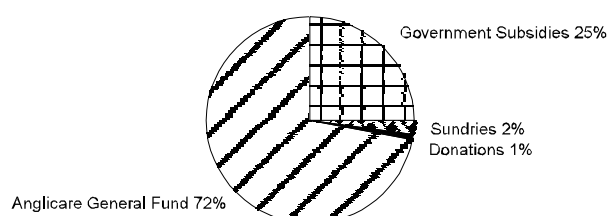


Placement of Anglicare and Other Chaplains in the Diocese of Sydney

(A report from Anglicare.)

Background

1. Anglicare is a significant provider of Chaplaincy services in the Diocese because of their relevance to the Mission Statement for the Society and the demonstrated need for the Word of God to be available to those in critical need.
2. Anglicare's Mission, in all of the Ministries and services which it operates, is as follows -
 - To Bring the Good News of Jesus Christ
 - To Individuals & Families
 - Through Caring & Sharing
 - In Partnership with Local Anglican Churches
3. Anglicare remains committed to providing, through its Diocesan Services Division, an holistic ministry of pastoral contact and care to people in hospitals, correctional centres, juvenile justice institutions and in community placements.
4. The Chaplaincy Department of Anglicare currently consists of the Director and 28 full and part-time chaplaincy positions. The Director is responsible for the recruitment, development and pastoral care of the chaplaincy staff, develops financial plans and budgets for chaplaincy and represents Anglicare on bodies concerned with chaplaincy and chaplaincy issues such as the Civil Chaplaincies Advisory Committee. Of Anglicare's team of 28 chaplains, 20 are working in general and psychiatric hospitals. This means that Anglicare is arguably the largest provider of hospital chaplaincy in Sydney - and perhaps in Australia.
5. In spite of receiving some Government assistance in respect of those chaplains who work in mental health facilities and correctional centres, Anglicare provides, from its general funds, 72% of the financial resources required to maintain the chaplaincy program. In 2000 this will amount to \$1,451,400. Such a large commitment of funds to this work is a measure of the value that Anglicare places on chaplaincy ministry.
6. It also underscores the importance of the Trinity, Advent and Confirmation collections which parishes have traditionally been encouraged to donate to Anglicare. These amounts which, in 1999, amounted to approximately \$185,122, are directed towards the chaplaincy work and are included in the 72% mentioned above.
7. The provision of this service will cost a little over \$2 million in 2000. The sources of funding for our chaplaincy program are shown in the following diagram.



8. Anglicare's funds are not unlimited. Consequently, resources directed towards chaplaincy cannot be used for other valuable programs. In such an environment, the Sydney Anglican Home Mission Society Council must ensure that its chaplains are deployed in those institutions that are most in need of the service. The unfortunate corollary is that, despite Anglicare's significant investment, its chaplains cannot meet all the needs in the public health and correctional systems in which they now seek to serve. There are several such institutions that attract no formal contribution from Government sources at all. This is the direct result of limitations in available resources.

9. Given this context, the development of a means for determining the priorities for the placement of chaplains has been a challenge for many years - especially, but not entirely within, the public health system.

The Health System

10. Some years ago a questionnaire was developed to obtain statistical data from hospitals which could be used as a basis for decisions on the placement of chaplains. The public hospitals in Sydney and Wollongong have been surveyed on a number of occasions using this questionnaire. The most recent survey was carried out in 1996. The picture that emerges from these surveys, and from Anglicare's general observations of the public health system, is one of a hospital system undergoing much change.

11. In 1991, it was clear that the highest priority hospitals for the placement of chaplains were -

General Hospitals

Hornsby
Lidcombe
Liverpool
Prince Henry/Prince of Wales
Royal North Shore
Royal Prince Alfred
St Vincent's Campus
The Children's Hospital
Westmead
Wollongong (ie Wollongong, Port Kembla & Shellharbour)

Mental Health Facilities

Cumberland Hospital
Gladesville Hospital
Macquarie Hospital
Rozelle Hospital

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12. Since then, many changes have occurred which are significant in regard to the placement of chaplains. These changes include the following -

- Prince Henry Hospital has been scaled down and most of its services transferred to the Prince of Wales Campus.
- The Prince of Wales Hospital Campus has been developed and now consists of four hospitals ie the Prince of Wales Hospital, the Sydney Children's Hospital, the Royal Hospital for Women and the Prince of Wales Private Hospital.
- The old Lidcombe Hospital has been closed and amalgamated with the Bankstown Hospital to form the Bankstown-Lidcombe Hospital.
- The St George Hospital has been developed into a 600 bed public hospital with a 200 bed private hospital attached.
- Concord Hospital has become part of the State System and Anglicare has accepted responsibility for the provision of chaplaincy there with that position continuing to be funded by the Department of Veterans' Affairs.
- The Children's Hospital has been moved to its new location at Westmead with its number of beds increased to 350.
- Gladesville Hospital has been closed and the patients moved to other mental health facilities such as the Macquarie Hospital.

