



ALLORA UNITING CHURCH  
44 Warwick Street, Allora

23<sup>rd</sup> – 25<sup>th</sup> February 2024

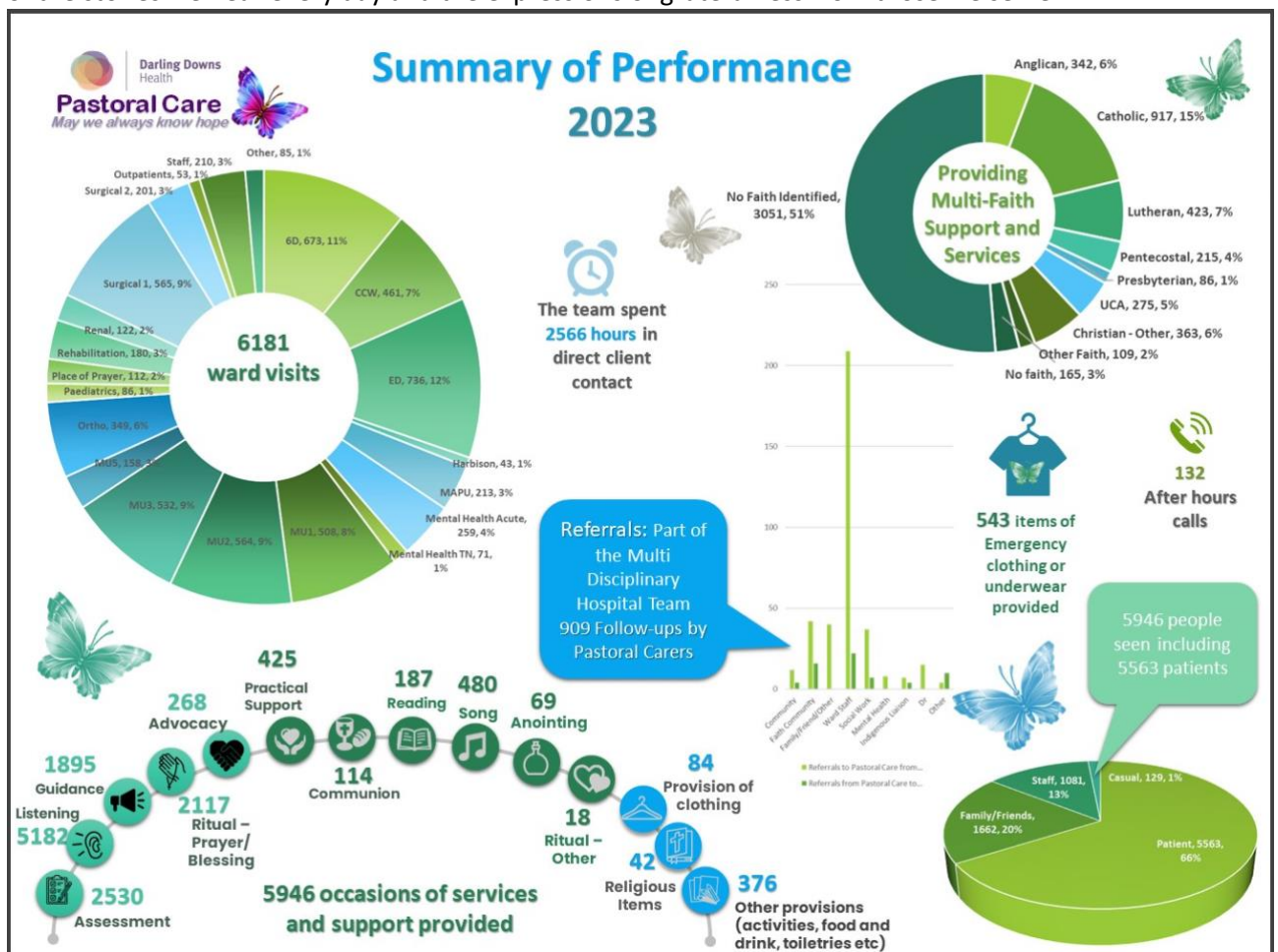
## Hospital Chaplaincy

### Prayer Points

- For the remaining team of the Pastoral Care Service in Darling Downs Health.
- For the new students starting Clinical Pastoral Education in 2024, and for their facilitator Rev Annie Baker.
- For new ideas about how to sustainably provide Pastoral Care in public hospitals, and support to make them happen.

