National Guidelines
for Spiritual Care in Aged Care

Meaningful Ageing AUSTRALIA

Spiritual Health Victoria

NARI NATIONAL AGEING RESEARCH INSTITUTE LTD

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Foreword

It is my pleasure to commend the *National Guidelines for Spiritual Care in Aged Care* to organisations and individuals providing care and support to older people. These Guidelines are the first in the world to focus specifically on the spiritual needs of older people. As such, it is encouraging to see that Australia is at the cutting edge of research in this important area.

In Australia, we have a rich diversity of faiths, cultures, beliefs and traditions and it is important we uphold the rights of older people to express their spirituality in a way that is meaningful for them. These Guidelines recognise that the spiritual dimension is an important aspect of holistic care in the context of individuality and diversity.

These Guidelines have been developed through a rigorous process of stakeholder engagement and consultation through focus groups, interviews and surveys. The Expert Advisory Group shaped the Guidelines to ensure best practice in spiritual care for older people. The Guidelines provide concrete and tangible ways that aged care providers can create an environment where spirituality can flourish.

I encourage all aged care providers to recognise the spiritual dimension of older people and implement the Guidelines to ensure every older person is offered spiritual care in a way that is meaningful for them.

Dr Patricia Edgar AM

Contents

1.	**INTRODUCTION**	**5**
1.1	Background to development	5
1.2	Guidelines scope and intentions	5
1.3	Existing spiritual care	6
1.4	Language of spirituality	6
1.5	Implementation of the Guidelines	7
2.	**FRAMEWORK**	**8**
2.1	Key definitions and terms	8
2.2	Philosophy	8
2.3	Core values	9
2.4	Relationship between spiritual care and other concepts/philosophies	9
2.5	Principles	10
3.	**APPLYING THE GUIDELINES TO PEOPLE WITH SPECIAL NEEDS**	**11**
4.	**DOMAINS OF SPIRITUAL CARE**	**15**
I	Organisational leadership and alignment	16
II	Relationships and connectedness	17
III	Identifying and meeting spiritual choices, preferences and needs	18
IV	Ethical context of spiritual care	19
V	Enabling spiritual expression	20
5.	**EQUIPPING ORGANISATIONS TO OFFER SPIRITUAL CARE**	**21**
6.	**GLOSSARY OF TERMS**	**22**
7.	**ADDITIONAL RESOURCES**	**24**
8.	**REFERENCES**	**25**
9.	**ACKNOWLEDGEMENTS**	**32**

1. Introduction

1.1 Background to development

NEED FOR SPIRITUAL CARE GUIDELINES

An extensive search of the academic and 'grey' literature indicated that no guidelines were available that specifically related to spiritual care for older people living in residential aged care or receiving care and support at home. This gap led to a successful funding application through the Australian Government Department of Social Services (later changed to the Department of Health) to develop National Guidelines for Spiritual Care in Aged Care.

As spirituality is integral to quality of life and well-being, it should be accessible to all older people in way that is meaningful to their beliefs, culture and circumstances. The identification of spiritual needs and offering of spiritual care is the responsibility of all care-givers and must be undertaken in ways that are appropriate to their role.

DEVELOPMENT PROCESS AND FIELDWORK

A project was established to develop and pilot National Guidelines for Spiritual Care in Aged Care. The Guidelines reflect best-practice in spiritual care, therefore most organisations are likely to have some gaps and areas for improvement.

The Guidelines were developed following a literature review to establish an evidence-based framework and fieldwork that involved close consultation with the sector:

- Older people and their carers/representatives, staff, volunteers and aged care providers were consulted through focus groups, interviews and surveys;
- An Expert Advisory Panel steered development of the content, format and structure of the Guidelines;
- The Draft Guidelines were published and feedback sought through submissions and survey;
- The Guidelines were piloted and the outcomes incorporated into revisions;
- The Guidelines were subjected to technical review and critical analysis prior to publication.

Click here for the **Stakeholder Consultation Report** and the **Literature Review report** that outlines the key findings from each development phase listed above.

1.2 Guidelines scope and intentions

These Guidelines are designed specifically for offering spiritual care and support to older people living in residential aged care, or receiving care and support through home care packages.

However, the Guidelines may have relevance in care contexts such as independent living, Commonwealth home support program, transitional care, palliative care, multi-purpose services and flexible care programs.

Within the contexts of residential aged care and home care packages, the Guidelines have been designed to apply to a diverse range of organisational characteristics in terms of size, ownership, mission/values, structure and locations. Therefore, the Guidelines must be sufficiently flexible to be equally relevant to a small 'stand-alone' service providing home care packages in a remote area; as well as a large, complex organisation with a central office supporting a number of residential care homes and other services. For this reason, the Guidelines focus on the outcomes and actions in key processes, rather than being specific about particular roles as these vary across organisations.

The Guidelines are intended to support organisations to embed spirituality into key systems and processes with the goal that all older people (and their loved ones) are offered best-practice in spiritual care. Therefore, the target audience for the Guidelines are those with the capacity, skills and knowledge to lead, influence and implement cultural change at a senior level. Across the pilot sites, a key success factor was the active engagement and hands-on involvement of executives, site managers and senior program managers.

Feedback from the pilot sites consistently reported that involvement of the chief executive officer and senior executive/s responsible for oversight of care and services is essential for successful implementation of the Guidelines.

