reminiscence groups, life history and life review.
	5.5 Sacred, cultural, religious and other special days, festivals, periods of religious observance and celebrations, are acknowledged and observed on an individual or group basis.
	5.6 Cultural and spiritual needs and preferences in relation to food, eating and fasting rituals are identified, documented, supported and observed.
	5.7 Older people are supported to participate in the arts such as music, singing, dancing, drawing, painting, poetry and story-telling.
	5.8 Participation and observation of rituals, worship, rites, sacraments, devotions, prayer, recitation of creeds, meditation, chants, self-affirmations and mantras are supported and facilitated to promote spiritual growth and resilience.
	5.9 The organisation facilitates older people having access to sacred texts, daily readings, biographies, poetry, other texts and or study/discussion groups that promote spiritual growth and resilience.

<b>Standard 4</b>	
<b>Physical environment and safe systems</b>	
<b>Accreditation Standards</b>	<b>National Guidelines for Spiritual Care</b>
4.4 Living environment	1.9 For residential care homes, there is a reasonable physical space (other than in their room) for families/ loved ones and spiritual carers to meet with the older person in ways that are private and uninterrupted.
	1.10 For residential care homes, a dedicated inclusive, sacred space is available for meditation or contemplation as well as community or faith activities.
	3.10 The environment, routines and practices are conducive to acknowledging and supporting the emergence of spiritual 'moments', reflections and insights.
	5.2 Older people have access to the natural environment through gardens, outings and/or bringing nature inside through flowers, plants, photos, sounds and fragrances.