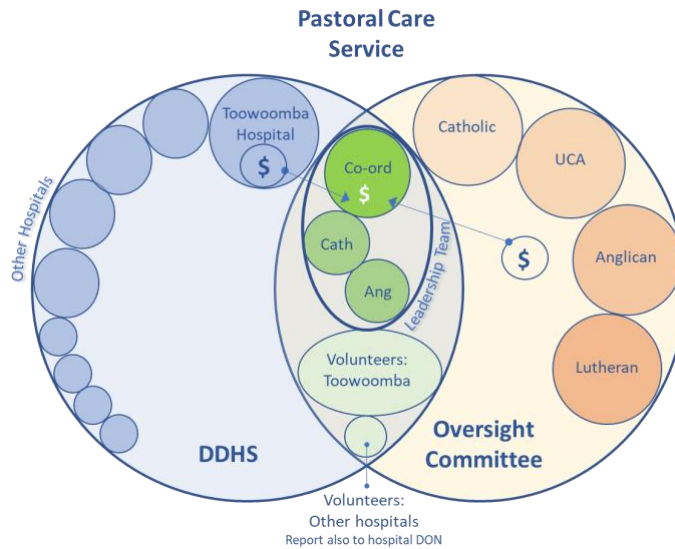
### Report

- I will be finishing up in this role on the 19<sup>th</sup> March to take my remaining leave, ready to take up new opportunities in the Congregation of Central West Queensland Uniting Church in Australia, based at Longreach in May. This will be my last Presbytery meeting.
- A summary of the Pastoral Care Service data for 2023 is below. These numbers can't express the importance of the stories we hear every day and the expressions of gratefulness from those we serve.



- I want to express my gratitude to the whole team here at the hospital. As our Co-ordinator Steve puts it we need “flexible and adaptable people in an unpredictable and chaotic environment”. There are many good people in this space, both paid and volunteer.

- To describe the gaps occasioned by the removal of a full-time Uniting Church Chaplain I prepared a report for the Standing Committee meeting in January. It is attached as attachment 1. The recommendations in this report are based on that work. Whilst the Synod has ceased funding public hospital chaplaincy, there is a well-established connection between the Presbytery of the Downs and the Darling Downs Health Pastoral



Care Service. The Presbytery continues to help fund the Co-ordinator’s role, together with the Catholic, Anglican and Lutheran churches and the Toowoomba Hospital. The Presbytery provides about \$8500 each year under the Memorandum of Understanding. The Presbytery Minister retains a position as part of the Heads of Churches Oversight Committee. We now have 5 Uniting Church Pastoral Care volunteers across the Presbytery. As it stands there will be no Uniting Church member of the Leadership Team.

However, the Pastoral Care Governance Framework for Darling Downs Health allows any church that is a signatory to the Memorandum of Understanding to have a Faith Co-ordinator who is part of the Leadership Team. To date that has been the role filled by the paid UCA Chaplain. There is no reason that a Uniting Church volunteer within the Pastoral Care Team couldn’t be appointed to this role. This would keep connection with the Presbytery and provide support and encouragement to UCA volunteers. There would be one contact point for the Pastoral Care Service for queries and keeping the Uniting Church Minister list up to date. They may speak to local churches about the work and recruit new UCA volunteers. It would also provide additional support to those remaining in leadership within the hospital.

- Since drafting the document at Attachment 3 the Ecumenical Hospital Pastoral Care Oversight Committee has met and agreed to pay volunteers to take the After Hours phone on weekends to reduce the impact of on-call work on the remaining paid staff. Some volunteers don’t accept the money, but others could use the financial help, and it is an issue on both justice and theological grounds – their work has value.

