SECTION THREE: Proposed future pathways

As a result of the consultation process with Buddhist groups and service providers the BCV has agreed to continue the project with a second stage process which will involve developing:

1. Education and training opportunities
2. Chaplaincy service delivery infrastructure
3. Resources

1. Developing education and training opportunities

"The quality and sustainability of a volunteer-based program of pastoral care requires not only adequate and appropriate initial training, but also strong processes of recruitment and selection, ongoing coordination, support and supervision, and continuing education."*

Goal 1: To develop a basic training model for Buddhists who are interested to volunteer as spiritual care chaplains

A chaplain is responsible for providing spiritual care to patients, relatives and staff. Specific kinds of support might include listening to and validating experience, assisting to create a safe and peaceful space, conducting religious services and guiding spiritual practices where appropriate, friendship, facilitating conditions conducive to a patient and their family's peace of mind as death approaches, immediately afterwards and ongoing support in the bereavement process.
Where a chaplain is valued as a member of an interdisciplinary care team, their unique perspective on spiritual wellbeing can be an invaluable help to ensure a patient's well-being is of central concern to all caregivers, by providing an effective and empathic communication link between staff, patients and families.

*The outline on the following page is taken from HCCVi's *Basic Training Program for Volunteer Pastoral Care Visitors* (2011). It comprises 5 units which gives trainees an opportunity to gain a hands-on introductory insight into the pastoral/spiritual care role (expectations, competencies, responsibilities, personal qualities) and to reflect on their own interest and suitability for such a role.

- ***Unit 1. Why are we here?***

This Unit of training aims to give a basic understanding of the role of the Volunteer Pastoral/ Spiritual Care Visitor, so that participants can have sufficient information to decide if this role is for them or not. An outline of the training will be communicated, and scheduling negotiated. Ground rules will be agreed, with an emphasis on confidentiality.

- ***Unit 2. Our Stories, our Journeys, our Spirituality***

This Unit of training aims to enable participants to tell their own stories in a way that identifies those experiences that have been "turning points", or moments of developing a new sense of self, or of new questions arising that have shaped their journey in life to this point. This will also enable the trainer to assist the participants to identify possible personal experiences that could be touched on as they engage in spiritual care with others, and their need to manage this during the encounter and to seek support through supervision afterwards. Reflection on these experiences will provide the opportunity for exploring the general understanding of spirituality from the perspective of the participants' own experience. Specifically "religious" dimensions of experience will be identified, along with more spiritual, personal elements. This aims to deepen awareness, and to demonstrate that each person's story and spirituality is unique while in some ways similar, and worthy of respect.

- ***Unit 3. The Caring Relationship***

This Unit of training aims to identify and develop the key characteristics of an effective caring relationship, with attention to good communication skills, accurate empathy and active listening. Emphasis on *being with* the person, rather than "fixing their problems" will be a major focus.

- ***Unit 4. Spiritual Care in Practice***

This Unit aims to identify the points of comparison between general pastoral [spiritual] care of people who do not belong to, or do not wish to draw from, a religious tradition, and the specifically religious care offered to a person who has a faith identity and wishes to use the resources and/or rituals of their faith in their present situation.

Elements or movements in spiritual care will be explored:
• Spiritual assessment
• Spiritual conversation
• Spiritual education/counselling
• Prayer or ritual

[A component of this unit will require that each trainee undertake at least one Visiting experience which will be arranged on the basis of discussion and agreement with trainers and supervisors.] Guidelines for Visiting will be discussed, and participants will be encouraged to raise issues or questions as they prepare for their initial visiting experience. Arrangements for debriefing and supervision will be clarified.

- ***Unit 5. Review of visiting experience***

This Unit offers an opportunity for reflective learning from reports of spiritual care visiting.

(HCCVi 2011)

Adapting the model to reflect specific faith and cultural values and characteristics
This volunteer training program would need to be discussed with relevant Buddhist community representatives with a view to adapting it to the faith and cultural needs of those invited to participate in the training. Associated training materials and resources would also need to be selected on the same basis.

Recruiting participants for training
An initial decision must be made about which Buddhist groups to target for training.
What kind of criteria should we use to select our targets? For example:

1. **Ethnic-Cultural priority :** Chinese, Vietnamese, Sri Lankan

This priority would target members of a single cultural group. It would require working in partnership with spiritual leaders from that group in order to shape the training to reflect the group's shared 'identity'. Choice may also be influenced by factors such as any current health vulnerabilities or psychological trauma evident in a cultural or sub-cultural population group.

2. **Social Inclusion priority : based on demographics**

This priority would positively discriminate by offering training to people who may be disadvantaged on the basis of social exclusion factors, such as educational disadvantage, whether secondary, tertiary or vocational:

"Education is particularly important to the concept of social inclusion since it helps equip people with the necessary life-skills and qualifications to establish social networks, make informed choices, and participate in cultural, economic and political life. It acts as a strong protective factor against social exclusion, that is, the lack of opportunity, capability and resources for societal engagement and this is especially true for 'at risk' population groups, including people from … cultural and linguistically diverse backgrounds."[39]

3. **Community development priority : non-ethnic specific**

This priority would focus on developing a service within an agreed geographical boundary, such as a health or local government region. This would necessitate establishing partnerships with all stakeholders in the selected region in order to support the development of a service infrastructure.

GOAL 2 : Facilitate professional development training for Pastoral Care practitioners and other healthcare clinicians, Allied Health staff etc.

1. A 'chalk and talk' style introduction to "Buddhism Basics" aided by power point graphics and film segments, to provide an overview of Buddhism's historical & geographical movements, adaptations and transmissions.
   In tracking the historical pathways of Buddhism's journey across the India sub-continent and throughout Asia, we listen for the growing cultural narrative - the story

[39] Perspectives on Education and Training: Social Inclusion, 2009 (Ref. 4.250.0.55.01)

unfolds of schisms, formations - of new traditions, new schools of thought. We hear of hardship, compassion, enlightenment - re-emergences of past ideas and practice methods - random acts of kindness, great Dharma debates, unbelief, big question, fullness, emptiness, nirvana. We learn of Buddhism's embracing of existing faith forms and beliefs, cultural expressions and customs, adopting local languages and written scripts.

