

A.1 Mission and Philosophy

1.0 INTRODUCTION/BACKGROUND

Private business has profit as motivator. Government Departments have Government Policy as a guide. Not for Profit organisations, such as Mercy Services, have a particular Mission and Philosophy that led to their formation and direct their actions. The Sisters of Mercy (Singleton) formed Mercy Services and provided the organisation's Mission and Philosophy. The Institute of Sisters of Mercy Australia and Papua New Guinea as the new owners of Mercy Services has delegated reviewing the Mission and Philosophy Policy to the Board of Mercy Services.

2.0 SCOPE

This Policy outlines the Mission and Philosophy of Mercy Services and how this developed and promoted.

3.0 POLICY STATEMENT

The Mercy Services Mission and Philosophy will direct the structures, policies and actions of the Mercy Services Board, management, staff and volunteers.

3.a *Philosophy Statement*

- Mercy philosophy embraces a deep and lasting trust in the compassionate love of God.
- We believe in, and witness to, the dignity of the human person and the value and quality of human life.
- We respect that all persons are born equal and that all life is a God-given gift.
- We acknowledge that each person's journey is unique, and that support needs can vary from person to person.
- We believe in offering services that recognise and honour the whole person: body, mind, heart and spirit.
- We believe in responsible stewardship: Placing high value on our human resources, while promoting rigorous attention to the financial, structural and material.
- We believe in collaborating with other organisations that share our values to better benefit the community we serve.
- We hold the values of Respect, Care, Justice, Unity and Service to be central to our culture and believe in demonstrating them in creative responsiveness to social needs of our times.

3.b *Vision Statement*

Mercy Services will be leading providers of compassionate care and quality services. We will excel in the delivery, management and measurement of service and quality, and will be implementers of innovative and integrated care delivery models.

3.c *Mission Statement*

Our Mission is to provide holistic, proactive and inclusive service, in the spirit of our foundress, Catherine McAuley, to all those we support and work with both in

the community and in a residential setting. In all our work we strive to provide compassionate, respectful, high quality and environmentally sustainable practices.

3.d Mercy Values

Respect, Care, Justice, Unity and Service (see Appendix 5)

4.0 PROCEDURES

4.a Development of Mission and Philosophy

The Board of Mercy Services will consult with staff, volunteers and clients of Mercy services in developing and review this Mission and Philosophy Policy.

4.b Communication of Mission and Philosophy

The Mission and Philosophy will be communicated at orientation to all new Board members, staff and volunteers.

Further written material and in-service/training opportunities will also be regularly provided to Board members, staff and volunteers. Occasions of significance in the history and life of the Sisters of Mercy may offer such opportunities, such as Mercy Day (24th September - the anniversary of the opening of the original House of Mercy on the Feast Day of Our Lady of Mercy).

