Taskforce Meeting Papers

5 August 2014

1:30 – 3:30pm AEDT

Dial-in details

Melbourne	0384145110
Sydney	0296960695
Brisbane	0738110695
Adelaide	0882200695
Perth	0894600695
Canberra	0262100695
Darwin	0889890695
Hobart	0362400695
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Participant PIN:	677608
Client ID:	8512689
Moderator PIN:	9025364

Pathways Taskforce Meeting Agenda – 5 August 2014

Item No	Agenda Item	Approx time	Page
1	Opening Prayer: Brigid Tracey	1:30	
2	Welcome and introductions (apologies) Invited Jennifer Stratton — Kevin Mercer Gary Everett, Mercy Partners — Helen Clarke rsc Brigid Tracey — Rev Dr Gerard Arbuckle SM Kerry Shearer — Dr Tony Baker Jan Horsnell — Cath Garner Rev Dr Joe Parkinson — Stephen Cornelissen Susan Sullivan (Staff) — Mary Kenyon (Staff)		
3	**Summary of previous meeting (Attachment 1)**	1:35	3
	Matters for Discussion		
4	**Integroe Consultation – Draft Executive Report (To be circulated) (Kerry Brettell)**	1:40	
5	**National Conference preparation:** • Trade booth roster • ACBC/CRA endorsements • Satchel inserts	2:10	
6	**Pathways Projects – progress updates**		
6.1	Online ethics course **(Attachment 2)**	2:20	8
6.2	Resource/s to address the issue of language **(Mary Kenyon, Brigid Tracy, Kerry Shearer, Tony Baker) (Attachment 3)**	2:30	10
6.3	Mission Leader Formation program **(Attachment 4) (Fr Gerry)**	2:35	11
6.4	Assessment of formation needs **(Helen Clarke and Kevin Mercer)**	2:50	
6.5	Evaluate effectiveness of formation programs **(Articles attached separately)**	3:00	
7	**Matters for Noting**		
8.1	**CHA-USA Health Progress, July-August 2014** https://www.chausa.org/publications/health-progress	3:05	
8.2	**MLC Assessment – Progress report (Attachment 5)**	3:10	21
8.3	**Other initiatives being considered**		
8.3.1	Elements of a mission integrity/reporting framework	3:20	
8.3.2	Framework for establishing formation expectations		
8.3.3	Orientation program for new executives (Meeting Minutes 11/4/14)		
8	**General Business**		
8.1	***Pathways* Future 2014 meetings** **Thursday 23 October (Face-to-face, (9:30 – 3:30pm, Sydney)** Wednesday 3 December (By teleconference, 1:30 AEDT)	3:25	
9	Attachments Summary of previous meeting (Attachment 1) Online ethics course - Reference Group Report (Attachment 2) Glossary(Attachment 3) Mission Leader Formation program (Attachment 4) CHA-USA Health Progress articles (Attached separately) MLC Assessment – Progress report (Attachment 5) Pathways Taskforce Action Items (Attachment 6) Pathways Taskforce Terms of Reference (Attachment 7)		 3 8 10 11 21 23 25
10	**Meeting Close**		

CHA Leader Formation Taskforce
Meeting Summary
5 June 2014

1. Opening Prayer
Susan led a reflection based on "The Blessing of Not Being Perfect" by Joan Chittister and included in meeting summary.

2. Welcome and introductions (apologies)
Invited
Jennifer Stratton
Kevin Mercer
Sr Anne Hetherington
Helen Clarke rsc
Brigid Tracey
Stephen Cornelissen
Kerry Shearer for Stephen Cornelissen
Jan Horsnell
Cath Garner
Rev Dr Joe Parkinson
Rev Dr Gerard Arbuckle SM
Dr Tony Baker
Martin Laverty (Staff)
Susan Sullivan (Staff)

3. Summary of previous meeting
This was accepted with minor amendments. Agenda Item 5, Action Item 3(e) should read "There is a need for scoping and a role description for the mission leader role. At Agenda Item 4 regarding the mission reporting framework it was noted that all members is struggling with this.

4 Pathways Communications Strategy – updated (Attachment 2)
Martin's recent Member Briefings identified good awareness of and support for Pathways and an appreciation of the value of pooled funding. Discussion with four group CEOs suggests willingness to commit to shared resourcing if a tangible concept and plan for the future can be developed towards which these funds can be directed. It was noted the Member Survey (December to March 2014) suggested the sector is still not thinking collaboratively but in the usual silos. Key messages need to be developed and re-iterated frequently and at every opportunity. For example "The sector has a mission and this mission is shared by the members" as opposed to "the system has a mission"; "we are called to collaborate in a common mission". We must avoid reinforcing the individualism of each system. This is a counter cultural message. At the same time it is important to enable a sense of ownership of the process by the systems. The lingering attachment by some to the presence of the Sisters as a source of Catholic identity needs to be challenged by a new understanding of Catholic identity. There is a considerable urgency to achieving this appreciation. The fact that the laity are now assuming responsibility offers a new opportunity to leave behind the multiple 'identities' of individual orders because by definition lay people have one ecclesial identity rather than an identity within a particular order or charism.

Fr Gerry noted the anthropological problem in people looking back to the past and even the challenge of religious orders and clergy seeking to retain the authority of the past rather than being behind the emerging lay responsibility and authority. SJOGHC appears to be further advanced than most in their commitment to lay formation. Other systems are not yet as aware of the need to commit resources.
To get to where we need to be we must convey the key message that Pathways is developing the solution to an enormous challenge. It was noted that developing our Catholic ethos has the potential to offer a unique competitive advantage which translates to a business advantage. Some ways of conveying the message more

forcefully were suggested including: seeking endorsement from the religious institutes/CRA as well as the Bishops Conference; ensuring the August Conference has a recurring focus on Pathways and incorporates other strategies to keep the initiative high profile. Conference suggestions included: a flyer in the Conference satchel; an ancillary meeting for trustees, board directors and CEOs focussed on Pathways; a promotional 'Pop-Up'; someone to be identified consistently as the spokesperson for Pathways and endorsed and delegated by Martin at the CHA Conference.

It will be important to avoid creating the sense that Pathways is a CHA takeover.

Actions: Jennifer will approach Bishop Don Sproxton as Chair of the Bishops Commission for Health to progress a statement of endorsement for Pathways and encouragement to organisations to participate. Susan will liaise with Martin and Angela regarding the CHA conference.

5 MLC Assessment - issues to be considered

Discussion took place about what else might need to be considered in the validation of the MLC program. Fr Gerry reiterated his concerns that culture needs to be understood more broadly than is conveyed in the book "Tradition on the Move". He has a Skype-meeting with Larry O'Connell and Jack Shea planned for July to discuss this further. At the heart of culture is the way people *feel* not just what they *do*, and this affects every aspect of learning and practice. The mission leader is an important culture-bearer and carrier of the founding story and it's not sufficient to say "this is everyone's responsibility".

While the ACU Graduate Certificate in Leadership & Catholic Culture (GCLCC) has had very positive impact it is an academic course with a fundamentally different methodology to MLC. MLC is based on a process of theological reflection and making connections directly with work practices. It aims to be transformative more than simply informative. The effectiveness of the GCLCC seems to be very "teacher-dependent". It may be worth considering whether the GCLCC could be adapted in light of the MLC methodology. If however the MLC is seen as a much better program we will have to do the hard work of selling it to members. We need to be mindful of the resource issue if MLC is established as it will likely draw resources away from GCLCC.