2. A panel presentation and discussion format. Representatives of various Buddhist traditions and culturally diverse backgrounds will each present a short account of their own faith characteristics. After they have all completed their presentations the floor will be 'thrown open' for questions and discussion with the panel.

GOAL 3: Facilitate development of competencies for Buddhist Chaplains and mainstream Spiritual Care practitioners of Buddhist faith, within the Clinical Pastoral Education (CPE) framework

Clinical Pastoral Education or CPE, as it is known, is the nationally recognised qualification for entry into spiritual care provision in the healthcare sector. Current CPE training modules, owing to their history, reference a Christian perspective. For instance, currently within the CPE framework there is a requirement to understand the 'theology of the encounter' which requires translation within a Buddhist context. In one hospital training program, requirements include presenting a homily referencing Christian scripture in a Christian service. While the CPE model, with its focus on self-reflexive learning, is applicable to all faith traditions there is a growing need for CPE training to be made congruent with other faiths, in this case, Buddhism.

Competencies and personal qualities one might associate with a Buddhist chaplain are largely common for all spiritual care practitioners, and are in some respects reflected, but not always fully developed in CPE as it is currently offered. These competencies may also include 'views' and practices that reflect Buddhism's unique philosophies and teachings.

Competencies might include:

- being grounded in one's own faith and associated practices
- having a reasonable knowledge of core beliefs and practices of other traditions & faiths
- being person-centred and open-minded - allowing others to tell their own story and form their own views
- having a reflexive practice and awareness of their own learning process
- being clear about lines of responsibility and professional boundaries
- practising mindfulness, presence, compassion and equanimity
- being approachable, reliable, resourceful, calm, compassionate-empathic, respectful, trustworthy and at ease with difficult feelings and silences.[40]

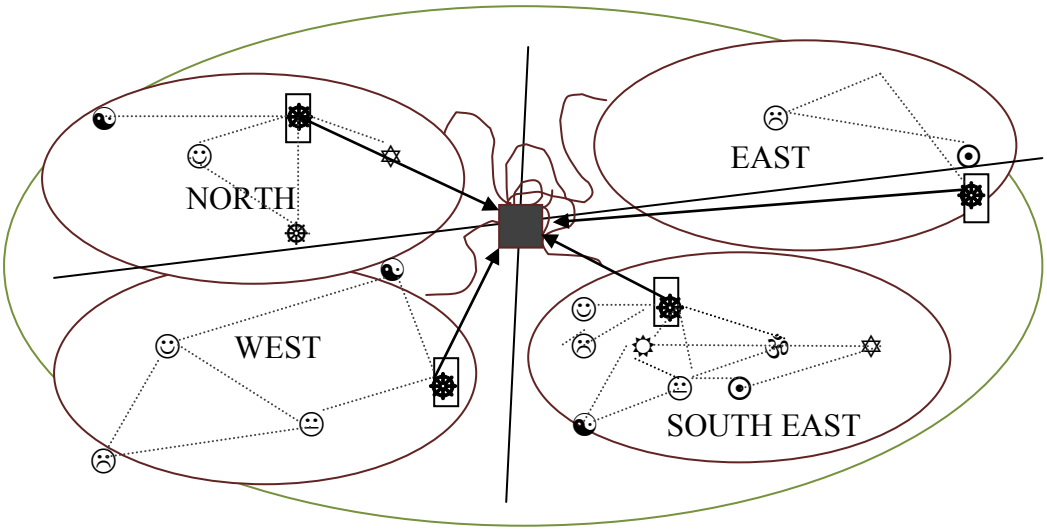
[40] Munnings, K. (2011)

2. Developing a service delivery infrastructure

The challenge here is to develop an effective *organic* structure that has its identity and solid foundation in existing community institutions, values and habits.

Goal 1: Explore development of a web-interconnection
Across the Greater Melbourne health regions, identify temples and groups who are willing to participate in an on-call chaplains register – and plot their geographical location in relation to major healthcare services in the region

Greater Melbourne Health Regions:



Designate specific temples as
'hubs' for regional coordination

Appoint a 'senior coordinating chaplain' to oversee, problem-solve, promote, assist with training/supervision and maintaining the chaplaincy pages on the website

Goal 2: **Establish a chaplaincy working group**
Comprised of representatives from the regional hubs – to manage, support, promote, fundraise, mentor, contribute to training development and professional standards

Goal 3: Developing media resources
In partnership with communities, explore the needs and interests for a variety of media, such as print (posters, pamphlets) community radio, electronic web-based:

– who initiates & manages?
– who designs, develops?
– who funds?

Develop a dedicated website

For service providers	• information about 'Buddhism' • how to contact chaplains

For Buddhist chaplains	• practice guidelines • professional standards • available supervisors • training • resources

The website will consist of 'dedicated' pages, as a section of the BCV website

Content will include:

- **"About"**

An overview of the BCV's Healthcare Chaplaincy Program

- **"Services"**

A resources pathway for:

1. *Hospital & healthcare staff* - (looking for a Buddhist chaplain)
2. *Our Community*

Suggested webpage headings :

- **"Resources**"

Healthcare chaplaincy resources
- standards, policy documents, education and training information)

- **"News and Events"**

Pastoral/ spiritual care news and events –
- publications, journals, seminars, training opportunities

- **"Employment"**

Information about and links to other organisations
- advertising positions vacant, CPE training, volunteer opportunities

- **"Links"**

*Useful links to other*s
- pastoral/spiritual care, chaplaincy, community and government organisations, groups and services

- **"Contacts"**

BCV Healthcare Chaplaincy contact details

Overview

Buddhism was founded in the fifth century B.C.E. in northern India by a man known traditionally as Gautama (Sakyamuni), the son of a warrior prince. Troubled by the inevitability of suffering in human life, he left his home and a pampered life at the age of 29 to wander as an ascetic, seeking religious insight and a solution to the struggles of human existence. He passed through many trials and practiced extreme self-denial. Finally, while meditating under the bodhi tree,[41] he reached enlightenment and taught his followers about his new spiritual understanding.

