



Recommendations regarding the Aged Care Workforce Strategy

18 December 2017

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Thank you for the opportunity to submit further comments regarding the national aged care workforce strategy. Following is an overview of a key strategic opportunity to take the aged care workforce to a new level of integrated support for whole of person care via the inclusion spiritual care. We are available to provide further information as required: admin@meaningfulage.org.au 03 8387 2274.

1. Summary of key recommendations

Recommendation 1:

The Certificate III/IV should be completely re-framed around spiritual care, so that it is more clearly orientated around fully paying attention to the older person in their context.

Recommendation 2:

RTOs need to review their recruitment practices in employing trainers.

Recommendation 3:

A funded leadership development program should be made available to all current and future leaders in aged care to ensure they are grounded in understanding the whole human person, and able to apply a leadership style that enables organisational systems to be orientated around spiritual care.

Recommendation 4:

The role of the Spiritual Care Practitioner should be formally recognised as part of the direct care team.

Recommendation 5:

Funding for aged care in future should include Spiritual Care Practitioners as part of the direct care team.

Recommendation 6:

A Spiritual Care Volunteer workforce should be included in care and funding models.

2. Background

2.1 Meaningful Ageing Australia is the Australian national peak body for spiritual care and ageing. We are a membership based not-for-profit incorporated association, supporting organisations to respond to the pastoral and spiritual needs of older people, their significant others, and their carers. We are not a faith-based organisation, but rather work with a broad understanding of spiritual care.

We began in 2013 with sponsorship funding from 22 aged care organisations/peak bodies with an interest in aged care, before implementing the membership model in July 2015. In the last 20 months we have steadily grown, and at the time of writing have 73 members. Our membership list current at the time of writing is in Appendix I and the live list is available on our website <https://meaningfulageing.org.au/about/our-members/>. We are at an innovative edge for the sector as we enable organisations to engage with simultaneously ancient and new ideas – that spirituality is essential for quality of life and death, religious or otherwise.

Our main activities are:

- the creation of practical resources and delivery of education to build capability amongst our members and others
- advocacy with government and key agencies to understand the contribution of spiritual care and importance of spirituality for older people to live and die well.

Essentially, we are working to assist the sector to get back to first principles: that it is here to enable a flourishing life and decent death for older people. The keys to this are integrated spiritual care.

2.2 The word ‘spirituality’ is often misunderstood and because of this misunderstanding, it is often sidelined or ignored. It can be explained as “the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred”.¹ For some people this has a religious expression, and for others it does not. Understanding someone’s spirituality means understanding the person in their context, including all aspects of what makes them who they are (to the extent that they wish to share this). Spirituality is not confined to a private idea but rather is formed and expressed through relationship.²

The importance of spirituality for older people from a wide range of backgrounds has been identified in numerous places,³ including the publication of federally funded Australian *National Guidelines for Spiritual Care in Aged Care* that were launched in August 2016.⁴ There is a growing body of evidence that engagement with spirituality in health and aged care increases resilience, reduces depression and reduces anxiety. People’s beliefs, which are integral to their spirituality, also drive their ‘health behaviour’. Each person’s beliefs are the place from which decisions are made about compliance and engagement with the healthcare or any helping system, including, for example, advance care planning. There is also evidence that spiritual care improves on ‘customer experience’ as well as the experience of the workforce themselves.⁵

In summary, we are working to change the current cycle where spiritual care is not funded, not part of quality requirements except in a very thin way, not expected by ‘consumers’, not understood by

¹ Puchalski, Christina, Robert Vitillo, Sharon Hull, Nancy Reller. “Improving the spiritual dimension of whole person care: Reaching national and international consensus”. *Journal of Palliative Medicine*, 17, no. 6 (2012): 642-656.

² Swinton, John. *Spirituality and Mental Healthcare*. (London: Jessica Kingsley, 2001).