I suggest that the Downs Presbytery could add a further 4 weeknights a month to this fund to assist filling the gaps after losing a paid chaplain. Volunteers are paid \$30 per night for holding the phone, plus \$30 per hour if they are called out. I have attached the after hours data for last year for reference, as this gives an idea of the hours on call. It is possible to work 7 hours overnight, but this doesn’t happen often. Calculating from the 2023 figures:

- A. 4 nights x 52 week x \$30 = \$5760 a year
- B. (39 weekday hours / 52 weeks) x 12 months x \$30 = \$1170
- A + B = \$6930 each year

- I have also drafted a new Clinical Pastoral Education fees reimbursement policy which aims to increase the available pastoral carers in the public hospital context. This is at Attachment 3 and recognises two factors:

1. Increasing the ministry done in the name of the Uniting Church and building up our people for ministries in many contexts.
2. Increasing the available Pastoral Carers in the hospital setting whether they are Uniting Church people or not.

As a result the draft policy offers support to both groups, tailored for these different outcomes. As an example this year there are 4 CPE students in our hospital, none of whom are connected to the UCA. One is a student for ordination in another denomination, so there would be a maximum of three students who might be eligible if they were able to work the 400 volunteer hours after completing the course. Course fees for CPE in 2024 are \$2400. At a 75% subsidy this results in a maximum cost of \$1800 each. CPE provides a \$300 discount for those with limited income so it could be as little as \$1575 each. The policy as drafted only offers fuel subsidy to those who are participants in a Uniting Church, if they live more than 50km away.

- Obviously, the above on-going investments in Hospital Pastoral Care will deplete the reserved funds. There would need to be active fundraising.
  - An annual appeal in churches within the Presbytery?
  - A recommencement of the \$2 a week scheme that I remember from years ago (although it probably costs more of the \$2 to produce the tiny envelopes these days)
  - An invitation to individuals or groups to make a donation.

The one problem with raising funds for this purpose is that Uniting Church groups already make generous donations to the wider work of Pastoral Care and these have been used to support things like the emergency clothing pool.

## Recommendations

1. That the report be received.
2. That the Presbytery resolve to develop a Position Description and Selection Criteria and appoint a volunteer UCA Faith Co-ordinator to the Pastoral Care Team. This work is delegated to the PRC in consultation with the Co-ordinator of the Pastoral Care Service. This person would be a member of the Leadership Team and report to the Presbytery and the Ecumenical Hospital Pastoral Care Oversight Committee. They would provide support and encouragement to the UCA volunteers and be available for the peer mentoring program, speaking to churches and recruiting new UCA volunteers.
3. That the Presbytery approve additional funds up to \$7000 per annum to be paid into Pastoral Care funds managed by the Catholic Diocese for the purpose of paying Pastoral Care volunteers to cover 4 nights a month on the After Hours phone.
4. That the Presbytery resolve to approve the amended CPE subsidy policy at Attachment 3.
5. That the Presbytery resolve to have an annual appeal to raise funds to support the work of Hospital Pastoral Care within Darling Downs Health.

## Report Submitted by:

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 Position: Hospital Chaplain (Darling Downs Hospital and Health Service)  
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 Phone Number: 0409 742 021

**If you have questions, please email before the meeting.**

## Attachment 1: The Gaps: Toowoomba Hospital Pastoral Care without a UCA Chaplain.

According to Queensland Health documents there are two types of spiritual care. That provided by churches to their own members and that provided by the Pastoral Care Service. These work together to meet the spiritual needs of the hospital community. As Chaplain I have worked in both roles, as part of both the Pastoral Care Team and as a member of this Presbytery representing the UCA.