The Buddha's teachings differed from the Hindu faith prevalent in India at the time. Whereas in Hinduism the Brahmin caste[42] alone performed religious functions and attained the highest spiritual understanding, the Buddha's beliefs were more egalitarian, accessible to all who wished to be enlightened. At the core of his understanding were the Four Noble Truths: (1) all living beings suffer; (2) the origin of this suffering is desire—for material possessions, power, and so on; (3) desire can be overcome; and (4) there is a path that leads to release from desire. This way is called the Noble Eightfold Path: right views, right intention, right speech, right action, right livelihood, right effort, right concentration, and right meditation.

In his early teachings the Buddha taught the concept of *anatman* (no self) and the idea that existence is characterized by impermanence. This realization helps one let go of desire for transient things. He recommended a disciplined life, avoiding extremes and adopting the Middle Way. Like the Hindus, he believed in reincarnation, existence being dependent on a cycle of birth and death. He held that this cycle could only be broken by reaching complete detachment from worldly cares so that one could be liberated in *nirvana* —an indescribable state of awakening. Buddhism builds on many of the same beliefs as Hinduism, including the notions of samsara (cycles of rebirth), karma, and the underlying oneness of all things, that Buddhists describe as emptiness (sunyata).

After the Buddha passed away his followers continued to develop doctrine and practice, centering on the Three Jewels: the *dharma* (sacred teachings of Buddhism), the *sangha* (the community of followers, including nuns, monks, and laity), and the Buddha. Under the patronage of the Mauryan emperor, Ashoka (3rd century B.C.E), Buddhism spread throughout India and to other parts of Asia, where monasteries were established and temples were built and dedicated to Buddha; and shrines where his relics were venerated. Although the Buddhist presence in India had dwindled by 4th century C.E., in other parts of Asia it continued to flourish.

Theravadins believe that there will be only a limited number of Buddhas, whereas the Mahayana and Vajrayana schools adopt a more universalistic approach and maintain that

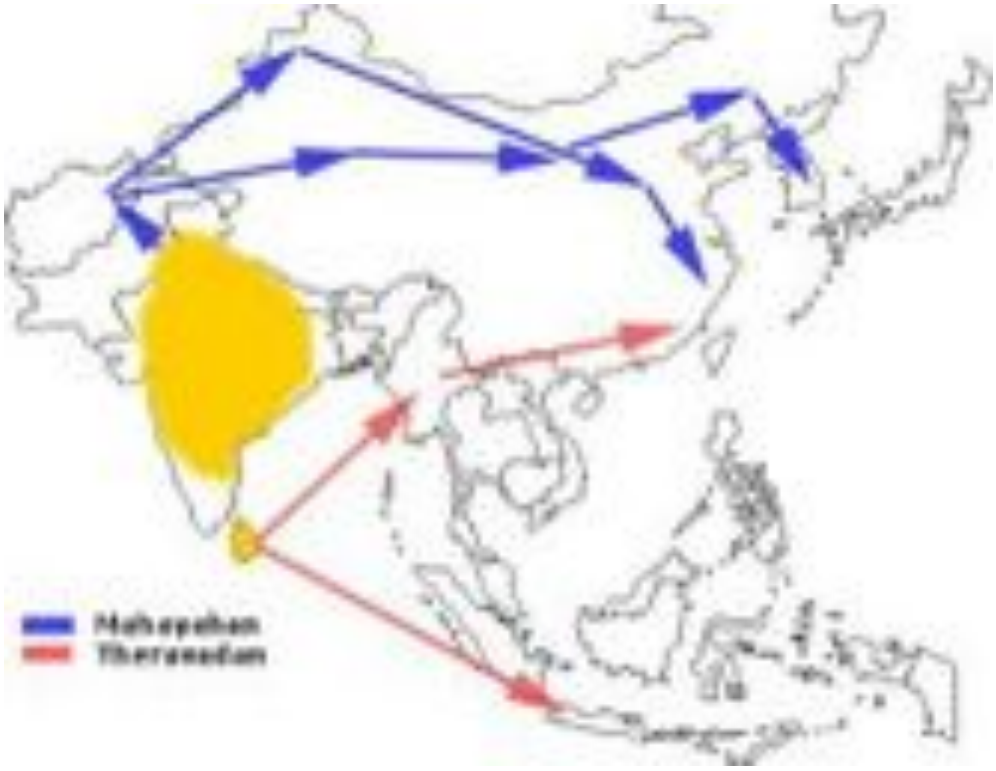
[41] Tree of perfect knowledge
[42] Highest ranking social class – priests and scholars

every living creature can become a Buddha. The major difference between Mahayana and Vajrayana is that while the former embraces the idea that achieving Buddhahood may take several thousand lifetimes, the latter claims that the goal can be attained rapidly, within the span of a single life.

The Mahayana and Vajrayana schools employ a large, vibrant pantheon to convey core religious ideologies. Within Mahayana, male bodhisattvas and female equivalents known as *dakinis*[43], compassionately assist devotees and guide them towards self-betterment. In Vajrayana a variety of male and female Buddhas unite harmoniously to articulate ideas of non-duality and undifferentiated truth that are fundamental to the quest. In these pairings, the male Buddha represents compassion and the female represents wisdom, which are, according to the tradition, the two main ingredients of awakening.

Historical spread of buddhism

Mapping the historical spread of Buddhism and its 'adaptations' in response to dominant cultural, political and social influences



INDIA SUB CONTINENT

India: Ancient Hinayana, (later known as Theravada) originated in northern India (close to the current-day Nepalese border) around 6th century BCE. But it was overwhelmed by Hinduism early on and almost disappeared until recent revivals, particularly with the presence of Tibetan Buddhist refugees in Dharamsala[44] and surrounds.

Ceylon (Sri Lanka): Theravada – Ceylon received the first 'transmission' of Buddhism outside India, around 250 BCE.

[43] Tantric deities

[44] Headquarters of the Tibetan spiritual leadership and government, in exile

SOUTH EAST ASIA

Burma: Theravada –around 5th century.

Malay Peninsula: Theravada and Mahayana - around 4th-5th century, but Mahayana particularly flourished around 6th century.

Siam (Thailand): First teachings around 1st-2nd century, but didn't flourish until about mid-13th century.

Cambodia: Theravada -end of 5th century.

Vietnam: Theravada/Mahayana - before 3rd century but after 7th century Mahayana flourished.