1.3 Existing spiritual care

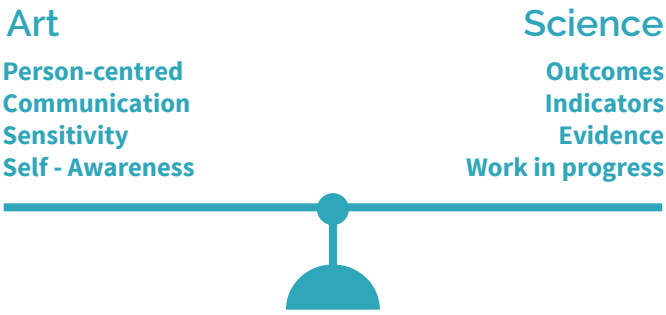
Effective spiritual care is already taking place in many organisations. This could be through the provision of pastoral care and religious activities, or through principles and philosophies such as active ageing, well-being, person-centred care, relationship-based care and holistic care. Spiritual care is also being offered by staff through every day encounters such as genuinely enquiring how a person is feeling, offering empathy, sharing joys, exchanging stories and humour.

Whilst the spiritual dimension is often acknowledged, spiritual care may not always be offered systematically or consistently to all older people. Linking spiritual care as an extension to related and familiar concepts such as active ageing, well-being, person-centred care, relationship-based care and holistic care was found to gain greater acceptance and understanding.

1.4 Language of spirituality

It is acknowledged that spirituality can be an uncomfortable concept for those who may not be familiar with it. Throughout the development of the project, it was observed that for those new to spirituality, the language and concepts can be challenging at first. However, once the key concepts are clarified, for the vast majority of people it became clear and well-understood. Spirituality by its very nature brings complexities and it is difficult to simplify without losing the meaning and intent.

There is a balance between the 'art' and 'science' of spiritual care as described by McSherry (1). The 'art' represents the qualities that individuals bring to spiritual care such as warmth, empathy and connecting in meaningful ways. The 'science' represents the more technical and clinical aspects of care that can be measured. The Guidelines have been written with a view to balancing both the 'art' and 'science' of spirituality. If the Guidelines were too weighted towards the 'art' they would lack rigor and it would be difficult for organisations to identify, implement and measure spiritual care. Similarly, if the Guidelines were too weighted towards the 'science', there is a risk the humanistic essence of spirituality would be lost.

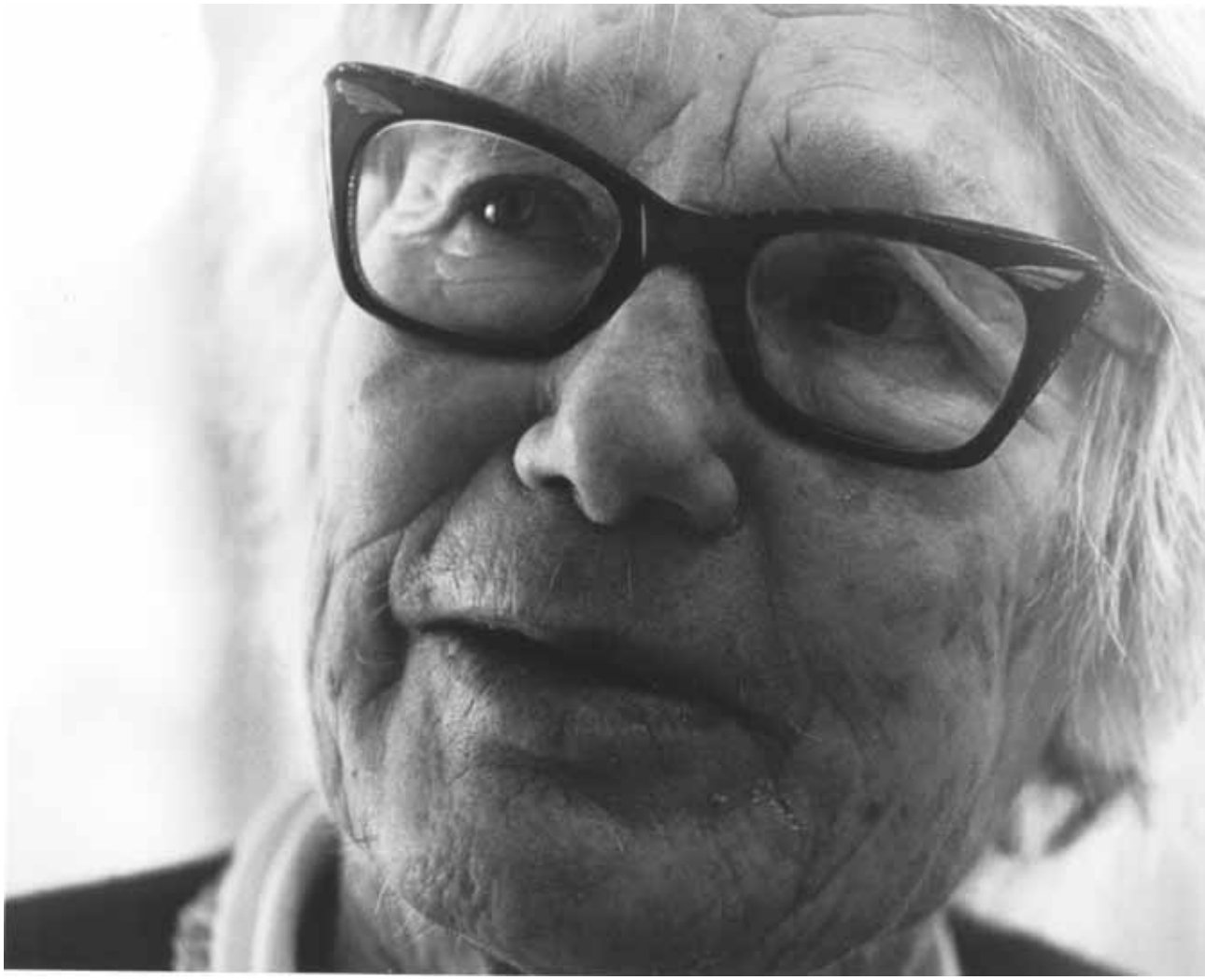


Reproduced with permission from M&K Publishing - see McSherry (1)

1.5 Implementation of the Guidelines

The purpose of this document is to provide a framework for best practice in spiritual care. Resources, suggestions and ideas for implementing the Guidelines are provided separately on the Meaningful Ageing Australia website. Providing implementation resources separately recognises that introducing the Guidelines is a dynamic and interactive process where others on the same journey can share their experiences and benefit from others. It also enables new resources to be readily accessible and updated as these become available.