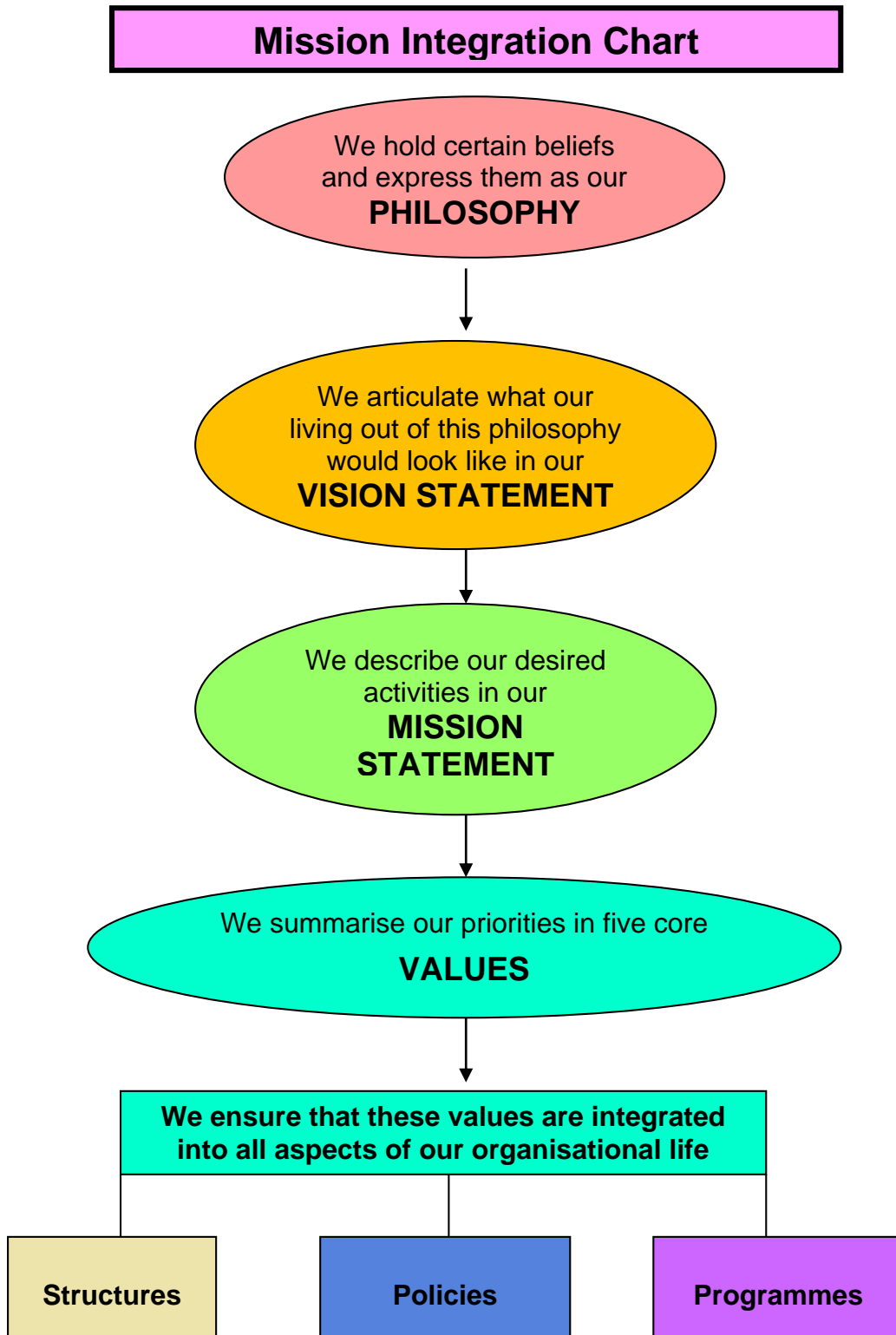
4.c Integration of Mission and Philosophy

The Mission and Philosophy are to be integral to all aspects of the organisation and its operations (see Mission Integration Chart on page 3).

Responsibilities for Mission Integration:

- a. The Mercy services Board of Directors is responsible for providing:
 1. Background documentation and resources that tell the story of the Gospel Origins of the Care Ministry, Catherine McAuley – foundress of Sisters of Mercy (see Appendices 1-5);
 2. Statements of Philosophy, Mission, Values and Vision for Mercy Services (see above);
 3. Values Integration Programme and Values Assessment Tool
 4. The Board Code of Conduct (see Governance Policies);
 5. Administration of the Board Assessment and Board Formation Process
 6. Ensuring that all Board activities are in keeping with the Philosophy, Mission, Values and Vision Statements provided by the Trustees
 7. Overseeing the integration of the Values Programme by Management, and their administering of the Values Assessment Tool for the Services; and
 8. Report to the ISMAPNG annually on these responsibilities
- b. The Chief Executive Officer is responsible for:
 1. Integrating the Values Programme into the Organisation

2. Including in each report to the Board a statement of progress and effectiveness of Values Integration
3. Ensuring that all staff and volunteers understand the importance of participating in keeping the values active
4. Engaging appropriate support to ensure that creativity is brought to ways of varying implementation methods



5.0 REFERENCES

1. Current issues	a) None identified
2. Australian Standards	a) None identified
3. Legislation	a) None identified
4. Professional guidelines	a) None identified
5. Codes of Practice	a) None identified
6. Codes of Ethics	<ul style="list-style-type: none"> a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
7. Evidence	<ul style="list-style-type: none"> a) Oral tradition of the Sisters of Mercy, Sister Austin Carroll's <u>Life of Catherine McAuley</u> (New York and Philadelphia: P.J. Kennedy and Sons, 1866), b) Johanna Regan, <u>Tender Courage</u>, Gwynedd-Mercy College, (Gwynedd Valley, Pennsylvania 1978)
8. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES AND PROCEDURES