In the absence of a UCA paid chaplain there will be gaps in the service able to be provided to the Toowoomba Hospital

1. Faith Representatives required to fulfil the specific needs of UCA people.
2. Support to the Pastoral Care service.

For context, the Pastoral Care Service at the Toowoomba Hospital operates under the [Framework for Integration of Spiritual Care in Queensland Health Facilities](#) (Framework QH) and the [Pastoral Care Governance Framework](#) (Governance Framework) for Darling Downs Health.

The Framework QH distinguishes between faith visitors and faith representatives who work under the auspices of their faith tradition only with members of their own faith group, and Spiritual Carers (interchangeable with the terms Pastoral Carer or Chaplain) who are part of the Pastoral Care Team attached to the hospital and part of the multidisciplinary team.

The Framework QH defines a faith representative as “A priest, pastor, minister, guru, rabbi, imam, monk, or other representative of a religious tradition who responds to particular requests from a patient and or family member. They may appear on hospital on-call lists.”

Spiritual Carers are defined in more detail in the role description at Attachment B. This includes general ward visiting; participation in team activities including meetings, in-service sessions and supervision; adherence to local process and protocols for visiting patient, and liaison with QH staff and spiritual care peers. The qualifications for Spiritual Carers are:

- Nationally accredited qualification in the field of Pastoral Care (or the ability to attain by recognised prior learning **OR**
- Clinical Pastoral Education Course **OR**
- Equivalent qualification or industry experience approved by QMHCC (Queensland Multifaith Health Care Council).
- Theological and/or other qualification accepted by own faith tradition as suitable for this role
- Endorsement of QMHCC as a suitable candidate.

For Darling Downs Health more particularly the Governance Framework specifies that Pastoral carers eligible for recruitment must have the following:

- Have successfully completed a training program in supervised pastoral practice or equivalent e.g. Clinical Pastoral Education (Spiritual Care Australia guidelines)
- Be endorsed by their faith community
- Have the capacity and capability to work in an ecumenical and interfaith environment
- Satisfy interview requirements with Pastoral Care Coordinator and 1 member of leadership team.

## 1. Faith Representatives

### Uniting Church Minister on Call for hospital:

If clergy are requested by patients, Pastoral Care is the contact point for Toowoomba Hospital staff. The Pastoral Care Service need a current list of UCA ministers who can be called on when required. There are no special requirements for this role beyond being a recognised UCA minister.

Although I expect there will be more need for referral when there is no UC chaplain regularly present, in many cases UCA people don't ask for a minister, or don't mind who might come to care for them. There have been 2 after hours requests specifically for a UCA minister in 4 years. Our Catholic priest on call is more regularly requested as there are specific rites around end of life in that tradition.

He also receives less urgent calls during business hours and visits a few times a week to support less urgent needs. It might be appropriate to have a minister regularly available for non-urgent referrals via phone referral.

**Possible Solution:** Need a regularly updated list of willing ministers for referrals.

### Referrals from rural/remote UCA churches to Toowoomba Hospitals:

I have been happy to visit the private hospitals when rural and remote ministers have wanted to make a referral. This will no longer be possible.

For the **Toowoomba Hospital**, rural and remote ministers can ring the Pastoral Care office on 4616 6415 to refer people to the hospital's Pastoral Care Service. As staffing levels will be reduced by one FTE, there will be more need for specific referrals if you want someone seen as the remaining team will be stretched.

**St Vincents** have a very active Pastoral Care team if you ring them on 4690 4018 and leave a message, including the patient's name and whether you need a specific UCA visitor or are happy that they receive attention from the team. They try to visit everyone but will prioritise referrals or those who select that they'd like a visit on admission.

**St Andrews** also have a chaplain who is available to those who tick a box on their admission forms. There is currently no process for a faith community to refer a patient. I tried being put through to the chaplain and the phone rang for a long time without connection to an answering machine.

The other option is to ring a Toowoomba-based minister to visit. Could the Presbytery Office have a role in evenly distributing this workload? I've not had a huge number of referrals to other hospitals, probably 5-6 people in the last 4 years.