Click here www.meaningfulageing.org.au for more information.



2. Framework

The Guidelines are designed to be applied and understood within the context of this framework that includes definitions, philosophy, core values and principles.

2.1 Key definitions and terms

A range of definitions and terms used in the Guidelines can be found in the Glossary of Terms p22. However, there are some important terms that are foundational to understanding the Guidelines: spirituality, religious and spiritual care.

SPIRITUALITY

Capturing the essence of spirituality in words is challenging and there are many published definitions. Rather than selecting one 'right' definition, three definitions are provided below to bring clarity and different perspectives. These definitions reflect the overlaps, synergies and subtle differences in what is meant by spirituality.

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices (2).

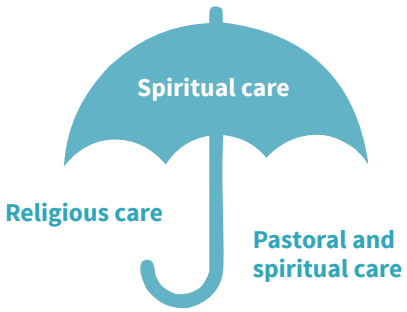
The definition of spirituality is: that which lies at the core of each person's being, an essential dimension which brings meaning to life. Constituted not only by religious practices, but understood more broadly, as relationship with God. However God or ultimate meaning is perceived by the person and in relationship with other people (3).

Spirituality is universal, deeply personal and individual. It goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity to that of the sacred (4).

DISTINCTIONS BETWEEN RELIGIOUS AND SPIRITUAL CARE

The distinctions between religious and spiritual care can be defined (5) as:

- *Spiritual care might be said to be 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.*



2.2 Philosophy

Underpinning the Guidelines is the philosophy that the spiritual dimension is intrinsically human and needs to be recognised and respected as sacred. Therefore, spiritual care is a basic human right and all older people receiving care should have access to effective care in a way that is meaningful to them.

2.3 Core values

The following core values provide a foundation for the Guidelines. They reflect underpinning beliefs guiding practice and decision-making processes.

RESPECT AND ACCEPTANCE

Respect and acceptance for the person and their values, beliefs and world-view is a core value. The Guidelines are founded on an expectation that organisations will foster a culture that seeks to understand, respect and accept an individual's values, culture and beliefs.

COMPASSION AND EMPATHY

Connecting with the person, through appropriate expressions of compassion and empathy, conveys to care recipients that their journey is shared and treasured. The focus of activities and care is about connecting deeply with an older person. Providing 'meaningful' and even 'spiritual' activities alone is not sufficient. The relationship and connectedness aspect of activities is important (6).

INCLUSION AND DIVERSITY

Provision of spiritual care to all older people in a way that upholds and values an individual's culture is a core value. Spiritual care is provided to all older people with their consent, regardless of gender, generation, ethnicity, religious affiliation, sexual orientation and gender identity.

DIGNITY

Dignity is a state of physical, emotional and spiritual comfort, with each individual valued for his or her uniqueness. Dignity is promoted when individuals are enabled, to the best of their capabilities, to exercise control, make choices and feel involved in the decision-making that underpins their care (7).

2.4 Relationship between spiritual care and other concepts/philosophies

There are many principles, philosophies and conceptual approaches to care that have synergies with spiritual care. Person-centred care, relationship-based care, dignity therapy and holistic care are some examples of principles and philosophies that have gained increased prominence in recent years.

Each of these has distinctive characteristics and elements. They all share the common themes of respecting and valuing the person, and seeking to meet their needs in an environment where the individual can flourish.

Spiritual care and other concepts/ philosophies, are not mutually- exclusive, in fact they are complementary. When discussion of spirituality is located in the philosophy of care that staff understand, it is more likely to be readily accepted as a natural extension of existing practice.

The Guidelines are underpinned by a number of principles that were developed from the fieldwork and literature review undertaken for this project.

2.5 Principles

PRINCIPLE 1 – WHOLE-OF-ORGANISATION APPROACH

Effective spiritual care is more often achieved through a whole-of-organisation approach. Spiritual care is best reflected in key systems and processes that embed the principles and outcomes within a model of care. A key success factor for implementation of the Guidelines is the active engagement of those in leadership roles at all levels. This starts with the governing body and flows through to senior executives, program managers and team leaders on the floor. Integrating spiritual care into key human resource practices is more likely to 'hard-wire' a focus on spirituality throughout the organisation.