All Mercy Services Policy

7.0 RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	Home Care Standards	Disability Standards	EQulP Standards
1.1, 1.3, 1.5, 2.1, 2.3, 3.1, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 4.1, 4.3	1.1, 1.2, 1.6	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.3, 4.5, 5.1, 5.4, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6	3.1.2, .3.1.5

8.0 DOCUMENT CHANGES RECORD

Date of change	Section altered	Natures of changes made
13/03/2009	All sections	Document created
23/03/2011	7.0 Relationship to Standards	Replace HACC Standards and CACP Standards with Community Care Common Standards and update to EQulP 5 Standards

Date of change	Section altered	Natures of changes made
09/10/2012	All sections	Organisation name updated.
01/07/2015	<ul style="list-style-type: none"> a) 1.0 Introduction/Background b) 3.0.a-b Policy c) 4.0.a Development of Mission and Philosophy d) 4.0.c. Integration of Mission and Philosophy (a) Board e) 4.0.c. Integration of Mission and Philosophy (b) CEO and Mission Integration Chart f) 5.0 References and 7.0 Relationship with Standards 	<ul style="list-style-type: none"> a) State that the Board of Mercy services is now responsible for developing Mission and Philosophy Policy b) Changed c) Board will consult when developing and reviewing this policy d) Board incorporates roles previously held by the Trustees of the Sisters of Mercy e) Changes in wording and order of elements of the Chart f) Update
Review due 01/07/2018		

INTRODUCTION

To understand our Mercy Services we need to understand both their roots and their wings: that is, from where we have come and who we hope to become.

Mercy Care Services is a group of persons committed to continuing the healing ministry of Jesus; that healing which, as far as possible, assists individuals to take control of their own lives, and become the persons they are meant to be. The account of Jesus' ministry is clearly recorded in the Gospel. This ministry continued through Catherine McAuley, the Sisters of Mercy and thousands of other persons dedicated to serving people in need. Today Mercy Care Services comprises two Companies owned by the Sisters of Mercy (Singleton) to carry out the healing ministry of Jesus: *Mercy Services* and *Mercy Aged Care Services*.

The roots of Mercy Care Services begin in the Gospel with the model of Jesus, who brought healing to both the wealthy and the poor but who spent much of his time and energy with people society wanted to forget. The roots continue in the life of Catherine McAuley, a 19th Century Irish woman who founded the Sisters of Mercy, and whose commitment to the poor, the sick and the uneducated shapes Mercy Care Services today. Like Jesus, Catherine McAuley dedicated her life to those who were needy. Her compassionate service touched wealthy and poor alike, but she showed a preference for helping those who were most needy: the poor, the sick and the uneducated.

Catherine McAuley collaborated with people who were united in their desire to relieve human suffering. We continue this tradition by welcoming collaboration with other groups and religious communities whose values lead them to compassionate service.

These are our roots which form the basis for our service today and into the future. Understanding our roots allows our work to “take wing”. As we continue to interpret Catherine McAuley’s vision of compassionate service we will re-shape care to be more compassionate, more responsive to need and more concerned with quality for the years to come.

The Call to Service

To shape and improve society and care for tomorrow we must be visionary, but we must also be grounded in today’s cry of the human family for healing. Within our services we, like Catherine McAuley, need to let our hearts be touched by human suffering so we can attempt to relieve suffering and change structures which continue to cause it.

To accomplish our mission Mercy Care Services need all members to be caregivers. By caregivers we mean anyone who contributes – either directly or indirectly – to the healing ministry. Direct caregivers – nurses, co-ordinators, and volunteers, among others - have always known the importance and satisfaction of providing a healing touch. In the complexity of today’s care however, many other kinds of indirect caregivers – Trustees, managers, receptionists, board members, among others – support and contribute to direct personal care services.

In any of the Mercy Care Services we expect all caregivers to have the competencies required by their particular area of responsibility and to strive for quality in the care they render. We also look for quality in modelling the spirit of Mercy by integrating the identified values into action, daily.