6 Pathways projects planning (For reference see Attachments 4, 5)

Each of the five projects was considered in light of the steps needed to make progress.

6.1 Online ethics course (Attachment 6)

The outline developed by Susan was endorsed. The audience is seen primarily as senior managers and senior clinicians, but in time it could be expected that everyone at board director and executive level has completed it. HREC members and pastoral practitioners would also benefit. A Reference Group will be established consisting of Fr Joe Parkinson, Fr Cormac Nagle, Madonna McGahan (both representing CHA Mission & Identity Committee), Maureen Waddington, a DON, a physician (possibly Peter Ravenscroft or Richard Chai). An ongoing and sustainable cohort could be achieved through having the mission leader participate with at least one other colleague. Susan has had preliminary conversations with BBI who are happy to support its establishment with set up costs likely in the order of about $30,000. An ongoing fee for participation of $150 per person would be necessary to cover coordinator costs. The process for establishment of the course could enable it to be an exemplar for the Pathways collaborative model. SJOGHC has agreed that the intellectual property they have invested in the "Maintaining Our Ethical Culture" course can be adapted for the CHA online ethics course. The Taskforce agreed that the course should be established through a pooled funding arrangement as this provides another means of modelling a collaborative approach.

Action: Susan will set up the Reference Group and report progress.

6.2 Resource/s to address the issue of language

Tony Doherty's book *So You're Working For the Catholic Church* has been quite well received by non-Catholics who have used it. The target audience is seen as board directors, senior leaders including executives and senior clinicians, rather than bedside clinicians. The goal would be to assist participants feel confident, to feel respected partners in the mission, and fluent in their use of key language and concepts so that this impacts on their communication with those who report to them. A glossary could be developed for inclusion in the book

and be available for separate uploading to CHA website and the websites of members. It is seen a s a good sign that this was prioritised in the survey as people have to first want to understand the language.

Action: Mary Kenyon is investigating with the author and publisher the scope we have to adapt Tony Doherty's book. Brigid Tracy, Kerry Shearer and Tony Baker will work on this project in collaboration with Mary.

6.3 Mission Leader Formation program

The goal of this initiative is to help participants to understand the role; build their confidence; assist them to grow in effectiveness and to contribute to articulation of the context of their role (e.g. the large number of staff who are not Catholic, post-modernity). There will be significant differences between different types of services e.g. acute services, aged care. These differences contribute to the context that needs to be examined and understood. The target group is two-fold: current as well as future mission leaders.

Attracting and preparing mission leaders also needs to be considered. There is an urgency to develop the next generation. Developing the executive capacity and the broad understanding of operational matters to enable a mission leader to interact effectively at an executive level is critical so that they have credibility with their colleagues. There needs to be a clear role description and a clear pathway for career development.

A promotional resource for the mission leader role needs to be developed similar to that developed by CHA-USA. This could be available on the CHA website and more widely, to attract interest in being a mission leader, communicating the prophetic nature of the role and the credentials needed.

Action: Fr Gerry agreed to prepare a paper outlining the challenges and possibilities of the mission role. This will be presented to the CHA MIC at the 24 August face-to-face meeting. This will then be a resource for preparing a role description. Such a paper will be useful as a means of enhancing the understanding of the broader executive team. Cath Garner was identified as a person who could assist Fr Gerry in progressing this body of work.

Action: A wide range of useful resources is available on the CHA-USA and Susan will investigate with CHA-USA the capacity to link directly with their website.

6.4 Assessment of formation needs

The Taskforce examined the CHA-USA Personal Development Plan which provides reflection questions for each dimension of the mission competencies described for senior leader roles. This was agreed to be a useful model for development of something similar with the CHA Continuing the Mission resource as the basis. It was noted that an effective relationship with HR was seen as integral to mission.

Action: Helen Clarke and Kevin Mercer will look at developing a version of the CHA –USA resource integrated with CHA's *Continuing the Mission* resource.

6.5 Evaluate effectiveness of formation programs

The discussion focussed on consideration of how and what would be evaluated and what impacts would need to be measured e.g. what would be identifiable in an organisation as a result of effective formation? What would be identifiable in the person as a result of effective formation? What observable behaviours might there be? Other processes and practices could incorporate this dimension e.g. performance appraisals could incorporate a dimension of reflection on the impact of formation including through 360° reviews. Evaluation should focus on assessing the objectives of formation programs. The process would need to include both a questionnaire and an interview. Interviewers would need to be skilled-up for the task. There might be a group of skilled interviewers somewhat similar to ACHS accreditors who move around the systems to conduct the interviews. Trustees would have a team of such people, as would board directors and executives. The focus would be an evaluation of the effectiveness of what's been done so far and what is needed for future development. This links with the task of assessing formation needs. There could be a similar group of people doing both tasks.

Action: Susan will investigate the availability of tools in the US when she visits in the coming fortnight.

7 Matters for Noting

7.1 Integroe consultancy – update

A progress update was provided by Susan. Now that Martin's letter has gone out to group CEOs and other senior people the Integroe Team will begin approaching the contacts provided by the Taskforce members. The conversations will be conducted through June and July with an interim report to the Taskforce at the August teleconference and a Final Report presented at the CHA Conference.

7.2 Other initiatives being considered

7.2.1 Elements of a mission integrity/reporting framework (Meeting Minutes 11/4/14)

This task was raised at both the CHA Mission & Identity Committee and the Taskforce. It will be referred to the CHA Mission Committee to lead a response which will be reviewed by the Taskforce. **Action:** Jack de Groot and Cath Garner will be approached to do some initial work on it.

8.2.2 Framework for establishing formation expectations

This concept is not currently a project identified for development and Susan provided the context and outline for its introduction and perceived urgency, being an outcome of Martin's conversations with key CEO during and following the recent Member Briefings.

There is a perception that four large systems are poised to commit significant funds to Pathways if there is a sufficiently attractive concept as a focus. For consideration is a professional development (PD) guideline with accompanying PD points to motivate participation, similar to the AICD Continuing Professional Development framework and points system. The PD plan would describe the particular formation programs to be completed to fulfil the necessary points. Once this framework is agreed the systems would be invited to commit to a shared resourcing and governance arrangement to achieve its implementation. It is anticipated that the findings from the Integroe consultancy will validate the need to be address new resourcing through such a shared arrangement. The Integroe consultancy report at the August CHA Conference is expected to provide the substance for the framework i.e. available resources within systems, along with identified gaps. This would be refined and tested further through follow-up member consultation, and finalised for potential mandating at the April Governance Conference.

The Taskforce considered the pros and cons of the proposal and expressed a range of views on the proposed PD framework as the appropriate mechanism to achieve this. It was agreed that we need to identify urgently a mechanism through which the sector will be motivated, and attracted to commit to genuine, ongoing, sustainable collaboration namely via a pooled funding and governance.

There was a perception that: we need to be prescriptive about formation and we need something in place urgently, so we need to be bold at this point; we ought to have something like this in place eventually; the wording would be important e.g. 'expectations' rather than 'requirements'; whether the CHA Governance Course could be the mandated formation requirements along with the online ethics course when developed; whether Bishop Don and/or the Stewardship Board could endorse and legitimise it.
There was also a perception that: it sounded too prescriptive and may not respect/reflect the different approaches to formation of different organisations; small steps are necessary and this would represent a very large step; we don't have sufficient resources in place at present to populate such a framework; it is too early to introduce such a framework and better to get there with a 'softly, softly' approach; it is a very top-down approach which may not be well received by some members and turn them away from Pathways; the logistics of documentation would be enormous; how will systems relying on internal formation opportunities such as the Mercy Institute/Mercy Partners open up their opportunities to others or would they likely rely on their own resources to achieve points and so not really 'collaborate'; how will CHA have the authority to impose such a framework.

