



ST STEPHENS UNITING CHURCH
51 Neil St Toowoomba

3rd – 6th November 2023

Hospital Chaplaincy

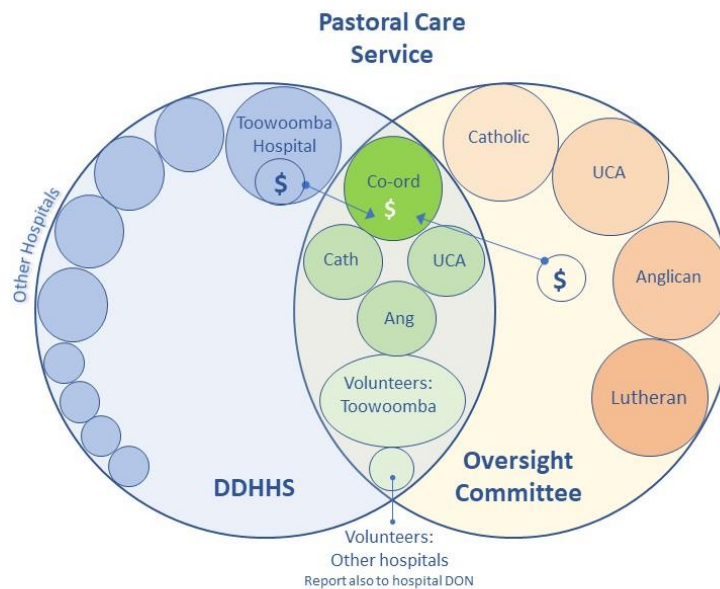
Prayer Points

- For the mission of Hospital Chaplaincy in Toowoomba and across the state.
- For those hospital chaplains who will be seeking new placements.
- Prayer for our in-coming and out-going co-ordinators in Toowoomba.

Report

- On the 18 September I was advised that the Synod Standing Committee had made the hard decision to no longer fund public health chaplaincy beyond June 2024. As I have no other source of income, I will be seeking a new placement, despite not yet sensing a release from my call to this work. My current plan is to work until the deadline and if necessary, take supply work from July until I find a placement.
- The Synod are looking at alternative funding models. They have approached Qld Health and conversations are on-going. There is a summit being organised by the Anglican Church in late November to look at how hospital chaplaincy can continue to be resourced. I recognise that there has been a decrease in paid hospital chaplaincy positions over time and it is likely to be on-going. At the Toowoomba Hospital the Catholic Church currently pay one full time person. Previously they provided an additional 16 hours a week as part time position(s). The Anglican Church used to have a full time position which is now 3 days a week. The UCA position has been full time and has will not be funded after June 2024.
- In writing this report I remember the work done by those who have gone before me, particularly Rev Lorna Skilton, Mrs Joan Meston, and Pastor Pauline Denning – all who have now been “promoted to Glory” as our Salvo friends would put it. I note that 2024 is the 30th anniversary of the Ecumenical Model of Pastoral Care in Toowoomba and it is recognised as best practice. “Well done, good and faithful servants”. It is important to me to honour their work and seek to continue the resilience of Pastoral Care in Toowoomba into the future.
- Pastoral Care in this space is deeply embedded in the Toowoomba Ecumenical space in a way that is not the case for the rest of Queensland. It also has strong connections with the Darling Downs Hospital and Health Service (DDHHS). There are several agreements in place:

- Memorandum of Understanding between the DDHHS and the Heads of Churches who have oversight of the Pastoral Care Service. This allows us to work ecumenically in the hospitals within the Health Service. Most hospitals in Queensland only allow the UCA chaplain to visit UCA people and so on. Our Pastoral Care team are allowed to visit anybody in the hospital and are invited into staff spaces.
- Memorandum of Understanding between the DDHHS and the Heads of Churches regarding the paid Co-ordinator position. This 0.5 FTE (Full Time Equivalent) position is funding 50% by the Heads of Churches and 50% by the Hospital. At this point there are only two Hospitals in Queensland where Qld Health provides funding.
- There is also a Licence between the DDHHS and Clinical Pastoral Education (CPE) for the provision of training, which is the standard required for all new volunteers.
- There are DDHHS policies which relate to the way the Pastoral Care Service is managed and organised.
- The following diagram shows the relationships that form the Pastoral Care Service:



- Pastoral Care Service in Toowoomba is more robust and better able to weather this change than most other places, due to having a part-time coordinator position and the strong history of

collaboration which provides supervision, encouragement, and support for the Pastoral Care volunteers.

- We also have the most to lose - our reach to staff, patients and families is deep and wide. This can only continue with adequate levels of staffing and being full time gives more opportunities to be known across the hospital in a way that being present one morning a week doesn't.
- I also note that having someone connecting with our communities helps to raise the profile of Pastoral Care. We had three quality volunteers graduate in 2023. Each one sensed God's call because of visits to churches, fellowship groups or running training.
- My focus for the next 8 months will be on succession planning for a UCA presence and contribution in the hospital. This means there will be times when I may not be available to visit people.
- I had planned to run a weekly Care Essentials Course in Term 1 next year. I can no longer be certain that I will be here to do that, and I have cancelled the 2024 course.
- I have preached in Wilsonton and have a date set for January at Nobby. I will be concentrating my efforts on spreading word of the need in the Pastoral Care space, so will not be available for general preaching – but I will be ringing to come and talk about Pastoral Care in a church near you!