CATHERINE McAULEY **FOUNDRESS OF THE SISTERS OF MERCY IN 1831**

On any Sunday morning in her early childhood, Catherine McAuley could watch her father open the doors of the family home, Stormanstown, and welcome in strangers. These poor and illiterate Dubliners, their lives so different from her own, sought education and spiritual solace. Her father ministered lovingly to them persisting despite criticism from class-conscious family and friends. Catherine's own experience with the poor and her understanding of the Gospel inspired her to continue her father's work.

Her mother, a Dublin socialite, oversaw Catherine's education in the social graces. Catherine learned to be dignified and gracious in even the most difficult circumstances. So deeply was this etched into young Catherine's character that as a Mercy Sister years later she would remark, "*A perfect religious is a perfect lady*". When her family lost its financial security, Catherine learned what it meant to be poor herself. She began to live with and care for an elderly couple, by the name of Callaghan. Her care for the needy of the area and for the Callaghan's themselves inspired William Callaghan to leave his fortune to Catherine. It was this inheritance which Catherine would use to build the House of Mercy in Dublin.

Catherine shared her adult world with some of the finest minds in the city. Surgeons, architects, pharmacists, theologians – such were her close friends and relatives. Through their work she saw that human efforts, inspired by prayer, could improve people's lives.

These lessons in courage, composure and action served Catherine well. On 24th September, 1827, Catherine began to live at the house on Baggot Street and was soon welcoming young women of Dublin into her home for the purpose of much needed care and education. She had built the House of Mercy on Baggot Street, in a fashionable part of town, so that she could bring the needs of the poor to the attention of the wealthy. This drew both admiration and criticism.

Catherine's relatives thought her foolish and denounced her House of Mercy as a waste of money; but many people admired her work and actively supported the activities of the House of Mercy. Soon several women were living at the house, combining their common prayer with their work among the needy. Some neighbours, however, were not happy about this place that looked like a convent and attracted poor people into the area. Others felt Catherine was disregarding established forms of religious life. They went to the archbishop complaining that Miss McAuley had built this House of Mercy, but was not living the life of a vowed religious. Eventually it became clear to Catherine that she needed either to disband or form a religious community.

Catherine had never intended that the house be a convent or that her group be a religious order. She feared their work in the community would be hampered by religious laws of the day, such as that of enclosure, which confined most Sisters to their convents. In order for this work to be carried into the future, Catherine chose to be flexible. She struck a compromise that satisfied religious authorities, community members and her.

Catherine undertook a novitiate with the Presentation Sisters, and after her profession on 12th December, 1831, she wrote the rule for the new community, introducing innovative concepts for her Religious Sisters of Mercy. In the rule she lifted the law of enclosure so that her Sisters could go about as before, the "walking nuns" so welcomed by the poor. All Sisters traditionally took vows of poverty, chastity and obedience. Catherine added a fourth vow for Mercy – to serve the poor, sick and uneducated.

Over the next ten years, Catherine personally established twelve of the fourteen original foundations of Mercy in Ireland and England. At each of the twelve, she appointed a Sister to

lead the community. She chose her leaders carefully and expected these competent managers to carry out Mercy's mission, consulting with her if necessary to resolve problems.

The last foundation Catherine established was in Birmingham, England, in 1841. Later that year, sick and weakened by tuberculosis, she returned to her much-loved House of Mercy, where she died on 11th November. In her usual thoughtful way, Catherine asked those gathered at her bedside to *"comfort the Sisters with a cup of tea when I am gone."*

VALUES BASED ACTION

Catherine McAuley heeded the call of Jesus to reach out with courage and love to the needy of her time. Inspired by her personal interaction with Dublin's poor and by the centuries-old tradition of the Catholic Church, Catherine created new and more responsive structures to meet needs unmet by current social structures. She gathered about her dedicated persons, lay and religious, and she trained women to exercise specific skills and general leadership with both competency and compassion. Catherine chided those responsible for service to be more responsive to the need "*not next week, but today.*"

Today Sisters of Mercy continue these efforts to provide healthcare to people in need. Now our Services depend on the energies of many dedicated persons whose values enhance the mission of Mercy Care Services. In our Services and through our influence, we are striving to promote a society that assures quality care to those in need. We cooperate with Government Departments and other Services by providing designated services with dignity, competence and compassion in ways that reflect the Gospel values selected to be our *core* values by many representatives from all areas of our Services as being those out of which they wish to operate on a daily basis, namely, *justice, respect, service, care, and unity.*

Catherine McAuley's example and inspiration translate to present and future needs. In a rapidly shifting healthcare environment marked by complexity, high technology and competition for scarce resources, a compassionate, direct response to human need remains essential.

