

Priorities for Investment and Impact Statement Loss of Faith Community Funding in Victoria

Priorities for investment in spiritual care

Spiritual Health Association (SHA) along with the Victorian faith community leaders (signatories to this statement), request the following:

1. The State Government of Victoria reinstate funding to the Victorian faith communities for the continuation of faith specific spiritual care in Victorian hospitals for 2024-2025.
Total Cost = \$665,000
2. The State Government of Victoria fund SHA to undertake a project in consultation with health services, faith communities and other key stakeholders to develop a sustainable funding model to ensure people have ongoing access to faith specific spiritual care post June 2025.
Total = \$62,000

Background

There is a long history of provision of chaplaincy services from Christian Churches to public hospitals beginning in the mid-1890s. In the mid-1950s the Victorian Government agreed to subsidise the cost of chaplaincy services to the Christian Churches and funding has been provided to the churches from Government since that time (nearly 80 years). In the 1990s Spiritual Health Association (then known as the Interchurch Chaplaincy Committee of Victoria Inc) became the conduit for government funds to the churches. In 2010 SHA successfully lobbied for the funding pool to increase enabling funds for 15 diverse faith groups in Victoria to provide chaplaincy/spiritual care services. In 2023 there are 11 different faith communities in receipt of government funds enabling a presence in Victorian hospitals and the capacity to respond to faith-based needs when they arise for patients (See appendix 1 for list of faith communities subsidised by the Victorian government). The good will that this funding generates within our diverse Victorian community cannot be overestimated.

In April 2023 the Minister for Health confirmed that all funding to Spiritual Health Association (total of \$1.35 million), including faith community funding (total of \$664,316), will cease as of June 30, 2024.

Context

The Victorian Common Funding Agreement 2023-2024 between Safer Care Victoria (on behalf of the Victorian Government) and Spiritual Health Association (SHA) states:

The delivery of person-centred spiritual care in Victorian health services is strengthened by faith communities that receive disbursed funds from the Spiritual Health Association. The disbursed funds support the provision of spiritual care in Victoria's Health Services that are responsive to the broad range of contemporary beliefs, traditions, values, and practices of the Victorian population.

Safer Care Victoria considers the Spiritual Health Association well placed to promote equity in spiritual care in our health services that is aligned to best practice.

Spiritual Health Association disburses funds to faith communities to assist hospitals in meeting the diverse spiritual care needs of all Victorians in their care.

The Australian Charter of Healthcare Rights has determined a person's right to have their "culture, identity, beliefs and choices recognised and respected". Healthcare that limits a person's right to receive cultural or spiritual care may impact the quality of a patient's experience and adversely affect health outcomes.

Spiritual care is an integral part of a person-centred bio-psychosocial-spiritual model of care focused on patient and family spiritual needs, and or the spiritual needs of the "client".

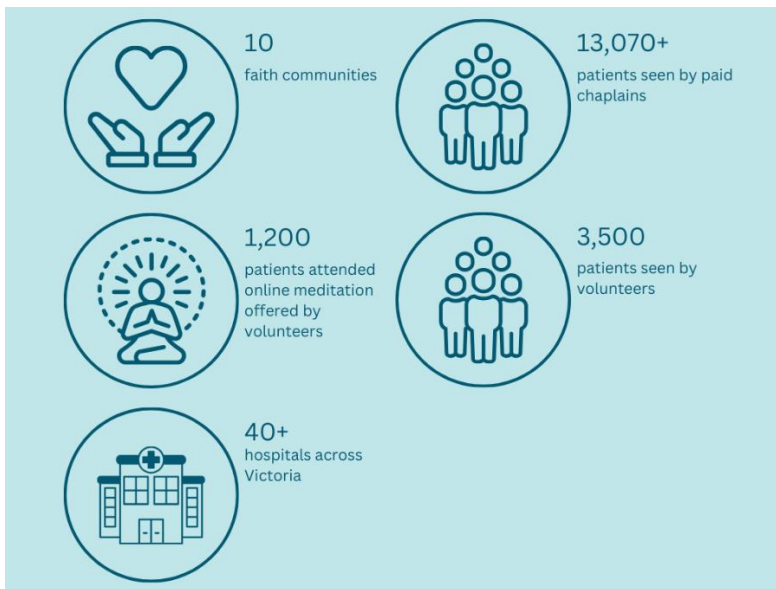
Spiritual care is the provision of assessment, counselling, support and ritual in matters of a person's beliefs, traditions, values and practices enabling the person to access their own spiritual resources. (Spiritual Health Association, 2018)

