Governance & Leadership of the Mission: Towards a 10-Year Plan

A Discussion Paper prepared for the Conference “Stewards of the Mission”

April 15-16, 2013
Introduction

This Discussion Paper has been prepared by Catholic Health Australia for consideration by participants of the CHA Governance Conference “Stewards of the Mission”, April 2013. Its purpose is to offer a perspective on the major challenges currently facing trustees, directors and senior leaders of Catholic health and aged care, and those likely to be faced in the coming decade. In response to these challenges, the paper proposes a collaborative approach to addressing support for effective governance of the ministry of health and aged care, both now and in the future. Formation for the various roles of governance and leadership is identified as a key initiative. Finally, the Discussion Paper poses some questions for reflection that will be used as the basis for further discussion at the April conference.

This paper is also a response to the CHA Strategic Plan 2012-2015 with its focus on the development of people and relationships for the purpose of sustaining and growing the Church’s ministries. It aims to build on and embed the foundational vision and goals of Catholic health and aged care based in Scripture and expressed in the CHA Shared Purpose Statement.
All Catholic ministries are established to “witness to the reign of God in our world” through a spirit of optimism and joy, community building and spiritual practice (ritual, prayer and formation), while exercising a “preferential option for the poor and marginalised”. This witness is both outwardly and internally focussed – towards those to be served, as well as in relation to fellow workers. Lay leaders and the ministries they are engaged in are a tangible expression of the prophetic voice within the Church and an expression of the call to all lay people, affirmed by Vatican II and based in Baptism, to contribute to the mission of the Church. The role of canonical governance and leadership of Catholic ministries such as those of health and aged care is an emerging expression of this call.

Catholic ministries are today largely governed and managed by lay people rather than women and men religious. Transition to lay leadership has been planned for and occurring to varying degrees for several decades and is now well established. In addition to civil and corporate responsibilities, these lay people leading faith-based organisations carry significant responsibilities on behalf of the Church. There is increasing recognition both locally and internationally that the effective future governance of Church ministries will be determined by the degree to which these lay leaders are appropriately recruited, formed and supported to fulfil their wide-ranging responsibilities. Formation encompasses the variety of ways people are assisted to grow in the knowledge, skills, self-awareness and disposition necessary to fully appreciate and serve the vision and purpose of the Catholic mission and ministry.

Given this new generation of lay leaders in Church ministries, a number of issues need to be recognised and addressed if those leaders are to be adequately formed and equipped to fulfit their canonical obligations.
3 Issues impacting on the Governance of Health and Aged Care Ministries

Among the issues that impact the future governance of Catholic health and aged care, the following may be highlighted as having particular relevance and urgency.

3.1 Recruitment

The task of recruiting the required range and number of future leaders and other personnel equipped to support the mission of Catholic health and aged care should not be underestimated. Leaders will be required to undertake roles as trustees, directors, executive team members, mission leaders, ethicists and pastoral practitioners. Unlike other forms of workforce planning, there is little available collective data on the talent pool from which Catholic health and aged care ministries might draw both now and into the future.

**Actions for consideration**

- Gather and analyse data to ascertain current and future requirements for personnel in each of the above areas.
- Develop a recruitment strategy to inform and attract people to roles such as trustee, mission leader, pastoral practitioner.
- Establish a database of prospective trustees, directors and senior leaders.

3.2 Background and exposure to Church

Lay leaders have a wide range of backgrounds and exposure to the Catholic Church. Unlike the men and women religious before them, lay leaders often have varying levels of preparation for the canonical responsibilities they hold. This means that leaders will come to their role with very different worldviews, exposure and literacy compared to those leaders of the past, in matters related to Church, theology, mission and spiritual development. There will also be varied scope and depth of experience in these areas, as generous and committed people bring their differing skills and wisdom from involvement in various parts of the Church and society.
Actions for consideration

• Adopt a targeted approach to assessing the initial and ongoing formation needs of new leaders with a planned approach to supporting growth.

