



**MAPPING THE PROVISION  
OF PASTORAL CARE FOR  
JEWISH PATIENTS IN HOSPITALS**



**‘BIKKUR CHOLIM’ – ‘VISITING THE SICK’**

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## 1 EXECUTIVE SUMMARY

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The desire to meet Melbourne Jewry's pastoral care needs in healthcare had been recognised for some time by a number of Jewish professionals within the Victorian pastoral care community. To assess how proficiently the Jewish community was meeting community needs, the Jewish Community Council of Victoria (JCCV) funded a community engagement project. Its purpose was to map the current pastoral care provision from professionals and volunteers, to find gaps and challenges in the current system and make recommendations to improve pastoral care services. The project operated under the guidance of the JCCV and a Reference Group, established for examining Jewish pastoral care needs in Melbourne. The project officers were Rabbi Boruch Shapiro and Mrs Gabbi Sar-Shalom, both qualified practitioners.

The core of pastoral care is being a listening presence a part of *bikkur cholim*, '*visiting the sick*,' which is a mitzvah (good deed), in the Jewish tradition encompassing a wide range of activities to provide comfort and support to those who are ill, homebound or isolated.

### **The project found that:**

- a. Hospital Pastoral Care departments were starting to require volunteers to be trained, with hospital pastoral care coordinators preferring to give lists of Jewish patients to accredited people only.
- b. There was no coordination as to which Rabbis and volunteers visited which hospitals and Rabbis were often not aware of their congregants being hospitalised.
- c. Rabbis primarily visited their own congregants as opposed to Jewish patients unknown to them. These visits tended to be a mix of social and pastoral with the quality of care dependent on experience.
- d. Volunteers visited a mix of their own congregants and Jewish patients unknown to them with visits tending to be more social and the quality of care dependent on experience.
- e. There were insufficient Rabbis and volunteers available to visit Jewish patients.
- f. Less than half the Rabbis and volunteers were interested in volunteer training (3/14 were interested and 3/14 were somewhat interested).
- g. Supervision and support for volunteers is lacking (2/8 had no supervision, 5/8 partial supervision and 1/8 had a comprehensive system to debrief issues).
- h. Hospital staff (both pastoral and general) had limited knowledge about Judaism and Jewish patients. Therefore, some staff wanted education regarding special requirements and/or issues of which to be aware such as keeping Shabbat and festivals, modesty, and needs of Holocaust survivors.
- i. Hospitals had a shortage of texts and Jewish resources such as Siddurim (prayer books), Tanachim (Jewish Bibles), pamphlets on how to visit patients and lists of festival dates and significance.

Overall, although there has been an increased focus on pastoral care in recent years across faith communities, only two hospitals were well serviced by Jewish volunteers and Rabbis; there were insufficient Jewish pastoral carers to meet the needs of patients; and visits tended to be social, not pastoral.

Improving service provision was hence, not simply one of training. There needed to be an increase in awareness around the importance of pastoral care; and resources dedicated to coordinating and improving visits.

**The Project Officers recommended the following:**

- a. Raise awareness of the value of pastoral care and Clinical Pastoral Education<sup>1</sup> (CPE) amongst the Rabbinate;
- b. Members of the Reference Group to meet with pastoral care coordinators to discuss the report findings and how the system can be improved in regards to coordination and training;
- c. Develop position descriptions and resources for volunteers and Rabbinate to improve the quality of pastoral care provision within the hospital and home;
- d. Conduct educational sessions in hospitals on Jewish needs and prepare resource guides;
- e. Develop a pilot program for volunteer pastoral care skills training;
- f. Establish a dedicated Jewish pastoral carer available to all hospitals or accredit a pastoral carer within each hospital to oversee the patients, visiting Rabbis and volunteers; and
- g. Develop a professional development program for Rabbis and experienced volunteers.

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<sup>1</sup> Clinical Pastoral Education - is an internationally recognised accreditation for pastoral carers

## 2 INTRODUCTION

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Bikkur cholim, '*visiting the sick*,' is considered in Jewish tradition as a mitzvah (commandment/good deed) encompassing a wide range of activities performed by an individual or a group to provide comfort and support to those who are ill, homebound or isolated.

The core of pastoral care is being a listening presence. Beyond this, in bikkur cholim, one can provide: encouraging sentiments, a cheerful or uplifting disposition, religious guidance, the facilitation of Jewish rituals or traditions and practical assistance.

Bikkur cholim is considered a fundamental precept of Judaism because it is tied in to the basic social responsibilities humans have to each other. It reflects the primary Biblical value, "And you shall love your fellow as yourself" (Leviticus 19:18). By fulfilling this role, we deeply enrich the lives of the people we visit as well as our own. Moreover, the act of bikkur cholim contains a spiritual dimension that goes well beyond a simple personal expression of caring: to uplift the soul of both the patient and the carer.

Pastoral care is an important element of bikkur cholim and serves as the basis for effective bikkur cholim. As defined by Bruce Rumbold of La Trobe University School of Public Health, "pastoral care is a person centred, holistic approach to care that complements the care offered by other helping disciplines while paying particular attention to spiritual care. The focus of pastoral care is upon the healing, guiding, supporting, reconciling, nurturing, liberating and empowering of people in whatever situation they find themselves." Pastoral care is offering emotional support and spiritual care by helping people connect with their own inner and community resources.

Despite pastoral approaches being consistent with Judaism, Jewish pastoral care workers felt many Jewish patients were not receiving quality pastoral care in hospitals. As a result, a number of pastoral carers met in 2011 to discuss the issues and means of improving the overall quality of service provision.