Indonesia: Theravada & small Mahayana following around 500 CE but eventually overwhelmed by Brahmanism.

NORTH EAST ASIA

China: Mahayana - 1st century BCE by way of nomadic tribes - 1st century CE Buddhist scholars began to arrive.

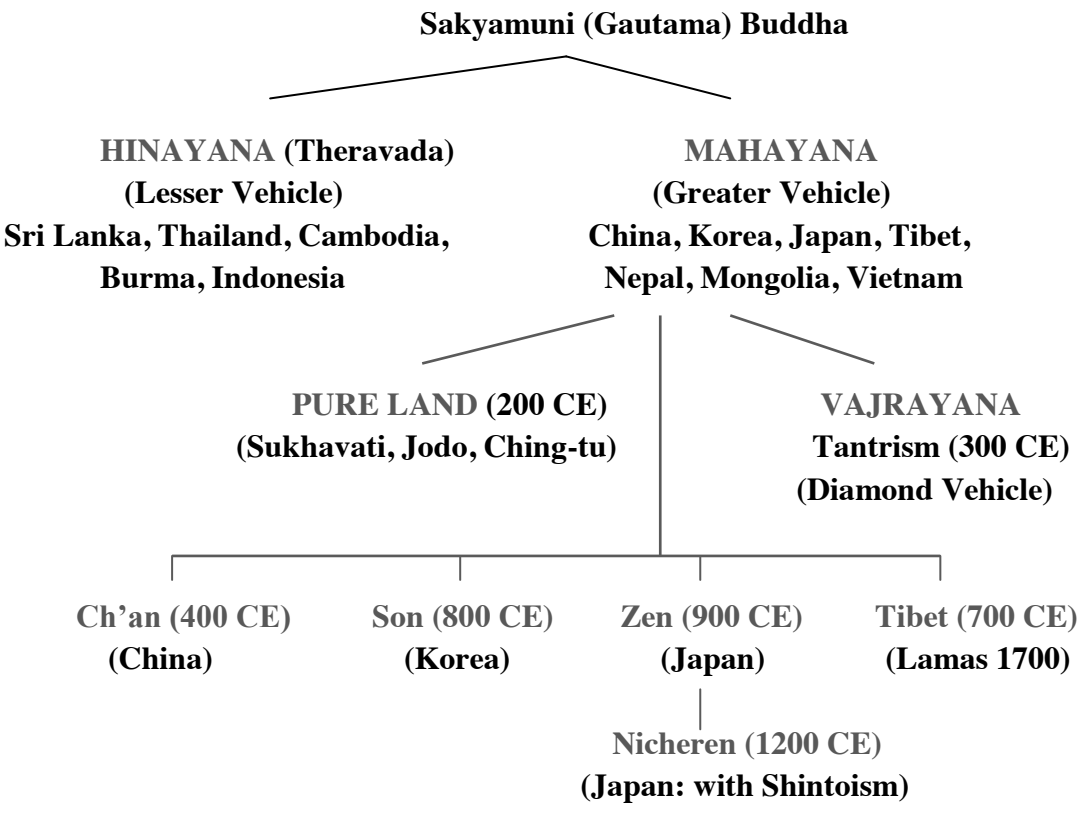
Central Asia: Mahayana - by 2nd century CE, reached Turkestan (now Russia) via the Silk Route.

Korea: Mahayana - 4th century AD, via a visiting Chinese monk (372 CE).

Japan: Mahayana - 6th century, from Korea.

Tibet: Mahayana – around 7th century but not fully established until 11th century.

Buddhist Traditions



THERAVADA

Numerous Buddhist sects have emerged. The oldest tradition, Theravada (Way of the Elders), emphasizes moral training and mindfulness meditation with the goal to attain individual liberation (*arhat)*, an enlightened being. Its followers emphasize the authority of the earliest Buddhist scriptures, the *Pali Tripitaka* (Three Baskets), which is a compilation of sermons, rules for celibates, and doctrine. This sect is prevalent in Southeast Asia. It is sometimes called the Hinayana (Lesser Vehicle) tradition (once considered a pejorative term).

MAHAYANA

Between the 2nd century B.C.E and the 2nd century C.E., the Mahayana (Greater Vehicle) tradition refocused Buddhism to concentrate less on individual attainment of enlightenment and more on concern for humanity. It promotes the ideal of the *bodhisattva* (enlightened being), who shuns entering nirvana until all sentient beings can do so as well, willingly remaining in the painful cycle of birth and death to perform works of compassion. Numerous sects have developed from the Mahayana tradition which has been very influential in the Northern Asia region, particularly in China, Korea and Japan, as well as Vietnam and other Southern countries.

VAJRAYANA

A third broad tradition, variously called Vajrayana (Diamond Vehicle), Mantrayana (Vehicle of the Mantra), or Tantric Buddhism, offers a quicker, more demanding way to achieve nirvana. Because of its level of challenge—enabling one to reach enlightenment in one lifetime—it requires the guidance of a spiritual leader. It is most prominent in Tibet and Mongolia.

ZEN (CHAN, SON)

Zen Buddhism encourages individuals to seek the Buddha nature within themselves and to practice a disciplined form of sitting meditation in order to reach spiritual enlightenment.

TIBETAN BUDDHIST TRADITIONS

Tradition has it that Tibet is the land of Avalokitesvara, the bodhisattva[45] of compassion, and the Tibetan people are the descendants of this Great Being.

Most people speak of Tibet as having four main traditions: Nyingma, Kagyu, Sakya, and Gelug; Gelug being the reformed continuation of the earlier Kadam tradition. However, recently the Dalai Lama has included the original Bon religious system as a fifth major tradition, as the form of Bon that has developed since the eleventh century C.E. shares enough in common with the other four traditions for Tibetan Buddhists to consider all five as a unit:

- *Nyingma ('The Ancient Ones')*

This is the oldest school of Tibetan Buddhism. It is based on a lineage of teachings and traditions introduced by Padmasambhava, Shantarakshita, Vilalamitra, and others, during the reigns of the Buddhist Kings of the Yarlong Dynasty in the eighth and ninth centuries.

