Readings Related to a Case Study on Spiritual Facilitation within a Catholic Aged Care Organisation in South Australia

Abstract

Spiritual facilitation refers to assisting individuals in their actions and processes to help them find a meaningful dimension to life. Spiritual facilitation attends to an individual's spiritual, emotional and social needs within this context. This literature research addresses the spiritual facilitation requirements of individuals specifically within Catholic residential care in Australia. The research traces the historical development of spiritual facilitation from its roots to contemporary catholic aged care organisations. The research centres on a narrative for notions and practices around the holistic care of individuals with aging issues. This is within the framework of social trends, shifting public opinion, and policy advances. Specifically, defining spiritual facilitation is considered, and current relevant government legislation in respect to spiritual facilitation is appraised.

KEY WORDS: Facilitation, aging, spiritual, cultural, accreditation, care.

Introduction

'Spiritual facilitation' is a term referring to the action and process of finding a meaningful dimension to life.[1] Spiritual facilitation requires that individual interests, customs, beliefs, cultural and ethnic backgrounds of residents in aged care facilities are valued and fostered.[2] This broad focus encapsulates an accreditation process that ensures the spiritual needs desired by the aging are ultimately met, according to Government Accreditation Standards, *Standard 3* (appendix).

This literature review will address the history of religious aged care facilities in Australia, together with an explanation of the key terms associated with spiritual facilitation. The review also considers Government involvement in

[1] Elizabeth MacKinlay, *The Spiritual Dimension of Ageing* (London ; Philadelphia, PA: Jessica Kingsley Publishers, 2001),48.
[2] Appendix A.10, 81.

aged care with a specific focus on Mary MacKillop Care S.A's Flora McDonald Lodge at Cowandilla, South Australia.

Elizabeth MacKinlay defines spirituality as "constructing meaning."[3] 'Spiritual facilitation' in an aged care facility (ACF) context is the caring action and process of assisting residents to find meaning for their spiritual needs, as they approach the end of their lives and death.[4] In regard to the practicality of spiritual facilitation, this may take place in various aged care settings across different religious dimensions. For example, a distinction must be made between a Catholic ACF and a hospice. This is because a Catholic ACF provides a safe and caring Christian environment enabling its residential community to experience well-being and fulfilment in their end-of-life years. However, a hospice provides palliative care, relieving suffering for patients with a limited life span who have declined life-supporting treatment.[5]

The History of Catholic Aged Care Facilities (ACFs) in Australia

Traditionally, ACFs in Australia have been managed by Government, religious and charitable institutions. Historically, aged people in Australia before the second half of the Nineteenth century were not classified or recognized as having distinctive and separate needs. Instead, they were categorized as being unproductive members of society. The aged were not distinguished by their years or special needs but by the economic burden they placed on the growing community. It was only after the second half of the nineteenth century that aged people were identified as a social group, discernible by age and specific needs.[6]

Benevolent societies were the first to address the needs of the old and homeless. The first group of occupationally trained nurses arrived in Sydney to work on behalf of the Catholic Church in 1838. The nurse's mission was to take care of people in the Church's ACFs. These nurses belonged to the Sisters of Charity Order and later in the 1850's the Order established the Sydney Refuge and the House of the Good Shepherd in Kings Cross.[7]

Contemporary delivery of ACFs and services is progressively being provided by the private sector on a commercial basis. Government, church and

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[3] Elizabeth MacKinlay, *Mental Health and Spirituality in Later Life* (New York: Haworth Press, 2002), 31.
[4] Accessed on Oxford online Dictionaries http://oxforddictionaries.com/definition/english/facilitate?q=facilitate,1.
[5] C. Ben Mitchell, Robert D. Orr and Susan A. Salladay, *Aging, Death and the Quest for Immortality* (Grand Rapids, Michigan: Wm. B. Eerdmans Publishing Co.2004), 137-139.
[6] John Stevens, "The Ennursement of Old Age in NSW: A History of Nursing and the Care of Older People between White Settlement and Federation," Collegian*: Journal of the Royal College of Nursing Australia* 10, No. 2 (2003):19-24.
[7] Ibid., 19-24.