The issues identified at the meetings were:

- Many patients were not being visited by Rabbis or volunteers and when they were, the quality of visit varied. Visits could be social, religious, spiritual and/or pastoral and Rabbis and volunteers were not always aware how best to address patient needs.
- Some hospitals only allowed volunteer access by accredited or trained carers. The level of training required by each hospital varied.
- Hospital visits by Rabbis and volunteers could be ad hoc and there was no clarity for the coordinators or volunteers/clergy as to who was skilled and responsible for each hospital. This was an issue when providing access to patient lists and ensuring quality patient visits.

Although the meetings identified that volunteer and professional training would be beneficial, the Jewish pastoral care workers first decided to map and understand the provision of pastoral care both from a hospital and synagogue perspective, in order to improve the system.

Gabbi Sar-Shalom and Rabbi Boruch Shapiro, both CPE trained pastoral carers and key initiators of meetings with Jewish pastoral care workers, were chosen as project officers after submitting a proposal to use JCCV funds to map pastoral care.

## 2.1 Aim

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The project aim was to map and assess healthcare pastoral care needs in the Jewish community and identify any issues with both the quality and extent of service delivery.

## 2.2 Purpose

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The purpose of the project was to recommend how pastoral care service provision in hospitals could be improved for Jewish patients through better understanding the activities and needs of hospital coordinators and matching these needs with the visiting Rabbis and volunteers.

## 2.3 Stakeholders

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The major stakeholders identified in this project were:

### a. The Healthcare Chaplaincy of Victoria (HCCVI)

This organisation provided funds, training and support to pastoral care units in hospitals and faith communities to improve healthcare service provision. To this end, they funded this research project via the JCCV.

### b. Hospital Pastoral Care Departments

Hospitals with significant numbers of Jewish patients were interviewed for this the project. These included:

- The Alfred Hospital
- Caulfield General Hospital
- Calvary Healthcare Bethlehem
- Cabrini
- Epworth Richmond
- Monash Medical Centre Clayton
- Royal Children's Hospital

### c. Synagogues and Individuals

Synagogues and individuals known to deliver pastoral care to hospitals were interviewed. This included 14 synagogues and 3 individuals as follows:

#### ORTHODOX

- Blake Street Hebrew Congregation
- Caulfield Hebrew Congregation

- East Melbourne Hebrew Congregation
- Melbourne Hebrew Congregation (Toorak Synagogue)
- Mizrachi Synagogue
- Malvern Chabad
- Shira Hadasha
- St Kilda Hebrew Congregation
- Yeshiva Centre incorporating Chabad Youth

**CONSERVATIVE**

- Kehilat Nitzan

**PROGRESSIVE**

- Etz Chayim Synagogue
- Kehilat David HaMelech (Kedem)
- Leo Baeck Centre for Progressive Judaism
- Temple Beth Israel

**COMMUNITY GROUPS / INDIVIDUALS**

- Avi Turner
- Mrs Erika Weilburg (member of Gandel Besen)
- Mrs. Talilah May (member of Caulfield Beit Midrash)

## 2.4 Predicted Outcomes

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A number of outcomes were expected:

- a. Hospitals limit access to patient lists except to accredited personnel and those with pastoral care training. Hospitals are increasing training requirements for visitors.
- b. Rabbis are busy and have insufficient time to make pastoral care visits in hospitals and private homes.
- c. Pastoral care visits to Jewish patients in hospitals by Rabbis and volunteers were not coordinated and irregular with some hospitals being visited more than others, if at all.
- d. Few Rabbis had relationships with pastoral care departments and only provided patient visits by request.
- e. Rabbis and volunteers visit sick patients be they at home or in hospital.
- f. Most synagogues have active bikkur cholim committees comprised of Rabbis and volunteers, with well-developed systems for hospital and home visits.
- g. Most volunteers would benefit from pastoral care training.

### 3 METHODOLOGY

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The methodology included:

- a. Face to face meetings;
- b. Surveys; and
- c. Telephone interviews.

The method was informal in that the project officers visited hospitals well known to have large numbers of Jewish patients and synagogues with whom they were familiar. A letter of introduction (auspiced by the JCCV) was sent to some hospitals followed up with phone calls and meetings. A survey was used to record and standardize responses.

A Reference Group was established and included Jewish pastoral care coordinators, volunteers and Rabbis to advise the project officers and to direct outcomes. The HCCVI Education Officer joined the Reference Group to impart expertise and a JCCV chair assisted with structure and expenditure. The group met at the completion of each stage to discuss direction and advise next steps. The Reference Group members are in Appendix 8.4.

The Reference Group comprised of members from the Orthodox and Progressive communities and the report commends the group for its unity in working together to improve pastoral care provision for all. Hospital coordinators or Chaplains in pastoral care departments were interviewed as to their general practice, how they cater for Jewish patients and their liaisons with Jewish volunteers and clergy. The questionnaire used for these interviews can be found in Appendix 8.5.

Synagogue interviews were conducted with the Rabbi, clergy, CEO, board member and/or volunteer involved in pastoral care visits. The questionnaire used for these interviews is located in Appendix 8.6.

#### 3.1 Limitations and Disclaimers

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Some hospitals thought to have significant numbers of Jewish patients were unable to be interviewed as there was no pastoral care department. These were Sandringham, Masada and The Avenue.

Royal Women's Hospital was not interviewed due to the unavailability of coordinators and the project officers recommend that it be considered when implementing the recommendations.

Although Jewish patients were reported to be in many Melbourne hospitals, it was not possible to interview them all, so hospitals were limited to those with expected high numbers of patients. Hospitals considered out of scope were: Doncaster, Kew, Camberwell, Austin and Box Hill.

It was noted that hospitals such as the Austin with speciality wards including dialysis and organ transplant might have long-term Jewish patients even though Jewish patients in the general wards would be low. It

was anticipated that these hospitals would welcome information and/or support from Jewish pastoral carers and should be contacted.