[45] An enlightened being or someone on the path to awakening

– *Kagyu ('Oral Lineage')*

The particular feature of the Kagyu lineage is that the teacher clears away a disciple's defects, after he or she has mastered the teachings - according to intellectual understanding, meditational experience, and the various levels of realization – and then introduces *mahamudra* to the disciple. The Kagyu teachings have been transmitted and preserved this way, in an unbroken line, until the present time.

– *Sakya ('Grey Earth')*

The Sakya tradition originated in the eleventh century and has been closely associated with the Khon Family. In 1073, Sakya Monastery was built by, establishing the Sakya Tradition in Tibet. Khon Konchok Gyalpo studied under Drokmi the Translator (992-1072) and became a master of many deep teachings.

– *Gelug ('Way of Virtue')*

This lineage combines the teachings and practices of the Nyingma, Kagyu and Sakya with the Sutra and Tantra systems of Indian Buddhism and the intellectual heritage of Nagarjuna and Asanga. It was founded by Jetsun Tsongkhapa (1357-1419)

Tsongkhapa's disciple, Jetsun Gedun Drupa, was the first of the fourteen successive rebirths of the Dalai Lama. The present Dalai Lama is Tenzin Gyatso, known to his followers as Vajradhara Vagindra Sumati Shasana Dhara Samudra Shri Bhadra. He was given the Nobel Peace Prize in 1989 in recognition of his tireless efforts on behalf of world peace and alleviating the sufferings of the Tibetan people under the genocidal policies of the Chinese government.

– *Bon*

This is an ancient spiritual tradition which was widespread in Tibet, particularly in the western region of Zhangzhung prior to the official introduction and establishment of Buddhism. Over the last several hundred years it has assimilated many Buddhist teachings and developed a neo-Buddhist theoretical foundation. The Bon tradition is particularly strong in the Shand region of Tsang, in Kongpo, Khyungpo, and the Ngawa region of Amdo.

Other Tibetan Schools

The Kadam School was founded by Atisha, the eleventh century Indian scholar and saint, and his Tibetan disciple, Dromtonpa. It emphasizes practical application of the ideals of a Bodhisattva within the practitioner's daily life.

The *Rime School* is an eclectic movement which crystallized during the nineteenth century in Eastern Tibet where the study and integration of all schools of Tibetan Buddhism were encouraged by the leading figures of that time. A principal feature of the Rime movement was the emergence of a new literature on convergent topics of thought and practice.

Friends of Western Buddhist Order (FWBO)

FWBO is an international network of people dedicated to communicating Buddhist truths in ways appropriate to the modern world. A relatively new Buddhist movement, it was founded by Ven. Sangharakshita in the U.K. in 1967. At the heart of FWBO is the Western Buddhist Order (WBO) of committed men and women who choose a variety of lifestyles and occupations which reflect the ethical and altruistic dimensions of the Buddha's teachings.

1. Truth of suffering

All beings experience suffering, dissatisfaction, dis-ease, discontent - (everything is impermanent, there is no such thing as a permanent, independent self or 'I')

2. Cause of Suffering

Suffering is caused by craving - for happiness, riches, important social position, good health, immortality, etc. We crave for all these things because we are ignorant about the impermanent nature of all things, and so when we experience change in our lives we suffer!

3. Ending Suffering

When we understand that everything is impermanent we can accept all conditions and circumstances as they come - and go. When we understand that there is no "I" we can let go of "me-my-mine" and so let go of our need to possess and control, let go of our opinions, judgments and prejudices. Then we will see that we are all interconnected, interdependent, and understand that how we live and relate to others and all beings, things and the planet, directly affects us because we are all part of the ONE. When we understand this we will take care of each other and all beings, including the environment.

4. The Noble Eight-fold Noble Path

1. Right view
2. Right intention
3. Right Speech
4. Right action
5. Right Livelihood
6. Right Effort
7. Right Mindfulness
8. Right Meditation

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Council Websites

- Greater Dandenong Council: <www.greaterdandenong.vic.gov.au
- Brimbank Council: <www.brimbank.vic.gov.au>
- Maribyrnong Council: <www.maribyrnong. vic.gov.au>

Useful URLs

- *Buddhanet: www.buddhanet.net*
  Buddhanet is a worldwide information and education website
- *Buddhist Council of Victoria Inc: www.bcv.org.au*
- *Healthcare Chaplaincy Council of Victoria Inc: www.hccvi.org.au*
- *Rigpa Fellowship (Sogyal Rinpoche: Tibetan Book of Living & Dying) www.rigpa.org.au*
- *Australian Sangha Association: www.australiansangha.org/*
  The Australian Sangha Association is for Australian Buddhist monks and nuns.

Coming empty-handed,
going empty-handed, that is human.
When you are born, where do you come from?
When you die, where do you go?
Life is like a floating cloud appearing.
Death is like a floating cloud disappearing.
The floating cloud itself originally does not exist.
Life and death, coming and going, are also like that.
But there is one thing which always remains clear.
It is pure and clear, and not dependent on life and death.
Then what is the one pure and clear thing?

Appendix 1 : Members of the Project Advisory Committee

-

Venerable Bom Hyon Sunim, Mahayana Son (zen) tradition, project manager, BCV prison chaplaincy coordinator, HCCVi Board member and member of Corrections Victoria Chaplaincy Advisory Committee, also works in Palliative Care

Alex Butler, BCV Chair, works in a training management capacity in the healthcare sector

Ranjith Soysa from the Sri Lankan Dhamma Sarana Vihara, previously vice chair of the BCV and an excellent translator, interpreter and liaison with the CALD temples

Michael Chapman, Rigpa Fellowship, medical consultant in Palliative Care

Nigel Stone, Rigpa Fellowship, employed as a an accredited Spiritual Care practitioner

Dan Murphy, Education and Training manager for HCCVi

Sadini Huyen Ngoc, Tieu Dao Centre, BCV secretary and mental health social worker

Tenzin Wangmo, Tibetan Buddhist Kunzang Palyul Choling group, social researcher and recently completed her internship as a spiritual care practitioner

Garrie O'Toole, member of Kagyu E-vam Institute, works as a consultant trainer in the healthcare sector