community organisations continue to be a major provider of retirement housing. However, the number and size of corporate entities offering retirement living services has dramatically increased and is expected to continue. Large, sophisticated and specialised commercial organisations are now common with individual corporate operators managing multiple retirement villages and ACFs. State and Territory Governments across Australia, in responding to the increasing provision of retirement accommodation and ACFs by the private sector, have initiated comprehensive industry regulation. Notably, this legislation is specifically focused on consumer protection and protecting the rights of residents.[8]

Relative to residential aged care and its economic burden, Rosalie Hudson draws on concepts made prominent in the 1999 International Year of the Older Person.[9] These reveal how older persons are looking for meaning in Hudson's terms of "Technological cure or reductionist care."[10] Hudson states, "I believe meaning is to be found in Trinitarian relationships which transform economic burdens into humanised care."[11] Hudson also draws on William Ryan's raising the question as to whether the church should bear the full burden of aged care. The question was whether or not in sustaining the aged care burden church values are being compromised? The view at the time in 1999 was that they would be.[12]

There has been a long Christian tradition of residential care for the aged. Such a tradition stems from the locale of the parish, religious orders and organisations such as St. Vincent de Paul, the Hibernians and the Knights of the Southern Cross.[13] The main Christian providers in South Australia are Southern Cross Care Ltd and Mary MacKillop Care SA.

The History of Mary MacKillop Care SA began with the philosophy of St. Mary MacKillop whose esteem for human well-being guided her and Father Julian Tenison Woods to establish the House of Providence in 1868. Providence House afforded residential care for aged and destitute women, initially at an ACF on West Terrace. Currently, 140 years later, at what is known as Flora

[8] Stafford Hopewell, 'Growing Old Together, '*Australian Planner* Vol. 42 No.2 (2005): 23-24.
[9] Rosalie Hudson, 'The Economic Burden of Aged Care: Some Theological reflections,' *St Marks Review,* 181 (autumn 2000):16.
[10] Ibid., 16.
[11] Ibid., 16.
[12] William Ryan, 'The New Landscape for Nonprofits,' *Harvard Business Review* (Jan-Feb 1999): 136.
[13] Frank Mecham, 'The Parochial Care of the Aged and Poor,' *Australasian Catholic Record* 73 no.2 (April 1996):180-186.

McDonald Lodge, Mary MacKillop Care SA continues to provide care for 84 residents, more than 60 per cent of whom are financially disadvantaged.[14]

The values of Mary MacKillop Care SA were founded on those of the Gospel, namely the recognition, respect and dignity of the person regardless of whether they are Catholic or not. Nevertheless, the Catholicity of the organisation is not overlooked with the provision of daily Mass and an on-site chapel available for residents. It is acknowledged that as people age their faith becomes more important.[15] With the ongoing debate on Euthanasia aged people need a place where they can fully enjoy their lives and die with peace and dignity.

Explanation of Terms

An explanation of terms used in the literature review follows. In the following sections the terms refer to:

2.3.1 Accreditation and Accreditation Standards
2.3.2 Cultural and Spiritual life
2.3.3 Continuous Improvement
2.3.4 Education and Staff Development
2.3.5 Spiritual Facilitation
2.3.6 Expected Outcomes

Accreditation and Accreditation Standards

Accreditation is an internationally recognised evaluation process that assesses the quality of care and services provided by organisations in a range of areas.[16] Accreditation has been rapidly adopted by health and aged care services worldwide as part of a safety and quality framework. In Australia, residential aged care 'homes' are required to be accredited to obtain Australian Government subsidies.[17]

The Aged Care-Standards and Accreditation Agency Ltd. assess the performance of ACFs against the Accreditation Standards. The Accreditation Standards are legislated under the Quality of Care Principles 1997. The Standards outline the expected standard of quality of care and life to be provided

[14] Appendix A.6, 16.
[15] Brenda R. Jackson, and C. S Bergeman,. "How Does Religiosity Enhance Well-Being? The Role of Perceived Control," *Psychology of Religion and Spirituality*, Vol. 3(2), (May 2011): 149–161.
[16] Aged Care Standards and Accreditation Agency Ltd, Results and Processes Guide, 2009, pp.5-10.
[17] 'Homes' as referred to in the Accreditation Standards refers to ACF's such as Mary MacKillop Care SA's Flora McDonald Lodge.

to residents of ACFs. There are four Accreditation Standards, and each Standard has an underlying principle. Within the four Standards, there are a total of 44 expected outcomes.