**Possible Solution:** An updated list of available ministers and Hospital details needs to be circulated to congregations across the Presbytery. Or the Presbytery takes a role in connecting rural and remote congregations to a minister.

## 2. Support to the Pastoral Care Service

This role requires the person to be on-boarded as a volunteer pastoral carer. This includes immunisation requirements, police checks, and mandatory training, as leads to the issue of a staff ID and access swipe cards. There are also continuing education, support and mentoring opportunities offered to the team. There would need to be a significant investment of time in getting to know the hospital and the way the Pastoral Care Service operates.

The qualification requirement to become a Pastoral Carer in Toowoomba is successful completion of “a training program in *supervised pastoral practice*”. Clinical Pastoral Education (CPE) is the example given. The Uniting Church has not made CPE a requirement for formation, and certainly during my formation Pastoral Care training was not *supervised* pastoral practice. This means that many UCA ministers don’t meet this criteria, and investigation of equivalent training with supervised practicum or recognition of prior learning may be necessary. According to the Governance Framework this would be at the discretion of the Coordinator where a candidate was approved by their faith tradition.

As CPE training is conducted within this hospital, students also learn how the Pastoral Care Service works in this space, get to know their peers and the leadership team, understand their place in the multidisciplinary team of the hospital community, and learn to navigate around the place, all of which are a necessary formation as Pastoral Carers in this space. This would require an investment of time for orientation for anyone coming on board.

### **Ward visitation:**

This is a significant decrease in hours provided to the Pastoral Care Service with the removal of a full-time chaplain. Whilst the chaplain role includes administrative responsibilities, there will be a decrease in ward visitation.

We have 4 UCA volunteers working in the Darling Downs Health Service (DDHS). Together they provide in the vicinity of 25 hours each week. These hours were already provided prior to the Synod Standing Committee decision. One volunteer has increased her attendance to 2 mornings each week because of the decision, and Kath Warner is currently going through the on-boarding process to become a volunteer for a morning a week.

**Possible Solution:** Recruit and train additional pastoral carers. Offer reimbursement of fees to support those wishing to train (See updated draft CPE reimbursement policy).

### **Baillie Henderson Service:**

11am 2<sup>nd</sup> Sunday of the month at Baillie Chapel (30 mins)

This service is made up of regular attendance by people with significant disabilities or long-term mental health issues. There are also people from the Rehabilitation ward (strokes and hip replacements, not drugs and alcohol), the lock-up mental health ward (limited day release) and Medical Unit 5 (often people awaiting nursing home placements).

This is a simple service of songs (there is a book of the songs they know) and prayers with an extended children’s story instead of a sermon. Sometimes there are only a couple of people, depending on availability of staff to bring them.

**Possible Solution:** Marg Thorpe is willing to be part of a team to continue this on behalf of the Uniting Church. I have been doing some discernment and making enquiries with some people about joining that team.

### **Pastoral Care on Call:**

I have filled one week in four as an on-call pastoral carer along with the other members of the leadership team. This covers the afterhours – referrals after 4pm, before 9am, on weekends and public holidays. In a week it is possible to

hold the phone without getting a single call, but it is possible to get 5-6 over a week. I have on rare occasions spent over 10 hours on-call in a week, taking time off in lieu.

Some of these may be as simple as contacting a Catholic priest or other clergy. At times it means a visit with someone who has had a difficult diagnosis, a sudden change in condition, or to support a family at an expected end of life. Occasionally it can mean some hours overnight in emergency supporting a family awaiting the outcome of traumatic injuries for a loved one. Many of these pastoral encounters are for people who have no connection with a faith tradition, but who need emotional and practical support in a difficult time. It can involve advocating on behalf of a patient with the staff. Prayer and spiritual input are not always required and may offend. Part of the role is discerning what support is necessary. It is essential to know the hospital and the place of pastoral care within it for this role.

There is a gap of a week each month once there is no longer a UCA Chaplain. This is not sustainable.

**Possible Solution:** Some capable Pastoral Carers have been lost to the team as they need to earn money. Can a small allowance be paid to a Pastoral Carer to allow them to remain on the team and do this work?