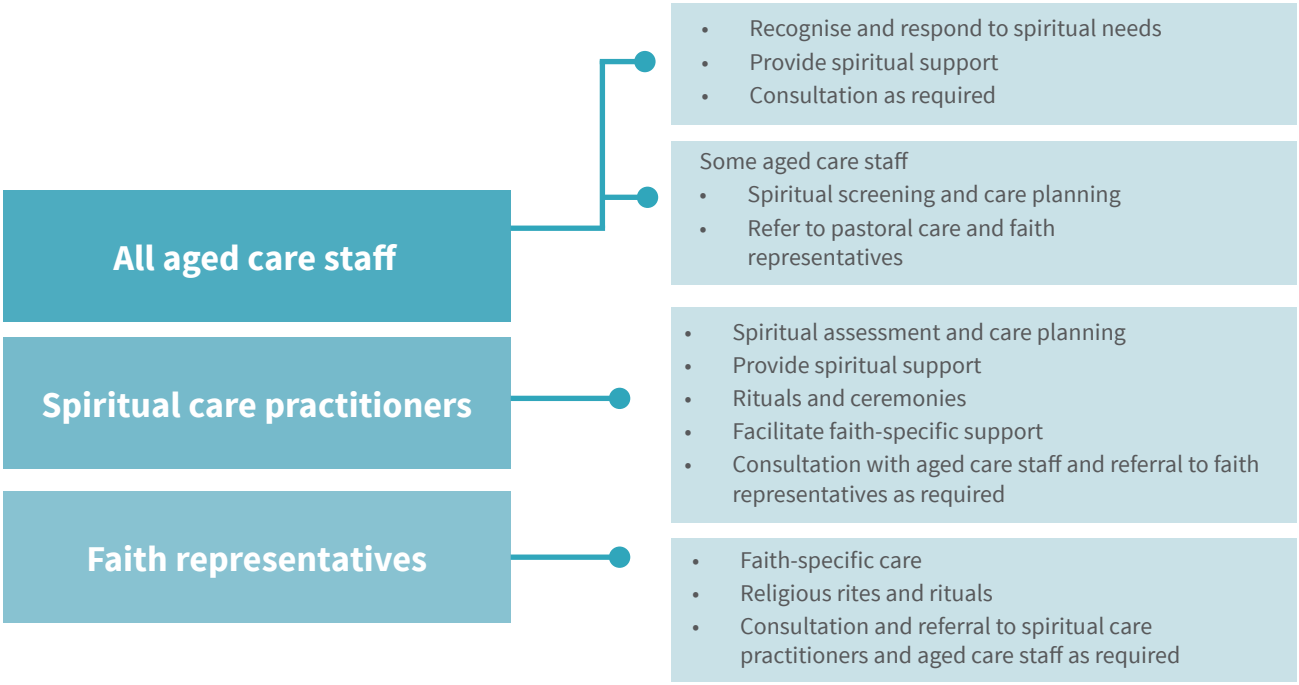
PRINCIPLE 2 – RELATIONAL CARE

Human relationships are central to spirituality. Significant relationships could be with family, friends, faith community, staff, volunteers, health care professionals and God/other higher being. It is important to recognise that older people in care may have experienced a loss of meaningful relationships due to death of loved ones, geographic distance, lack of mobility/capacity to communicate and social withdrawal. Therefore, relationships with those who have contact with older people can have increased importance. Relationships and connectedness may also be felt with places, events, times, animals and objects.

PRINCIPLE 3 – SPIRITUAL CARE IS EVERYONE'S BUSINESS

As spirituality is intrinsic to being human, spiritual needs may arise at any time. Therefore, building on principles 1 and 2, spiritual care is everyone's business. Those in contact with older people need to have a basic awareness of spirituality and how it affects their role. The level of knowledge and skills relating to spiritual care should be commensurate with a person's role, responsibility and amount of contact they have with older people.

There is a distinct role for spiritual care practitioners such as chaplains, pastoral carers and pastoral care practitioners. The Guidelines recognise the importance of older people having access to spiritual care practitioners. However, this access could be enabled in a range of ways such as through employment, trained volunteers or through partnerships with other organisations including faith communities.



Adapted with permission from Spiritual Health Victoria (127)

PRINCIPLE 4 – SPIRITUAL CARE IS ABOUT GROWTH AND FLOURISHING

Spiritual care is often associated with support during times of crisis, ill-health, loss and grief and palliative care and it has much to offer in these areas. However, it is equally important in bringing meaning, purpose and wholeness to assist a person to flourish, grow and realise their potential in their final journey of ageing. This reinforces the concept that spirituality is part of everyday living and hence all those who have contact with older people can share in the spiritual journey.

3. Applying the Guidelines to people with special needs

It is recognised that all people experience difficult times in their lives and that everyone has unique needs in relation to their life story, culture and circumstances. The section below is intended to highlight that the spiritual well-being of those with special needs requires an understanding of issues and challenges that may be experienced by older people in these groups. It is also important to consider that some people may identify with two or more special needs groups. Exploring the key factors is essential to informing spiritual care practice and the application of Guidelines in these populations. **See page 24 for resources relating to people with special needs.**

PEOPLE FROM ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

As the First Nation Peoples of Australia, Aboriginal and Torres Strait Islander people are the Indigenous custodians of the land. The spirituality of Aboriginal and Torres Strait Islander people is intertwined with land, life-force and culture. Aboriginal and Torres Strait Islander people have survived, adapted and developed resilience despite colonisation, social policies, discrimination and social disadvantage. It is essential for spiritual care to be based on an understanding of the spirituality of Aboriginal and Torres Strait Islander people within a context of cultural safety and competent care.

PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) BACKGROUNDS

Older people from CALD backgrounds in Australia are not a homogeneous group. They encounter different outcomes based on individual experiences and backgrounds. This diversity means that understanding and meeting the needs of Australia's older people from CALD backgrounds is highly complex, and needs to be informed by research and evidence. Research into older people from CALD backgrounds highlights that many have higher levels of disadvantage and other risk factors than older Anglo-Australians, and that these factors may affect their ageing experience in Australia.

The life course of migrants from CALD backgrounds, including migration circumstances, and the extent to which cultural traditions are maintained, play a role in health and wellbeing for older people from CALD backgrounds. Language and cultural issues emerged as a common source of difficulty. The literature identified that older people of refugee backgrounds are particularly vulnerable to physical and mental health issues (8). There is a need for a paradigm shift from religion and spirituality being incorporated mainly at the end of life/palliative care, to being included at all stages of care. Spirituality and religion are important aspects of everyday life for many older people from CALD backgrounds.

PEOPLE WHO LIVE IN RURAL OR REMOTE AREAS

Older people living in rural and remote areas of Australia face particular challenges. These older people often do not have access to health and social care professionals and specialist services. They may also be separated by distance from people and places that are meaningful to them. Therefore, spiritual care activities that attempt to bridge this separation are important. Conversely, often people living in rural and remote areas have a deep affinity and connection with the land, their local community and district. There is often a possibility of long-standing relationships and family ties between older people and staff. Therefore spiritual care activities and strategies that strengthen these connections are important.