Accordingly, the four Standards include: management systems; staffing and organisational development; health and personal care; resident lifestyle; and physical environment and safe systems. The Standard relative to spiritual facilitation is Resident Lifestyle. Resident Lifestyle is termed *Standard 3* and embodies the principle that "residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community."[18]

Cultural and Spiritual life

Cultural and spiritual life provides the platform for defining spiritual facilitation relative to resident needs. The Accreditation *Standard 3.8* (Resident Lifestyle) states the expected outcomes required for cultural and spiritual life of residents as "Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered," with a focus on results.[19] The expected results of Accreditation *Standard 3.8* require that management demonstrate effective processes, systems and external relations. Significantly, feedback from residents should confirm satisfaction with the values, processes and practices of the ACF.

The process for achieving Accreditation *Standard 3.8,* considers how the ACF assesses resident's individual interests, customs, beliefs, cultural and ethnic backgrounds. Moreover, the process of how the ACF manages the way this is reflected in the care and services it provides. How the provision for residents' interests, customs and beliefs are planned and communicated to staff is a further consideration.

Additionally, processes include whether care and lifestyle services are consistent with the care plans of the ACF, and delivered in a way to foster the individual's values and belief systems. Along with how the ACF reviews its practices to ensure care and services are delivered in a way that accommodates these values and belief systems.

[18] Appendix A.9.67.
[19] Appendix A.10, 81.

Continuous Improvement

Continuous Improvement takes into account the needs of residents and subsequently involves improvement activities. Continuous Improvement is therefore, a "systematic, ongoing effort to raise a residential ACF's performance as measured against the Accreditation Standards."[20] It is a results-focused activity demonstrated through outputs and outcomes. Therefore, approved providers have an obligation to actively pursue continuous improvement throughout the accreditation period.

The principles for Continuous Improvement are found within a framework of resident focused strategic planning and implementation, with clearly defined objectives and outcomes. Furthermore, key stakeholders may be included in this process.

Continuous Improvement is assessed through the Results and Processes Guide (henceforth referred to as *Standard 3*).[21] The Accreditation Standards includes requirements specific to each of the four standards. An explanation of the considerations in assessing the performance of an ACF in relation to the expected outcomes of the Standards is provided in the Results and Processes Guide.

Education and Staff Development

Considering education and staff development, the resident lifestyle Accreditation *Standard 3.3* expected outcome requires that, "management and staff have the appropriate knowledge and skills to perform their roles effectively."[22] The focus of *Standard 3.3* is 'results.' These 'results' affirm FML's demonstration of staff and management possessing the knowledge and skills required for effective performance in regard to resident lifestyle.[23]

All other expected outcomes of *Standard 3* refer to the skills and knowledge of management and staff, monitored in relation to all roles. Hence,

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[20] Aged Care Standards and Accreditation Agency Ltd, *Continuous Improvement.* http://www.accreditation.org.au/accreditation/continuous-improvement/,1.

[21] Aged Care Standards and Accreditation Agency Ltd, Results and Processes Guide, June 2009, Section 3. The Results and Processes Guide has been developed by the Aged Care Standards and Accreditation Agency Ltd to assist quality assessors to focus on the principles of Agency assessments, in particular: continuous improvement, resident and evidence and results, helpfulness, systems and processes, openness and transparency. It reflects the Agency's approach in supporting homes to demonstrate their compliance through measured results. It also provides greater guidance regarding the relationships between expected outcomes, and is the result of regular review of professional guidelines and industry research and publications.

[22] Appendix A.9, 72.

[23] Ibid.,72.

major non-compliance in *Standard 3* may indicate gaps in the education and staff development systems of the ACF, relating to resident lifestyle.

In regard to staff and training, the focus is on lifestyle persons, pastoral care workers, clergy and volunteers. Lifestyle staff members assume the majority of responsibility with some back up from the nursing staff, as clergy and volunteers are independent and not generally employed by the ACF. However, volunteers present challenges relative to training, experience and interest. These challenges exist because volunteers generally avoid issues relating to spirituality, dying and death.[24]

Spiritual Facilitation

Spiritual facilitation within the context of an ACF, for example Flora McDonald Lodge, refers to assisting the aged and infirm with their spiritual needs. This being relative to wellbeing, meaning, purpose, strength and support for their present and future state. These spiritual needs are related to the giving and receiving of faith and compassion, which are needed to find commitment and significance in life.[25]