Appendix 2 : Temples selected for consultations

Ethnic	Temple Name and Suburb
Chinese	*Yung Yang Temple* 6-10 Reservoir Road, Narre Warren 3804 *Fo Quang Shan Temple* 89 Somerville Road, Yarraville 3103
Sri Lankan	*Dhammasarana Temple* 329-335 Greens Road, Keysborough 3173 *Dhammadeepa Vihara* 43 Hemmings St, Dandenong 3175
Vitnamese	*Hoa Nghiem Temple* 444-448 Springvale Road, Springvale South 3172 *Tieu Dao Meditation Centre* 5 Rolex Court, Noble Park 3174
Burmese	*Dhammasukha Temple* 69 Glendale Road Springvale 3171 *Panditarama Forest Retreat* Plenty Rd, Yan Yean 3757
Laos	*Dhammanivet Temple* 40 Coomoora Rd, Springvale South 3172
Thai	*Wat Thai Melbourne Buddhist Centre* 489 Elgar Rd, Box Hill 3128
Cambodian	*Wat Buddharangsi* 159-171 Clarke Road, Springvale South 3172
Tibetan	*Tara Institute* 3 Mavis Avenue, East Brighton 3187 *Rigpa Fellowship* www.rigpamelbourne.org/
Non-ethnic specific (FWOB)	*Melbourne Buddhist Centre* 1 Pitt Street, Brunswick, VIC 3056

Appendix 3 : Letter sent to temples introducing the project

Dear
My name is Venerable Bom Hyon. I am working with the Healthcare Chaplaincy Project on behalf of the Buddhist Council of Victoria. I would like to visit your temple to meet with you and members of your community to talk with you about a project to establish a network of Buddhist Chaplains for hospitals and other healthcare services. Details of the project are below. We will bring along an interpreter to ensure that everyone can be informed of the project and has an opportunity to contribute to the discussion.

OUTLINE OF THE PROJECT
The Buddhist Council of Victoria (BCV) is working in partnership with the Healthcare Chaplaincy Council of Victoria (HCCVi) to set up a service for Buddhists to receive the spiritual support of a chaplain while they are a patient in hospital, or another healthcare service such as a residential facility for Aged Care, Mental Health or Disability Services.

- The HCCVi is the organisation that ensures there are competent and skilled chaplains and pastoral (spiritual) care workers available and accessible to the community, regardless of a person's religion.
- HCCVI have invited the BCV to help establish a network of chaplains and pastoral carers for Buddhists who are patients in hospitals or other healthcare facilities.
- The HCCVi also offers education programs and has a small grants program that can help to fund research, pilot projects, education and training. They also have a library available to chaplains and pastoral carers.

WHAT WE NEED HELP WITH
The first step in ensuring that Buddhists in Victoria are able to receive spiritual guidance and support when they are in hospital, nursing homes and other health care facilities, is to learn more about what temples and groups currently do to offer such support to their members. We are also very keen to consult with you about what you think is important to consider in developing a Buddhist healthcare chaplaincy service. We would like you to tell us, for example:

- What is important to members of your tradition and cultural background?
- Who do you think is best able to provide chaplaincy visits and support?
- Would it be helpful for chaplains to be able to have some additional training and professional support?

We sincerely hope you will agree to meet with us as it is essential that the BCV understands the needs and views of its members so we can be guided by you in developing a service that reflects our unique spiritual needs as Buddhists and at the same time respects and values our differences across the traditions and cultural diversity.
We look forward to meeting with you for further discussion and will soon be phoning to arrange a suitable time to visit your temple.

Yours in the Dharma,

Appendix 4 : Questionnaire used with Buddhist temples, groups

1.i Temple/Group Name: ....

ii. Address: ....

iii. Phone: (1) ..... (2) ..... Fax ..... Email .....

iv. BCV Member ☐ yes ☐ no Interested to join? ☐ yes ☐ no

1.1.i Buddhist tradition: ☐ Theravada ☐ Mahayana ☐ Vajrayana

1.1.ii *Sect:* ....

1.1.iii *Lineage Master:* .....

Practice forms: .....

1.2.1 What is the main ethnic/cultural identification of your members? .....

1.2.ii What is the main language? ..... Other languages? .....

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2. ***Temple/Centre Demographics***

2.i ☐ Ordained Sangha

2. ii ☐ Bhikkhus - how many? ..... ☐ vices - how many? .....

☐ Bhikkhunis - how many? ☐ vices - how many? .....

iii. Roles of Ordained: ☐ Abbot ☐ Vice Abbot ☐ Spiritual Master ☐ Chanting Master

☐ Chaplain(s) ☐ Teacher of chn/yp ☐ Other

Willing to ordain & train novices/monks? ☐ Yes ☐ No

☐ Lay Members - Approx. how many? .....

Age range: [prioritise - 1>6] ☐ 0-15 ☐ 15-25 ☐ 25-40 ☐ 40-60 ☐ 60-70 ☐ 80+

☐ Lay members living in temple - how many? .....

Temple management structure

Main activities: ☐ Daily services ☐ Dharma teachings ☐ Meditation

☐ *Ceremonies:* ☐ Funerals ☐ Weddings ☐ Memorials ☐ Blessings

CHAPLAINCY ACTIVITY

'Active' chaplaincy or hospital visits? → what form ..... WHO? - ☐ Ordained ☐ Lay

WHERE? - ☐ Home ☐ Hospital

☐ Temple ☐ Aged Care ☐ Other .....

WHAT? - Chanting Prayer

☐ Dharma sermon ☐ Other

☐ ordained ☐ lay ☐ together

How informed of need? [prioritise 1-4] ☐ Self ☐ Family ☐ Hospital ☐ Aged Care ☐ Other

More likely to visit if request from [prioritise1-4] ☐ member ☐ Family ☐ Hospital

☐ Other .....

What experience and/or education do you think it is important for chaplains and those visiting the sick and elderly to have?.....

Do you offer any special instruction and/or support to members who do visit the sick and elderly?

☐ Yes ☐ No Details: .....

Do you think it's important for chaplains and visitors to the sick and elderly to have special skills and/or training? ☐ Yes ☐ No Details: .....

Would you be interested to consider specialist training for some of your members? ☐ Yes ☐ No

Would you like to know more about the education and training that is available? ☐ Yes ☐ No

Would you be more likely to promote training for your members if it was offered free of charge?