³ See for example Kidd, Jeremy, Tarryn Whitten. “Understanding Spirituality and Religiosity in the Transgender Community: Implications for Aging”. *Journal of Religion, Spirituality & Aging* Vol. 20 , Iss. 1-2 (2008): 29-62; Kanitsaki, O. “Mental Health, Culture and Spirituality: Implications for the Effective Psychotherapeutic Care of Australia’s Ageing Migrant Populations” *Journal of Religious Gerontology* 13, Iss. 3-4 (2003): 17-37; MacKinlay, Elizabeth, ed., *Ageing and Spirituality Across Faiths and Cultures*. (London: Jessica Kingsley, 2010)

⁴ Meaningful Ageing Australia, *National Guidelines for Spiritual Care in Aged Care*. (Parkville: Meaningful Ageing Australia, 2016) Available from <http://meaningfulageing.org.au/national-guidelines-for-spiritual-care-in-aged-care-documents/>

⁵ See for example the summary of research accessible from <https://meaningfulageing.org.au/other-resources/>

leaders in the aged care sector,⁶ and not understood by the workforce.⁷ Below is a figure showing these various challenges for spirituality care in Australian aged care.

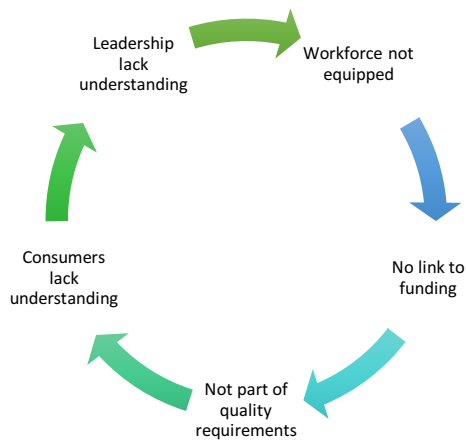


Figure 1: Challenges for spiritual care in aged care in Australia

⁶ This emerged as an issue during the consultation phase for the National Guidelines and in Meaningful Ageing Australia surveys sent to pre-release workshop participants. Pringle, Elizabeth. *Stakeholder Consultation Report. National Guidelines for Spiritual Care in Aged Care*. Parkville: Meaningful Ageing Australia 2016).

⁷ See Appendix II for a summary of our overall strategy.

3. Connection with the National Aged Care Workforce Strategy

We are facing a significant challenge and opportunity in Australia. Spirituality has been left out of curricula in most places, or reduced to a thin understanding of religion, which means it is ad-hoc as to whether staff are equipped to work in the terrain of each older person's spirituality, unless they are spiritual care specialists (known as Spiritual Care Practitioners, or pastoral care worker/chaplain). Despite the centrality of spirituality for each person's place in their world, organisational systems also are not necessarily orientated around allowing for engagement with the spirituality of each older person.

By positioning the recruitment and development of the aged care workforce around spiritual care, Australia could lead the world in attracting and retaining a high quality, highly engaged workforce who are effectively able to support older people to live and die with dignity.

Below is a figure showing the different levels of involvement for staff in aged care with spiritual care.