• Liaise with tertiary institutions to facilitate development of the appropriate formation programs and courses, both credit and non-credit.

• Connect people across ministries to facilitate broader engagement among different leaders, e.g. via such courses as the CHA/ACU Graduate Certificate in Leadership & Catholic Culture.

• Structure and tailor formation to the varying backgrounds and knowledge of leaders recognising the effective transfer of learning that occurs among diverse groups.

• Facilitate cross-ministry mentoring relationships for key roles and access the resources of “retired trustees” etc.

• Enhance “canonical literacy” within teams through use of resources specifically developed for their range of needs. A resource such as So You’re Working for the Catholic Church (Tony Doherty) could be adapted for health and aged care needs.

3.3 Scope and clarification of roles

The growth in lay leadership roles requires the increasingly important task of defining these roles, including their scope and conduct. These will always be developed with the context of the particular character and needs of the individual organisation. The role of mission leader, for example, has undergone significant development and change over the decades since its emergence. It will be necessary in the future to develop ways of supporting the self-awareness, scope of practice and associated effectiveness of lay leaders in the various contributions they make to the mission of Catholic health and aged care. This task finds a parallel in corporately focussed agencies dedicated to supporting effective governance and management of non-Church entities such as the Australian Institute for Company Directors and the Australian Institute of Management.

Actions for consideration

• Develop models for scope of practice and conduct of key roles, e.g. trustee, mission leader.

• Develop a generic trustee formation program.

• Facilitate a community of practice for current and potential trustees.

• Facilitate a mission leader formation program to support new and potential leaders.

• Facilitate a community of practice for mission leaders.

• Facilitate cross-ministry mentoring as above
3.4 Mission Risk

Without a significant investment in formation for governance and leadership of the Catholic healing ministry, the vision, ethos and culture of these ministries risks being assimilated into the contemporary cultural milieu of health and aged care service delivery. Should such mission and cultural drift occur, Catholic services would cease to be authentic and prophetic witnesses on behalf of the Church to the Gospel vision and so lose their fundamental mandate and their reason for existence. Therefore, lay leaders need to be supported to genuinely lead and be accountable for mission, as well as actively discern what is contrary to the mission. To be effective, leaders will need the confidence and commitment to communicate effectively within and beyond their organisations and foster relationships within their local Church.

Actions for consideration

- Map current availability and model of formation opportunities for senior leaders among CHA members, other Catholic ministries and Catholic universities and institutes.
- Develop a tool for evaluation of the impact of formation programs.
- Evaluate and report the impact of formation programs to support “best practice” and effective use of resources.
- Develop modules to educate in the application of the CHA Code of Ethical Standards.

3.5 Theologians and other experts

There is a significant body of experts – theologians, ethicists, Scripture scholars and “thought” and “culture” leaders – needed to guide, facilitate and respond to the ongoing mission of Catholic health and aged care. Their role includes articulating the Scripture and theological foundations of the ministry, supporting reflection on current and emerging mission challenges, reviewing culture and mission, guiding ethical reflection on bioethical issues and organisational ethics generally, and contributing to formation of leaders. Such experts are needed at both operational and governance levels in Catholic health and aged care ministries. It is likely there will be fewer such experienced people available in the future since those whom many Catholic ministries have traditionally called upon are likely to retire in the coming decade. Supporting others to develop these competencies and engaging the expertise of suitably equipped institutions is essential to developing a new generation of such experts and culture leaders.
3.6 Scale and location of services

The challenge of providing for the future leadership needs of a Catholic ministry are significantly heightened for smaller or less well-resourced CHA member organisations. This is especially so for aged care, as well as rural and regional members. Recruiting the appropriate people, developing formation programs, locating experienced mentors and supervisors, as well as the relative costs of scale are significant limitations for smaller isolated services and can limit the ability of these members to respond to the current challenges as they might wish.