PEOPLE WHO ARE FINANCIALLY OR SOCIALLY DISADVANTAGED

The spiritual well-being of older people can be influenced by financial or social disadvantage. Mental health issues, substance abuse (alcohol and/or drugs), poverty as well as a wide range of general health issues are some of the root causes of financial and social disadvantage. Disadvantage may have arisen due to marginalisation and lack of access to education, health, housing, employment and social networks. Financial or social disadvantage may be compounded by other factors such as disability, geographic isolation, carer responsibilities and CALD background.

PEOPLE WHO ARE VETERANS, OR THE SPOUSE, WIDOW OR WIDOWER OF A VETERAN

For many veterans and their dependants, wartime experiences may have dramatically altered their life journey. Specific social and cultural characteristics include personal hardships as a result of war service that can affect veterans and their dependants physically and psychosocially; shared experiences outside those of the general community and resultant bonds of mateship; and identifying as a distinct cultural group with distinct needs (e.g. Commemoration of the fallen, observance of special days such as ANZAC Day and Remembrance Day, and the need to stay in contact with the ex-service community).

PEOPLE WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS

Older people may be homeless or at risk of becoming homeless due to a number of factors such as lack of affordable housing, shortage of public housing, closure of many private boarding houses and caravan parks. Homelessness may arise from other factors such as domestic violence and abuse, disability, substance abuse, divorce and interrupted employment. Meeting the spiritual needs of older people who are homeless or at risk of becoming homeless is central to the provision of services that contribute to well-being.

CARE LEAVERS

A 'Care Leaver' is a person who lived in institutional care or other forms of out-of-home care, including foster care, as a child or youth at some time during the 20th century. Care Leaver is a generic term that includes Forgotten Australians, Former Child Migrants, and the Stolen Generations. Many Care Leavers were subject to emotional, physical and sexual abuse, and often neglect, humiliation, deprivation of food, education and healthcare.

PARENTS SEPARATED FROM THEIR CHILDREN BY FORCED ADOPTION OR REMOVAL

Past social policy and practices resulted in infants and young children being forcibly adopted or removed from their parents, often without consent or consultation. The forced removal of a child from a parent can result in unresolved grief, guilt and shame and these feelings can continue into old age. Older people who experienced forced adoption or removal are at increased risk of mental health issues, spiritual and psychological distress, difficulties with relationships and identity, and all these factors can impact on spiritual well-being.

PEOPLE FROM LESBIAN, GAY, BISEXUAL, TRANS/TRANSGENDER AND INTERSEX (LGBTI) COMMUNITIES

Despite decades of discrimination and exclusion, LGBTI people share in the wealth of spiritual traditions and personal practices. When considering the provision of spiritual care to LGBTI people and communities, it is important to understand both the challenges that they have faced in their lives and the personal and communal benefits many LGBTI people experience from engaging with spiritual traditions and practices. Many LGBTI people have lived with resilience through decades of inequitable treatment in contexts of law, and in their faith communities. Some have experienced social isolation, stigma, physical violence, and/or rejection from their families. These experiences may contribute to people being reluctant to disclose details about their sexuality, relationships, genders or bodies and are likely to impact on their feelings of safety and inclusion in relation to certain spiritual practices or traditions.

PEOPLE LIVING WITH DEMENTIA

The term ‘dementia’ is an umbrella term for a group of symptoms including memory loss, confusion, mood changes and difficulty with day-to-day tasks. As a person living with dementia, Ms Christine Bryden, author and advocate, offers insights into her experiences (9): “Do not deny us our humanity... It’s all about connecting with us, without words. Heal us with your presence...You can carry our story for us and relate to us as a whole human being, with dignity and respect. Our spirit remains deep within, despite the ravages of dementia. We can connect spirit-to-spirit, even at the last stages...As our cognition fades and our emotions flatten, our spirituality can flourish as an important source of identity”.

PEOPLE APPROACHING THE END OF LIFE AND PEOPLE RECEIVING PALLIATIVE CARE

Palliative care should be recognised as part of the normal scope of practice of residential aged care, recognising that aged care facilities provide a home for many people at the end of life.

Palliative care is an approach that improves the quality of life of each person with a life-threatening condition and their family, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, including physical, psychosocial and spiritual (10).

Many people fear the process of dying, and may be reluctant to talk about death and dying. However, understanding every person’s wishes for care as they approach the end of their life is central to person-centred care. It is important that those working with older people understand the importance of facilitating conversations that are supportive and affirming. Ensuring that care aligns with the person’s wishes may be facilitated by formalising these discussions through an advance care plan and/or directive.

PEOPLE WITH MENTAL HEALTH ISSUES

Anxiety and depression are highly prevalent conditions especially for those older people accessing residential care as well as those who are frail and require significant support to remain at home (accessing community services). Mood disorders are not a normal part of ageing. Often these conditions can be undetected and unmanaged in aged care settings. It is also important to understand the particular needs of older people who have lived with lifelong or chronic mental health conditions. **See page 24 for resources relating to people with special needs.**

Spirituality is integral to, but not confined by, religion and faith. It is about what gives us a purpose to our lives.

It is about our sources of meaning and hope, which in turn is intimately related to our connectedness to ourselves, to others and to the world.

4. **Domains** of spiritual care

I. **Organisational leadership** and alignment

Spiritual care is systemically embedded and practiced at all levels and in all processes throughout the organisation.

II. **Relationships** and connectedness

Older people experience care in a relational context where they feel connected and welcome, and where their individual worth is respected and preserved. Those who have contact with older people are equipped and supported to spiritually engage and connect so as to establish and maintain mutual, respectful and genuine relationships.

