ICHC
Delivering Healthcare Chaplaincy

Interchurch Council for Hospital Chaplaincy

Te Kaunihera Whakawhanaunga o Nga Minita Hohipera, Haurora

Statement of Intent: 2018– 2021

THROUGHOUT THE SEASONS OF LIFE, ICHC IS READY TO ASSIST THROUGH INCLUSION, COMPASSION, HOPE, CARE.

Front Page Image:
Rev. Amail Habib, Whanganui DHB
Courtesy of River City Press

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OUR SUMMARY PLAN OF INTENT

Our Vision

Pastoral, spiritual and religious care will be inclusively offered to all within Aotearoa New Zealand's healthcare community.

Our Mission

In collaboration with the Ministry of Health, Hospitals, churches and community ethnic/ religious groups, we show compassion that fuels hope, healing and serenity amid suffering

Our Values

Manaakitanga Compassion	Whakaute Respect	Ngaio Professionalism	Tae ana ki Inclusive	Mahi Tahi Collaboration	Tūmanako Hope

Our Objectives & Core Tasks

To Be Sustainable

- Developed and embed a Senior Leadership Team to manage ICHC
- Review all HR and Finance policies.
- Enter 'results based' contract with the MoH
- Pursue new opportunities for service delivery eg Mental Health, Hospices, Rest Homes.
- Collaborate with like minded organisations eg Prison Chaplaincy Services and Te Runanga Whakawhanaunga i Ngā Hāhi o Aotearoa (the Māori Council of Churches).

To Be Credible

- Draft a Handbook of Chaplaincy Practice.
- Review Chaplain registration and professional development.
- Develop Chaplaincy talent pipelines.
- Recruit higher percentages of Māori/ Pacifika/ ethnic miority Chaplains.
- Review Volunteer Chaplaincy policies.
- Establish NZ Healthcare Chaplaincy Research Department.

To Be Valued

- Embed line management structure
- Review policies on:
- Chaplaincy qualifications
- Chaplain reporting
- Chaplain supervision
- Chaplain appraisal.

To Be Recognised

- Consult Chaplains and develop a plan for enhanced visibility.
- Develop a culture of 'recognisable presence'.
- Signed MoU with each DHB.
- Consult and build relationships with key stakeholders.
- Publish material communicating our mission and value.

ABOUT US

Hospitals have their roots within the innovations of religious institutions. As early as 400BC and across different faith traditions, Monks recognised every individual was of infinite value and had a right to be cared for and nurtured to health and wholeness or looked after with dignity until they died[1]. According to legend in the 4th century AD, one day, St. Martin of Tours cut his cloak in half and shared it with a beggar. That night Martin dreamt that Jesus was wearing the cloak. Later on, priests who kept the tradition were called Cappellani (Roman), Chapelains (French) or Chaplain (English).

Following teaching contained within scriptures such as the Bible's parable of the Good Samaritan (Luke 10), Christians have a long tradition of serving to enhance the welfare of humanity and of providing healthcare. As such, when the Church arrived on our shores with the early settlers, religious denominations and adherents were a key stakeholder to structures that created and supported the establishment of healthcare and hospital systems within Aotearoa, New Zealand.

Healthcare chaplains will address the spiritual, emotional and pastoral needs of clients, particularly where illness or injury have presented a threat or trauma (spiritually and emotionally) which may render clients vulnerable. Healthcare chaplaincy is motivated by an historic Christian theology as reflected in the Creed of Nicaea[2].

To this day, Chaplains continue to serve with doctors, nurses and many other professionals as part of a multidisciplinary healthcare team. Many of these individuals perceive their work as more than a job, it is a calling, a vocation[3] to deliver patient centred[4], holistic healthcare[5] Such an approach is congruent with models found within Maoridom[6].

Most Chaplains working in District Health Board Hospitals are employed by the Interchurch Council for Hospital Chaplaincy (ICHC). Acting on behalf of churches, these ministers deliver a vital contribution to the hospital community by offering pastoral care, spiritual hope and/or sacramental ritual that aims to bring comfort and peace to the Wairua (Spirit) of those suffering physical, mental, emotional pain and/or end of life care.

In its current form, the ICHC was incorporated as a Charitable Trust in 1996. It comprises a broad composition of religious denominations who collaborate in partnership with the Ministry of Health, District Health Boards, Tangata Whenua and local community groups. The organisation's overarching objective is akin to that of Chaplaincy Healthcare in the UK, and to foster good health through excellence in pastoral, spiritual and religious care. This is achieved by promoting, maintaining and developing relevant flexible and competent Chaplaincy services within every District Health Board across the breadth of Aotearoa New Zealand.