Importantly, spiritual facilitation embodies spiritual care. Spiritual care occurs when one person purposely centres their awareness on another in order to provide an accommodating and compassionate presence for another person's particular life situation.[26]

Moreover, increasing consideration has been given in recent decades to an awareness of spirituality, and the role it performs in the life of individuals. Increased societal spiritual awareness may be due to a decline in the practice of formalised religion, intensified secularisation and a subsequent search for meaning outside of the traditional religions. Substantial literary discussion has been afforded to comprehending both spirituality and religion and their interactive relationship roles.[27]

Consequently, support and resources are needed to meet and manage the challenges that these changes present. As Nolan and Mills appropriately remark:

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[24] L.Wilkes et al., "Defining pastoral care for older people in residential care," *Contemporary Nurse: a Journal for the Australian Nursing Profession*, Vol.37 (2) (Feb 2011):213-21.
[25] Albert Jewell, (Ed.). *Aging, Spirituality and Well-being*.(London: Jessica Kingsley Publishers, 2004),17-19.
[26] Harold Koenig and Harvey Jay Cohen "Spirituality across the Lifespan," *Southern Medical Journal* Vol. 99(10) (October 2006):1157-8.
[27] Irene Nolan and Terry Mills, *Spirituality in Aged Care Project - Final Evaluation Report*, April 2011. Healthcare Chaplaincy Council of Victoria Inc. (HCCVI), 81-85.

> Not all aged care facilities have ready access to chaplains or pastoral care workers to provide spiritual care for residents. There are generally ministers, priests and chaplains to whom a resident can be referred when a specific spiritual need is identified, although it would seem that these referrals may be confined to those residents who have nominated that they belong to a particular religion.[28]

Accordingly, the spiritual needs of those not belonging to a particular religious or cultural denomination may demonstrate a lack of appropriate spiritual facilitation and care. Recent studies suggest the requirement for the spiritual needs of the aged in residential ACFs should be addressed appropriately. To facilitate these needs staff needs to be aware of a resident's culture and spiritual requirements. [29]

Expected Outcomes

In reference to expected outcomes for spiritual facilitation within a Catholic ACF, it is mandatory that residents are supported in their religious needs. Upon approaching the later stages of life residents require a means to fulfil their spiritual needs. In particular, there is need for removing the fear and uncertainty of the future.

Accordingly, the removal of fear and uncertainty offers distinct outcomes for residents, benefiting all concerned with regard to the resident's spiritual needs. These benefits make the nursing and care of residents less demanding and more achievable, due to residents having a more positive and peaceful states of mind. Resultant outcomes include fewer instances of anxiety, instability and depression. Residents exposed to this 'positive spirituality' need less medication, counselling and attention. [30] These expected outcomes are explored in Chapter Three dealing with methodology.

Thus, the expected outcomes reflect the benefits of spiritual facilitation within the context of a Christian ACF. These benefits are noted by Neil Krause acknowledging how current research on religion and health can provide more comprehensive care for aging populations.[31] Such studies indicate that older

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[28] Nolan and Mills, *Spirituality in Aged Care Project* 12.
[29] MacKinlay, *The Spiritual Dimension of Ageing,* 36-7,252-3.
[30] Mary T. Quinn Griffin, and Ali, Salman, Yi-hui Lee, Yaewon Seo, Joyce J Fitzpatrick, ,"A Beginning Look at the Spiritual Practices of Older Adults," *Journal of Christian nursing,* , Vol.25(2), (2008):100-2.
[31] Neal Krause, "Religion, Aging, and Health: Exploring New Frontiers in Medical Care." *Southern Medical Journal,* Vol. 97 (Dec 2004): 1215-1222.

people living in close and secure social networks tend to enjoy better health, and live longer than older adults who do not maintain close ties with others.[32]

Government Involvement in Aged Care

Government involvement in ACFs is exhibited in issues and trends relative to capital, community care and 'user pays' options. The international trend is moving towards politically and socially acceptable models for sustainable financing and provision of residential aged care, supported housing and community care. The response in Australia to the escalating demand for aged care is comparable with international developments, especially in relation to the issue of capital for funding.[33]

The trend towards community care is reflected in an international refocusing towards this issue, predominately through consumer preference. There is an assumption that community at-home care is less expensive than residential care. The Government cost- savings through community care are often associated with the transferring of the burden of care away from 'the state' and back to families. The trend to community care and 'user pays' funding reveals an international reversal towards citizens paying directly for a greater proportion of their aged care costs.