13. The current publicity about the operational and funding difficulties facing public hospitals is very likely to generate even more change - albeit in a financial environment so strongly affected by the build up to the Olympic Games. In light of this, the appropriate allocation of chaplaincy resources is currently as follows -

General Hospitals

Concord Hospital (630 beds)	1 full-time chaplain
Hornsby Ku-ring-gai Hospital (450 beds)	1 full-time chaplain
Lady Davidson Hospital (150 beds)	1 part-time chaplain
Liverpool Hospital (600+beds)	1 full-time chaplain
Prince of Wales Campus (1000 beds)	2 full-time chaplains
Royal North Shore Hospital (685 beds + private)	1 full-time chaplain
Royal Prince Alfred Hospital (820 beds)	1 full-time chaplain 1 part-time chaplain
St George Hospital (600 beds + private)	1 full-time chaplain
St Vincent's Campus (500 beds)	1 full-time chaplain
The New Children's Hospital (350 beds)	2 part-time chaplains

Westmead Hospital (780 beds)	2 full-time chaplains
Wollongong/Port Kembla/Shellharbour Hospitals	1 full-time chaplain

Mental Health Facilities

Cumberland Hospital	1 full-time chaplain
Macquarie Hospital	1 full-time chaplain
Rozelle & Concord Hospitals	1 full-time chaplain
South Western Sydney Mental Health Service	1 full-time chaplain

Note -

- (i) The shared chaplaincy arrangement at the New Children's Hospital provides full-time cover.
- (ii) The positions at Concord and Lady Davidson Hospitals are currently funded by the Department of Veterans' Affairs.
- (iii) The bed numbers quoted are largely based on the 1996 survey and may not accurately represent the present situation.
- (iv) The questionnaire which has been used as a basis for decisions on the placement of chaplains takes into account bed numbers but also other factors such as bed occupancy rates, the number of admissions per year, the number of deaths per year, the special services offered and the status of the hospital as a teaching hospital.

14. In the survey carried out in 1996, returns were also received from -

Bankstown-Lidcombe Hospital	Mona Vale Hospital
Campbelltown Hospital	Nepean Hospital
Canterbury Hospital	Ryde Hospital & Community Health Service
Mt Druitt Hospital	Sutherland Hospital

15. A survey was not returned from Blacktown, Fairfield, Manly or Sydney Hospitals.

16. The survey shows that there are a number of major public hospitals in Sydney and Wollongong which can be regarded as of high priority for the placement of chaplains. Currently, there are 11 such hospitals and Anglicare is providing full-time chaplaincy in all of them. Of these high priority hospitals, the one with the lowest rating is Hornsby Ku-ring-gai.

17. The next priority group of hospitals is made up of those that are smaller than the major hospitals listed above but still in need of some form of chaplaincy cover. On the data available so far, it appears that the order of priority is -

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- Bankstown-Lidcombe Hospital (454 beds)
- Nepean Hospital (420 beds)
- Sutherland Hospital (350 beds)

18. Sydney Hospital should perhaps be included in this list, but adequate information has not been received to decide the issue at this stage.

19. According to the Australian Council on Health Care Standards, all hospitals, public and private should provide a chaplaincy service as a condition of accreditation. In some of the hospitals in which the churches have not been able to place a chaplain, the chaplaincy service is staffed by trained and supervised lay persons drawn from the local churches of various denominations.

20. These "lay chaplains" are trained to at least the level of a unit of Introductory Clinical Pastoral Education and are then allocated one or more wards of the hospital. They visit all patients in those wards at least once per week, irrespective of their religious affiliation. This approach is sometimes termed "Ward Chaplaincy".

21. Such a scheme is in place at the Sutherland District Hospital where it appears to work satisfactorily. At St George Hospital there is a combination of ward and denominational chaplaincy. Anglicare's full-time chaplain at St George Hospital has responsibility for all Anglican patients, but also functions as a ward chaplain, visiting all patients in the wards which have been allocated to him.