At the present time there are 144 paid Chaplains working across 47 Hospitals throughout the country. Our staff are assisted by over 350 Volunteer Chaplaincy Assistants. Chaplains specialise in delivery of pastoral, spiritual and religious care to all patients,[7] whānau (family) and hospital staff regardless of religious denomination, faith-orientation, belief system, ethnicity, gender or sexual orientation.

1. http://broughttolife.sciencemuseum.org.uk/broughttolife/themes/hospitals
2. Nicene Creed CE325/381 was established by the Christian churches' first ecumenical council.
3. Prater, L., & McEwen, M. (2006). Called to nursing: Perceptions of student nurses. Journal of Holistic Nursing, 24(1).
4. Keene, L. (2016). Why is patient centred care so important? Association of Salaried Medical Specialists July (2).
5. Carey, L.B., and J. Cohen. (2015) "Pastoral and Spiritual Care". In Encyclopaedia of Global Bioethics, ed. Henk ten Have. Dordrecht: Springer Science & Business Media.
6. Durie M. (1998) Whaiora: Māori Health Development (2nd edition). Auckland: Oxford University Press.
7. Swift, C. (2015) NHS England NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual, Religious Care. NHS England.

TIMELINE OF NEW ZEALAND CHURCH BASED HOSPITAL CHAPLAINCY (ICHC)

1945: The Executive of the National Council of Churches discuss the possibility of full-time qualified Chaplains working with staff of Government "mental hospitals."

1958: The first meeting of a Clinical Pastoral Training Committee was held.

1964: The first Conference of New Zealand Hospital Chaplains was convened. In attendance were 49 Chaplains from an array of denominational Churches.

1972: Government agreed to fund a national Hospital Chaplaincy Service provided through the National Council of Churches and the Catholics Bishops Conference. An Inter-Church Advisory Committee on Hospital Chaplaincy was formed to work with the Department of Health for delivery of a Hospital based Chaplaincy service.

1975: Department of Health contributions developed to represent 50% of the Hospital Chaplaincy Service budget, which engaged the equivalent of 55 full-time staff. This collaboration was to regularise and fund professional pastoral care in public hospitals for adherents of all belief systems.

1991: Paid Chaplaincy positions expanded to the equivalent of 75 full-time positions. As New Zealand's population demographic changed, additional services were created in Forensic, Māori, Pacific Island and Community Health sectors.

1993: The Advisory Council became the InterChurch Council for Hospital Chaplaincy (ICHC).

1996: The ICHC was incorporated as a Charitable Trust when it became clear that it needed legal status, to comply with legislative changes associated with employment of staff and contracting to Government.

Today: The ICHC Trust Board collaborates with the Ministry of Health through a service contract to deliver Hospital Chaplaincy Services in all main public hospitals from Kaitaia to Invercargill.

Otago Local Chaplaincy Committee Chair Stephen Packer presents Chaplain Hannah Pomare a gift at her farewell.

OUR VISION IS MANAAKITANGA (COMPASSION)

Pastoral, spiritual and religious care will be inclusively offered to all within Aotearoa New Zealand's healthcare community

OUR MISSION IS TAHA WAIRUA (SPIRITUAL WELLBEING)

In collaboration with the Ministry of Health, Hospitals, Churches and community ethnic/religious groups, we show compassion that fuels hope, healing and serenity amid suffering.

OUR CHAPLAINS VALUE:

TŪMANAKO

Our response is to nurture **hope.**

MANAAKITANGA

Our response is to walk alongside others with **compassion**, hospitality, generosity, empathy and care.

WHAKAUTE

Our response is to empower and show **respect** for the emotions, needs and wishes of those we serve.