Action: The question was deferred to Jennifer and Susan to consider further especially in light of the MLC visit next week.

8.2.3 Orientation program for new executives (Meeting Minutes 11/4/14)

It was seen as very valuable to have a sector-wide new executive orientation/formation program. If run across the sector rather than within systems would reinforce the concept that they are joining something bigger than an individual system. It could incorporate an introduction to CHA and its resources. It would offer valuable networks for future professional development and support. This initiative will be considered when the first five priorities have been accomplished.

9. General Business
Nil

Pathways 2014 Revised meeting dates
Next meeting:
Tuesday 5 August (By teleconference, 1:30 – 3:30pm AEDT)

Future meeting dates
Thursday 23 October (Face-to-face, Sydney, MAM offices in Bondi Junction, 9:30 – 3:30)
Wednesday 3 December (By teleconference, 1:30 AEDT)

10. Meeting Close
The Taskforce reflected on the words of Pope Benedict, Palm Sunday 2007:
"Love is the only force capable of changing the heart of the human person and of all humanity."

The meeting closed at 3:30pm.

CHA Online Ethics Course **Attachment 2**
Reference Group
Meeting Summary
Friday, 25 July 2014

1. **Opening Reflection** was prepared by Susan on a "Spirituality of Truth".

2. **Welcome and apologies.**
All members were welcomed to the new Reference Group and Cath Garner's apology was noted.

3. **Review of draft work plan with consideration of timelines**
Discussion clarified that the course is intended to focus on underlying ethical principles with the CHA Code of Ethical Standards as the primary reference point. Particular challenging issues will be examined through a case studies approach. An understanding of the key sources for a Catholic ethical framework - Scripture, tradition and the human person - will be developed. An intended outcome of the course would be that participants be skilled at more than simply problems-solving, rather they would become catalysts for fostering a broader ethical culture.

The Reference Group discussed Cath Garner's feedback that the course includes some focus on business and organisational ethics. Fr Cormac concurred given that Catholic Social Teaching encourages this approach. With these added elements the course would have broader appeal - to other caregivers such as managers and administrators rather than just clinicians. It was agreed that the initial course could be supplemented at a later stage to develop greater depth in some areas.

It was agreed where relevant in the course outline to substitute the term Catholic ethics in place of Catholic morality/Catholic ethical vision in place of Catholic moral vision. The Course Purpose will be amended to say: "Executives and other leaders".

The timetable appears achievable. While there is a considerable amount to be achieved in the nine months planning phase some of the work will be actioned in small working intensives by representatives of the larger group.

4. **Consider likely cohort composition**
The cohorts likely to be most responsive would be clinicians and these are the majority of the workforce. People will welcome the opportunity to be upskilled in this area. While it is easy to focus on clinical ethics there are a lot of issues within the broader clinical environment that need to be addressed. Examples include food service staff observing practices or circumstances that give cause for concern; mental health issues e.g. around consent, clients involved in criminal activity. It would be helpful when considering clinical issues to adopt an approach that is inclusive of all staff not just health professionals.

5. **Online learning process**
Dan outlined the online process and elements. BBI has been refining its expertise in online learning since 2009 and is able to offer a highly effective pedagogy. Building the relationship within the learning cohort is critical but challenging. The role of the initial face-to-face is significant in enhancing this relationship building and significantly improves participant engagement. BBI can offer guidelines to webcasts presenters to help them make their presentation engaging in the online format. BBI can help with filming and editing of webcasts. Draft session design was agreed in principle.

There was discussion of the amount of time each module might take acknowledging that given there will be significant variation in the time taken by people with different backgrounds and familiarity with the content. There will need to be a balance between the learning needs of the area and the time capacity of participants. It would be possible to have core readings for everyone supplemented by optional readings for those who may be more familiar and hence keen to extend their knowledge. The online components are not completed in real time (synchronis) but available to be downloaded at the convenience of the participant (a-synchronis time). Even group work can be done in a-synchronis time with online contributions uploaded to a chat room when it suits a participant. Some topics may be timed for completion across a longer period depending on complexity.

It will be important for organisations to support the course through proactive recruiting and prioritising participation, including supporting people who participate and giving appropriate recognition of achievement on completion.

Dan reflected on his experience of introducing foundational theology for accreditation of Catholic teachers of RE and while there was resistance at first, enthusiasm for the courses has gained momentum as the impact has gradually created wider appreciation of their value.

In preparation for the next meeting Dan will send a chart with a description of the process.

6. Draft Course outline Course

Joe Parkinson described the development of the current outline which is based on the SJOGHC *Maintaining an Ethical Culture*. Day One offers a large amount of content towards developing the basic framework for responding to ethical dilemmas. Day Two introduces case studies contributed by the participants from their own experience. Day Three further expands the framework and offers four practical tools for managing an ethical problem.

The content of the new online course will follow the CHA Code of Ethical Standards with case studies to amplify the content and enhance participants' ability to access the various sections relating to issues and dilemmas.

The question of assessment was raised and it is anticipated a competency-based process will be used which awards a simple pass/fail. An integration activity will be developed in consultation with the Reference Group to enable the facilitator to assess the participants learning. A rubric will be created to offer clear guidelines for participants about expectations. Dan will send an outline of the principles, practical elements and anticipated timelines for development of each session.

7. Sharing establishment costs

Susan explained the intention to fund establishment costs through a pooled funding arrangement providing contributions from member systems and organisations. A formula is to be worked out but will offer a set number of places over three years for an agreed price. This models the anticipated approach to a possible new MLC-type foundational formation program.

8. Physician participant for Reference Group

Reference Group participants are invited to send Susan suggestions for a physician to join the group.

9. Next meeting by teleconference

The next meeting will be in the week September 8 - 12. Reference Group members will send the dates/times they are NOT available to Susan by Tuesday next week.

The meeting closed at 4:30pm.

GLOSSARY OF TERMS

Absolution
Advent
Altar
Alleluia Acclamation
Alienation
Ambo
Amen
Anointing of the Sick
Apostle
Apostolate/
Works of the apostolate
Apostolic Nunciature
Archbishop
Archdiocese
Assembly
Australian Catholic Bishops Conference (ACBC)
Auxiliary Bishop
Baptism
Beatification
Benediction
Bible
Bidding Prayers
Bishop
Blessed Sacrament
Blessing
Body of Christ
Book of Gospels
Bread and Wine
Breaking of the Bread
Brother
Canon
Canon Law
Canonisation
Cantor
Cardinal
Catechism of the Catholic Church (The)
Cathedral
Catholic
Catholic Association/
Association of the faithful
Catholic Health Australia
Celebrant
Celibacy
Chalice
Charism
Charity
Christ
Christ the King
Christmas
Church
Ciborium
Civil Law
Clergy
Code of Canon Law
Code of Ethical Standards
Communion
Communion under both kinds