22. These chaplaincy departments usually have a written plan based on the *Model Plan for Chaplaincy and Pastoral Care Services in Hospitals* produced by the Civil Chaplaincies Advisory Committee (CCAC). According to the Model Plan, the usual steps in starting a chaplaincy service are -

1. An initial meeting between the hospital administration, involved local clergy and lay people to establish whether there is a need for a chaplaincy and pastoral care service.
2. Formation of a steering committee that confers with local churches (including other faiths), ministers fraternals and councils of churches of the area. The guidelines from the CCAC are noted. Local needs and resources are taken into account in setting up a Chaplaincy and Pastoral Care Service appropriate to that hospital. The Service is responsible to, and works with the authority of, the hospital administration.
3. The steering committee arranges an election of officers - chairperson and deputy; secretary; convenors of various sub-committees, such as worship, ward visiting and

emergency rosters; and members of the executive of the chaplaincy service.

4. Local clergy and lay people are invited to apply for membership of the Chaplaincy and Pastoral Care Service, meeting typical membership requirements -
 - (a) a letter from their local church authority endorsing them as having the skills and sensitivity for hospital ministry
 - (b) completion of a chaplaincy training course to the level of Introductory Clinical Pastoral Education (40 hours)
 - (c) acceptance by the chaplaincy service as being appropriate for membership.

23. Although hospital chaplaincy departments are now ecumenical and sometimes multifaith, it would be appropriate and desirable for Anglican area deaneries to be vitally involved at every step in the above process and for Anglicans to be very well represented in the membership of the Chaplaincy and Pastoral Care Service.

24. Anglicare is able to provide assistance in the following ways-

- advice to parish clergy regarding the process involved in the establishment of a chaplaincy department
- assistance in the recruitment of suitable people to be trained as "lay chaplains"
- advice and assistance in the training of "lay chaplains"
- the experience and expertise of Anglicare chaplains to chaplaincy teams.

25. In addition to the work being done by chaplains and lay chaplaincy workers attached to hospital chaplaincy departments, many parish clergy are faithfully visiting their parishioners in hospital. Also some local parishes or individual parish clergy are taking the initiative in providing a chaplaincy service to Anglican patients in hospitals within their parish. For example, St James' Church King Street provides a chaplaincy service to the Sydney Hospital and the Sydney Eye Hospital, with several parishioners and the members of the clergy staff regularly visiting patients. The Rev John Bunyan, the Rector of the Parish of Chester Hill, is accepting a wider role of providing pastoral care to Anglican patients at the Lidcombe-Bankstown Hospital in addition to his parish duties. It would be wonderful if more parish clergy were willing to take such initiatives, especially if their deanery colleagues could contribute financially to the costs of providing such a chaplaincy service on behalf of all the parishes involved.

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26. Anglicare believes that such approaches to hospital ministry could easily be integrated with the wider type of chaplaincy department envisaged in the CCAC's Model Plan.

27. Anglicare keeps its priorities for the placement of chaplains under constant review and another formal questionnaire process with the public hospitals is planned for this year. The challenge is to find ways to demonstrate to hospital administrations that do not yet support this vital ministry in any financial way, that chaplains play a vital role in enabling the hospital to fulfil its objective of providing holistic care. If Anglicare was to succeed in this, it would open the way to make some response to the needs of hospitals such as Bankstown-Lidcombe and Nepean.

28. As Chaplaincy is a ministry targeted towards people with extremely serious problems, it is very draining, both physically and emotionally. Anglicare is currently researching ways in which its chaplains can receive the supervision that is needed to support them in this type of work. It is also a ministry which, by its very nature, has a 'low visibility'. In a large hospital, the one Anglican chaplain is unable to visit every Anglican patient but must concentrate on areas of the hospital that are of highest priority such as the intensive care, high dependency and oncology wards.

29. In Anglicare's efforts to refresh and re-focus its chaplaincy service, it is specifically seeking to recruit personnel who are spiritually and professionally equipped to carry out such a specialised and demanding ministry. Such an approach is an appropriate response to the size and complexity of the major teaching hospitals in which they will be working.