The investment in a spiritual care workforce by health services is varied and often low. For example, **at one major hospital there is a total of 3.8 EFT in the spiritual care department and 2 EFT of these positions are funded by faith communities.**

The loss of funding to the faith communities will impact health services, especially those health services who have relied on chaplaincy positions funded by the faith communities (See appendix 2 for list of health services impacted by loss of funded chaplaincy positions). The loss of funding will impact a patients' choice to access spiritual care from someone of their own faith tradition, where that is essential to meeting their spiritual needs. Research has demonstrated that 74% of patients with a faith affiliation want their spiritual care provided by someone from their own faith tradition (Advocat et al, 2021).¹

Impact of the Loss of Faith Community Funding

Each year the funded faith communities provide an annual acquittal to SHA. The infographic below provides details of the service provision by the faith communities to over 40 hospitals in Victoria in 2022-2023.



¹ Jenny Advocat, Shiva Vasi, Leila Karimi, David Glenister, Cuong La & Cheryl Holmes (2021): Hospital-based spiritual care: what matters to patients? Journal of Health Care Chaplaincy, DOI: 10.1080/08854726.2021.1996964

Conclusion

The faith communities in Victoria have played a significant role in the delivery of chaplaincy services in public hospitals since the 1800s. The loss of faith community funding from June 30, 2024, will have a significant impact on hospitals across Victoria. Models of care have not kept pace with either the demographic changes in Australia or the growing body of evidence-based research for best practice spiritual care (See appendix 3 – Why invest in spiritual care?). SHA is currently piloting and evaluating a co-designed national model for spiritual care in health. Implementation of this model requires investment in qualified, credentialled spiritual care practitioners by health services and development of a sustainable funding model that ensures people have access to faith specific spiritual care when needed. While this work is undertaken ongoing funding is necessary to ensure hospitals are meeting the requirements of the national standards for comprehensive patient care and fulfilling their obligations under the Australian Charter of Healthcare Rights.

Compiled by Cheryl Holmes
CEO
Spiritual Health Association
September 2023

On behalf of the following faith communities:
(Signatories to this statement – See Appendix 4)

Anglican Diocese of Melbourne

Buddhist Council of Victoria

CatholicCare Victoria

Hindu Council of Australia (Victorian Branch)

Islamic Council of Victoria

Jewish Community Council of Victoria

Lutheran Church of Australia (Victorian District)

Macedonian Orthodox Church

Presbyterian Church of Victoria

Sikh Interfaith Council of Victoria

Uniting Church in Australia (Synod of Victoria and Tasmania)

Appendix 1

Faith Communities in receipt of Government Funding

1. Anglican Diocese of Melbourne
2. Buddhist Council of Victoria
3. CatholicCare Victoria
4. Hindu Council of Australia
5. Islamic Council of Victoria
6. Jewish Community Council of Victoria
7. Lutheran Church of Australia – Victorian district
8. Macedonian Orthodox Church
9. Presbyterian Church of Victoria
10. Sikh Interfaith Council of Victoria
11. Uniting Church in Australia – Synod of Victoria/Tasmania

Appendix 2

Health Services Impacted by the Loss of Funded Chaplaincy Positions

Health Service	Total Funded Positions (EFT) (Health funded + faith community funded)	Faith Community Funded Positions (EFT)
Alfred Health	3.31	1.26
Austin Health	5.5	0.7
Ballarat Base Hospital (and surrounding agencies)	1.6	1
Bendigo Health	3.22	1.8
Barwon Health	3.8	2.0
Monash Health	7.29	1
Western Health	3.14	1.17
Royal Melbourne Hospital	6.86	2.4
Royal Children's Hospital	4.4	3.4
Northern Health	3.21 Hospital EFT includes 0.28 EFT which is pending 23/24 budget approval.	0.8

Appendix 3 - Why invest in spiritual care?

A. Spirituality is a recognised domain of health.

- a. Holistic care requires a bio-psychosocial-spiritual model of health care to be provided.²
- b. Person-centred care that incorporates peoples' beliefs and values is an essential aspect of quality and safety.³

B. Spirituality is a recognised dimension of wellbeing.

- a. The four dimensions of wellbeing, as recognised by the World Health Organization are physical, social, mental, and spiritual.⁴

C. Spirituality is a recognised component of mental wellbeing.

- a. Mental wellbeing was defined in the Royal Commission into Victorian Mental Health Services final report as:
*A dynamic state of complete physical, mental, social and spiritual wellbeing in which a person can develop to their potential, cope with the normal stresses of life, work productively and creatively, build strong and positive relationships with others and contribute to their community.*⁵