Actions for consideration

• A collaborative approach to development of initiatives and resources to facilitate access by all, especially less well-resourced members who have not yet developed their own formation programs.
• Reduced participation fees for less well-resourced members.
• Develop online resources to support team-based formation in situ.
• Facilitate development of online learning communities supported by accessible resources.
Ongoing thinking is clearly required to address the range of existing and emerging challenges and to ensure that an ongoing critical mass of adequately prepared leaders is available and equipped to lead the mission of Catholic health and aged care. It is these leaders, too, who will be responsible for fostering the vision and necessary formation throughout their own organisations.

The nature of the challenges outlined is beyond the scope or remit of any one member organisation to address and suggests there is benefit in developing a strategic, collaborative approach. Collaboration will also lead to shared ownership of the data gathering, planning, facilitation and investment of resources required for the development of new initiatives.

CHA has been charged by its members with facilitating collaboration in order to strengthen the Church’s ministries and plan for future needs. Collaboration is also critical to support less well-resourced members, especially rural and regional services, in strengthening lay leadership capacity. The CHA Governance Conference provides the occasion for input, conversation and reflection on the present circumstances and the opportunity to consider options to address the challenges identified. It is hoped that an outcome will be a tangible and credible commitment to the ongoing authentic expression of the mission through enhanced leadership and mission capability. This will be an important contribution to assuring the Australian Catholic Bishops of the ongoing commitment of Catholic services to maintaining the Catholic identity of the health and aged care services.

### Actions for consideration

- Establish a representative cross-ministry taskforce of appropriately senior people with the knowledge and influence to guide a collaborative strategy.
- Articulate a staged approach to addressing the issues identified.
- Consult with relevant stakeholders to confirm relevance and achieve engagement.
- Oversee development and implementation of new initiatives and resources.
The task of effective future governance and leadership of Catholic ministries requires consideration of the challenge of formation and ongoing support for leaders in their particular roles. Formation goes beyond development and education. It has been described as “a process of socialisation into the community and tradition ... for the purpose of building up the community and carrying on the tradition”.

Lay leader formation is not the same as religious formation, but it responds to the particular needs, concerns and realities of lay people in leadership roles within Catholic services. It includes a combination of initial formation for those new to their roles, as well as ongoing formation to ensure continuing development and to assist integration of learned principles and practices with the specific issues and challenges arising in the workplace.

Effective formation for leaders of Catholic services aims to make possible both an intellect shift and a “heart shift” – that is, a shift in a person’s interior perspective and disposition through the experience of reflective practice. This “heart shift” is central to what is meant by formation. Faith-based organisations rely on both intellectual and spiritual growth in their leaders to sustain the essence of their vision, commitment and service to others.

Effective formation for leadership of Catholic health and aged care ministries requires a balanced approach combining elements of both a deliberate and an emergent strategy.

The content-based curriculum of a deliberate strategy provides the intellectual concepts needed for developed thinking, insight and understanding, though it must be delivered in ways that engage the deeper spiritual dimensions of the learner. Expanding and challenging formerly held views embeds learning.

An emergent strategy is developed individually and within work teams and allows for experientially based learning that develops the inner disposition and attitudes of the person. This occurs in the context of the person’s leadership role as particular issues and circumstances are engaged through reflective practice.

It is important to recognise that leaders will have strengths and weaknesses in all areas of proficiency expected in their roles, including those areas specifically related to leadership of the mission dimension. Appropriate assessment of these strengths and weaknesses is necessary so guidance and encouragement can be offered towards further development.

Initial formation is ideally accompanied by a tailored plan for ongoing formation that takes account of the growth areas identified for an individual. Accommodating different learning styles is also critical if growth is to be genuinely supported. Establishing a mentoring relationship with an experienced colleague can also be a valuable asset in ongoing formation.