Confession
Confirmation
Consecration
Contemplative
Convent
Creed
Crosier
Cross
Crucifix
Curia
Deacon
Diocese
Director
Disciple
Easter
Ecclesial
Ecclesiastical goods/temporal goods
Ecumenical
Ecumenical Movement
Encyclical
Entrance Procession
Epiphany
Eucharist
Eucharistic Prayer
Evangelise
Extraordinary Ministers of the Eucharist
Faith
Feast Days
Formation
Genuflection
Gloria
God
Godparent
Good Friday
Gospel
Grace
Grace at Meals
Hail Mary
Heaven
Hierarchy
Holy Days of Obligation
Holy Communion
Holy Saturday
Holy See/Apostolic See
Holy Spirit
Holy Thursday
Holy Water
Holy Week
Homily
Host, The Sacred
Hymn
Immaculate Conception
Incarnation (The)
Incense
Intercessions
Jesus
Joseph
Juridical Person
Kingdom of God
Laity
Last Supper
Lay Apostolate
Lay Ministries
Lectern
Lectionary
Lector
Lent
Liturgical Calendar
Liturgical Colours
Liturgical Year
Liturgy
Liturgy of the Word
Liturgy of the Eucharist
Lord's Prayer
Mary
Mass
May Devotions
Mercy
Ministry
Missal
Mission
Mitre
Mystery
Mystic
New Testament
Novena
Nun
Old Testament
Ordain
Ordination
Ordinary Time
Orthodox
Our Lady
Palm Sunday
Paschal Mystery (The)
Passion Sunday
Parish
Parish Coordinator
Pastor
Paten
Patrimony
Penitential Rite
Pentecost
Petition
Pious Work
Pope
Prayer
Priest
Profession of Faith
Proselytise
Reader
Redemption (the)
Religion
Religious
Religious Institute
Religious Order
Responsorial Psalm
Resurrection of Christ
Retreat
Rosary
Sabbath
Sacrament
Sacred Heart
Saint
Sanctuary Lamp
Saviour
Second Vatican Council
Sermon
Sign of Peace
Sign of the Cross
Social Justice
Social Teaching
Son of God
Son of Man
Spirituality
Spiritual Director
Statutes
Stewardship
Subsidiarity
Sunday
Tabernacle
Tradition
Theology
Triduum
Trinity (The)
Trinity Sunday
Trustee
Vatican
Viaticum
Vocation
Witness (Christian)
Word of God
Worship

Evolving Expectations and Roles of Mission Leaders: Discussion Paper[1]

4th DRAFT

29/6/14

Gerald A. Arbuckle, sm.

> Over time, the business of health care has become more complex as has the complexity of integrating Catholic mission and values into health care operations. This reality calls for a broader range of competencies for mission leaders that enable them to influence their organizations at every level and in every business decision. (CHA USA, 2009)[2]
>
> Today's leadership formation programs were never intended to replicate religious novitiates…[F]ormation programs propose to shape today's health care leaders into true disciples of Christ. (Sr Patricia Talone, RSM, Vice President, Mission Services, CHA USA)[3]

Today the mission leader, as delegated by the CEO, has the most important and daunting role in Catholic health and aged care services. Their primary role is to foster and guard in a collaborative manner the Gospel-based Catholic identities of the cultures of their facilities and organizations.[4] The challenges they face in this ministry of the Church are formidable.

Since the early 1970s the identity and roles of the mission leader have continued to evolve particularly as the context within healthcare and aged care facilities or organizations change. The above epigraph succinctly summarizes one key aspect of dramatic nature of these changes. Once the healing story of Jesus Christ was carried by religious sisters and brothers, following their novitiate training and profession, but now leaders in our facilities require different training processes. They are not religious formed in their respective congregational stories. Rather they are to be disciples of Christ and to be appropriately formed for this task. That is, mission leaders today must themselves have special skills and training to ensure personnel in their facilities – trustees, board members, executives, and staff members - receive the necessary leadership formation to be themselves disciples of Christ the Healer.

The purpose of this brief discussion paper is threefold:

- to describe why historically the ministry of the contemporary mission leader has become so crucial in our Catholic facilities;
- to describe the evolving roles and required competencies of mission leaders as the context of their ministry changes within the United States;[5]
- to highlight in addition particular challenges within Australia.

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[1] This discussion paper is formulated at the request of the Task Force of *Pathways*, Catholic Health Australia.
[2] Catholic Health Association, USA, *Competencies for Mission Leaders*, www.chausa.org/missionleadercompetencies.com, 2 (Accessed 13/6/14). Readers will find this document invaluable as a background to this discussion paper.
[3] Patricia Talone, "Forming Leaders: Handing on the Tradition," *Health Progress*, vol.90, no.5 (2009), 19.
[4] See Gerald A. Arbuckle, *Catholic Identity or Identities? Refounding Ministries in Chaotic Times* (Collegeville, MN: Liturgical Press, 2013), 69-87, 173-98.
[5] See CHA, *Competencies*, op.cit.

Part 1: Embedding the Story of the Healing Christ: Evolving Models

The primary overall ministry of Catholic health and aged care facilities is to carry on the healing mission of Jesus Christ. The responsibility for this ministry has dramatically shifted in a short space of time as the following models illustrate.[6]

Model 1: The Culture Carries the Story: Pre-1970s

This model describes the pre-Vatican II situation. Catholic facilities were staffed almost entirely by members of religious congregations. The Church's culture was tradition-based, hierarchal, fearful of involvement in the secular world. In such a tightly ordered culture there was no need for mission leaders. The culture, as represented by the congregations, carried the story. Hospitals particularly were quasi-parishes with regular liturgical practices. Medically healthcare facilities were more concerned with caring for patients than expecting cures. If cures were possible then commonly patients were expected to remain in hospitals for often long periods.[7]

Model 2: The Nostalgia Stage: The Mission Leader Must Carry the Story – 1970s+

In this period health and aged care facilities became increasingly more complex medically and in business terms as the emphasis shifts towards cure rather than care. Medical advances commonly no longer required patients to be resident for lengthy periods.

At the same time, as a consequence of Vatican II, the neatly defined cultural symbols and expressions of Catholic identities began to fade. The model that healthcare facilities are quasi-parishes rapidly broke down. Pastoral teams at the service of different faiths and denominations began to emerge. Religious congregations began rapidly to withdraw from direct hands-on involvement in health and aged care services. As this happened an individual person – religious or lay – began to be appointed to carry the story that was once the task of the culture itself. Most often the individual appointed lacked the professional qualifications, and therefore credibility, to relate the healing story to the ever-increasing complex cultural and medical milieu. Nostalgia for the former culture model, however, often remained: "If only the sisters or brothers were in charge again, all would be well, but they will return eventually to bring things back to 'normal'".

Model 3: Mission Leader Not Appointed: "Everyone's responsibility is no one's responsibility."

Sometimes a mission leader was not appointed because it was assumed that the responsibility to embed the mission in the culture rested with all members of a health system. While it is theologically correct to say that all staff have the obligation to be leaders in mission, in practice unless there is someone formally appointed to inform and call people to their task nothing will happen. The theological and leadership skills demanded by the role in the complex world of postmodernity are so great we cannot possibly expect busy staff to possess them.

Model 4: The Community Type: The Prophetic Role of the Mission Leader Intensifies – 1980s+

The purpose of all ministry is ultimately not the evangelization of individuals, but the building of faith communities in and through which individuals are supported and encouraged to grow in faith, and

[6] See Gerald A. Arbuckle, *Healthcare Ministry: Refounding the Mission in Tumultuous Times* (Collegeville, MN: Liturgical Press, 2000), 248-56.