III. **Identifying and meeting** spiritual needs

Spiritual care is based on choices, preferences and individually assessed needs that are identified, documented, evaluated and shared by the care team in a way that recognises the dynamic and changing nature of these needs.

IV. **Ethical context** of spiritual care

Spiritual care is provided within an ethical framework that is reflected in organisational policies, procedures, processes and practice.

V. **Enabling** spiritual expression

A range of individualised activities and interventions is available to encourage the finding of meaning, purpose, connectedness and hope, and to transcend loss and disability. These options, activities and interventions occur in the context of deep and abiding relationships.

I. Organisational leadership and alignment

Spiritual care is systemically embedded and practiced at all levels and in all processes throughout the organisation.

OUTCOMES AND ACTIONS

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.

1.3 Policies and procedures reflect a culture of recognising the spirituality of those who have contact with older people and carers/representatives.

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.

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.

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.

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.

II. Relationships and connectedness

Older people experience care in a relational context where they feel connected and welcome, and where their individual worth is respected and preserved. Those who have contact with older people are equipped and supported to spiritually engage and connect so as to establish and maintain mutual, respectful and genuine relationships.

OUTCOMES AND ACTIONS

2.1 Leaders and managers support those who have contact with older people in developing the spiritual and emotional resources they need.

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.

2.3 To enable mutual relationships of trust and openness to develop, staff are consistently assigned as caregivers to the same older person.

2.4 All those who have contact with older people have responsibility and accountability for spiritual well-being of those in their care.

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 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.

2.7 Those who have direct contact with older people are trained and equipped with spiritual awareness to:

- Understand their own spirituality and a diverse range of spiritual experiences and expressions
- Be able to enter into a conversation/have connection with older people about what gives their life meaning
- Know when, how and whom to refer to when spiritual needs arise
- Incorporate spirituality into their role/function
- Provide compassionate partnering.

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.

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.

III. Identifying and meeting spiritual choices, preferences and needs

Spiritual care is based on choices, preferences and individually assessed needs. These needs are identified, documented, evaluated and shared by the care team in a way that recognises their dynamic and changing nature.

OUTCOMES AND ACTIONS

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.

3.3 Spiritual choices, preferences and needs are documented, addressed and integrated with clinical and lifestyle plans to facilitate holistic care.

3.4 The approach to providing spiritual care is multi-disciplinary, inter-disciplinary and includes the older person and/or their circle of support.

3.5 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.

3.6 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.

3.8 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:

- By reflecting on their life, contribution and legacy
- By affirming worth, identity and uniqueness
- By exploring unresolved issues such as 'unfinished business', fear, guilt, need to reconcile, meaning and purpose, and life review
- End of life spiritual care needs and preferences are documented, supported and respected
- Palliative care preferences
- Advance care planning is offered
- Death and dying rituals and preferences are documented and respected.

3.10 The environment, routines and practices are conducive to acknowledging and supporting the emergence of spiritual 'moments', reflections and insights.

IV. Ethical context of spiritual care

Spiritual care is provided within an ethical framework that is reflected in organisational policies, procedures, processes and practice.

OUTCOMES AND ACTIONS

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.

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.

4.5 Provision of spiritual support resources is adequate to meet the identified spiritual needs of older people.

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.

4.8 Spiritual care practitioners have access to care information and are required to notate relevant information that enhances holistic care.

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.

4.10 Spiritual care complies with all relevant legal requirements and codes of conduct/codes of practice.

V. Enabling spiritual expression

A range of individualised activities and interventions are available to encourage the finding of meaning, purpose, connectedness, hope, and to transcend loss and disability. These options, activities and interventions occur in the context of deep and abiding relationships.

OUTCOMES AND ACTIONS

5.1 Individual and group activities promote spiritual growth and attainment of spiritual maturity, for example: spiritual reminiscence groups, life history and life review.

5.2 Older people have access to the natural environment through gardens, outings and/or bringing nature inside through flowers, plants, photos, sounds and fragrances.

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).

5.4 Older people have access to spiritual care practitioners to share their spiritual journey.

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.

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.

5. Equipping organisations to offer spiritual care

EDUCATION AND TRAINING

The need for corporate and individual competence regarding spirituality and spiritual care cannot be overstated. It was evident during development of these guidelines that many people at all levels conflate spirituality with religion. This often results in people feeling uncomfortable discussing spirituality. When the essence of spirituality is reframed to 'that which gives meaning, purpose, connectedness and hope', people are more likely to relate to these terms with openness, acceptance and enthusiasm. The need for organisations to build corporate competence through learning and development is very important. This applies to all levels of the organisation including those in leadership roles who are supporting others to provide spiritual care.

WHO SHOULD PROVIDE SPIRITUAL CARE?

Spiritual care is provided by a variety of people and there is no standard model for the way spiritual care is offered. In the interviews with older people conducted during the development of these guidelines, it was evident that spiritual care comes through meaningful connections with people. Older people described relationships that brought spiritual significance to them including cleaners, maintenance staff, care workers and spiritual care practitioners. The interactions did not necessarily relate to the length of time spent with the person, it was more the capacity of the person to connect with them. This highlights the importance of all those involved in providing care and services having a role to play in offering spiritual care.

Spiritual care usually takes place in the context of relationships and is a continuum starting from brief caring encounters such as a greeting, right through to specialised spiritual and pastoral care. The two key variables that determine the type of relationship are influenced by the frequency and type of contact with older people. Essentially, the more a person has contact with older people and the higher the complexity of the interactions, the more spiritual training is required.