<Some thoughts and ideas for a Brain Storming Session>

- **QLD Health funding.** It would be fair for Qld Health to contribute towards Hospital Chaplaincy. Police and Defence pay for chaplain placements, but the churches pay for chaplaincy in the hospitals. I believe it is harder to get funding started in the current secular environment than it would have been when the Police and Defence started. Synod is looking into this as an option.
- **Paid volunteers.** For those on Centrelink benefits and nearing retirement age 15 hours of volunteering a week can be counted in lieu of looking for a job.
- **Contact other churches for financial support.** There are several big churches in Toowoomba which don't currently support Hospital Chaplaincy. They may be able to provide additional funding (in a School Chaplaincy model) or even provide a pastor to work with the team.
- **Sponsorship from community-minded people or organisations.** Maybe this could be added to a centralised fund?
- **Quality volunteers who need to work.** We have had several volunteers who have had to move on to paid positions at other facilities.

- **Appropriate volunteers.** In the hospital we are permitted to pray and to talk about God if it is appropriate for the person we are talking to. Some volunteers want to come to proselytise, hand out tracts, and pray for healing whether people want it or not. These volunteers could damage our reputation for quality pastoral care, which is being with the person where they are.

To maintain the UCA contribution to the DDHHS:

- **Presbytery/UCA Connection.** It is important to keep the connection between the Presbytery and the Pastoral Care Team to find, encourage and support our volunteers.
 - Could we keep the placement, but fill it with one or more volunteers? This would keep the connection with the UCA. Maybe a small amount of funding for mileage, phone attendance at Presbytery could be provided?
 - Occasional UCA pastoral carers get together? Someone needs to organise this.
 - Who is going to visit churches to talk about the work?
- **On-Call Phone.** The on-call phone is currently taken on a roughly 4 weekly roster among the Leadership Team. The time between rostered weeks reduces if anyone is sick or on holidays. It is not sustainable in the long term with too few people. Anyone holding the phone needs to have CPE (or similar) qualification and be accredited by the hospital as a volunteer to do this.
 - Are Toowoomba ministers willing to be on the roster for on-call? This will require completion of CPE (or previous training), being accredited at the hospital and becoming familiar with the place.
 - Are there lay people interested and available?
- **Training.** For 2024 the cost of CPE will be \$2400, with a \$300 discount available for pensioners or those with no income. For comparison a subject at Trinity College Queensland is currently \$2800. The training is worth it, but affordability is an issue. Whilst training a student needs to get 5 hours of actual visitation time a week. Even having people doing the training is a wonderful support to the team.
 - Can we change our Reimbursement Policy to increase the subsidy to 75%? Maybe increase the time served to 2 years in return?
 - Can we include paid agents in our policy? CEM payments are only \$912 each year. I note that the time required for training might not be possible for someone in full-time placement.
 - Would we consider making reimbursement to any person undertaking CPE, rather than just UCA participants?

- Perhaps we could pay into a combined fund by the churches?
- Could we advocate for paid CPE facilitators? Either by Synod, or combined churches, or Qld Health?
- With less supervision available our volunteers need to be well formed for the work and able to work more independently. CPE does this work. It is also rigorous enough to weed out any volunteers who are not suitable.
- **Hospital Visitation.** This can and is done by volunteers. We currently have 17 volunteers in the Toowoomba Hospital, 6 of whom are currently on long term leave. Most volunteers work one morning (3hrs) a week, a couple doing 2-3 days. This equates to roughly 57 hours a week now and 75 hours when/if those on leave return. This is 1.5 FTE currently and nearly 2 FTE if all were able to attend. This equates to 12.5 volunteers to replace a full-time person. 2 volunteers at Toowoomba have UCA connections.
- **Staff Support.** We are called on to provide support to staff in a few capacities. We are called in by Nurse Unit Managers when there is a need for debriefing or support. There is great benefit to being present in this space and walking between things. It's in this space that we get to know staff or catch up with others that we already know. We also become known and trusted. Three years into my placement I was finally getting the benefit of the relationships I had cultivated. This is easier for a full-time person just because they are here more often.
 - Can we find a full-time volunteer? Or more 3 day a week volunteers?
- **Mentoring.** The Pastoral Care Service has an active program of mentoring. We need people to support the Co-ordinator in providing this.
- **UCA Baillie Henderson Service.** Each Sunday there is a Chapel service at Baillie Henderson at 11am. On the 2nd Sunday of the month I lead a UCA service. I need to find someone to take on this responsibility as it isn't fair for the Anglicans to do 3 weeks in the month.
 - It's a Sunday morning, which isn't convenient for most ministers.
 - There are only a few regulars who generally have significant disabilities.
 - It would be wonderful to have other volunteers to bring wheelchairs from the wards to the chapel too. The staff often don't have time to bring people down.
- **Funding.** To continue to fund training, the payment towards the Co-ordinator position and any other needs into the future we need to have a plan to raise funds.
 - There used to be a practice of putting \$2 in a little envelope marked for Chaplaincy each week in the offering plate. I remember people still doing this in Warwick in the early 2000s.

- **Pandemic Shutdowns.** When Covid shutdowns were in force all volunteers had to stay home, only those paid by churches were able to attend. What happens next time?
- **Dreaming.** The Leadership Team have big dreams and were trying to work out ways to make them happen.
 - The Emergency Department trial is nearing completion. The feedback from staff and patients has been fantastic. We would love to continue this but cannot do it without funding as our volunteers are stretched as it is. Our Co-ordinator has been working on funding, but it may only be temporary.
 - We have been approached to provide Pastoral Care support to the Palliative Hospital to the Home program. We have not had the resources to provide this service, even as we realise that it is so important.

Recommendations

1. That the report be received.
2. That the ideas from our brainstorming session be recorded and given to the Presbytery Standing Committee and can be used as a reference for conversations with the Pastoral Care Oversight Committee, the Synod Standing Committee and during the Hospital Chaplaincy Summit.
3. That the Presbytery records that Hospital Chaplaincy is a significant mission in the life of the Presbytery.

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If you have questions, please email before the meeting.