[7] See C.J. Kauffman, *Ministry and Meaning: A Religious History of Catholic Health Care in the United States* (Chestnut Ridge, NY: Crossroads Publishing, 1995); Barbra M. Wall, *American Catholic Hospitals: A Century of Changing Markets and Missions* (New Brunswick, NJ: Rutgers University Press, 2011).

cultures are critiqued according to Gospel values. Jesus himself set the example by spending time fostering faith communities to be agents of holistic healing in his day: "And he appointed twelve; they were to be his companions" (Mark 3:14). He then commanded intentional communities to be the primary carriers of his story down through the ages (Matt 28:19-20). Scripture scholar Walter Brueggemann describes the biblical imperative to form communities of holistic healing: "The central task of ministry is the formation of a community with an alternative, liberated imagination that has the courage and the freedom to act in different vision and a different perception of reality."[8] A faith-inspired community would effectively be aiming to build a healthcare culture noted for its unquestioning commitment to the values of compassion, mercy, and justice among staff and patients and beyond.

The challenge of this model is precisely this: *how* is the mission leader to develop prophetic communities of healing and hope based on Gospel values within a postmodern world that at the same time respects the complexity of social changes, the needs and beliefs of individuals? In order to respond positively to this question, the mission leader will need to be professionally:

1. *educated* with necessary human knowledge and skills;
2. *formed* in the values such as empathy, compassion, mercy, justice that are at the heart of the healing mission of Jesus Christ; formation engages the heart and soul of the mission leader.

In healthcare ministry both professional levels are interconnected. By formation we mean a *transformative process* whereby a person in and through interaction/dialogue with others personally assumes responsibility for their growth in relating to the person of Jesus Christ, the healer, in service of the church and society. This is a process of liberation or transformation by which under skilled guides, a person frees herself/himself from constraints of: a *personal order*, such as ignorance of Christ as the centre of life, academic/pastoral skills necessary to be part of Christ's healing mission to the world; a *social or cultural order*, such as undue cultural pressures, prejudices.[9]

Part 2: Prophetic Ministry of the Mission Leader: Evolving Expectancies and Challenges

Section 1: CHA USA Experience

It is helpful to trace the evolving role expectations and competencies required for mission leaders in the United States. They mirror the growing complexity of health and aged care and "the complexity of integrating Catholic mission and values into health care operations."[10]

1994:

Inter alia, this person the mission leader was expected to:[11]

- Help re-articulate the vision, mission, and values of the facility;
- Influence decision making within the board and/or executive committee;
- Represent a Catholic ethical perspective;
- Promote a spirituality of healing and wholeness;

[8] Walter Brueggemann, *Hopeful Imagination* (Philadelphia: Fortress Press, 1986), 99.
[9] See Gerald A. Arbuckle, *From Chaos to Mission* (London: Geoffrey Chapman, 1995), 102; see also eds. Lawrence J. O'Connell and John O'Shea, *Tradition on the Move: Leadership Formation in Catholic Health Care* (Sacramento, CA: MLC Press, 2013), 11.
[10] CHA, USA, *Competencies,* op.cit., 2.
[11] Though this list was formulated within the American context, nonetheless it has relevance to the Australian scene.

- Highlight needs and be an advocate for people who are poor and marginalised;
- Develop relevant symbols, rituals, and celebrations to deal with change or highlight Catholic mission;
- Be a visible symbol of commitment to the healing ministry of Jesus Christ;
- Develop guidelines for an ongoing evaluation of mission effectiveness.[12]

In order to be effective in ministry a mission leader needed a wide-range of competencies such as: the ability to work as a team member, understanding of the Catholic healthcare ministry, knowledge of Scripture, theology and spiritual issues, knowledge of sponsor's charism, organisational development. Four special qualities needed in particular for the time of transition in healthcare: "willingness to live in ambiguity; creativity; ease with risk taking; energy to forge new relationships with different traditions."[13]

2006:

In a survey conducted in 2006 in USA respondents ranked the following skills highest: ability to work well in a team; good oral communication skills; group facilitation skills; knowledge of business practice; labor relation skills; written communication skills.[14]

2008:

A focus group of 12 CEOs, initiated by CHA USA, responded to the question: What do they as CEOs most need from a mission leader? They expected "not only theological expertise and a basic grasp of the business and operational elements of health care [but also the ability] to engage a management team in important value discussions by raising important questions about an organization's operations."[15]

2009:

CHA USA presented an extensive leadership *competency* model and the *qualities* required for mission leaders.[16] The model attempts "to define outstanding performance for any individual in the mission leader role."[17] *Inter alia* the model lists six categories of competencies:[18]

1. Personal Qualifications:
   Mission leaders are talented, faithful and competent executives who embody holistic and healthy qualities which enable them to make a positive and lasting impact on their organizations.
2. Leadership:
   Mission leaders bring strategic direction, thinking and guidance as well as a collaborative spirit to the organization to ensure that it is faithful to its purpose, identity and values. Brian Yanofchick comments: "Whereas leadership development is often focused on improvement in certain job-related skills, leadership formation is understood as creating awareness and alignment between an individual's values and the larger group's values and culture. The

[12] See Sr Teresa Stanley, CCVI, Mission Leader CHA USA, "Mission in a Time of Transition,", *Health Progress*, vol. 75,no.2 (1994), 29.
[13] Ibid., 31.
[14] See Sr Patricia A. Talone, RSM, "2006 CHA Mission Leaders Survey", *Health Progress*, vol.87, no.4 (2006), 20.
[15] Brian Yanofchick, Senior Director , Mission and Leadership Development, CHA, "Mission Leadership: Kicking It Up a Notch," *Health Progress*, vol.90, no.5 (2009), 20.
[16] See CHA, *Competencies*, op.cit.
[17] Yanofchick, "Mission Leadership," op.cit., 21.
[18] See CHA. *Competencies*, op.cit., 4.

mission leader assesses alignment needs across many categories of leadership and develops strategies to address them."[19]

3. Theology:
   Mission leaders have a working knowledge of Catholic theology and are acquainted with the plurality of religions that will be encountered among the employees, physicians, trustees, patients and others who are served within our institutions.
4. Spirituality:
   Mission leaders are able to articulate their lived faith experience and the meaning it brings to their lives as well as encouraging and empowering individuals and organizations to do the same.
5. Ethics:
   Mission leaders are effective in promoting the development of ethical decision-making behaviors.
6. Organizational Management:
   Mission leaders have the management competencies needed to be recognized as productive contributors to the organization.

2013:

Further challenges emerged in the recent 2013 CHA USA survey of mission leaders in the United States:

- Role in Mergers

  "Among the most significant challenges facing mission leaders may be the need to have expertise in working in situations where Catholic healthcare organizations are merging or partnering with Catholic institutions or with other-than-Catholic entities…The skills to deal with possible ethical issues arising from these partnerships and the ability to lead cultural change as organizations partner or merge are some new critical competencies mission leaders will need to acquire." [20]

- Expanding Supervisory Roles

  "About 80% of the respondents had anywhere from one to more than 15 people reporting to them… Areas of responsibility of those reporting to mission leaders included: advocacy, community benefit, community outreach, ethics, leadership formation, parish nurse services, pastoral care, volunteer services, etc."

- Expanding Administrative Roles

  "About 25% of respondents spend at least 10% to 15% of their time on the following: administrative or executive meetings; community involvement activities; consultation on mission, sponsorship etc.; education and orientation; ethics; leadership development and formation; organizational assessment and development; and worship, ritual and retreat experiences. These numbers represent where mission leaders report they are spending most of their time."[21]

- Support Staff

  "More than 70% had support staff assistance."[22]

[19] Yanofchick, op.cit., 22-23.
[20] Brian Smith and Patricia Talone, RSM, "New Survey: Mission Leaders Respond," *Health Progress,* vol.94, no.6 (2013), 75.
[21] Ibid., 72.
[22] Ibid.