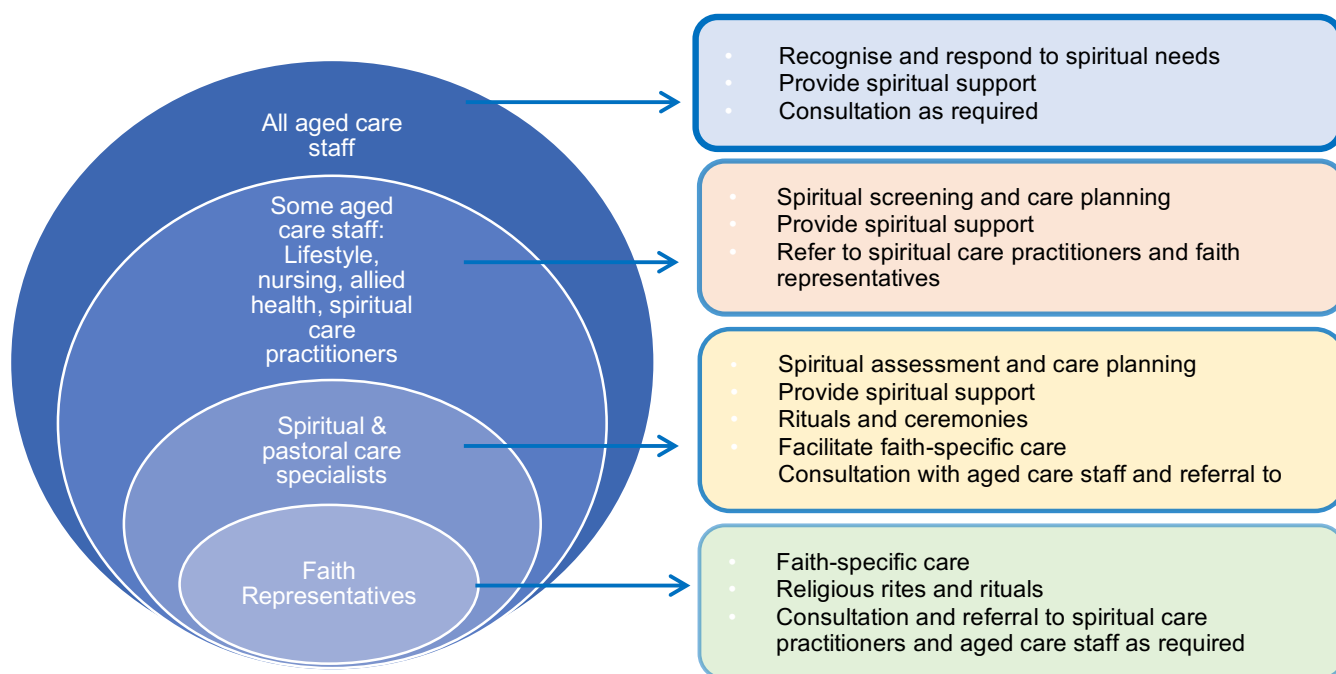


Figure 2: The role of all staff in spiritual care

4. The National Guidelines for Spiritual Care in Aged Care

The National Guidelines for Spiritual Care in Aged Care were produced by Meaningful Ageing Australia in partnership with Spiritual Health Victoria and project managed by the National Ageing Research Institute. They were funded by the Australian Government Department of Health under the ACSIHAG program.

By implementing the National Guidelines, organisations are positioning themselves to be more sensitive to the complex, inter-related needs of each older person; and to increase the resilience and engagement of their workforce.

Spiritual care is by necessity profoundly 'customer-centred' (listens, is flexible, responsive) and orientated around collaboration and networks. It is deeply embedded in understanding and enhancing the experience of each older person who is engaged with the aged care system by knowing what is most important for him/her. Spiritual care means recognising not only the needs of the person you are supporting, but also the role of the system in the support relationship.

Below is a figure showing the place of spiritual care as the foundation of all practice and care models, which then leads to improved quality of life for older people and workforce engagement.

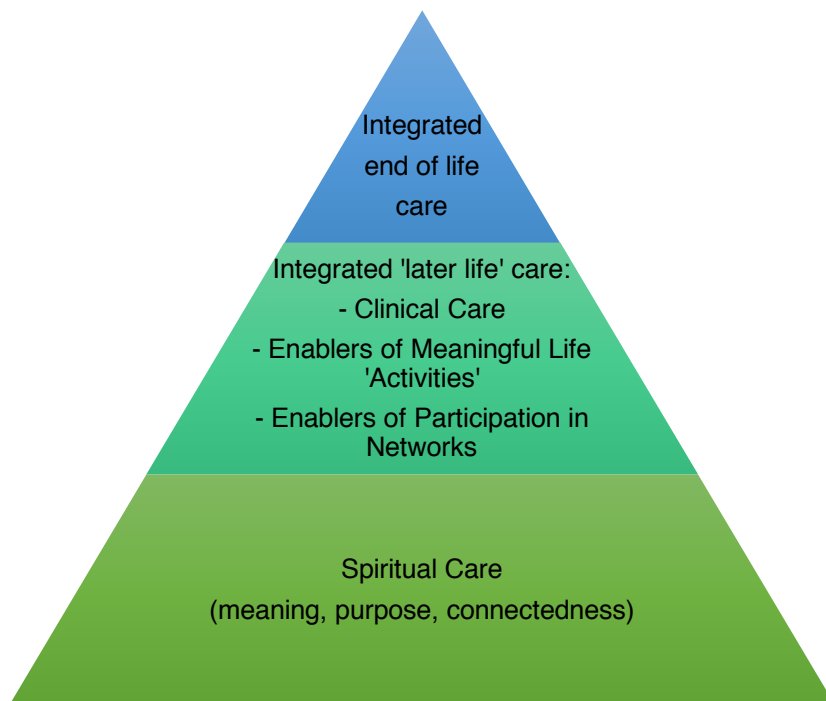


Figure 3: Spiritual care as the ground from which all other care and support occurs

There are several important contributions that spiritual care offers the National Aged Care Workforce Strategy.