The Corrections System

30. Consistent with Anglicare's aim of providing caring ministry to those in great need, high priority is given to the placement of chaplains in the large correctional centres and juvenile justice centres in Sydney. Currently, there are 7 chaplains working in the adult correctional centres and, hopefully, there will soon be 2 chaplains in the juvenile justice system.

31. Currently Anglicare chaplains are working in the following correctional centres -

Long Bay Complex	2 full-time chaplains
Metropolitan Remand and Reception Centre	1 full-time chaplain
Mulawa	1 full-time chaplain
Parramatta	1 full-time chaplain
Silverwater	1 full-time chaplain
John Morony Centre (South Windsor)	1 full-time chaplain

32. Anglicare is currently arranging to place chaplains in the following Juvenile Justice Centres, following negotiations with the

Department of Juvenile Justice related to more effective use of the one subsidy now available -

Yasmar	1 part-time chaplain
Cobham	1 part-time chaplain

33. From time to time there are other clergy who voluntarily visit correctional centres such as Canon John Livingstone who visits at the Berrima Centre.

34. At this time, there is no Anglican chaplaincy presence at the Lithgow and Parklea centres.

35. There are Anglican chaplains in regional correctional centres such as Grafton, Cessnock, Goulburn and Junee and, although these are appointed by the Diocese in which they are serving, Anglicare's chaplains share fellowship with them periodically at Chaplains' Conferences.

36. 6 of Anglicare's 7 prison chaplains attract some Government assistance by means of a Government subsidy. Nevertheless, their support still places a significant demand on Anglicare funds. The allocation of subsidies by Government in corrective services and juvenile justice facilities is largely based on departmental considerations with the advice of the CCAC on which Anglicare is represented.

37. In relation to chaplaincy in prisons, Anglicare's work with the Kairos and Life After Prison Ministries reveals the potential for new forms of ministry, not confined to full-time appointments at specific locations. Again the challenge is to find the best means of enabling a realistic Anglican response to the increasing numbers of men and women in correctional care.

38. The number of persons in full time custody in NSW prisons is now 7450. Another 1320 persons are on periodic detention. Although this is a matter of great concern, the experience of the last 2 years has been that there are many in prison - men and women - as well as their families, who are discovering the power of Christ in their lives as a result of the work of our chaplains, chaplains of other denominations and specialist ministries such as Kairos. This being so, Anglicare has sought to strengthen its involvement in this area of ministry so that within the last 12 months chaplains have been placed at both the Parramatta and the recently extended John Morony Correctional Centres.

39. The effectiveness of the close partnership between the Life after Prison Ministries, Anglicare's Chaplains and the Kairos Ministry in the Corrections system has won most active and positive support from key, senior personnel. This practical and effective ministry work augers well for the development of even more evangelical opportunities - for both women and men in prison, their families and those who have served their time. The

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potential for reaching young prison inmates, representing as they do a significant challenge, is considerable.

40. Anglicare has made every effort to impress on Government, the need for change in the ways in which society deals with those who go to prison - and their families. Submissions have been made to 2 separate Committees of the NSW Legislative Council.

41. Female inmates represent 6% of the total prison population. However, the increase in the numbers of females being incarcerated over the past year is a matter of great concern. 480 females were in prison on 18 April 2000 - a 10% increase since 1 January 2000. Currently female prisoners are housed at the Mulawa and Emu Plains Centres but Anglicare understands that there are plans to build another female prison at South Windsor. To more adequately respond to this need, Anglicare has replaced its recently retired part-time chaplain at the Mulawa Centre with a full-time chaplain. These changes place further pressure on Anglicare's resources and affect its ability to expand its hospital chaplaincy ministry.

General

42. In the prevailing financial environment and in the dramatic regime of change which so strongly effects both the health and correctional systems, the resource issues implicit in these figures are unlikely to abate. The practical experience of providing the very sophisticated ministries provides us all with pointers towards new ways of providing pastoral care ministry in the hospitals and correctional facilities in which Anglicare is presently unable to place a chaplain.

43. Anglicare is most interested in assisting in any developmental work aimed at finding new approaches to these glaring areas of need and to assist in the training, pastoral support and supervision of any parish clergy who could include hospital or prison ministry as part of their normal ministerial duty. Anglicare will be maintaining its efforts to attract more support from government sources, but believe that we need to address these issues creatively in order to provide pastoral outreach and effective forms of ministry, notwithstanding the lack of such urgently needed resources.

The Rev Howard Dillon
Executive Director, Anglicare

30 May 2000