Out of scope were Jewish and non-Jewish aged care facilities due to time and budget constraints and Jewish patients due to access issues, privacy and time constraints.

The project officers, Rabbi Shapiro and Gabbi Sar-Shalom are regular visitors to a number of hospitals. Much of their experience and thinking helped frame and direct the report.

### 3.2 Successful Methods of Analysis

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Methodology that was successful included:

- a. Cooperation from pastoral care coordinators, Rabbis and volunteers.
- b. Reference Group mix of people in offering guidance, support, constructive criticism and direction.

Methodology that could be improved included:

- a. Utilising recording devices for interviews.
- b. Asking pastoral care coordinators what could be done to better the system.
- c. The pace of the project and the availabilities of key people.

## 4 FINDINGS

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### 4.1 Hospital Findings

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- a. There were no restrictions imposed by hospitals on Rabbis and volunteers visiting their own congregants. Restrictions applied for permission to access hospital lists<sup>2</sup> and varied from hospital to hospital. In some cases, hospitals were comfortable accrediting a number of carers, whilst others only wanted to liaise with one pastoral carer.
- b. An increasing number of hospital pastoral care departments required visiting Rabbis and volunteers to be trained before accessing hospital lists. Standards in pastoral care had increased and Rabbis and volunteers were expected to deliver a blend of spiritual, religious and pastoral care according to patient need. Training standards to accredit volunteers and clergy differed from hospital to hospital and was not enforced in all hospitals, especially where relationships had been established.
- c. Some pastoral care coordinators expressed discomfort with Chabad Youth visiting on Jewish festivals based on a misperception that they are students lacking in skills to deliver pastoral care according to patient need. This was considered significant as interviews with Chabad Youth found it was difficult for

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<sup>2</sup> Patients can opt to mark their religion on hospital admission records. This was then collated into relevant lists according to religious denomination and assisted staff in care and contacting appropriate clergy.

them to gain access to some hospitals, yet visiting on Jewish festivals is a key precept of bikkur cholim and Chabad Youth's mission.

- d. Identifying Jewish patients could be difficult, as patients who entered hospital through emergency were not always asked their religion; many patients choose to not disclose religion on hospital admission forms; and some patients were incorrectly listed.
- e. Most public hospitals funded a pastoral care coordinator (either full or part-time) with denominational chaplains funded through their respective communities. Private hospitals tended to employ part time chaplains that serviced all patients regardless of religious affiliation.
- f. There were no dedicated Jewish chaplains serving the needs of Jewish patients. Although, Cabrini, Alfred and the city hospitals received regular visits from Rabbis and volunteers, many Jewish patients remained unvisited.
- g. Most hospital coordinators said they would welcome a professional Jewish pastoral carer, albeit the lack of funds to employ such a person.
- h. Half the pastoral care coordinators interviewed were aware of whom to call if Jewish pastoral care was required.
- i. Hospital staff (both pastoral and general) lacked knowledge about Judaism and patient needs. Staff expressed an interest in education around special requirements.
- j. Pastoral care has been perceived by some in the community as Christian, and Jewish patients and their families sometimes resisted non-Jewish carers, especially Christian chaplains.
  - Anecdotally, it was reported that the more religious a Jewish patient, the more willing they were to accept another faith's pastoral care visit due to familiarity with their own faith.

## 4.2 Synagogue Findings

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- a. A list of Rabbis and volunteers visiting on a weekly or fortnightly basis, and on Jewish festivals can be found in Table 1. Although many Rabbis agreed it was part of their role to visit sick congregants, due to time constraints, only two were visiting on a weekly basis. One congregation employed a Rabbi to visit congregants in hospital, at home and in aged care.
- b. The majority of Rabbis and volunteers preferred to visit patients who were members of their synagogue.
- c. Most Rabbis and volunteers visited when they were aware a congregant was in hospital, via patient/hospital request or family/friend notification.
- d. A few Rabbis and volunteers were willing to visit Jewish patients regardless of affiliation but needed access to the Jewish lists to make this possible. Chabad Youth organised visits on Jewish Festivals (5 times a year) and wrote to hospitals to gain permission with varied success.
- e. Regular visitors wanted hospital parking permits.

- f. Most volunteers visited patients at home, not hospital, with many reporting their role was more social than pastoral and involved taking food.
- g. There was a mixture of responses from Rabbis as to whether their visits were social, pastoral or religious with some saying it depended on patient need.
- h. Some Rabbis and volunteers expressed discomfort with visiting patients in palliative care or with severe illness due to inexperience and limited access to debriefing or support.
- i. Rabbis were often unaware their congregants were in hospital or found out too late. They wanted a more reliable method because the system was haphazard and patients and their families became disappointed by the lack of service.
- j. There was no coordination of visits.
- k. Temple Beth Israel (TBI) had many volunteers who were coordinated and supported in their visits to hospitals. Most volunteers had good relationships with pastoral care coordinators and were allowed access to the Jewish lists.
- l. Some Rabbis lacked time to visit patients. Regular work such as funerals or other pressing matters would take precedence and interfere with patient visits.

### 4.3 Training Findings

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- a. The majority of Rabbis and volunteers interviewed did not have CPE training or interest in completing the course due to time restraints, confidence in ability, and misconceptions around CPE being Christian focused.
- b. TBI offered volunteers an induction program and ongoing training.
- c. Yeshivah, TBI and Shira Hadasha were keen to establish training by professional pastoral carers.
- d. Rabbis and volunteers felt unprepared for intensive pastoral care situations such as palliative, chronic or terminal illness.
- e. There was little volunteer supervision and support. Only 1/8 volunteers interviewed had comprehensive debriefing support.
- f. There was discrepancy amongst the Rabbis and volunteers as to what quality pastoral care provision entailed.