MAHI TAHI

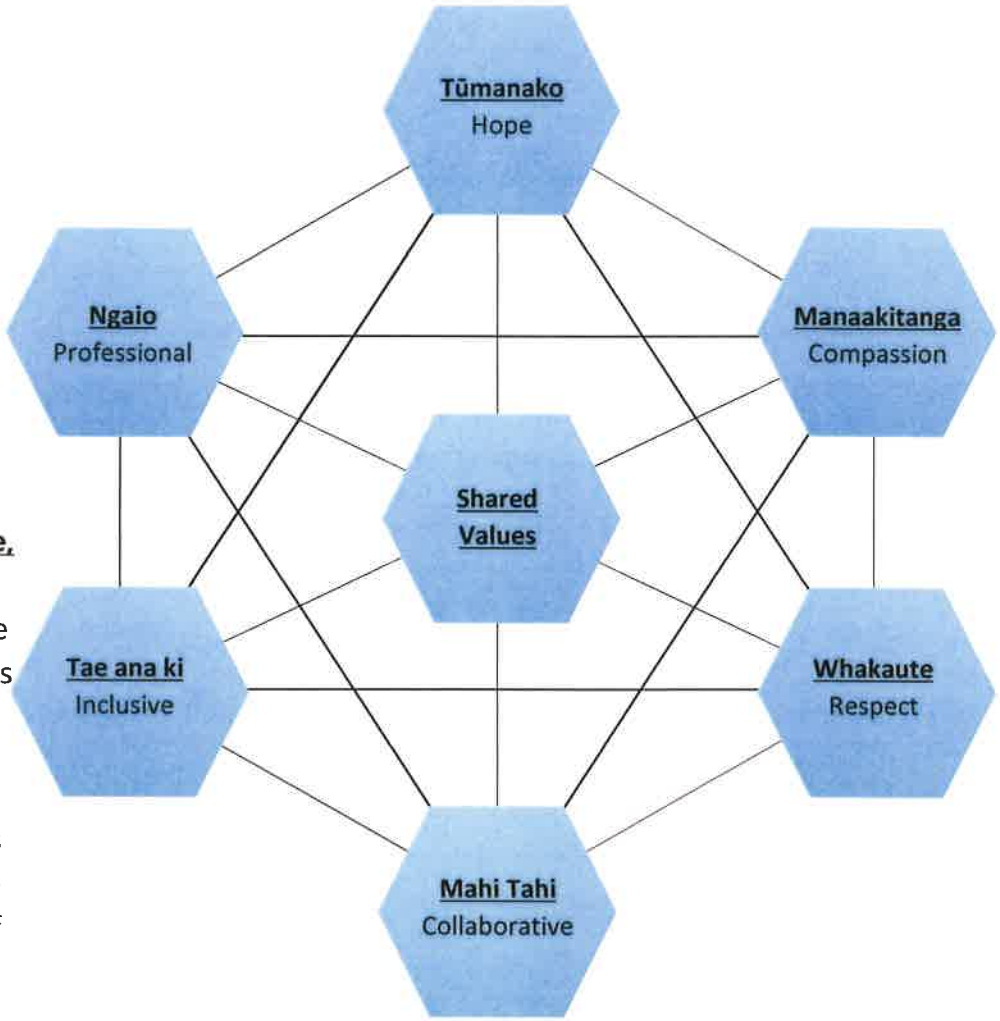
Our response is **collaborative,** as part of the hospital's interprofessional team and we work in union with all religious and cultural communities.

TAE ANA KI

Our response to all persons is **inclusive**, we acknowledge and respect diversity of faith, belief, ethnicity and

NGAIO

Our response is **professional,** through research, learning, thoroughness and accountability.



OUR APPROACH TO CHAPLAINCY

We follow the Spiritual Care Intervention Codes as advocated by the World Health Organization (2017)[8]. This practice sees our pastoral and spiritual work focus on five key areas.

- Assessment
- Support
- Counselling, Guidance or Education
- Ritual
- Allied Health/Staff spiritual care Intervention

At a practical level this means our Chaplains:

- Act as a recognisable presence within the hospital. Chaplains are to be found on the wards and in corridors taking time to 'be' alongside all within the healthcare community, regardless of religious denomination, faith orientation, belief system, ethnicity, gender, or sexual orientation.
- Assist in emergencies, trauma and end of life care. Our Chaplains are to be found in emergency departments, palliative care or mental health and forensic wards, intensive care units or the mortuary where they offer support to patients, whānau and staff.
- Prioritise visitation around criteria such as new admissions, high acuity, religious affiliation, and/or length of stay.
- Respond to referrals from whānau or DHB staff including out of hour emergencies.
- Administer spiritual/religious ceremonies including prayer, blessings, eucharist, baptisms and funerals.
- Facilitate corporate services of worship.
- Educate the healthcare community of the imperative to understand and respect a person's spirituality.
- Facilitate gatherings within the hospital such as bereavement, supportive care or spiritual groups.
- Oversee sacred spaces within the hospital such as Chapels, prayer and quiet rooms.
- Build relationships with local Church, religious, ethic, community groups and refers to them when appropriate.
- Build relationships with Iwi, Kaumātua and community agencies and refer to them when appropriate.

8. Carey, LB., Gleeson, B., Krikheli, L. (2017) Spiritual Care Intervention Codings. Palliative Care Unit and Health Information Management, Department of Public Health, La Trobe University, Melbourne, Australia.