### **Supervision of UCA volunteers**

The Governance Framework outlines that Pastoral Carers are responsible to the:

- Coordinator of pastoral care for all matters of protocol, in relation to appropriate pastoral care practice
- Coordinator of their hospital faith group or faith leader in relation to personal spiritual growth and theological openness
- Coordinator of pastoral care in relation to visiting, recording and communicating the pastoral visits undertaken.

UCA volunteers have had the availability for discussion and spiritual conversation with the chaplain.

**Possible Solution:** Ministers and Pastors with Pastoral Carers in their congregation will need to intentionally connect with them. For those from congregations with no minister in placement there will need to be someone nominated to intentionally connect.

### **Leadership Team**

The Governance Framework states that the Leadership Team is made up of the Coordinator, denominational coordinators/chaplains, and the administration assistant. There will be a reduction of one member of the Leadership Team. I have provided administration and project support to the team as well as visitation.

**Possible Solution:** What support could the Presbytery provide?

### **Connection and accountability with the UCA**

With the removal of a UCA member of the leadership team in the hospital there is limited on-going connection with the Presbytery:

- There will be no report to Presbytery.
- There will be no UCA leader representative on the Leadership Team.
- The Presbytery Minister will be the only UCA representative to the Oversight Committee which meets 3 times a year.
- There will be no one whose role is to speak to congregations and church groups about the work at the hospital.
- There is a risk that UCA contact lists will become out of date.

**Possible Solution:** Presbytery Minister (or another UCA representative) maintains intentional connection with Pastoral Care Service on behalf of the Presbytery.

## **Conclusion**

The intentional support and connection between the Presbytery and the Pastoral Care Service would best be provided by a particular person invested in and called to serve in this space. If many people are involved to meet different parts of this gap the risk is that no one follows through because there is “someone else” doing it.

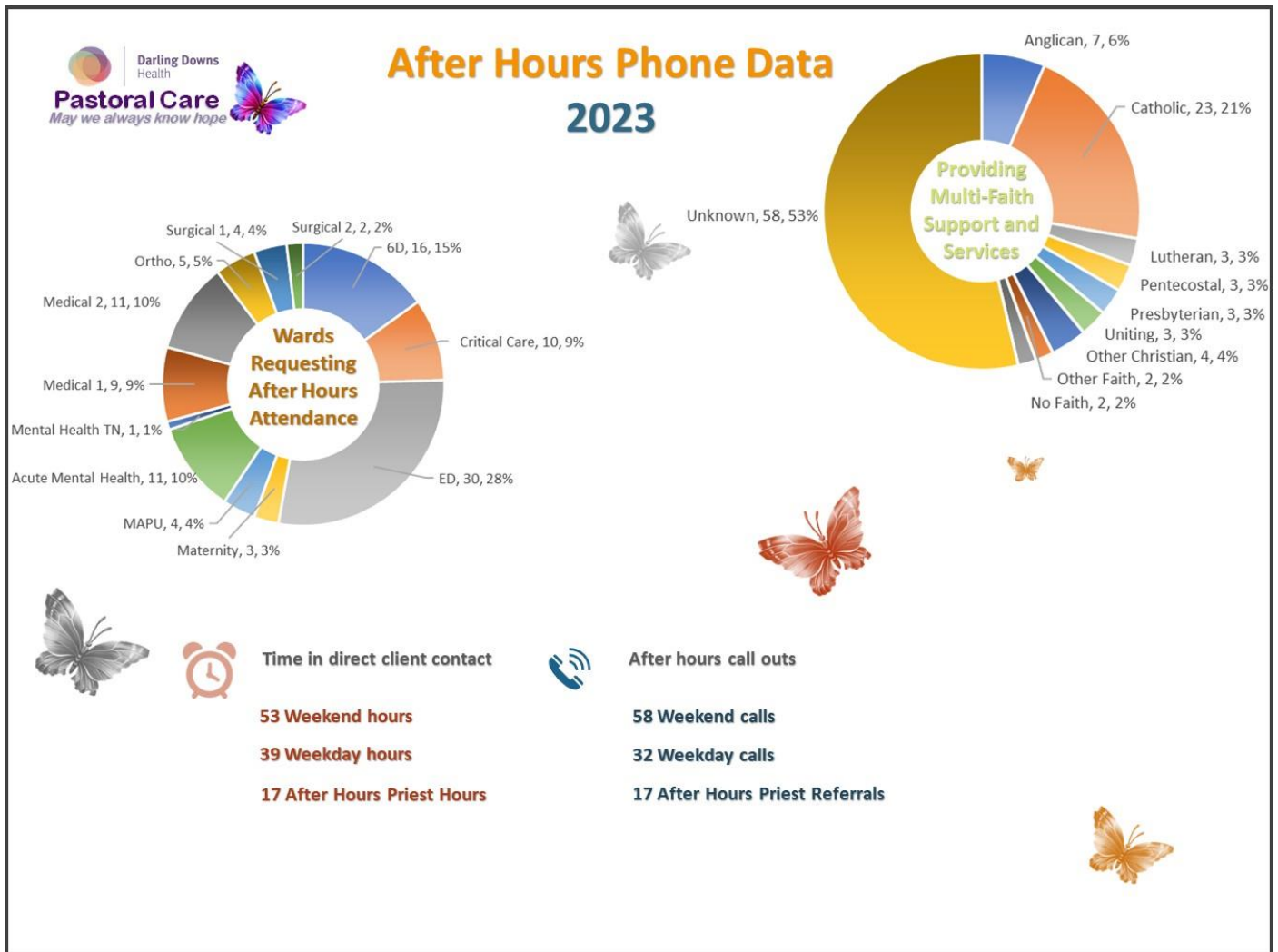
The Toowoomba Hospital is large and complex with many staff. Being present, meeting staff and learning how Pastoral Care operates is essential to ministry here.