- Firstly, there is the twin challenge and opportunity of:
 - understanding that the spirituality of all older people is recognised as *more than religion*
 - engaging with the *role* of religion in the life of someone who identifies with, or has been impacted by, a specific religious faith/culture where relevant.
- Secondly, a spiritual care approach provides an ideal lens through which to approach understanding and support of people from all backgrounds in a profoundly person-centred way. This approach can be successfully applied at:
 - the level of practitioner formation (all roles, in different ways)
 - as well as organisational systems and processes.

Changing the aged care workforce also means changes for the aged care system. If carers and other staff are going to be formed for the role, there needs to be an equal change in the management of aged care organisations so that these staff can apply their learning. This point is made by the National

Guidelines for Spiritual Care in Aged Care which requires organisations to take a cohesive approach to staff development and support as well as organisational systems which then lead to an integrated approach with the older people who are being supported. Meaningful Ageing Australia is producing practical guidance material for our members to align with the National Guidelines.

Organisations need to expect that their staff will have a relationship with the older person, and that staff will advocate for the older person's needs to be met (this will pose a challenge in many places). Unlike the clinical model, this model makes the older person the expert and the aged care workforce is the 'support cast' for their living.

Leadership needs to be up-skilled to incorporate the lens of a spiritual approach, which understands each person's needs for meaning, purpose and connectedness so that organisational systems and processes are built around supporting this, including support for staff, PDs, recruitment, etc.

5. Specific Recommendations

5.1 Certificate III/IV

Recommendation 1: The *CHC33015 Certificate III in Individual Support* should be completely re-framed around spiritual care, so that it is more clearly orientated around fully paying attention to the older person in their context. Workers are formed to be ‘learners from’ rather than ‘doers to’ – giving the older person a role as elder.

- I. Support tasks kept in their place as enablers of living and care is understood as a form of intimacy and therefore opportunity for deeper engagement
- II. and that the mode of delivery reflects the fact that this is highly relational work.

The best way to achieve this is to frame things through the lens of a spiritual approach, which understands each person’s needs for meaning, purpose and connectedness (with self, others, creativity, nature and God/Something Bigger). This is a natural support for the characteristics of good aged care workers as identified in the 2016 National Aged Care Workforce Census and Survey: “Possessing personal qualities such as patience, understanding, compassion and empathy were seen as being more important than other characteristics such as aged care skills”.⁸

Feedback from our members describes huge inconsistencies in the quality of staff who are being trained as carers, including in many cases courses that give lip-service to person-centred care but where carers are not taught to be authentically ‘with’ older people.

5.2 Registered Training Organisations (RTOs)

Recommendation 2: RTOs need to review their recruitment practices in employing trainers.

There are many instances of trainers who are not equipped to develop carers into the kinds of people who offer sensitive, compassionate care. They place too much emphasis on outcomes that align with national training standards and not enough on the unique qualities of becoming a care worker – for example “spirituality” is listed in the curriculum as something to be “taught” but it is not connected with other aspects of the curriculum.

5.3 Organisational Leadership Development

Recommendation 3: A funded leadership development program should be made available to all current and future leaders in aged care to ensure they are grounded in understanding the human person and able to apply a leadership style that enables organisational systems to be orientated around spiritual care.

5.4 Spiritual Care Practitioners

Recommendation 4: The role of the Spiritual Care Practitioner should be formally recognised as part of the direct care team.

Recommendation 5: Funding for aged care in future should include Spiritual Care Practitioners as part of the direct care team.

- I. As understanding of spiritual care increases, the demand for spiritual care specialists will also. Best practice spiritual care specialists (called spiritual care practitioners, pastoral carers, chaplains) offer a highly flexible, responsive and proactive mode of support that is orientated around understand each person’s deepest needs. They function as an integral part of the care team, partnering with older people, their loved ones, volunteers and professionals who

⁸ Commonwealth of Australia, 2016 *National Aged Care Workforce Census and Survey – The Aged Care Workforce*, (Commonwealth of Australia, 2016), 143.

are involved with supporting the person. They are bridge-builders within formal and informal systems of care, including local networks. They have the capacity to enhance and promote the spiritual wellbeing of staff as well as older people; and to build capability amongst staff to incorporate spiritual care into all roles. They are key enablers of social capital.