In regard to Australia providing and financing aged care in the future, a summary is provided by Ergas:

> Demand for aged care will increase substantially as a result of population aging, with the number of Australians aged 85 and over projected to increase from 400,000 in 2010 to over 1.8 million in 2051. Meeting this demand will greatly strain the current system, and makes it important to exploit opportunities for increased efficiency. A move to greater beneficiary co-payments is also likely, though its extent may depend on whether aged care insurance and other forms of pre-payment can develop.[34]

In Australia, Government policies and the provision of residential aged care have changed markedly over time. From the early 1950s onwards, there was a sizeable increase in institutional and nursing beds for aged people. Up until the mid-1980's, aged care was primarily provided in residential settings,

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[32] Ibid., 1215-1222.
[33] Warren P. Hogan," Economic and Financial Aspects of Aged Care," *Economic Papers* Vol 24 (1) (March 2005): 18-34.
[34] Henry Ergas, Paolucci and Francesco,' *Providing and Financing Aged Care in Australia*,' Risk Management and Health Care Policy 4 (2011): 67.

based on a medical model and viewed as a health care issue. This orientation was questioned after the release of the *Committee of Inquiry into Aged Persons Housing Report* in 1975. The Committee of Inquiry censured the dominance of institutional care, the scarcity of ACF and community centred services, the absence of co-ordination, ineptitude and disparate distribution of services.[35]

The Commonwealth Parliament enacted the *Aged Care Act* in 1997. Former nursing ACFs and hostels were gathered into the one scheme. An advantage and intention of this tactic was that residents who originally entered a low-level residential aged care ACF may avoid moving to a higher level care ACF should their needs change.

In South Australia the legislation requiring the licensing of 'supported residential facilities' applies to all residential ACFs, without distinction between low-level and high- level facilities. This is whether or not those facilities are regulated under the Commonwealth scheme. However, the South Australian State scheme allows for an exemption from the licensing requirements and the regulation of standards of care for Commonwealth funded residential ACFs.[36]

Considering future aspects of aged care in Australia, the Australian Government publication on future demand for aged care services acknowledges the aging of Australia's population. Therefore, Australia's aging population is expected to place increased demand on aged care services within nation over the next 40 years.[37] Multicultural diversity an important aspect of these changes due to increased numbers of multi-ethnic aged care residents, and the beliefs and practices associated with religion, diet and dress. Accordingly, future spiritual facilitation for resident in aged care must prepare for the impact of multiculturalism.[38]

The Vision of Mary MacKillop Care SA Ltd

Mary MacKillop Care SA Ltd at Flora McDonald Lodge is a service of The Sisters of St Joseph of the Sacred Heart (called Josephites). The organisation provides residential care for the aged, community care and supported accommodation for individuals with intellectual disabilities together with affordable community housing. The Sisters of St. Joseph of the Sacred Heart have been involved in aged care since their foundation at Penola in South

[35] Society of St Vincent De Paul, 'Growing old, who cares? A social justice statement on residential aged care,' *Australasian Catholic Record* 73, no.2, (April 1996):150.
[36] Peter Hanks and Lisa De Ferrari, *Regulation of Residential Aged Care Review of Legislation:*, 8.
[37] Trends in Aged Care Services, Section 3- *'Future Demand for Aged Care Services'*, 33-60. http://www.pc.gov.au/__data/assets/pdf_file/0010/83386/05-chapter3.pdf.
[38] Ibid., 47,49.

Australia in 1866. Mary MacKillop Care SA's mission is to offer high quality care and accommodation in the spirit of St Mary MacKillop and the founding Josephite Sisters, whilst ensuring all in their care are regarded with care, dignity and respect.[39] As noted by Marie Therese Foale, the Josephite Sisters 'Rule of Life' urged them to "take a most lively interest in every external work of charity in the gaols, poor houses and hospitals…" [40]