At this time there are Pastoral Carers who are members of Presbytery, but this may not always be the case. The risk is that the connection between the two groups will be lost.

Pastoral Care at the Toowoomba Hospital has been a beautifully ecumenical space in which to work and is more resilient than in many hospitals to the changes caused by the cessation of funding by the UCA. There remains a paid Coordinator despite this change. However, there is more to be lost here as the Pastoral Care Service may not be able to continue the same level of service provision, and its reputation may be damaged as needs can no longer be met.



# Attachment 2:



## Attachment 3: Draft Policy

### Uniting Church in Australia: Presbytery of the Downs Clinical Pastoral Education Subsidy Policy 2024 Revision

The Presbytery of the Downs recognises the importance of pastoral care in the community and congregations. The Darling Downs Health Service (DDHS) offers an opportunity for volunteers to serve as Pastoral Carers and has a Memorandum of Understanding with Clinical Pastoral Education (CPE) to provide rigorous, nationally accredited training. There is an increasing need for trained Pastoral Carers in this space, particularly given the withdrawal of funding by the UCA Qld Synod Standing Committee for Public Hospital Chaplains which is taking effect in 2024.

This policy has been amended to offer additional support from The Downs Presbytery to the DDHS Pastoral Care Team. Those enrolled in a unit of CPE may apply for a 75% reimbursement or part payment of fees for Clinical Pastoral Education Course Fees. The 'Application and Processing Fee' is not included. There are two categories of applicants.

#### Category 1: Sponsored by Uniting Church Congregation/Faith Community.

- Be a participant within a Uniting Church congregation or faith community
- Have the support of their minister, pastor, Church Council or Faith Community Point of Contact.
- Agree to volunteer in an agreed location for a period of two years **after completion** of a unit of CPE (congregational, hospital, community).