OUR CURRENT ENVIRONMENT

In response to the Ministry of Health's ambition to create efficiencies through partnering with a singular provider to deliver Chaplaincy Services across all DHBs, ICHC recently actioned a strategy to amalgamate its 21 independent Local Services Providers.

Accordingly, the organisation is in the latter stages of implementing this new centralised structure that represents a structural and operational sea change. Accordingly, current energy is focussed on consolidation, or the development of standardised protocols. These overarching principles impact both our administrative processes and the way in which Chaplaincy is delivered within District Health Boards.

While vital, execution of the change was not without financial cost. For the last three years' reserves were increasingly utilised to balance budgets. Mounting deficits generated anxiety over the long-run sustainability of the service; therefore, during the second half of 2017 austerity policies were introduced to substantially reduce expenditure. A balanced budget was realised through an organisational restructure and development of lean administrative structures. This result was delivered without impact to Chaplaincy service delivery within hospitals.

Under the new amalgamated structure, it became apparent that historical governance structures and management processes and were no longer 'fit for purpose'; therefore, an entirely new suite of policies, systems and processes have been required. Once documented, they will be embedded as the new organisational culture.

Transformational change affects all facets of an organisation. For many it is an unsettling process that demands new authority structures and lines of accountability. Inevitably the process has placed pressure on the intra-relational health of the organisation. Accordingly, effort is required to rebuild morale, trust and a fresh sense of unity within the organisation so we can capitalise on the gains of amalgamation and realise the plethora of fresh opportunities that lie before us.

There are growing numbers of New Zealanders who according to census figures no longer self-identify as part of the Christian church. In 2013, the number of Christians in NZ was estimated at 48.9% down from 55.6% in 2006[9] and by 2050, the largest religious group is expected to be the "Unaffiliated".[10] As immigration numbers escalate, there is a growth of religious diversity, especially amongst new settlers who may commonly identify with Muslim, Buddhist or Hindu faiths but also with a plethora of other religious traditions.[11] Moreover, census figures also indicate growing numbers of New Zealanders who adhere to no religious system but who are either of no faith or hold to a non-structured form of spirituality. This environment creates potential threats for a traditional faith-based

organisation. However, through innovation, they may also represent exciting new opportunities for expansion and growth.

The New Zealand Government has recently changed to become a coalition of the Labour, New Zealand First and Green parties. It is anticipated the new administration will likely continue to uphold the Ministry of Health's holistic approach to healthcare, which is based on robust constructs found within Maori[12], Pacific[13] and European traditions.[14] These, integrated models lace an individual's health and welfare as an integral aspect of their Wairua (spiritual being). Such an approach affirms Chaplaincy as a fundamental component of the interprofessional healthcare team within a hospital and the health of the wider community.

The new Government has also placed emphasis on addressing mental health and addiction concerns. This focus provides fresh opportunities for the specialised skills of Chaplains.

Lastly, as New Zealand's population ages and as individuals are challenged with deteriorating health, increasing demands are placed on the healthcare system. For many, being confronted with their own mortality leads to new questions concerning the meaning of life, death and of their own spirituality .[15] Professionally trained Chaplains are well placed to assist in navigating these moments of insight.

ICHC Leadership Team Hui, 1 May 2018

9. StatsNZ (2013). Religious affiliation: Fewer affiliate with Christian religions than in 2006. www.Stats.govt.nz
10. PewResearchCenter (2015). The Future of World Religions: Population Growth Projections, 2010 – 2050 http://www.pewforum.org/files/2015/03/PF_15.04.02_ProjectionsFullReport.pdf (accessed on 24 July 2018).
11. Pio, E. (2014). Work & worship. Auckland: AUT University School of Business & Law.
12. Durie M. Whaiora: Māori Health Development (2nd edition). Auckland: Oxford University Press; 1998.
13. Fuimaono Karl Pulotu-Endemann: Fonofale Model of Health, Ministry of Health, Strategic Directions for Mental Health Services for Pacific Island people; 1995.
14. World Health Organization: The Ottawa Charter for Health Promotion. Geneva, Switzerland: WHO; 1986
15. Egan, R. (2009). Spirituality in New Zealand, Hospice Care. PhD Thesis, University of Otago, Dunedin

OUR CURRENT TASKS

At the present time ICHC has four immediate objectives.

Our aims are to enhance ICHC's service delivery, so we become a recognised presence that is valued because Hospital Chaplaincy is credible and therefore sustainable.