- II. Currently there is no funding specifically for this type of support, despite the fact the approach of the spiritual care practitioners sits at the leading edge of where contemporary organisations need to go to in order to demonstrate deep understanding of their ‘customers’.
- III. Some people in these roles, and some organisations, position the work of the chaplain or pastoral care worker to be religiously-specific. This is a minority position but clarity is needed so that the care system and ‘consumers’ can understand more readily what this role offers. The National Guidelines for Spiritual Care in Aged Care refer to Spiritual Care Practitioners as a formal role that works holistically at best practice as described in (I) above.
- IV. Specific pathways for development as a Spiritual Care Practitioner should be articulated. This can be developed in partnership with Meaningful Ageing Australia and relevant teaching institutions.
- V. When reviewing the workforce requirements for the future, funding in relation to Spiritual Care Practitioners should be included. The Health Professionals and Support Services Award 2010 currently recognises this role under the title Pastoral Carer.⁹
- VI. When planning for personnel in spiritual care roles, it is important to include the main group who are engaged in direct care, as well as those in spiritual care leadership/management roles, and spiritual care volunteers (faith-specific and non-faith specific). A puzzling flaw in the 2016 National Aged Care Workforce Census and Survey was that people employed in spiritual care roles were *not included* as ‘providing direct care’.¹⁰ We assume that organisations have responded with regards to spiritual care practitioners who are in direct care, however, as it was framed as outside of direct care they may have answered only in terms of leadership/coordination roles. We have contacted Flinders University about making improvements to the survey.

5.5 Spiritual Care Volunteers

Life review is an essential component of spiritual need, especially as we age.¹¹ Having the opportunity to tell our stories, to reflect on our contribution and the meaning of our lives, takes time and the presence of a skilled listener. Meaningful Ageing Australia is a partner in a training course for spiritual care volunteers so that organisations can build up just such a workforce from amongst their local communities. Spiritual care volunteers can come from all walks of life and diverse backgrounds.

<p>Recommendation 6: A Spiritual Care Volunteer workforce should be included in care and funding models.</p>

⁹ <http://awardviewer.fwo.gov.au/award/show/MA000027>

¹⁰ Workforce Census, 2016, 14, 15, 72.

¹¹ Elfrink, Teuntje., Zuidema, Sytse., Kunz, Miriam., & Westerhof, Gerben. “The effectiveness of creating an online life story book on persons with early dementia and their informal caregivers: a protocol of a randomized controlled trial”. *BMC Geriatric*, 17, 1 (2017 Apr 21):95, doi: 10.1186/s12877-017-0471-y; Icasiano, Francis. & Kearney, Jenny. *Client biography: Celebrating life and supporting a peaceful death through volunteer facilitated life stories*. (Nunawading: Eastern Palliative Care 2011); MacKinlay, Elizabeth. *Spiritual Growth and Care in the Fourth Age of Life*. 2nd Ed. (London: Jessica Kingsley Publishers 2017); MacKinlay, Elizabeth. & Trevitt, Corinne. “Spiritual care and ageing in a secular society”. *Medical Journal of Australia* 186 (10 Suppl) (2007): S74; Meaningful Ageing Australia *National Guidelines for Spiritual Care in Aged Care*. (Parkville: Meaningful Ageing Australia, 2016); Pinquart, Martin. & Forstmeier, Simon. “Effects of Reminiscence Interventions on Psychosocial Outcomes: A Meta- Analysis”. *Ageing & Mental Health* Vol. 16, No. 5, (July 2012): 541–558; Subramaniam, Ponnusamy. & Woods, Bob. “Digital life storybooks for people with dementia living in care homes: an evaluation”. *Clinical Interventions in Ageing*, vol.11 (2016): 1263-1276.