### 4.4 Resources Findings

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- a. There was a shortage of texts and Jewish resources in hospitals, such as Siddurim (prayer books), Sifrei Tanach (Bibles) and pamphlets on Jewish patient needs and festivals.

- b. Temple Beth Israel had resources about Jewish patient needs.
- c. TBI had a computerized program called CongMaster on which are recorded pastoral visits by the Rabbis and volunteers with their comments and feedback.
- d. Some hospitals had electrical candles for Shabbat albeit few were working.
- e. St Kilda Hebrew Congregation used a confidential “Pastoral Care Book” that could only be accessed by the Bikkur Cholim committee. This way requests and visits could be monitored.

#### 4.5 Other Faith Based Models Findings

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- a. The Islamic Council of Victoria employed a chaplain coordinator, Lina Ayoubi, 1.5 days/week to oversee volunteer visits. Lina’s role involved patient visits, and hospital and volunteer coordination.
- b. According to the *Report on Buddhist Chaplaincy and Spiritual Care Project*<sup>3</sup> a number of similarities between the Buddhist and Jewish communities were identified:
  - Hospitalised individuals were not contacted in a timely manner for religious support
  - The high cost of parking at hospitals was prohibitive to many volunteers and clergy
  - Community members were willing to assist with education and support around volunteer training.

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<sup>3</sup> Report on Buddhist Chaplaincy and Spiritual Care Project - [http://www.bcv.org.au/media\\_dirs/112/media\\_files\\_data/report\\_on\\_the\\_buddhist\\_chaplaincy\\_spiritual\\_care\\_project\\_stage\\_1\\_-\\_part\\_1.pdf](http://www.bcv.org.au/media_dirs/112/media_files_data/report_on_the_buddhist_chaplaincy_spiritual_care_project_stage_1_-_part_1.pdf)

## 5 CONCLUSIONS

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Over the years, there has been a greater focus on pastoral care within healthcare. A number of faith communities provided pastoral support to hospitals with some being well serviced by Jewish volunteers and synagogues. However, overall, there were insufficient Jewish pastoral carers to meet the needs of patients and visits tended to be social, not pastoral.

The findings indicated a lack of awareness about pastoral care from a Jewish provider perspective and a lack of knowledge about Jewish needs from a hospital perspective. The findings also indicated that there was a lack of systemisation and focus on ensuring Rabbis and volunteers delivered high quality pastoral care visits beyond food and other practical support in times of illness.

The expected outcome that volunteer training for all would be a recommendation was not borne out by the findings. Although undoubtedly CPE training would be beneficial, the time commitment was restrictive and the need for pastoral care training was not well enough established by both clergy and volunteers. There were limited numbers of volunteers and many were visiting sick people at home with a focus on social visiting rather than pastoral.

It appeared in order to raise standards, it was first necessary to raise awareness and education as to the purpose of Jewish pastoral care along with the benefits of having CPE trained professionals. This would require a cultural shift in synagogues to develop a more professional system of recruiting, training, supporting and coordinating the clergy and volunteers as well as best targeting the needs of sick patients in hospitals and at home.

There needed to be a marked improvement in coordination and communication between hospitals and synagogues. Often hospital staff often did not know whom to contact from the Jewish community and likewise synagogue staff did not always know whom to contact at the hospital or who else visited the hospital.

This issue was difficult to resolve, as funding was limited. Ideally, official Jewish pastoral carers, dedicated to all or certain hospitals would be an ideal solution, to liaise with the hospitals and synagogues, visit patients, respond to needs and ensure training requirements were met.

As Yeshivah, Shira Hadasha and Temple Beth Israel were ready for training, a pilot program<sup>4</sup> would help in identifying how to recruit, develop and support volunteers. If successfully implemented it would clearly demonstrate to other synagogues the value of training and improved provision.

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<sup>4</sup> Resources were available from HCCVI, Jewish Care, Volunteering Victoria, Palliative Care Victoria and community experts.

Educational sessions/resources for hospital coordinators and staff would redress the lack of Jewish resources in hospitals and explain the needs of Jewish patients, their level of religiosity and needs for Shabbat, festivals, diet and spirituality.

Overall, the findings mapped the provision of pastoral care in hospitals and synagogues and identified the key issues. Although most outcomes were predicted, improving service provision was more complex than just providing training. This was due to the need to first raise awareness around the importance of pastoral care and secondly, to find resources to provide a coordinated structure. However, it was recognised that some well-meaning people were already providing high quality pastoral care and with some shaping and well developed resources, the quality of outcomes across the board could be greatly improved.

## **6 RECOMMENDATIONS**

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- i. Raise awareness of the value of pastoral care and CPE amongst the Rabbinate;
- ii. Members of the Reference Group to meet with pastoral care coordinators to discuss the report findings and how the system can be improved in regards to coordination and training;
- iii. Develop position descriptions and resources for volunteers and the Rabbinate to improve the quality of pastoral care provision within the hospital and private home;
- iv. Conduct educational sessions in hospitals on Jewish needs and prepare resource guides;
- v. Develop a pilot program to train Jewish volunteers in pastoral care;
- vi. Employ a dedicated Jewish pastoral carer available to all hospitals or accredit a pastoral carer within each hospital to oversee the patients, visiting clergy and volunteers; and.
- vii. Develop a “professional development program” for Rabbis and experienced volunteers.