What must be central in our service, regardless of future change, is that persons deserve quality care; that our Services exist to serve human needs and that respect for the dignity of every person constitutes a fundamental principle of our action. It is important, too, that we grow in the understanding that individuals have primary responsibility for their health and that the earth is the primary health resource. A healthy environment will be necessary for healthy people. Working with others who hold common values and relying on God's care will be essential to the works of Mercy in the present and the future.

Since Catherine McAuley's time, Mercy ministry has included creative collaboration of Sisters and our service partners who have been committed to a wide range of values we continue to honour: *mercy, justice, understanding, sensitivity, compassion, wholeness, collaboration, open communication, commitment, excellence, loyalty, acceptance, confidentiality, trust, sacredness of human life, advocacy, respect, human dignity, service, integrity, trust, care, equality, empowerment, compassion and unity.* In former days many Sisters staffed and administered our healthcare institutions, providing a visible witness to the continuation of Catherine McAuley's vision. Like Catherine herself, they were often able to gather around them caregivers who shared their values. These dedicated persons have carried Mercy service into the twenty first century.

The richness of our tradition is found in the stories from the Gospel and from the life of Catherine McAuley. We find it in the history of those who have served in our healthcare institutions in the distant and recent past.

We also find reminders of our tradition in those who serve in the healthcare ministry today. The manager who makes a particularly innovative proposal about care; the volunteer whose actions and manner make a client or resident feel at home; the clinical caregiver whose compassion eases a pain that medication could not touch; the receptionist whose tone of voice shows reverence for another's dignity; the board member who is clearly at the service of those served. These are reminders that we are already accepting the challenge to turn values into action.

Our task now is to become clearer, more unified and more articulate about how we choose to reflect the core values in action on a daily basis to take us forward into a desired future.

ORGANISATIONAL PRINCIPLES

In addition to working out of the values already identified for our Mercy Care Services we wish to draw up four basic principles to help shape our organisational structures and processes. They are: *collegiality, subsidiarity, accountability and co-responsibility*. Applying these principles will support an organisational culture that operates out of articulated core values and the commitment to fulfilling our mission. It is not intended that *collegiality, subsidiarity, accountability and co-responsibility* be viewed as functioning in isolation; they are interactive principles. Their joint application supports a culture of commitment and enablement.

COLLEGIALITY

Collegiality is drawn from the teachings of the Second Vatican Council. Collegiality represents a model of participation and co-responsibility operating among persons committed to a common mission. Rooted in justice and human dignity, collegiality engenders a spirit of collaboration, consensus-seeking and cooperation among individuals within and across the organisations and programmes that make up Mercy Care Services. In a collegial environment, opinions are openly sought and valued irrespective of a person's position in the organisation. Cooperation and commitment are fostered by open dialogue, effective communication, mutual trust and interdependent structures.

SUBSIDIARITY

Subsidiarity is drawn from Catholic social teaching on the relationships between an individual and society. This organisational principle calls for individuals and smaller units of people to assume those activities for which they can demonstrate competence and ability. Larger units assume those activities which cannot be accomplished by smaller units.

Subsidiarity has two complementary and interactive aspects. It calls for placing decision-making, authority and responsibility:

- a) as close as possible to the point in the organisation where the impact of the decision will be felt, and
- b) at the point most competent to make the decision.

Subsidiarity enables individuals to retain as much influence as possible over decisions affecting their working environment, providing there is enough knowledge to assure that their decisions and actions contribute to the good of the organisation as a whole. Because of the two aspects of subsidiarity – competency and impact of the decision – decision-making is not rigidly hierarchical but may flow from one part of the organisation to another as situations change.