- Developing Professional Recognition

The survey revealed that mission leaders in USA "have indeed become a recognized profession within the Catholic health ministry, and they are being integrated into senior leadership teams."[23] It also showed that mission leaders have become increasingly more qualified for their tasks: "90% have advanced degrees; most of the specialty areas focused on theology (38%) and formative spirituality (30%), with 15% indicating their specialty area was organizational development."

- Updating Preferences

"When asked which areas would be most beneficial for someone in a mission leadership position, the respondents indicated that spirituality (71%), ministry (66%), theology (65%) and ethics (64%) would be the most beneficial areas. Business administration and social work were considered 'somewhat' beneficial by a significant number."[24]

Section 2: Australian Challenges: Realities

Australian mission leaders would readily identify with above listing of competencies and qualifications needed to be effective in their ministry. However, they face particular local challenges to obtaining and maintaining these competencies and qualifications.

A) Sector Challenges

- Limited Pool of potential Mission Leaders/Ethicists
  There is a very limited pool of administrative leaders with the values appropriate for our healing ministries. More importantly it is extremely difficult to obtain qualified candidates for the ministry of mission leadership.

- Economic rationalist values.
  More and more health and aged care services are being evaluated in terms of economic rationalist values that are contrary to Catholic social teaching.

- Executives, Staff and Patients: Diversity of Beliefs, Values.
  Since many people, who do not belong to the Catholic tradition, now occupy board and executive positions, there is an urgency for them to be helped to understand this tradition; even those who are Catholic require ongoing updating in the requirements of Catholic identity.

- Primary and Secondary Founding Stories
  There is urgency to focus directly on the primary founding story of Catholic health and aged care: Jesus Christ; this is particularly challenging when people wish still to make the secondary founding stories – as articulated by congregations – the primary stories. As in the previous point, the task of embedding the founding story and values in today's health and aged care facilities and organizations is daunting. People of refounding creative qualities are needed. That is, the contexts in which a mission leader must labour are constantly changing and in such complexity that the person must forever be searching for radically new ways of ministering.[25] What the well-known authority on leadership and management Peter Drucker says is readily applicable to this need for mission leaders to be constantly creative:

[23] Ibid.
[24] Ibid., 71.
[25] See Arbuckle, *Catholic Identity or Identities?* op.cit., 89-120

> [Few] service institutions [such as healthcare] attempt to think through the changed circumstances in which they operate. Most believe that all that is required is to run harder…Precisely because results in service institutions are not easily measured, there is need for organized abandonment. There is need for a systematic withdrawal of resources of money, but above all, people – from yesterday's efforts.[26]

- Key Role of CEOs

  The obligation to ensure that the healing mission of Jesus Christ is embedded in the cultures of the Catholic health and aged care facilities and organizations rests first and foremost with the CEOs. They themselves must be appropriately informed and committed to the ministry. They delegate authority to the mission leaders who are accountable directly to them. The relationship must be one of collaboration. If this does not exist, then the task of the mission leader becomes increasingly difficult, if not impossible.

- Impact of the Royal Commission on Sexual Abuse.

  Understandably the proceedings of the Commission lead people to question the integrity of the Church's healing ministry.

- Catholic identities

  Catholic identity means far more than maintaining traditional symbols of founding saints and crucifixes. Above all, catholic identity means living the values of the healing Jesus Christ within in a sometimes hostile postmodern culture.[27]

- Sector-wide Mission in Catholic health and Aged care.

  In view of the ever-increasing complexity of healthcare collaboration for a common mission must intensify. Survival as a vibrant Catholic ministry depends on this. Traditional "tribal" loyalties, while possibly once a value, are now obstacles to collaboration.

- Availability of Leadership Formation Services.

  Formation has traditionally been the responsibility of individual facilities and this will continue. However, as health and aged care becomes increasingly complex, it is less and less possible for individual facilities, and particularly smaller facilities, to provide all the professional formation services required by leaders. The need for collaboration to maintain the formation standards demanded by our common mission is increasingly necessary.

- Cultural Sensitivity

  Health and aged care facilities are highly complex cultures and sub-cultures subject to constant change and consequent tensions and conflicts.[28] Moreover, the trend towards mergers of once culturally competitive systems and acquisitions is beginning to emerge and is likely to increase. Mission leaders will increasingly require skills to manage and lead cultural change in ways that respect Gospel values.

- Multi-cultural diversity in Staff and Patients

  Cultural sensitivity to the different needs of ethnic groups is needed. And with the increase of migrants from Islamic countries there is a growing need for mission leaders to know what is required for inter-religious dialogue among staff members and patients.

- Career limitations

  As the sector is relatively small the career advancement of a mission leader is restricted.

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[26] Peter Drucker, *Managing in Turbulent Times* (London: Pan Books, 1982), 46

[27] See Arbuckle, ibid., 31-67.

[28] See Gerald A. Arbuckle, *Humanizing Healthcare Reforms* (London: Jessica Kingsley, 2013), 21-66.

- "Solo-Focus" Role

  There may be a danger that a mission leader will be asked to undertake responsibilities in addition to their formal role, for example chaplaincy, pastoral care, executive functions, especially in facilities/systems where the mission role is poorly understood. This danger needs to be vigorously resisted for the simple reason that the mission leadership role, as explained here, is in itself so demanding and important.

- Board presence

  The mission leader needs to be present as a non-voting member for two reasons: most board decisions impact on the mission and values; if the mission leader is not present it is sending a message to entire system that mission is unimportant.

B) Personal Challenges

- Prophetic Ministry: Weight of Responsible

  The challenges that a mission leader faces in contemporary Catholic health and aged care ministries can be at times almost overwhelming. To keep on the task demands immense spiritual commitment and courage. It requires that a mission leader be "constantly vigilant, agile and proactive" lest, as one mission leader observers, "'the horse bolts' on matters that impact on culture and mission."

- Burnout Dangers/Risks

  Given the responsibilities that a mission leader must manage with limited support and resources there is a constant danger of burnout. For example, it is inevitable that at times staff in general will experience the pressures and tensions of having to cope with insufficient resources, e.g. staff shortages, financial cutbacks, and/or the real or assumed inadequate leadership from boards and executive members. They are likely to approach the mission leader, as the official symbol of the mission, to express their frustration complaining, for example, that the values of the organization are not being adhered to. This can place the mission leader in a possibly difficult position: having to be loyal to the executive and at the same time feeling powerless to do anything constructive. The pressures intensify if the mission leader is particularly sensitive to the sufferings of others.

  The problems are compounded by the fact that the mission leader may personally interiorize the stresses within the organizational culture without being aware that this is taking place. One mission leader commented: "There is an unwritten expectation that a mission leader has to display the nature of a saint, so a mission leader must work hard to remain rested and well away from their 'shadow side' as the audience can be very unforgiving." Another comment: "The role of a mission leader is one of those rare positions where one's personal faith and one's work are so closely interrelated. Keeping spiritually and theologically healthy in the face of the challenges of personal life and the sins of the Church impact on the vocation."

  A mission leader, when faced with the tensions in their role, may react in one of several ways, for example:

  - *either* by withdrawing primarily into "safe" processes, e.g. creating unchallenging rituals for particular occasions such as the founder's day;

  - *or* by opting for executive, position authority roles in the business pole of the tension, as their primary source of identity, thus losing the prophetic quality inherent in the role of the mission leader;

- *or* by losing objectivity through uncritically *absorbing* the wider pain of the culture, as explained above; this may leave the mission leader feeling powerless, even guilty, to do anything; their problems are intensified if they themselves become scapegoats for the assumed/real deficiencies of the organisational culture;

Or, finally, by recognizing the significant pressures intrinsic to the role of the mission leader and building a support system to maintain objectivity.