## **7 ACKNOWLEDGEMENTS**

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The project officers thank the JCCV, Rimma Sverdlin and especially Jo Silver for her dedication in completing this project and the countless hours editing, advising, chairing and organising. The project officers thank the Reference Group, a dedicated group of people with Pastoral Care expertise and interest. In particular, the project officers recognise Dan Murphy for his time and effort in attending meetings and for his wisdom in directing each stage. The project officers are also grateful to the Hospital Pastoral Care Coordinators and staff who shared their time and knowledge to improve the system. Appreciation also goes to the Synagogue staff and volunteers who participated. The report acknowledges all individuals who do this work in a voluntary capacity.

## 8 APPENDICES

### 8.1 Visiting Rabbis and Jewish Volunteers Servicing Hospitals

The following table lists the Rabbis and volunteers visiting hospitals.

**TABLE 1: Visiting Rabbis and Volunteers Servicing Hospitals**

HOSPITAL	SYNAGOGUES	RABBIS	VOLUNTEERS
Calvary Bethlehem	TBI	Fred Morgan	Dot Nathan + 1
	Independent	Boruch Shapiro	
Cabrini	Caulfield Hebrew Melbourne	Philip Heilbrunn OAM	Myer Steinberg Talilah May & Erica Weilburg
	Hebrew	Avraham Jacks & Ronny Kowadlo <sup>5</sup>	
	TBI Mizrachi	Kim Ettlinger & Fred Morgan	
Caulfield Hospital	Caulfield Hebrew	Ralph Genende & Philip Heilbrunn OAM	Lesley Wise
	Jewish Care	Meir Shlomo Kluwgant	4 volunteers rotate (Yadja + 3)  Avi Turner
	TBI	Kim Ettlinger & Cantor Michel	
	Chabad	Laloum	
Epworth Richmond	East Melbourne Independent	Dovid Gutnick	Genevieve Spivakovsky Annie Brown + 1 Yossi Klein on festivals
	TBI	Boruch Shapiro	
	Chabad		
Monash Medical Centre Clayton	Chabad Bentleigh	Mendel Raskin	
	TBI	Fred Morgan	
	Independent	Boruch Shapiro	
Peter MacCallum, St Vincent's Public and Private, Mercy, Epworth Freemasons Private	East Melbourne	Dovid Gutnick	Mat Gelman
	Independent		
Box Hill, Doncaster & Dandenong		Jonathan Keren-Black	LBC volunteers
The Alfred	Independent	Boruch Shapiro,	Anne Fayman & Rebecca Silk
	Caulfield Hebrew	Philip Heilbrunn OAM	
	Yeshivah Centre	Chaim Tzvi Groner	
	TBI	Fred Morgan & Kim Ettlinger	

<sup>5</sup> Ronny Kowadlo is a Ba'al Koreh (Torah reader)

## 8.2 Hospital Findings

The following hospitals were interviewed with Jewish patient numbers recorded as a total and percentage of overall patients, pastoral care department details and issues that arose. The findings were recorded in the table below:

**TABLE 2: Hospital Findings**

<b>HOSPITAL</b> - Patient No's / % Jewish - Pastoral Care Contact	<b>CURRENT PASTORAL CARE (PC) PROVISION</b>	<b>ISSUES AND NEED</b>
<b>Cabrini</b> - 50/508 (10%) - Mary Rowe - Ph: 9508 1222 - Email: pcare@cabrini.com.au	<ul style="list-style-type: none"> <li>- Patients can request a chaplain or be referred to the pastoral care department by the doctors and nurses. Patients were asked if they wish to be connected to their own Rabbi and the staff make contact on their behalf. Otherwise, staff notified visiting volunteers that a patient requested a visit.</li> <li>- Before Rosh Hashanah (Jewish New Year), a letter is circulated by the pastoral care department to assess patients' interest in hearing the Shofar (either by Chabad Youth or a Progressive Rabbi). Patients who indicate a yes are visited accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital closely monitored control of lists</li> <li>- Unaffiliated patients are not visited by clergy.</li> <li>- Requests by Chabad Youth and others to visit on Jewish festivals were circulated to patients via letter. However, patient feedback showed that this was not an efficient method to advise patients as many were unaware of the option.</li> </ul>
<b>Calvary Bethlehem</b> - 70 / 4-6 - Chris Limmer, Mgr Pastoral Care & Bereavement Services - Ph: 9595 3436 - Email: chrism1@bethlehem.org.au	<ul style="list-style-type: none"> <li>- Pastoral Care Hospital with 15 part time staff dedicated to pastoral care needs.</li> <li>- Patients (and families) are asked for their religious and spiritual needs.</li> <li>- Usually families call their own rabbi.</li> <li>- Rabbi Fred Morgan (TBI) and Rabbi Boruch Shapiro are called in emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>- Of the 15 part time staff, none was Jewish. The staff expressed a desire to be more informed as to the needs of Jewish patients given the hospital is located in a Jewish area with many Jewish patients.</li> </ul>
<b>Caulfield General Hospital</b> - 200 / 56 (28%) - Sue Morgan - Ph: 9076 4083 - Email: s.morgan@cgmc.org.au	<ul style="list-style-type: none"> <li>- The hospital employs a pastoral care coordinator 3 days/week, an Anglican Chaplain 1.5 days/week and a Uniting Church Chaplain 3 hours/day. A Catholic priest is on call.</li> <li>- The pastoral care coordinator is Jewish and conducts routine visits across the hospital as well as special visits to any Jewish patient staff feel are necessary.</li> <li>- Many communities visit their own members and TBI volunteers regularly visit all on the Jewish list.</li> <li>- The hospital only accepts trained volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>- This hospital has a significant numbers of Jewish patients.</li> <li>- The staff would appreciate regular Jewish services conducted in hospital (in coordination with staff).</li> <li>- Due to the numbers of Russian Jewish patients, more Russian speaking volunteers are needed.</li> </ul>