ACCOUNTABILITY

Accountability forms the basis for needed authority and decision-making throughout Mercy Care Services. Accountability requires that individuals and groups be answerable for how authority has been exercised and responsibilities discharged in relation to Mercy Care Services' vision, mission and values.

Accountability requires a balance in the exercise of freedom with responsibility. It is a positive and constructive principle because it allows individuals and groups to demonstrate the extent to which goals and objectives are fulfilled, to reward achievements and to identify areas for continuous quality improvement.

Mercy leaders are accountable for ensuring that the mission is translated into individual expectations which result in high quality, continuously improving, values-consistent performance. All aspects of Mercy Care Services are mutually responsible for the life and spirit of the mission.

This is our continuing task: to understand and identify our roots and our values and to translate them into action every day.

CO-RESPONSIBILITY

Co-responsibility finds its source in the action of the Spirit “speaking through each person”, challenging them to mature, discerning, and responsible participation in reflection, decision-making, implementation and evaluation of what concerns the daily business of the Organisation and it’s Mission.

Each person within the Organisation is called to unity, holding the good of the whole Organisation in mind. They are called to share individual gifts and talents, and to contribute to building a shared sense of community.

SPECIAL CHARACTERISTICS

The application of another potentially unfamiliar word in Mercy Services and Mercy Aged Care Services Singleton documentation is that of “charism”. While it originates from the Greek language, outside of references to gifted and animated people being “charismatic”, general use tends to be restricted to Church-related Organisations.

Charism

The word charism finds its roots in the Greek word “charis”, meaning *grace*. In the context of Religious Congregations it means a particular grace from God bestowed upon religious founders and their founding Organisations which distinguishes them from others within the same Church. In applying it to an Organisation, it is a particular *spirit* or *gift* imbibed from the founder that distinguishes the Organisation from others, making them unmistakable in the presence of other Religious-based Organisations which embody different yet valuable charisms, or other Organisations that are not characterised by an articulated charism.

A paper presented by Anne Hannon RSM at the celebration of 160 years of Sisters of Mercy in Sunderland, England on November 26 2003, clearly records what Catherine McAuley saw as the charism of her Religious Congregation.

“On her deathbed Catherine’s bequest to all Sisters of Mercy was spelled out quite clearly: ‘My legacy to the Institute is Charity’. That this was clearly understood, is vouched for, by Mother Austin Carroll, a charismatic foundress of the Sisters of Mercy in North America. ‘The blessing of unity still dwells amongst us...this is the Spirit of the order indeed – the true spirit of Mercy – flowing to us. 1. The charism of Mercy is all about love...Mercy is about “bringing one’s heart to misery, to wretchedness’. 2 ...Catherine saw the works of mercy as a direct means of encountering and coming into union with God. She also saw that when we live in ongoing conversation with Christ, and allow His Spirit to guide our lives, we recognise Him in the poor, the oppressed and the downtrodden.

1. Oral tradition of the Sisters of Mercy, Sister Austin Carroll’s *Life of Catherine McAuley* (New York and Philadelphia: P.J. Kennedy and Sons, 1866), p.435
2. Johanna Regan, *Tender Courage*, Gwynedd-Mercy College, (Gwynedd Valley, Pennsylvania 1978), p.3

Values

Motivated by our stated philosophy and committed to our mission and vision our values become key to who we are and how we choose to offer service.

- Justice:** Ensuring that right relationships are maintained by establishing and living out of systems and structures that give each person maximum opportunity for access to resources. We advocate for a society in which all can realise their full potential and achieve the common good.
- Respect:** Everyone, regardless of title or position, income, education or status, ethnicity or religion has a dignity that is sacred. All people deserve to be met with a spirit of genuineness and sincerity, and an appreciation of their own self-worth.
- Service:** Responding with compassion to the needs of others, whether clients or colleagues, we willingly offer our time, skills and attention.
- Care:** Attending to the identified needs of those we serve, giving priority to those who are underserved by society, we seek to care not only for their immediate needs but also to advocate for structural change that keeps people in an unhealthy or unsafe environment.
- Unity:** Creating a community where harmony and bondedness is present, we work together to progress our Mission. We stand by each other in the face of challenge, and co-operate with decisions that are taken for the good of the Service, yet might be different from one's own preference.