#### Category 2: Sponsored by Pastoral Care Service within DDHS

##### For volunteers who are not participants in a Uniting Church congregation or faith community.

- Have the support of the co-ordinator of Pastoral Care DDHS.
- Agree to volunteer for 400 hours at an agreed DDHS hospital **after completion** of a unit of CPE.
- Are volunteers (not being paid for pastoral work),
- Have no other available subsidy (through their own church or other organisation, except any discount provided by QICPE)
- Are not studying for the purpose of paid ministry or ordination.

Application is made to the Presbytery Standing Committee. Fees may be paid either by

1. Reimbursement of Fees paid
2. Prepayment of fees directly to QICPE

To apply:

1. Fill in both pages of Form 1 (attached)
2. Get signature from sponsoring church minister/leader/contact person (Category 1) or DDHS Co-ordinator of Pastoral Care (Category 2)
3. Email form and **Tax Invoice** to Standing Committee: [treasurer@downspresbytery.org.au](mailto:treasurer@downspresbytery.org.au)
4. You will be notified by email if your application is successful.

Any successful Category 1 applicant can later request reimbursement of mileage at 25c/km if:

- They live more than 50km from the **closest** centre offering CPE.
- Includes both course and/or practicum days where 50km from the applicant's home address.
- Reimbursement can be paid up to twice throughout the unit.

Application for reimbursement of mileage can be made by submitting Form 2 (attached) to the Presbytery Treasurer: [treasurer@downspresbytery.org.au](mailto:treasurer@downspresbytery.org.au)

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**Uniting Church in Australia: Presbytery of the Downs:  
Request for Subsidy for CPE Course fees (Form 1)**

<b>Applicant Details</b>	
Name	
Phone	
Email	
Address	
<b>Sponsored by Details</b>	
Church Name (where applicable)	
Minister*/Coordinator Name	Phone
Minister*/Coordinator Email	
<b>Payment Options (circle 1)</b>	<b>Please attach copy of Tax Invoice</b>
<b>A.</b>	<b>Part Payment directly to QICPE</b>
BSB	034 072
Account Number	186321
Account Name	QICPE Inc
Date Payment required	/ /
<b>B.</b>	<b>Reimbursement to applicant</b>
BSB	
Account Number	
Account Name	
<b>Course Details</b>	
Location of Course	
Date of Course	Start date / / Finish date / /
CPE Facilitator Contact	Phone
Location of Practicum	
Contact Person for Practicum	Phone
<b>Post Course Volunteering</b>	
Location	
Contact person	Phone

Please email completed form to [treasurer@downspresbytery.org.au](mailto:treasurer@downspresbytery.org.au)

**Category 1: Sponsored by Uniting Church Congregation**

**Applicant**

I, \_\_\_\_\_ (applicant) request consideration of a 75% subsidy of CPE Course Fees (not including application fee) and agree to serve as a volunteer within the context indicated for a period of two years after fulfilling the requirements of CPE.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (sign and date)

**Sponsoring Church**

I, \_\_\_\_\_ (Minister/Pastor/Leader/Contact\*) of \_\_\_\_\_ (name) Uniting Church acknowledge that the applicant is a participant within our local congregation/faith community and is considered suitable for pastoral care training.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (sign and date)

**Category 2: Sponsored by DDHS Pastoral Care**

**Applicant**

I, \_\_\_\_\_ (applicant) request consideration of a 75% subsidy of CPE Course Fees (not including application fee) and agree to serve as a volunteer within a DDHS hospital for 400 hours after fulfilling the requirements of CPE. I am not currently employed in paid pastoral work and have received/will receive no additional subsidy from any other church or organisation (excluding any discount from QICPE). I am not studying with the purpose of ordination or paid ministry.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (sign and date)

**DDHS Pastoral Care Coordinator**

I, \_\_\_\_\_ (Coordinator of Pastoral Care DDHS) The Pastoral Care Service confirm that the applicant is considered suitable for pastoral care training.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (sign and date)

\* Category 1: where no minister is in placement a supply member of the Church Council may sign. For Faith Communities the local point of contact recognised by the Presbytery may sign.

**Please attach copy of Tax Invoice for CPE fees**