<p><b>Epworth</b></p> <ul style="list-style-type: none"> <li>- 560 / 6-15 (3.8%)</li> <li>- Rev. Tom Rose</li> <li>- Ph: 9426 6146</li> <li>- Email: tom.rose@epworth.org.au</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital employs a pastoral care coordinator and three part time chaplains.</li> <li>- Three Jewish volunteers visit socially twice a week.</li> <li>- Jewish patients form the second largest group by religion.</li> <li>- Volunteer visits are coordinated through the volunteer department, unconnected to pastoral care.</li> </ul>	<ul style="list-style-type: none"> <li>- As the hospital is in the midst of a major upgrade, more Jewish patients were anticipated.</li> <li>- The hospital felt its number of Jewish volunteers was sufficient however, a regular Jewish pastoral carer (trained) would be welcomed.</li> </ul>
<p><b>Monash Medical Centre Clayton</b></p> <ul style="list-style-type: none"> <li>- 640 / 5-10 (1.5%)</li> <li>- Mr Emil Neven</li> <li>- Ph: 9594 2332</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital employs a pastoral care coordinator.</li> <li>- Two communities paid part-time chaplains.</li> <li>- CPE interns volunteer in the hospital.</li> <li>- Jewish patients are not visited specifically.</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital is not supported by regular Jewish visitors.</li> <li>- The staff requested in-services on Jewish patient needs and as a result of this report, a session was conducted with another scheduled at the time of writing.</li> </ul>
<p><b>Peter MacCallum</b></p> <ul style="list-style-type: none"> <li>- 90 / 1-2</li> <li>- Rev. David Dawes</li> <li>- Email: David.dawes@petermac.com (Helen Mugg was Acting Head at the time of interview)</li> <li>- Ph: 9656 1301</li> <li>- Email: Helen.mugg@petermac.com</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital (and health department) employed 3 full time non-denominational pastoral carers and a part-time administrator (4 days - limited hours)</li> <li>- Chaplains visited and were funded through their denominations.</li> <li>- Jewish patients were visited routinely by the staff and assessed for their need of religious resources. The staff made arrangements as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>- The pastoral care department would welcome Jewish volunteers and consider how best to coordinate with them.</li> <li>- There is a need for siddurs/Chumash and other sacred Jewish texts for the quiet room next to the Place of Peace Chapel (a non-denominational space).</li> </ul>
<p><b>Royal Children's Hospital (RCH)</b></p> <ul style="list-style-type: none"> <li>- 360 / 5-10</li> <li>- Karen Wall, Uniting Church Chaplain</li> <li>- Ph: 9345 6929</li> <li>- Email: karen.wall@rch.org.au</li> </ul>	<ul style="list-style-type: none"> <li>- There is a department for pastoral and spiritual care, led by a co-ordinator.</li> <li>- Three chaplains funded by their denominations support the hospital.</li> <li>- RCH did not have the resources to visit all patients.</li> <li>- Jewish patients and families may be offered a visit, which can be declined.</li> </ul>	<ul style="list-style-type: none"> <li>- One of the chaplains noted that pastoral care could be associated as a Christian offering meaning that patients and their families may resist support from non-Jewish carers. <i>This theme was consistent in the synagogue visits.</i></li> <li>- Interfaith couples are common and their needs must be determined.</li> </ul>

<p><b>* St Vincent's Private</b></p> <ul style="list-style-type: none"> <li>- 272 / 2-10</li> <li>- Moira O'Shannessy</li> <li>- Ph: 9411 7147</li> <li>- Email: moira.oshannessy@stvmph.org.au</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital employed three people in pastoral care.</li> <li>- The pastoral carer explained their role to the patient and offered a brochure with Christian prayers (they explain it is not meant to offend).</li> </ul>	<ul style="list-style-type: none"> <li>- The staff would welcome a better understanding of Jewish needs and any useful prayers.</li> </ul>
<p><b>*Masada</b></p> <ul style="list-style-type: none"> <li>- 46 bed private hospital (high numbers of Jewish patients).</li> </ul>	<ul style="list-style-type: none"> <li>- No pastoral care department.</li> <li>- Patients tended to stay overnight or for short periods.</li> <li>- The hospital receives visiting requests prior to major Jewish Festivals (presumably Chabad Youth).</li> </ul>	
<p><b>The Alfred</b></p> <ul style="list-style-type: none"> <li>- 600 / 35 (6%)</li> <li>- Rev. Marilyn Hope (retiring Nov 2012)</li> <li>- Ph: 9076 3138</li> </ul>	<ul style="list-style-type: none"> <li>- PC coordinator</li> <li>- 2 part time chaplains (paid by their communities) and PC volunteers</li> <li>- Staff were aware and accommodating of Jewish patient needs.</li> <li>- A regular Jewish Chaplain visited voluntarily.</li> <li>- TBI volunteers visited socially on a weekly basis</li> </ul>	<ul style="list-style-type: none"> <li>- Prospective volunteers would require training to satisfy hospital requirements.</li> <li>- Due to high patients numbers the pc visitors only visited some of the patients</li> <li>- The Jewish list is inaccurate with many Jewish names listed as unknown denomination.</li> </ul>
<p><b>*The Avenue</b></p> <ul style="list-style-type: none"> <li>- 131 bed private hospital.</li> </ul>	<ul style="list-style-type: none"> <li>- No pastoral care department and information about pastoral care was inaccessible.</li> </ul>	
<p><b>*St Vincent's Public</b></p> <ul style="list-style-type: none"> <li>- 580 / 0 - 1</li> <li>- Acting Mgr: Anne Collopy</li> <li>- Ph: 9288 3617</li> <li>- Email: Anne.collopy@svhm.org.au</li> </ul>	<ul style="list-style-type: none"> <li>- The hospital employed eight full time pastoral carers.</li> <li>- As it is a Catholic hospital, pastoral care is highly valued and supported by government.</li> <li>- Buddhist, Christian, Anglican (day/week), and Jehovah's Witness chaplains supported by their communities and visit on a regular basis.</li> <li>- A Lutheran chaplain rang to enquire if there were any Lutheran patients present first.</li> <li>- Jewish patients were treated equally as other faiths and asked: <ul style="list-style-type: none"> <li>o If they have any special needs?</li> <li>o Would like a visit from a Rabbi?</li> <li>o Can call upon a Rabbi or belong to a synagogue?</li> <li>o If there was anyone they would like contacted? (<i>A useful question for unaffiliated individuals</i>).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Sacred texts would be useful such as a siddur and bible.</li> <li>- Staff were keen to support volunteer visits for patients.</li> <li>- Staff requested an education session on patient needs.</li> </ul>