Appendix I Current Members

1. Alwyndor
2. Anglican Diocese of Adelaide
3. Anglicare (Sydney)
4. Anglicare SA
5. Arcare
6. Ashfield Baptist Homes
7. Bamford
8. Baptcare
9. BaptistCare NSW/ACT
10. Baptistcare WA
11. Blue Haven Care Home
12. Bolton Clarke
13. Brightwater
14. Bupa Care Services Australia
15. Calvary Aged Care & Retirement Services
16. Carinity
17. Carrington Centennial Care
18. Catholic Care of the Aged Port Macquarie
19. Catholic Healthcare Ltd
20. Catholic Homes Inc
21. Christadelphian Aged Care
22. Churches of Christ in Queensland
23. Echuca Community for the Aged
24. Eldercare Incorporated
25. Hall and Prior
26. Harbison Memorial Retirement Village
27. Holy Family Services
28. IRT Group
29. Juniper
30. Kalyra Communities
31. Kirkbrae
32. LHI Retirement Services
33. Living Care
34. Lutheran Aged Care Albury
35. Maroba Caring Communities
36. McLean Care Ltd
37. Mercy Community Services SEQ
38. Mercy Health
39. MercyCare Ltd
40. Multicultural Aged Care Inc.
41. Outlook Gardens
42. Peninsula Villages NSW
43. Presbyterian Aged Care NSW & ACT
44. Prescare
45. RAAFA WA
46. Resthaven Incorporated
47. Ridleyton Greek Home for the Aged
48. Roper Gulf Regional Council
49. Royal Freemasons' Benevolent Institution
50. RSL Care SA
51. Sawtell Catholic Care of the Aged
52. Sir William Hudson Memorial Centre
53. Southern Cross Care (Broken Hill)
54. Southern Cross Care (NSW & ACT)
55. Southern Cross Care (Qld)

56. Southern Cross Care (Tas)
57. Southern Cross Care SA & NT
58. St Basils Homes
59. St Hedwig Village
60. SummitCare
61. Tanunda Lutheran Home
62. The Bethanie Group
63. The Salvation Army Aged Care Plus
64. Thomas Holt
65. Twilight Aged Care
66. Uniting
67. Uniting AgeWell
68. UnitingCare QLD
69. UnitingSA
70. Villa Maria Catholic Homes
71. Warramunda Village
72. Warrigal Care
73. Wesley Mission Qld

Appendix II Integration of Spiritual Care Strategy Overview

1. Professional development for AACQA assessors in National Guidelines for Spiritual Care in Aged Care (completed October 2016)
2. Secure support of Aged and Community Services Australia (ACSA), Leading Aged Services Australia (LASA) for National Guidelines (completed December 2016/ongoing)
3. Plenary sessions at AACQA Better Practice conferences 2017 (completed)
4. Integration in to the new Australian aged care quality standards (meetings/submissions completed)
5. **Integration into key curricula for aged care leaders and direct care workers**
 - a. **Policy requirement for inclusion in all workforce curricula**
 - b. **Partner with major RTOs and leadership development programs (subject to funding and policy triggers)**
6. **Spiritual Care Innovators Program – Cohort 1 (funding to be secured)**
 - a. aged care organisations apply to participate, with discount given to members of Meaningful Ageing Australia
 - i. 8 implementation champions per organisation, 4 from strategy/human resources/quality/innovation (half day) and 4 from direct management/team leader/care roles (half day)
 - ii. organisations make a financial contribution to participate
 - iii. 25 locations across Australia, with 5-7 organisations in each location
 - b. participation includes workshop, practical tools and follow-up support
 - i. morning/afternoon workshop participants ‘meet in the middle’ over lunch
 - ii. workshops are highly interactive, using arts modalities to engage and ‘cut through’
 - iii. inclusion of mnemonic device to reinforce key messages
 - iv. follow-up support is offered via Skype, teleconference or face to face at six week, three month, six and twelve month intervals
 - c. evaluation to include pre-and post-intervention follow ups with older people, staff and families (tbc)
 - d. evaluation outcomes are published and Meaningful Ageing develops improvements
 - e. *Spiritual Care Innovators Program – Cohort 2* launched subsidised by funding from Cohort 1
7. Facilitate relevant seminars and workshops (ongoing)
8. Meaningful Ageing Australia member capacity building and support services (practical tools, education and coaching) (ongoing)
9. Raise awareness of ‘consumers’ about their entitlements to spiritual care (2019)



This submission