There is a range of factors that should be considered in offering spiritual care:

- **Older people with complex spiritual care needs**
  Older people with more complex spiritual needs including those who identify with special needs groups are likely to benefit from the input of a spiritual care practitioner.
- **The support network of older people**
  The needs of older people who remain connected to their community and have a range of positive relationships may not be as high as those who feel isolated and disconnected.
- **Individual spiritual expression and preferences**
  Older people find spiritual nourishment in a variety of ways and for some people that may be in solo pursuits such as prayer, meditation, readings and individual worship rather than relationships with other people.
- **The changing circumstances of the older person**
  At different life stages, spiritual needs are likely to change. At some stages such as palliative care, more specialist competencies may be required. In many instances these could be acquired through training, or through working collaboratively with a spiritual care practitioner.
- **The level of comfort regarding spirituality among those working with older people**
  Discussing spiritual matters comes naturally for some but for others it is challenging. Access to training and education can build both skill and confidence in spiritual care.

6. Glossary of terms

Care Leaver

A 'Care Leaver' is a person who lived in institutional care or other forms of out- of-home care, including foster care, as a child or youth at some time during the 20th century. Care Leaver is a generic term that includes Forgotten Australians, Former Child Migrants, and the Stolen Generations.

Consistent assignment

Allocating the same caregivers to consistently care for the same group of older people to enable trust and relationships to grow.

Contractor

This term is intended to apply to contractors who work regularly with older people and are in a position to form relationships, particular where functions such as cleaning, laundry, maintenance and food services are out sourced. Organisations can require consistency of personnel and training requirements as part of the contractual terms during the procurement stage.

Creeds

Statements of key aspects of beliefs, particularly in relation to religion.

Dementia

The term 'dementia' is an umbrella term for a group of symptoms including memory loss, confusion, mood changes and difficulty with day-to-day tasks. There are many causes of dementia. People living with dementia continue to experience spiritual needs and have capacity for spiritual expression in different ways.

Devotions

Individual or group acts of religious practice generally involving prayer, sacred readings and/or music.

End-of-life care

Support for people who are in decline and in the last phase of their life, generally with a terminal illness where death is likely to occur in the foreseeable future.

Faith

Trust or confidence in someone or something. For those with religious beliefs, faith may be related to hope, assurance and eternal existence or afterlife.

Faith representatives

Priest, pastor, minister, rabbi, imam, monk, or lay representative of a religious tradition.

Inter-disciplinary team

Various disciplines such as nursing, lifestyle and spiritual care specialists involved in reaching common goals by combining their expertise.

LGBTI

People from lesbian, gay, bisexual, trans/ transgender and intersex communities.

Life history

Exploring a person's life history in the context of what brings meaning, identity, purpose, hope, joy, despair, regrets etc.

Multi-disciplinary team

Multidisciplinary teams consist of staff from several different professional backgrounds and expertise who come together to offer a breadth of services. Generally, the different team members work independently but usually come together to provide a coordinated approach to care.

Palliative Care

According to the World Health Organisation, palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness. It includes the prevention and relief of suffering by means of early identification and assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Pastoral care

Meeting spiritual needs through journeying with a person (one-to-one or in a small group). The focus is on listening and 'being with' that person as they share what has meaning to them such as their joys, sorrows, pain, fears, guilt, hopes etc. The pastoral carer focuses on healing, guiding, sustaining, reconciling, liberating and empowering of people in a way that reflects the person's beliefs, values and preferences.

Prayer

Spiritual communion with God, or other deity that could take the form of thanksgiving, praise, petition, confession and intercession. Prayer could be conducted individually and/ or as a group. For many with a faith-tradition, prayer can mediate spiritual intimacy with the Divine in the context of a life-giving relationship.

Religion

According to the Australian Bureau of Statistics, a religion is regarded as a set of beliefs and practices, usually involving acknowledgment of a divine or higher being or power, by which people order the conduct of their lives both practically and in a moral sense. Religion is a mixture of beliefs, practices, and a Supernatural Being, and gives form and meaning to existence.

Rites

Generally related to religious observances or ceremonial acts prescribed by a faith tradition. See also Sacraments.

Rituals

Repeated and /or symbolic acts of behaviour that are determined by the person to bring meaning. Rituals may or may not be related to religion and culture, and can change and evolve over time.

Sacrament

One of the solemn Christian rites considered to have been instituted by Jesus Christ to symbolize or confer grace. The sacraments of the Protestant churches are baptism and the Lord's Supper; the sacraments of the Roman Catholic and Greek Orthodox churches are baptism, confirmation, the Eucharist, matrimony, penance, holy orders, and extreme unction (also known as final anointing or last rites).

Sacred texts

Religious texts (such as the Bible, Torah, Quran) are considered by people of faith to be sacred and central to their beliefs because the texts are divinely or supernaturally revealed or inspired.

Special needs groups

Special needs groups include people who identify with or belong to one or more groups as listed on page 11-13. People with special needs may find it difficult to access aged care information and services and receive appropriate care. Taking into account the circumstances, issues and challenges encountered by people with special needs is central to offering spiritual care.

Spirituality

Refer to Section 2.1 page 8 where three definitions are offered.

Spiritual assessment

The process of identifying and documenting a person's spiritual needs and how these needs may impact on health and well-being. Spiritual assessment includes basic spiritual screening upon commencement with the service. A spiritual care practitioner may conduct a more in-depth spiritual assessment in the context of a trusting and supportive relationship, often over a period of time.

Spiritual care

Spiritual care involves 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.

Spiritual care practitioners

Spiritual care practitioners are those who have completed recognised training and demonstrate competencies and capabilities in offering spiritual care. Different organisations have different titles for spiritual care practitioners such as chaplains, pastoral carers and pastoral care practitioners. Spiritual care practitioners work with other team members to provide holistic care.

Spiritual moment

A 'spiritual moment' is a broad term to describe when a person experiences something of spiritual significance to them. This could include spiritual insight, awareness, recall of a memory, or recognition of the need to resolve something from the past or present. Triggers for spiritual moments are varied and unique to each person. For example, spiritual moments could be triggered through conversations, individual reflection, readings, music, pictures, touch and scents.