\* Low numbers of Jewish patients

## 8.3 Synagogue Findings of Interest

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### a. Rabbi Visits

Most Rabbis visited their congregants in hospital exclusively and had no need to contact the pastoral care department. Experiences, however, varied and some rabbis wanted access to hospital lists, in order to visit all Jewish patients within a hospital. Some hospitals welcomed this, especially if the Rabbi was known to the hospital or an accredited visitor. Other hospitals would only accept one accredited Rabbi.

In the majority of cases, Rabbis only visit by request or when a congregant was known to be in hospital. Usually the patient or family advises the synagogue office or Rabbi. Hospitals tend to call Rabbis only once or twice a year.

50% - 100% of congregational Rabbis' visits occur in hospitals whilst the other visits are to Aged Care facilities or homes.

Caulfield, Melbourne and East Melbourne Hebrew Congregation have clergy who visit hospitals on a weekly or fortnightly basis as part of their job description or "general understanding" between the Rabbi and the board. The Rabbis from Caulfield and Melbourne Hebrew Congregation visited their own congregants whilst the East Melbourne Rabbi visited Jewish patients in the hospitals surrounding the synagogue. This Rabbi was in a unique situation as the synagogue was central to many city hospitals and the synagogue itself tended to service a visiting and occasional community.

Synagogues found it difficult to keep track of those who were sick to coordinate a visit. This led to families and congregants becoming upset.

- One working model is TBI's in which accredited volunteers visit hospitals regularly and can let Rabbis know when someone wants a visit.

### b. Volunteers and Pastoral Care Committees

- Most Orthodox congregations did not have pastoral care or bikkur cholim committees.
- Progressive congregations had caring committees through which pastoral care occurred.
- Some synagogues had "committees" that consisted of one or two people
- Some synagogues had volunteers that visited patients without a committee or coordinated structure. There did not appear to be volunteer 'teams' or procedures to become a committee member.

Recruiting new volunteers appeared difficult, as people did not respond to requests for help. It was surmised that people were too busy or attitudes to bikkur cholim had changed. Retirees tended to be the main responders.

It was hard to keep track of who is sick in time for visiting to occur in hospitals.

Yeshivah Centre has a relatively new bikkur cholim committee who would like training. They were keen to visit both their own members and other Jewish patients. However, their call to the community for volunteer support met with little response.

Chabad Youth operated as part of the Yeshivah Centre and their imprimatur was to organise hospital visits on Jewish Festivals. Some coordinators commented that Chabad Youth visitors were young and lacked appropriate training. This was not found to be accurate during discussions with Chabad Youth and as such was an area that needed to be redressed with hospital coordinators.

**c. Are The Visits Pastoral or Social?**

Most Rabbis qualified their visits as somewhere between pastoral and social. Many would start their visit as social but be willing to discuss more pastoral, in-depth issues.

Most volunteers qualified their visits as social with some having better pastoral skills than others.

**d. Finding/Resources for Individual Synagogues:**

St Kilda Synagogue has a "Pastoral Care Book". Any time someone requires a visit, the name was recorded in the book and was signed by the Rabbi or volunteer once the visit has been completed.

Mizrachi have a visiting card to introduce visitors.

Melbourne Hebrew Congregation sends patients "We are thinking of you" cards with wishes of Refuah Shleima (get well).

**e. CPE Training**

Only one Orthodox Rabbi expressed a strong interest in CPE and although there was interest from the progressive Rabbinate, there was concern about the time commitment required. There were misconceptions of CPE being too 'churchy.'

**f. Volunteer Training**

There were no training models in the Orthodox communities. Reactions to the need for volunteer training varied. They encompassed a range of responses from training not being necessary to it might be a good idea. Some comments were "that as I have been sick myself, I know what people want to hear." Older people in particular felt confident that they did not require training.

TBI and Yeshivah were eager to implement a training program but recognised that volunteers have limited time. Training should include people coordinating synagogue efforts.

Volunteering Victoria may offer funding to train volunteer. Michel Laloum and Robyne Felman from TBI have experience training volunteers and could be approached to assist.

### **g. Supervision**

There is no formal supervision for volunteers and volunteers did not always feel the Rabbi was best suited to offer advice or support. Occasionally volunteers were supported or mentored by a psychologist from their community and those doing more pastoral care in hospitals expressed the need for improved support especially for patients who were dying or had serious illness.

### **h. Other Volunteering and Resources**

Mizrachi had a *G'mach* (supplies such as wheelchairs can be borrowed for free) of medical equipment and electric candles.

Some communities offered food programs.

Chabad Youth had a weekly aged care visiting program.

Progressive communities had resources on volunteer training.