☐ Yes ☐ No

Being available for chaplain requests

Would you be interested for your temple/group to be a contact for chaplaincy support if a hospital or healthcare service in your locality needed a Buddhist visitor for one of their patients or the patient's family?

☐ Yes ☐ No .....

Is there someone available by phone on most days, someone who speaks and understands English sufficiently so they could take a call about a request for a chaplain, and then pass the message on or arrange with your members for a visitor to attend the hospital etc?

☐ Yes ☐ No .....

Is the phone the best way contact? Or better to send an email message? Does someone check the incoming emails a few times a day?

☐ Yes ☐ No .....

.....2/1.....

Appendix 5 : Introducing the project to Pastoral Care Coordinators

Dear
The Buddhist Council of Victoria (BCV) has recently received a small grant through HCCVi to support the development of healthcare chaplaincy and pastoral care services for members of our Buddhist community.

The project commenced in March and we are currently consulting with Buddhist temples and communities to better understand their current and future needs for hospital and healthcare pastoral and chaplaincy services. We want to know more about what temples and groups currently do to offer such support to their members. We are also very keen to know what they think are important considerations in developing a Buddhist healthcare chaplaincy service. For example, the specific needs of people from particular Buddhist traditions and cultural backgrounds and who they think is best able to provide chaplaincy visits and support? Is there an interest among those who already provide chaplaincy/pastoral care support to members of their congregation to have access to relevant training and professional support?

In conjunction with the consultation process we will begin to create a database of members of our community who are currently providing chaplaincy and pastoral care support so that requests for chaplains can be matched to the patient and family's specific religious and spiritual support needs. And we are hopeful that the links and relationships we establish in this first stage will also help us to develop an infrastructure for future and ongoing provision of chaplaincy and pastoral care services within the healthcare sector.

The other component of our consultation process is with pastoral care coordinators and providers located in the healthcare system in order to better understand your service needs and delivery protocols. We would like to know for example, how your service currently identifies patients/clients' specific spiritual needs? How do you access suitable chaplains/pastoral carers? Do your pastoral care workers and chaplains have adequate understanding of the spiritual care needs of Buddhists vis-a-vis, different Buddhist traditions and cultural needs?

To assist us in understanding how we might best work together with your service, we ask you to take a little time to complete the attached questionnaire and return it in the SAE to the address below.

Healthcare Chaplaincy Project
West Footscray, Vic 3012

Best wishes,

Appendix 6 : Service provider survey questionnaire

Questionnaire for Hospital & Healthcare Pastoral Care Coordinators
Buddhist Healthcare Chaplaincy & Pastoral Care Project

1. Name of organisation/facility:
.....
1.1 Parent body: (eg. Austin Health, Mercy Health, Southern Cross)
.....
1.2 Name of person completing questionnaire: .....
1.3 Position: .....
1.4 Contact details: - tel. ..... email .....

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2. Healthcare speciality

☐ Generalist ☐ Palliative Care ☐ Mental Health ☐ Aged/Geriatric
☐ Rehabilitation ☐ Disability Services ☐ Women & Babies ☐ Children
☐ Oncology/Cancer ☐ Drug & Alcohol ☐ Other .....

3. Service type

Acute services: → ☐ inpatient ☐ outpatient ☐ A&E ☐ ICU

Sub-acute services: → ☐ inpatient ☐ outpatient
↳ ☐ clinic-based ☐ home based

☐ residential care ☐ community health

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4. Consumer statistics

4.1 Do you keep patient/client statistics that would indicate a person's:

☐ faith background ☐ ethnicity ☐ gender ☐ age ☐ main health issues

4.1.i Would it be possible to access *de-identified* statistics related to the above

Yes No (Discuss) .....

4.3 Can you estimate how many Buddhists have used your service in the past -

☐ 12 months ..... ☐ 6 months .....

4.3.i If you can't easily identify numbers, would you be able to provide this information at a later stage? Yes No

4.4 Do you have access to interpreters? Yes No Do you use them regularly? Yes No

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5. In-house chaplains & pastoral carers & accessing fait-specific chaplains

5.1 How many in-house pastoral care workers and chaplains do you have? .....

☐ Pastoral care ..... ☐ Specific-faith chaplains .....

5.2 How many *in-house* pastoral carers of Buddhist background? .....

☐ trainees? ..... ☐ volunteers? .....

5.3 Do you feel confident that your pastoral care workers have sufficient understanding of the basics of the Buddhist faith so that they can offer spiritual care support to someone who identifies as a Buddhist? Yes No

5.4 Do you have access to Buddhist chaplains *on-call*? Yes No (go to Q 6)

5.4.i Do you know which Buddhist tradition they represent? Yes No

5.4.ii Do you know which branch/sect they are from? Yes No

5.4.iii Do you know their ethnic/cultural identification? Yes No

5.4.iv Do you know what language(s) they speak? Yes No

5.4.v Do you know what language they use to perform their prayers, ceremonies, rituals? Yes No

5.4.vi Are their English speaking skills adequate for communication needs? Yes No

5.5 Do you have difficulty making contact with your Buddhist *on-call* chaplains? Yes No

5.5.i & ii Are the difficulties related to:

5.5.i ☐ Failure or unreasonable time delay in responding to phone, email request:

(Explain) .....

5.5.ii ☐ Language difficulties with person (s) answering the phone (Explain)

.....

5.6 Do they inform or discuss with you any special religious/spiritual requirements related to the person to whom they are ministering? Yes No

(Discuss) .....

6. Assessing the patient/client and the family's Buddhist faith-specific needs

6.1 Do all patients/clients have access to a spiritual assessment? Yes No

6.1.i At what stage after initial contact

☐ As a component of the initial 'admission' assessment

☐ Only on request of patient/client

☐ Only if referred for pastoral care by another clinician

☐ *Other – describe* .....

6.1.ii When assessing specific faith requirements which do you take into account:

☐ Ethnicity ☐ Cultural identification ☐ Spoken language

☐ Whether they identify as *practicing* Buddhists?

☐ Whether they are a current member of a temple/group?

☐ Name of temple/group .....

☐ Preferred contact (abbot/teacher etc) .....