While formation remains the primary responsibility of individual organisations, collaboration would significantly enhance the opportunity for cross-ministry learning, for participation by less well-resourced services and, in time, expand the range, quality and flexibility of formation options.
To date, CHA has developed a number of initiatives to support mission governance and leadership. These include the CHA/ACU Graduate Certificate in Leadership & Catholic Culture, as well as resources such as the Shared Purpose Statement, Guide for Understanding the Governance of Catholic Health and Aged Care Services, Mission Discernment: A Resource for Decision-making in the Catholic Tradition and Mission in Focus webcast series.

Consideration now needs to be given to the additional and considerable investment of new resources to meet the emerging challenges described. Investment will be required at two levels. Firstly, resources will be necessary to enable development by CHA of new initiatives on behalf of members. Secondly, members themselves will need to consider the additional financial resources required to support the level of formation considered necessary to ensure leaders are adequately equipped for their responsibilities, including participation in such new initiatives as may be available in the future.

**Current Initiatives**

CHA has already identified a range of initiatives to support effective governance and leadership capacity and some are in progress. These include:

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<tr>
<th>Initiative</th>
<th>Proposed completion</th>
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<tr>
<td>1 A CHA Mission Capability Framework articulating the necessary disposition, knowledge, relationships and actions for trustees, directors and senior leaders. This will offer a guide to the recruitment, orientation and ongoing formation of these leaders.</td>
<td>August 2013</td>
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<tr>
<td>2 A Short Course in Catholic Governance to support the understanding and integration of the newly released Guide for Understanding the Governance of Catholic Health and Aged Care Services.</td>
<td>Late 2013</td>
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<td>3 Environmental scan of leader formation approaches among CHA members.</td>
<td>April 2013</td>
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<td>4 A biennial two-day conference on Catholic governance and stewardship.</td>
<td>Ongoing</td>
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<td>5 2013 Study Tour to CHA USA National Conference with visits to other relevant Catholic services.</td>
<td>June 2013</td>
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<tr>
<td>6 Development of accessible resources, e.g. Mission in Focus 2013, to support team-based formation, especially for rural/regional members</td>
<td>December 2013</td>
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The success of future initiatives will require consideration of a range of factors and must:

- Recognise the different cultures and customs that exist across the sector;
- Recognise the diversity of participants and respect different approaches to faith and spirituality;
- Facilitate recognition of prior learning;
- Identify resources – people, institutional and material – for potential engagement in delivering and facilitating leader formation;
- Recognise both initial and ongoing formation requirements;
- Identify and adopt contemporary methods for delivery and communication, e.g. webcasts, webinars, online tools;
- Outsource the development of particular strategies to ensure timely implementation;
- Consider and engage with emerging needs so relevant resources and strategies continue to be developed.
This CHA Discussion Paper is a discerned response to the issues that Catholic health and aged care ministries are facing in relation to effective governance leadership and recognises that this opportunity represents a critical period in the development and sustainability of Catholic health and aged care. Given the urgency of the task of supporting effective future governance and leadership capacity, cross-ministry engagement is seen as critical. In summary, the paper proposes consideration of ways of responding to future governance and leadership needs through:

- Identifying current gaps in resources to support governance and leadership for mission, including networks, knowledge, models, data, personnel;
- Identifying and facilitating new strategies and resources in response to perceived gaps;
- Facilitating access by all members to initiatives, especially those less well-resourced and those in rural and regional locations;
- Facilitating cross-ministry collaboration towards effective planning and communication around current and future resources.

Conference participants are encouraged to contribute at the April Governance Conference to further consideration of the issues raised by reflecting on the following questions:

1. What further thoughts do you have on the key issues raised in the Discussion Paper?
2. What has been missed? What individual and collective responses could be considered to address the issues raised?
3. What role do you see for leader formation in responding to these issues?
4. What next step(s) do you consider essential to actively progress a response to the issues identified?