### **i. Synagogues Interviewed With Limited Bikkur Cholim**

A number of synagogues were spoken to either by phone or in person but were not very active other than the Rabbis visiting their own congregants in hospital. For reference, these synagogues included:

- Beit Aharon Hebrew Congregation
  - o A volunteer visited from this synagogue and the Rabbi recognised the need to offer more support.
- Central Synagogue
- Chabad Bentleigh Hebrew Congregation
  - o Visits congregants in hospital and whilst there, visits other Jewish patients.
  - o Visits Monash Clayton and Moorabbin on Jewish Festivals such as Purim and Rosh Hashanah.
- Elwood Hebrew Congregation
- HaMayan
- SpiritGrow

## 8.4 Reference Group Members

**TABLE 3: Reference Group Members**

<b>NAME</b>	<b>ORGANISATION / BACKGROUND</b>	<b>PHONE</b>	<b>EMAIL</b>
<b>Jo Silver</b>	JCCV Project Officer Chair	0407 501 344 9272 5642	jo.silver@jccv.org.au
<b>Rabbi Boruch Shapiro</b>	Bikkur Cholim Victoria	0406 386 770	Rabbi.bshapiro@gmail.com
<b>Gabbi Sar-Shalom</b>	Jewish Pastoral Carer	0423 583 665	gsshalom@yahoo.com
<b>Sue Morgan</b>	Pastoral Care Coordinator, Caulfield Hospital	0412 944 478 9076 4084	s.morgan@cgmc.org.au
<b>Liz Brumer</b>	Emeritus Pastoral Care Worker	0422 350 118 9563 5574	lizbrumer@hotmail.com
<b>Rabbi Dovid Gutnick</b>	East Melbourne Synagogue & Army Chaplain and Pastoral Carer for City Hospitals	0430 384 948	dgutnick@iinet.net.au
<b>Dan Murphy</b>	HCCVI, Manager Education and Training	0448 833 890 8415 1144	education@hccvi.org.au
<b>Rabbi Yosef Nerenberg</b>	Rabbi, Gary Smorgon House, Jewish Care	0430 013 600	ynerenberg@jewishcare.org.au
<b>Yossi Klein</b>	Volunteer	0425 856 637	Yossi@flabules.net

## 8.5 Hospital Questionnaire

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**Hospital:**

**Pastoral Care Coordinator/ Pastoral Care Worker Name:**

**Date:**

1. Please tell us about your hospital and your team.
  - a. How many beds in the hospital?
  - b. Does your hospital have a specialization?
  - c. How many people in your team and what denominations are they?
  - d. Are they employed by the hospital, their respective communities and for how many hours?
  
2. Could you approximate how many people identified as Jewish on average at any given time?
  - a. Is it possible to get annual figures?
  
3. What is your current procedure when encountering a Jewish patient and are they visited by Pastoral Care staff as a routine?
  
4. Do any members of the Jewish community have access to the hospital's list and are they volunteers?
  
5. How often do you call on a Jewish Pastoral Carer/Rabbi?
  
6. Do any of the above mentioned people visit regularly or by request only?
  
7. Do they visit only members of their community or all patients on the Jewish list?
  
8. What kind of procedure/volunteer training do you require?
  
9. Please describe your chapel space; multifaith and style of prayer room.
  
10. Do you have any Jewish resources?
  - a. For patients:
  - b. For staff:
  
11. What challenges do you have in providing pastoral care to Jewish patients / volunteers?

## 8.6 Synagogue and Community Questionnaire

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**Name of Synagogue:**

**Stream of Judaism:**

**Contact Person:**

**Role:**

**Contact Details:**

**Date:**

### **General**

1. Congregation information: Numbers, age, observance etc.
2. Do you have a bikkur cholim committee and if yes how many people sit on the committee?
3. What percentage of visiting is in people's homes and what percentage in hospitals?
4. How long have you been involved in hospital visitation?
5. Which hospitals are visited and would you expand your focus to other hospitals?
6. How are you alerted that someone is in hospital, i.e. patient, family or hospital calls?
7. Do you visit routinely or by request or when you know there is someone from your community in the hospital?
  - How regularly do you visit?
8. Do you visit people from your congregation or do you visit Jewish people across the board?
9. Do you feel like you have enough time to sit with congregants / other Jewish patients?
10. If you have visited Jewish people not from your congregation, what has been the reaction?
11. Do you introduce yourself and what do you say to patients?
12. How do you deal with confidentiality?
13. Do you do any special visitation around Jewish Festivals or Shabbat?
14. Are there any requirements to make your visit easier?
15. Do you consider your visit pastoral or social?

### **Dealing with the Hospitals**

1. Who do you deal with at the hospital and do you have a relationship with the Pastoral Care coordinator there?
2. How would you rate the experience in regards to the staff helpfulness and any challenges?
3. Do you have access to the list of Jewish patients and if yes, how did you acquire access?
4. Did the hospital require any training prior to giving access to the lists?

### **For Volunteers - Training Process**

5. If someone wants to join your team what would be procedure and preparation?
6. Do you think it is necessary to train volunteers and what you would like to be trained in?
  1. If you had training, who facilitated it, what was the content and how would you rank it?
  2. Do your volunteers have any supervision?
  3. How would you feel if there was an organisation that would;
    - provide a volunteers training program accepted by the hospitals
    - provide debriefing and pastoral supervision for volunteers
    - coordinate volunteers efforts in visiting Jewish patients
    - have a volunteers recognition program
  4. Would new and existing volunteers be willing to undertake a universally accepted training program would take a few hours?
  5. What would be more convenient:
    - training in the evenings over few weeks
    - 6 hours on Sunday over 2-3 weeks
    - long weekend full 2 days training?
  6. Would it be helpful to have other professional support in this area, for example other Jewish Pastoral Carers who may be able to visit congregants?

### **Other Volunteering**

1. Do you have any other form of volunteering for people in medical need? E.g. driving people for appointments, Food assistance, medical equipment G'mach etc...