1 TO BE SUSTAINABLE

Our sustainability will be secured through identification and delivery of desired and measured outcomes in collaboration with Government and financial stakeholders along with rigorous pursuit of efficient management systems. Therefore, we will:

1. Develop and embed a Senior Leadership Team (comprising the National Manager, Strategic Partnerships Manager, Finance Manager and four Regional Hospital Chaplains).
2. Develop a full suite of nationalised policies and procedures concerning human resource and financial management. Circulate and embed within the organisational culture.
3. Sign a new contract with the Ministry of Health based on "results" or "evidence based" reporting.
4. Refine processes to capture required data for evidence-based reporting.
5. Engage the Minister of Health regarding opportunities for provision of Chaplaincy services within Mental Health.
6. Actively pursue opportunities for provision of Chaplaincy services within private hospitals, rest homes and hospices.
7. Actively build our individual donor database.
8. Document and implement a new Board operating manual.
9. Actively seek opportunities to collaborate with likeminded organisations (such as Prison Chaplaincy Services Aotearoa New Zealand and Te Runanga Whakawhanaunga I nga Hahi o Aotearoa [the Maori Council of Churches]) or with individuals who share our mission, so we create synergies of mutual benefit.

2 TO BE CREDIBLE

We strive to ensure Chaplaincy Services are credible by advocating for Hospital Chaplaincy as a vocation requiring qualification and ongoing professional development to meet the changing cultural and spiritual needs of New Zealanders. We will ensure ICHC is staffed with individuals in whom patients, whānau and staff can have confidence. Therefore, we will:

1. Draft a Handbook of Hospital Chaplaincy Practice that contains national operating standards expected of all ICHC Chaplains.
2. Review Chaplain registration/accreditation and implement approved recommendations.
3. Review Chaplain professional development and implement approved recommendations.
4. Explore with stakeholders how best to develop Hospital Chaplaincy talent pipelines.
5. Recruit higher percentages of Maori/Pacifika/ethnic minorities as Hospital Chaplains.
6. Review Volunteer Chaplaincy policies including training, role specification, professional development and implement approved recommendations.
7. Establish a NZ Healthcare Chaplaincy research department.
8. Review delivery of Hospital Chaplaincy amongst minority ethnicities and religious/spiritual traditions and implement approved recommendations.

3 TO BE VALUED

We strive to ensure Chaplaincy Services are valued through our adherence to high ethical standards and quality control of Hospital Chaplain effectiveness in bringing compassion and care to those suffering and/or distressed. Therefore, we will:

1. Embed the Regional and Lead Hospital Chaplain structure as a system of Chaplaincy Line Management and reporting.
2. Review policies surrounding Hospital Chaplain qualifications.
3. Develop nationally standardised policies surrounding monthly reporting of Hospital Chaplain activity.
4. Review policies surrounding Hospital Chaplain supervision and develop a nationalised standard.
5. Review policies surrounding Hospital Chaplain appraisal and develop a nationalised standard.
6. Develop behavioural policies (EG: Dress, timeliness, reporting, language, confidentiality, boundaries). Ensure these are known by and adhered to by Hospital Chaplains, VCAs and other ICHC personnel.

Congratulations to newly commissioned Volunteers

4 TO BE RECOGNISABLE

We strive to ensure Hospital Chaplaincy is recognised by the wider New Zealand community, by each of our stakeholders and that it is visibly present within every public hospital across Aotearoa New Zealand. Therefore, we will:

1. Host an annual Lead Hospital Chaplain's Hui to envision and impart a culture that includes 'recognisable presence'.
2. Host annual road shows to engage, develop and consult with Chaplains.
3. Lead Chaplains within hospitals will facilitate discussion with their teams, including volunteers, to train and envision the development of a culture that includes 'recognisable presence'.
4. Draft and negotiate a Memorandum of Understanding with each DHB.
5. Build mutually beneficial relationships with Church denominations and other stakeholders.
6. Work with Local Chaplaincy Committees to develop strategies that will build mutually beneficial relationships with local Churches, DHB staff, businesses, interested community groups, Trusts and individuals.
7. Actively solicit opportunities to present at stakeholder gatherings such as Synod, Assembly, Conference Council or equivalent.
8. Actively solicit opportunities to present at Community organisation gatherings.
9. We will consider using virtual communications technology such as Skype, Go To Meeting and WhatsApp for training and service delivery.
10. Publish promotional material that communicates our mission and value.

KEEP CALM AND CALL THE CHAPLAINS

GET IN TOUCH

CALL: 0800 246 7242
EMAIL: info@ichc.org.nz
WEB: www.ichc.org.nz

ICHC

Inclusion I Compassion I Hope I Care