- Lack of Space/Regular Updating Breaks

  The mission leader as a key refounding person in health and aged care *must* have regular opportunities for reading and updating their skills. Without this maintaining creativity is impossible. Moreover, in their daily ministry a mission leader needs to communicate with people of widely different backgrounds. To achieve this communication a mission leader must be alerted to the political, economic and social events that are impacting on people's lives. Hence, the importance of reading to feed the mind and imagination. Hence, Francis Bacon's (1561-1626) insights still remain highly relevant to the ministry of a mission leader: "Reading maketh a full [person]…For knowledge itself is power."

- Pressure to Measure Results

  There is understandable pressure from administrations to measure the effectiveness of the mission ministry. However, much of this ministry cannot be assessed in statistical terms.

- Limited Resources

  Particularly in smaller health and aged care services financial and human resources available to mission leaders are especially limited.

- "Liminal" Loneliness

  The fundamental tension in healthcare, whether secular or faith-based, is that between "the mission" and "the business". It is not a question of *either* "the mission" *or* "the business" since both are complementary. However, the mission must be the senior partner in the tension, driving all decisions in "the business".[29] The ministry of a mission leader is to ensure that the mission remains the senior partner in this ongoing tension.

  In this tension mission leaders are "liminal people." Liminal people, for example, biblical prophets, are on the margins of their cultures; in order to critique their cultures they must stand in a sense "beyond the culture" in order to be objective. Consequently this inevitably places them in a lonely and vulnerable position. Mission leaders are thus "liminal" or "marginal" people because they normally have little or no position power to effect change in "the business"; they stand outside the normal status structure of "the business". On the other hand, they have significant potential to influence, not control, decision-making provided they have the appropriate knowledge and communication skills. They can see the wider picture and are less likely to become trapped in the "groupthink dynamic" of the business side of the facility.

  There are dangers for mission leaders in their liminal position. In the world of business culture, however, "the mission" can be considered the "soft" or the "accidental" pole in the dialogue, something, it is thought, that is far less demanding in practice than issues like accounting, maintaining profitability in a world of complex financing. Business people understandably want things to be visibly measured, but this is far from easy, if not at times

[29] See Gerald A. Arbuckle, *Humanizing Healthcare Reforms* (London: Jessica Kingsley, 2013), 75-84; and "Mission and Business: Resolving the Tension," *Health Progress,* vol.28, no.5 (1999), 22-28.

impossible, in mission activities. Whoever therefore officially represents the mission risks being marginalized. Their ministry can be judged as unimportant.

Therefore, a challenge to mission leaders is to have sufficient understanding of business matters that their comments and questions are credible to the business side of the tension. In addition to asking the pertinent questions, they need the gift of patiently listening to issues raised by business personnel. This can be an especially demanding challenge. One mission leader described that a mission leader must be particularly sensitive to the manner in which they question business personnel: One must find "the right moment and the right 'tone' for raising issues that do not…sound negative and difficult. If you don't get it right people won't listen. Humour helps sometimes."

In brief:

- Mission leaders have primarily personal authority to influence, not position authority in the business pole. The role of mission leaders is a vulnerable one. To be effective in their task, not only do they require the qualities outlined above, but they also need skills of understanding basic business procedures. Without this, it is impossible for them to raise critical questions regarding business operations in light of the mission or of forming executives appropriately.

- Generally, the mission side of the tension has limited support resources, but the business pole has many expert executives to support it. The mission leader can be made to feel unimportant, overwhelmed by the number and expertise of the business executives. The more complex the operation the more difficult it is for the voice of the mission leader to be heard, unless the representatives of the business pole firmly believe that the mission is the senior partner in the dialogue and are prepared to examine regularly their attitudes and behaviour in relation to the mission.

Conclusion

This is merely an initial discussion paper. The paper now needs the refining and questioning comments of mission leaders and others. In addition, there are two possibilities: 1) The Task Force meets with CEOs in the sector, as CHA USA did in 2009, to seek their response to the question: "In their experience, what do they most desire in mission leaders?" 2) Sponsor a sector-wide academic research project into the role of the mission leader as a ministry in the Australian Church. The task of the project would need to be precisely defined.

Ministry Leadership Centre Visit **Attachment 5**

June 2014

Session theme: Vocation

Jennifer Stratton and Susan Sullivan attended the first session of the Ministry Leadership Centre leader formation program, June 11 – 13, 2014 which addressed the first foundational concern: *vocation*. An introduction to the overall program and processes, and the cohort gathered was provided on the first afternoon. The cohort size was 40 with table groups of five to six which were regularly rotated throughout session modules.

At this stage of the assessment it is possible to offer preliminary reflections on the questions identified for consideration relating to course content and process.

1. Accessibility of themes and concepts used in the program

The session material focused on supporting the *vocational dignity of the worker* as central to healthy functioning workplaces: honouring the call to use and develop workers' interests and talents both for their own benefit and the good of others. This was presented as an expression of the Catholic understanding of work - a response to God's call to participate in divine creativity, to use one's gifts and talents to contribute to the common good. Specific ways of fostering this *vocational dignity* were explored.

Elements of the Catholic tradition were interwoven with insights from contemporary business and organisational practice. Participants gained insights that would directly enhance their capacity as leaders to foster effective teams and create supportive, productive work environments. Striving to operate in this way was emphasised as critical to both optimising organisational outcomes, but also as an expression of the Catholic vision, this providing a deeper and equally important rationale. The organisational issues and experiences addressed in the themes and concepts of this session clearly transcended nationality and can be seen as central to healthy functioning workplaces in any context or culture. The case studies and stories provided for reflection and discussion in some instances had an American flavour but these could be easily adapted. The insights from both 'culture' and 'Catholic tradition' were presented in a highly relevant and accessible way.

2. The role of the inductive approach in the methodology.

Course process was very effectively developed around specific experiences and concerns of participants, both personally and as leaders of work teams. Relevant and effective case studies and stories were interspersed with group discussion. This inductive methodology demonstrated a well-developed and skilled adult learning style. All session presenters were highly accomplished and effective in engaging the cohort in a natural and collegial manner.

3. Relevance of the content to Australian concerns, issues and understandings.

The process and content was genuinely respectful of diverse faith backgrounds and exposure. The positive response by participants to this invitational approach was evident in intelligent, thoughtful and honest group discussions, both large and small. Interestingly many participants articulated a concern at the outset about being preached to or indoctrinated. A similar concern would likely be expressed by Australians participating in such a course. The faculty is clearly accomplished in respecting and managing this concern. At this stage there were no particular issues or understandings that conflicted with or contradicted an Australian approach.

Other questions identified for assessment

Meaningful consideration of the additional assessment questions will require deeper, ongoing engagement with the program, for example some of the broader issues related to cultural relevance overall. Practical considerations will be addressed at the first of the supplementary meetings with the MLC Faculty to be held on September 18 at the conclusion of the second session. These include the optimum vehicle, for an Australian course, the level of support available from MLC, financial considerations, flexibility in adapting the course.

In summary at the conclusion of Session One my assessment is that participants leave this formation experience feeling affirmed yet extended in their professional skills and capacity; connected to a supportive learning community; and having gained a deeper appreciation of the wisdom of the Catholic tradition and its relevance to strengthening organisational outcomes.