The vision, mission and values of Mary MacKillop Care SA reflect Josephite spirituality in caring for people, particularly the aged. The policies, procedures and practice objectives of Mary MacKillop Care SA fulfil this vision of by providing a safe, caring Christian environment for the aged and disadvantaged. These objectives embody the significance of spiritual facilitation's role in achieving these ends. The mission of Mary MacKillop Care SA is to be an innovative and dynamic organisation achieving excellence in Aged Care. The values of Mary MacKillop Care SA uphold and respect the dignity of every aged and disadvantaged person and all who contribute to their care and services.[41]

The spirituality of St Mary MacKillop in her own words was, "there, where you are you will find God."[42] These words of Mary MacKillop in 1871, and the teaching of Fr. Julian Tenison Woods, "for us to have faith in God's presence in every circumstance," qualify the meaning of spirituality for the Sisters of St Joseph.[43]

In respect to the aged care facilities of Mary MacKillop Care SA these include: Flora McDonald Lodge, Tappeiner Court Nursing ACF, Tenison Woods Aged Care Services and St Catherine's Berri. Of these four facilities, Flora McDonald Lodge is the subject of this case study. Flora McDonald Lodge can trace its history in an unbroken line to the House of Providence that St Mary MacKillop and Father Julian Tenison Woods established in 1868 at Cowandilla, South Australia. Today, Mary MacKillop Care SA maintains the spirit and vision of St. Mary MacKillop and Fr. Julian Tenison Woods, and with Flora McDonald Lodge providing accommodation to 84 aged residents. The facility is situated in large, picturesque grounds near the city, shops and public transport at Cowandilla.[44]

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[39] Mary MacKillop SA Ltd. Home – *Become Part of Our Family.* http://www.mmcsa.org.au/home.html,1.
[40] Marie Therese Foale, 'The Sisters of Joseph: 128 Years of Care for the Aged,' *Australasian Catholic Record* 73 no.2 (April 1996):187-194.
[41] Mary MacKillop Aged Care, *About Us*, http://www.marymackillopagedcare.org.au/about.php,1.
[42] Sisters of Saint Joseph of the Sacred Heart 2009, *Spirituality*, http://www.sosj.org.au/spirituality/index.cfm?loadref=5,1.
[43] Ibid., 1.
[44] Mary MacKillop SA, *Become Part of Our Family…* http://www.mmcsa.org.au/flora_mcdonald_lodge.html,1.

The vision for FML is to provide an aged care environment reflecting the benefits of a peace-filled Christian experience to all those who may come in contact with this ACF. A vision ensuring each individual has the opportunity to practice religion and cultural observances in a private and dignified manner. Therefore, FML provides a welcoming environment for relatives and friends, encouraging them to contribute to the care of all within the ACF. Therefore, supporting and acknowledging the value of each person's participation and commitment to life within the ACF.[45] Of relevance here is the earlier discussion on the Church's ideals in Chapter1, Section 1.6.

FML chief executive officer, David Ferrier, believes "the vision for the future holds the challenge of how to achieve financial sustainability while also remaining committed to the people who have the greatest need." As such, "the big issue is mission versus margin."[46] Envisioned issues to be addressed by FML include the realities of looking after the needy, rebuilding and funding.

Conclusion

This literature review has provided an overview of spiritual facilitation in regard to its history, politics, and vision, with an Australian focus and specifically to Flora McDonald Lodge. Importantly, the research conducted has defined, outlined and provided key terminology and context regarding Accreditation Standards, cultural and spiritual life, continuous improvement, education and staff development and spiritual facilitation. This acknowledges the limitations and the expected outcomes of the accreditation process.

Therefore, it can be stated that spiritual facilitation considers an increasingly complex array of variables ranging from resident's needs and the organisations they reside in, to the staff that attend these needs. This broad focus encompasses an accreditation process that alternatively ensures that every need desired by the aging in regard to their spirituality is ultimately met. This process places an increasing emphasis on ACFs to comply with Accreditation Standards including spiritual facilitation, whilst considering future changes in light of social, family and ethnic cultural influences.

Extract from a theology Honours thesis titled *'A Case Study on Spiritual Facilitation within a Catholic Aged Care Organisation in South Australia'* submitted to Flinders University, South Australia by Roger Porter in 2013.

[45] Sisters of Saint Joseph of the Sacred Heart 2009, *What Are We Doing – South Australia,* http://www.sosj.org.au/what-we-are-doing/index.cfm?loadref=135,1.
[46] *The Southern Cross*, The official publication of the Catholic Archdiocese of Adelaide, October 2012, 16.