Spiritual screening

Spiritual screening generally involves a few short questions to ascertain immediate spiritual needs (14) such as what the person is finding most difficult at that time, what gives meaning and purpose, what helps them to cope with life and any religious affiliation. This can be undertaken by a member of the multidisciplinary team.

7. Additional resources

People from Aboriginal and Torres Strait Islander communities

www.lowitja.org.au
www.healthinfonet.ecu.edu.au
www.health.gov.au

People from culturally and linguistically diverse backgrounds

www.fecca.org.au
www.dss.gov.au/ageing-and-aged-care
www.culturaldiversity.com.au

People who live in rural or remote areas

www.agedcare.org.au
www.aihw.gov.au
www.ruralhealth.org.au

People who are financially or socially disadvantaged

www.cepar.edu.au
www.baptcare.org.au

People who are veterans or the spouse, widow or widower of a veteran

www.dva.gov.au
www.rsl.org.au
www.legacy.com.au

People who are homeless or at risk of becoming homeless

www.homelessnessnsw.org.au

Care Leavers

www.forgottenaustralians.org.au
www.clan.org.au

Parents separated from their children by forced adoption or removal

www.aifs.gov.au
www.dss.gov.au

People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities

www.valscafe.org.au
www.dss.gov.au

People living with dementia

www.fightdementia.org.au

People approaching the end of life and people receiving palliative care

www.palliativecare.org.au
www.advancecareplanning.org.au

People with mental health issues

www.beyondblue.org.au
www.myagedcare.gov.au
www.blackdoginstitute.org.au

8. References

The following references informed the development of the guidelines and provide further reading for each statement within the five domains. See also Literature Review

1. ORGANISATIONAL LEADERSHIP AND ALIGNMENT

No.	References
1.1	(11), (12), (13) (74), (116)
1.2	(13), (14), (15), (16), (17), (18), (19) (41), (76)
1.3	(12), (13), (78)
1.4	(12), (13), (19), (78) (100), 105
1.5	(91)
1.6	(33)
1.7	(79), (80), (85), (86)
1.8	(20), (21), (22) (98), (111)
1.9	(20), (23), (98), (111)
1.10	(12), (23), (24), (77), (98)

2. RELATIONSHIPS AND CONNECTEDNESS

No.	References
2.1	(19), (25), (78), (83)
2.2	(25), (26), (27)
2.3	(28), (29)
2.4	(78), (83), (117)
2.5	(30), (31)
2.6	(32), (100)
2.7	(19), (20), (78), (83)
2.8	(19), (33), (34), (35)
2.9	(79), (80), (81), (85), (86), (107)
2.10	(12), (36), (99)

3. IDENTIFYING AND MEETING SPIRITUAL CHOICES, PREFERENCES AND NEEDS

No.	References
3.1	(37), (38), (39), (40)
3.2	(20), (82), (104)
3.3	(12), (35), (19)
3.4	(20), (24), (42), (43), (55)
3.5	(20), (95), (99)
3.6	(44), (45), (46), (47), (48)
3.7	(24, (37), (50), (51), (52), (99), (115)
3.8	(20), (24), (99)
3.9	(23), (49), (50), (51), (53), (52), (54), (99), (115)
3.10	(49), (55), (98), (110)

4. ETHICAL CONTEXT OF SPIRITUAL CARE

No.	References
4.1	(68), (84), (115), (117), (119), (120), (121), (122), (123), (124), (125), (126)
4.2	(19), (81), (107), (113)
4.3	(19), (78), (83)
4.4	(81)
4.5	(1), (113)
4.6	(81), (96)
4.7	(56), (104)
4.8	(19), (81)
4.9	(24), (47), (89), (107)
4.10	(88)

5. ENABLING SPIRITUAL EXPRESSION

No.	References
5.1	(20, (46), (47) (57), (58), (59), (60), (61), (62), (101), (103), (105), (109)
5.2	(3), (20), (23)
5.3	(38), (46), (47), (63) (79), (80), (85)
5.4	(20), (64), (90), (93), (102)
5.5	(65), (66), (67), (68), (69), (70), (71), (72), (97), (113)
5.6	(20), (92), (8), (96), (97)
5.7	(20), (24), (34), (94), (108), (112)
5.8	(46), (58), (96)
5.9	(73), (105), (109)
5.10	(86), (89)

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Cooinda Aged Care	QLD
Estia Health	SA
Goodwin	ACT
Jewish Care (Victoria) Inc.	VIC
Migrant Resource Centre of Southern Tasmania	TAS
Rose Mumbler Village	NSW
Southern Cross Care (NSW & ACT)	NSW
Uniting AgeWell	TAS

INTERVIEWS WITH OLDER PEOPLE FROM

Arcare	QLD
Baptcare	VIC
Baptistcare	ACT
RSL LifeCare	NSW
UPA	NSW

PILOT PARTICIPATING ORGANISATIONS AND LOCATION OF PILOT SITES

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ARRCS (Australian Regional & Remote Community Services), Old Timers Village	NT
Baptcare	VIC
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Churches of Christ in Queensland	QLD
Cooinda Aged Care	QLD
Eldercare	SA
Elm Aged Living	VIC
Freemasons' Homes of Southern Tasmania	TAS
Glenview Community Services	TAS
IRT (ACT & Illawarra)	ACT
IRT (Sydney regions)	NSW
Jewish Care (Victoria) Inc.	VIC
Montrose Aged Care Plus Centre (NSW)	NSW
Riverview Gardens, Aged Care Plus Centre	QLD
Southern Cross Care (SA & NT)	NT
SummitCare	NSW
The Society of St Hilarion Inc Aged Care	SA

WORKSHOP LOCATIONS

Anglican Retirement Villages	Sydney
AnglicareSA	Adelaide
Baptistcare	Canberra
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Southern Cross Care (SA & NT)	Darwin

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