6.2 Do you know about Buddhist religious practices/requirements when a patient is:

☐ approaching end of life ☐ after death ☐ handling & treating the body

6.3 When a patient/client has requested a visit from a Buddhist chaplain or a Buddhist patient/client is nearing end of life, how do you usually make contact with a chaplain?

6.4 Would you like the BCV to help you access Buddhist chaplains? Yes No (go to)

☐ Regular on-call ☐ 'One-off'

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7. Understanding Buddhism

7.1 Would you (and/or other members) be interested to learn more about Buddhist beliefs, traditions, cultural differences, and relevant ceremonies, rituals? Yes No

7.2 If it was possible to organise, would you (they) be prepared to attend an information session at HCCVi offices in the city or another site where more than one service could meet together? Yes No

7.3 Are you interested to have an on-site education session? Yes No

7.4 Would you anticipate that 20+ people might be interested to attend? Yes No

7.5 What media would be helpful for staff training?

☐ printed information? ☐ Power Point presentation? ☐ DVD?

7.6 What learning styles? ☐ 'talk & chalk' ☐ role play ☐ group discussion

☐ Other .....

7.7 Would you and/or others be interested to visit some different temples? Yes No

7.8 Would it be helpful to have a brochure to give to patients/clients to inform them of the Buddhist-specific healthcare chaplaincy program? Yes No

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FINALLY,

We would be grateful if you can take a minute to share any further thoughts, suggestions, needs, requests, regarding provision of healthcare chaplaincy services in general, this project, and the ongoing development of a Buddhist-specific healthcare chaplaincy program.

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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

We will keep you informed of our progress and respond to you directly about any specific needs and requests you have identified here in answers to our questions.

Meanwhile, please contact us if you have any questions, suggestions, requests regarding Buddhist healthcare chaplaincy provision.

In the event that you require the services of a Buddhist chaplain and don't currently know how to access one, you are welcome to phone Bom Hyon Sunim (0435 612 667) or email: BomHyon.Sunim@bcv.org.au – she will endeavour to locate someone suitable to the patient/client's specific needs. BUT PLEASE DON'T LEAVE YOUR REQUEST UNTIL THE LAST MINUTE - arranging for someone suitable to attend (of a suitable tradition & cultural background) may take some time to organise.

Appendix 7 : Pastoral Care Coordinators who received surveys

Locations of Pastoral Care Coordinators

Heidelberg Repatriation Hospital 300 Waterdale Rd, Heidelberg 3084	**Austin Health** 145 Studley Road (PO Box 5555) Heidelberg 3084
The Alfred, Prahran 3181	**Albury Wodonga Health** Albury NSW 2640
Angliss Hospital Albert St, Upper Ferntree Gully 3156	
Ballarat Base Hospital Ballarat, 3353	**Ballarat Base Hospital** Ballarat, 3353
Barwon Health Ryrie Street, Geelong 3220	**Benetas** Glenferrie 3122
Bendigo Health Bendigo 3552	**Box Hill Hospital** Nelson Road, Box Hill 3128
Cabrini 183 Wattletree Road, Malvern 3144	**Calvary Healthcare Bethlehem** 476 Kooyong Road, Caulfield 3162
Casey Hospital Kangan Drive, Berwick	**Castlemaine Health - Mt Alexander Hospital** Cornish St, Castlemaine 3450
Caulfield General Medical Centre Kooyong Road, Caulfield 3162	**Dandenong Hospital - *(Southern Health)*** David Street, Dandenong 3175
Epworth – *(Eastern)* Arnold Street, Box Hill 3128	**Epworth – *(Freemason's Hospital)*** Clarendon St, East Melbourne 3002
Epworth – *(Richmond)* Bridge Road, Richmond 3121	**Kingston Centre** Heatherton Rd, Cheltenham 3192
Maroondah Hospital Davey Drive, East Ringwood 3135	**Mental Healthcare Chaplaincy** HCCVI**,** Abbotsford 3067
Mercy Hospital for Women Studley Road, Heidelberg 3084	**Monash Medical Centre** Clayton Road, Clayton 3168
Northeast Health Green Street, Wangaratta 3677	**The Northern Hospital/Bundoora Centre** Cooper St, Epping 3076
Peter James Centre/Wantirna Health Mountain Highway, Wantirna 3152	**Peninsula Health - *(Frankston Hospital)*** Hastings Road, Frankston 3199
Peninsula Hospice Golf Links Road, Frankston 3199	**Peter MacCallum Cancer Institute** St Andrews Place, East Melbourne 3002
Ringwood Private Hospital Mt Dandenong Road, Ringwood East	**Royal Children's Hospital** Flemington Road, Parkville 3052
Royal Melbourne Hospital - *(Melbourne Health)* Grattan Street, Parkville 3050	**Royal Women's Hospital** Grattan Street, Parkville 3052
St John of God – (*Ballarat)* Ballarat, 3353	**St John of God – (*Bendigo)*** Lily Street, Bendigo 3550
St John of God – (*Berwick)* 1 Gibb Street, Berwick 3806	**St John of God – *(Geelong)*** Myers Street, Geelong 3220

St John of God – ***(Nepean Rehab)*** Cranbourne Road, Frankston 3199	**St John of God –** ***(Pinelodge Clinic)*** Heatherton Road, Dandenong 3175
St Vincent's Hospital - ***(Public)*** Fitzroy 3065	**St John of God –** ***(Warrnambool)*** Botanic St, Warrnambool 3280
Thomas Embling Hospital Fairfield 3078	**Werribee Mercy Hospital** Princes Highway, Werribee 3030
Villa Maria *Studley Park Road Kew 3101* **Villa Maria** Stud Rd. Wantirna 3152	**Western Health -** ***(Footscray, Sunshine and Williamstown Hospitals)*** Gordon St, Footscray 3011
Western Private Hospital Marion Street, Footscray 3011	

Appendix 8 : Greater Melbourne major hospitals

CONTACTS

Buddhist Council of Victoria Incorporated
P.O. Box 6104,
Footscray West VIC 3012

General enquiries:
secretary@bcv.org.au

For enquiries re:
Healthcare Chaplaincy Project
hcccoordinator@bcv.org.au

Website
www.bcv.org.au

THE BUDDHIST COUNCIL
OF VICTORIA, INC

ABN 13 436 635 535