D. Spirituality is essential to end-of-life care and palliative care.

- a. The Australian Commission for Safety & Quality in Health Care's national consensus statement on the essential elements of end-of-life care states as the third guiding principle:
*Providing for the cultural, spiritual and psychosocial needs of patients, and their families and carers is as important as meeting their physical needs.*⁶
- b. The National Palliative Care Standards 2018 Standard 1 states:
*Initial and ongoing assessment incorporates the person's physical, psychological, cultural, social and spiritual experiences and needs.*⁷

E. Research demonstrates that:

- 54% of Australians would be interested in receiving spiritual care in health settings in the future.⁸
- Australians believe spirituality is essential to wellbeing.⁹
- People want their spiritual needs addressed.¹⁰
- The pandemic has led to an increased interest in spirituality and existential questions.¹¹
- Spiritual care has a positive impact on patient satisfaction and health outcomes.¹²

² Sulmasy, D. P. (2002). A biopsychosocial-spiritual model for the care of patients at the end of life. *Gerontologist*, 42(Oct), 24-37.

³ Australian Commission on Safety and Quality in Health Care. (2011). *Patient-centred care: Improving quality and safety through partnerships with patients and consumers*. Sydney: ACSQHC

⁴ World Health Organisation, (2021) *The Geneva Charter for Well-being*.

⁵ Australian Commission on Safety and Quality in Health Care. (2015) National Consensus Statement: essential elements for safe and high-quality end-of-life care. Sydney: ACSQHC.

⁶ Victoria's Royal Commission into Mental Health Services Final Report (2021)

⁷ Palliative Care Australia, (2018). National Palliative Care Standards 5th Edn. Canberra: Palliative Care Australia

⁸ McCrindle (2021) *The Future of Spiritual Care: A national study on spirituality, wellbeing and spiritual care in hospitals*.

⁹ McCrindle (2021) *The Future of Spiritual Care: A national study on spirituality, wellbeing and spiritual care in hospitals*.

¹⁰ Best, M., Butrow, P., & Olver, I. (2016). Doctors discussing religion and spirituality: A systematic literature review. *Journal of Palliative Medicine*, 30(4), 327-337. doi:10.1177/0269216315600912

¹¹ Mainstreet Insights (2020) *How Covid-19 is affecting the Aussie spirit*. [https://mainstreetinsights.com.au/how-covid-19-is-affecting-the-aussie-spirit/?ct=\(EMAIL_CAMPAIGN_8_24_2020_21_4_COPY_01\)](https://mainstreetinsights.com.au/how-covid-19-is-affecting-the-aussie-spirit/?ct=(EMAIL_CAMPAIGN_8_24_2020_21_4_COPY_01))

¹² Astrow, A. B., Wexler, A., Teixeira, K., He, M. K., & Sulmasy, D. P. (2007). Is failure to meet spiritual needs associated with cancer patients' perceptions of quality of care and their satisfaction with care? *Journal of Clinical Oncology*, 25(36), 5753-5757.

Sharma, V., Marin, D. B., Sosunov, E., Ozbay, F., Goldstein, R., & Handzo, G. F. (2016). The Differential Effects of Chaplain Interventions on Patient Satisfaction. *Journal of Health Care Chaplaincy*, 22(3), 85-101. doi:10.1080/08854726.2015.1133203

Tan, H., Rumbold, B., Gardner, F., Snowden, A., Glenister, D., Forest, A., . . . Wyles, L. (2020). Understanding the outcomes of spiritual care as experienced by patients. *Journal of Health Care Chaplaincy*. doi:10.1080/08854726.2020.1793095

Appendix 4 – Signatories to this Statement

Archbishop Dr Philip Freier, Anglican Archbishop of Melbourne

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Mr Dinesh Weerakkody, President, Buddhist Council of Victoria

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Ms Agnes Sheehan, CEO, CatholicCare Victoria

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Makarand Bhagwat, President, The Hindu Council of Australia (Victorian Branch)

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Adel Salman, President, Islamic Council of Victoria

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Daniel Aghion KC, President, Jewish Community Council of Victoria

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Acting Bishop Matthias Prenzler, Lutheran Church of Australia, Victorian District

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His Eminence, Metropolitan Petar, The Diocesan Bishop of The Macedonian Orthodox Church, Diocese of Australia and New Zealand

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Reverend Peter Phillips, Moderator, Presbyterian Church of Victoria

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Jasbir Singh Suropada, Chairperson, Sikh Interfaith Council of Victoria

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Reverend David Fotheringham, Moderator, Uniting Church in Australia, Synod of Victoria & Tasmania

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