Hilton Think Tank meeting, 19 – 20 June, Chicago

Following the MLC Session One, Susan participated in the second of four meetings planned to consider the possibility of translating the MLC program to meet the formation needs within other Catholic ministries e.g. education, social services, relief services. Key questions being examined were:

- What does ministry leader formation mean for each sector?
- What are the theological, organisational and programmatic issues that need to be differentiated?
- What are the societal and ecclesial dynamics that need to be taken into account in doing formation at this time?

Key points emerging from the dialogue included:

- All sectors share the need/obligation to enable our Catholic vision to be accessible to all people of good will especially those who participate in our ministries. This is the most likely means by which the Gospel vision will be experienced and take hold among a new generation especially in the context of secular culture. Catholic ministries will be distinguishable by the fact that they can be safe places to have conversations about faith, religion and spirituality.
- Engaging Church hierarchy in the awareness of the urgency of the need and in working toward solutions is critical to success.
- Cross-ministry partnerships will be successful if we recognise we are united in a common purpose, that is, enhancing our mission. A key element in achieving this purpose is supporting our staff to develop 'mission aware language' and the skills to foster mission-aligned culture and identity.
- There will need to be common and distinctive elements and materials, mindful we learn from both that which is common as well as distinctive.
- Leader formation is both a survival tool and a means to offer higher levels of service because of the enhanced organisational outcomes it delivers.

The September meeting of the Hilton Think Tank group will focus on programmatic elements of a successful cross-ministry partnership.

Presence Health meeting, 18 June - Chicago

Taking advantage of time in Chicago, Susan met with Dougal Hewett, Chief Officer for Mission & External Affairs at Presence Health to discuss the development by this newly formed system of a new leader formation program, in conjunction with Loyola University. The program will be run with a mix of face-to-face and online components. While this is an interesting initiative it has a strong academic component and will not meet the criteria CHA is currently exploring for a new leader formation program. Presence Health is also developing a Board formation program and a future visit to coincide with the next MLC/Hilton Think Tank meeting in Chicago will provide the opportunity it to explore its structure, process and content in greater depth with a view to a similar CHA-sponsored initiative.

Susan Sullivan

25 July 2014

Pathways Taskforce Action Items **Attachment 6**

August 2014

	Task	From meeting dated	Responsible	Progress	Proposed date
1(a) **1(b)**	**Pathways Communications Strategy** JS to approach Bishop Don Sproxton, Chair of the Bishops Commission for Health, to progress a statement of endorsement for Pathways and encouragement to organisations to participate. SS to liaise with Martin and Angela regarding the CHA conference.	5/6/14	Jennifer Stratton Susan/Martin	Endorsement of an agreed set of words by Archbishop Denis Hart has been finalised. Letter has been sent to Bp Sproxton proposing co-signing. • Pathways Conference promotion: trade booth to be staffed by Kerry Brettell and Pathways Taskforce across the Conference • Promotional pens with Pathways logo delivered • Materials to be developed for trade booth and/or satchel inserts: Pathways information flyer; executive summary of Integroe Report; Pathways Project Summary.	For National Conference August 25-27
2	**MLC Assessment**	5/6/14		A report is included in Taskforce meeting papers.	Ongoing
3	**Online ethics course**	5/6/14		Reference Group established with TOR and work plan, report of first meeting included in meeting papers.	April 2015
4	**Resource/s to address the issue of language**	5/6/14		Mary Kenyon is investigating with the author and publisher the scope we have to adapt Tony Doherty's book. Brigid Tracy, Kerry Shearer and Tony Baker will work on this project in collaboration with Mary. Mary will provide a verbal report to the August teleconference	
5	**Mission Leader Formation program**	5/6/14	Fr Gerry	Fr Gerry has prepared a preliminary paper for consideration by the CHA Mission & Identity Committee at their 24 August meeting. This is included in teleconference meeting papers for comment.	
6	**Assessment of formation needs** HC and KM will look at developing a version of the CHA –USA resource integrated with CHA's *Continuing the Mission* resource.	5/6/14	Helen Clarke Kevin Mercer	Helen Clarke and Kevin Mercer will look at developing a version of the CHA –USA resource integrated with CHA's Continuing the Mission resource.	
7	**Evaluate effectiveness of formation**	5/6/14	Susan	Susan will investigate the availability of tools in the US	

	programs			when she visits in the coming fortnight and provide a verbal update at the teleconference meeting.	
8	**Integroe consultancy**		Kerry Brettell/Susan	Data gathering completed. Kerry will speak to the draft Integroe report at the 5/8/14 Taskforce meeting.	
9	**Elements of a mission integrity/reporting framework**	11/4/14	Jack de Groot Cath Garner	Jack de Groot and Cath Garner will be approached to do some initial work on it. Susan Jack and Cath will meet on August 19 to begin work.	
10	**Framework for establishing formation expectations**	5/6/14	Jennifer Susan	The question was deferred to Jennifer and Susan to consider further especially in light of the MLC visit next week.	

ATTACHMENT 7

CHA PATHWAYS Taskforce
TERMS OF REFERENCE

Purpose
The CHA Leader Formation Taskforce is established in response to the mandate given at the 2013 Governance Conference to support the vision of Catholic health and aged care by ensuring those who are called to governance and leadership are appropriately equipped for their responsibilities through effective formation.

Function
The CHA Leader Formation Taskforce has been created by the CHA Stewardship Board. It is representative of the range of governance and leadership roles as well as scale and service areas of CHA members. The Taskforce is established to provide a forum for planning and implementation of the strategies and resources necessary to ensure effective governance and leadership of the mission of Catholic health and aged care now and in the future.

Terms of Reference
Guide the direction of the CHA Leader Formation Strategy and provide oversight to its implementation by:
1. Identifying the most effective means to realise the goals of the CHA Leader Formation Strategy.
2. Overseeing mapping and analysis of existing formation strategies and resources.
3. Recommending priorities for development of new strategies e.g. programs, resources and leadership networks.
4. Advising on access to the intellectual and financial resources necessary for implementation of the CHA Leader Formation strategy.
5. Promoting the importance of leader formation through consultation and engagement of all stakeholders including large and small, regional and remote services.
6. Promoting within their own organisations the uptake of new resources and initiatives.
7. Advising on relationships and communication with external stakeholders e.g. ACBC, CRA, academic institutions.
8. Maintaining awareness of the ongoing issues impacting on effective lay governance and leadership of Catholic health and aged care services.

Taskforce Workings
Membership will comprise representatives of CHA health and aged care members at trustee, board director and CEO level across the range of member groupings.
Meetings will be held a minimum of five times a year and as required preferably face-to-face.

Current Membership
Jennifer Stratton, Chair CHA Mission and Identity Committee
Kevin Mercer, CEO Holy Spirit Care Services, Qld
Garry Everett, Chair Mercy Partners
Helen Clarke rsc, Trustee Mary Aikenhead
Brigid Tracey, Member LCM Health Care Board
Stephen Cornelissen, CEO Mercy Victoria
Kerry Shearer, Executive Officer to the CEO, Mercy Health
Jan Horsnell, CEO Southern Cross Care, Victoria
Cath Garner, DOM Cabrini Health
Rev Dr Joe Parkinson, Member CHA Stewardship Board
Rev Dr Gerard Arbuckle SM, Consultant
Dr Tony Baker, Member St John of God Health Care Board
Susan Sullivan, Director Mission Strategy, Catholic Health Australia (Ex-officio)

June 2014