When Isaiah (7:14) said that Immanuel will be born, He meant that God will become present amongst His people. He will be God with us. This is the best indication of love – God who wants to be with His people.

Then we understand John 3:16 that God so loved the world that He sent His only Son - the Immanuel for His people. This is caring at a cost! God left everything what was important to Him (Phil 2:6-11) to get into a living relationship with mankind to help them restore their position before God – to become again as God created them to be.

This is the meaning of Christmas and the outcome God desired.

When we look back on Jesus’ birth, we are reminded of God’s caring, His love, His kindness, His willingness to sacrifice for the benefit of others and of His amazing grace. We are also reminded of this same God, whose constant urge is to restore creation and restore His image in mankind.

We are commissioned to help people experience this urge of God in every Pastoral Care conversation, because real wholeness is in God, real life is in God and real restitution is in God.

We are God’s instruments of recreation when we help people finding their life’s meaning and value in a relationship with the living God. God is Immanuel through us and through His Spirit in us. He needs us to reflect His love and kindness in a world that has gone astray.

Our firm belief in God gives hope to people and our authentic care and integrity can help people through difficult times in their lives.

May we keep on living the presence of our living God throughout our professional interaction with our clients and thereby incarnate our Immanuel in their lives.

May Christmas become real for many people because of our love, kindness, understanding and guidance in people’s lives to help them find their new identity within Jesus Christ.

Dr Tertius Erasmus.
The relevance of applied Christian community psychology in healthcare

By Prof. Nicolene Joubert of the Institute of Christian Psychology

In community psychology personal issues are viewed as a shared problem within a certain context. It implies that a personal troublesome situation is not only affecting the individual but also the community or communities involved. The interpretation and response of the community to the suffering person’s issue further impacts the response to and management of the issue. For example, if a person is diagnosed with a terminal disease such as cancer, the impact and course of the disease affect the patient’s body, mind, emotions, will and spirit. It also affects his/her family, friends, social groups, the workplace and the wider community. The community psychology framework supports interventions that are holistic in nature (caring for the whole person) and aligns with the needs of the community at stake.

Community psychology is a more recent development in psychology, which emerged in the 1960’s in the United States of America. This development stems from an increased awareness amongst healthcare professionals of the existing divide between medical and paramedical professions and those in need of healthcare. Hence, community psychology developed with the aim to bridge this divide through active engagement in communities. In South Africa the concern for expanding access to social and healthcare services is not only expressed by various stakeholders but a revised healthcare framework is proposed to engage the community in healthcare promotion.

Furthermore, community psychology has clearly articulated assumptions and values that could be assessed from a Christian spiritual perspective. These assumptions and values are consistent with a worldview that is systemic and holistic, stating that the world does not consist of separate elements but rather the relationships between all things. These relationships shape and affirm communities. Values such as participation, collaboration, justice as a goal for action, community empowerment, respect for others, prevention rather than cure, promotion of health and wellbeing converge with the Biblical notion of “love your neighbour as yourself” (Matthew 22: 9). These values support both Christian and traditional African thought on personhood.

Personhood in Christian thought is embedded in the belief in a personal God, the creator of all things, revealed in Jesus Christ in a tangible and visible human form. Jesus Christ revealed the fullness of giving yourself to others in His life on earth, which serves as an example of how we should live. Christian anthropology claims that we are created in the likeness of God with the ability to have compassion, to love, be faithful, be truthful, distinguish between right and wrong. Personhood develops and is expressed in our relationship with God and others.

Personhood in African thought is human-centred and directly related to one’s participation in communal life. This implies that the relationships of humans shape their true identity. Gyeke (1997) highlights the ontological importance and relevance of community in the total well-being of the person.

This perspective relates to the Christian perspective of God’s plan of salvation and wholeness for individuals, communities and the Cosmos.

Applied Christian community psychology collaborates with God’s plan through designing and implementing interventions aimed at a God-given destiny. These interventions are planned to prevent physical and mental illnesses, alleviate the burden of suffering and affirm the ontological relevance of the community. The aim is to enhance the well-being of the individual and the community.

The relevance of Christian community psychology in healthcare lies in the application of an integrated framework that involves partnerships between church communities, non-profit organisations and healthcare workers. Such partnerships would draw on psychological knowledge and expertise, pastoral and spiritual insights and practical and medical advice and care.

Honouring God’s plan of salvation and wholeness for all people requires active participation in societies to alleviate suffering and facilitate social transformation. Christian community psychology enables us to obey this call and become true workers in the harvest.


Available online at https://www.questia.com/read/65192645/tradition-and-modernity-philosophical-reflections
Hospivision conference: Spirituality and health care

By Ms Mantoa Nziku, Hospivision regional manager, Gauteng

The recent Hospivision conference that took place in Cape Town on 20-21 October and Pretoria on 24-26 October had the sub-theme “Wholeness in health care”. It brought together leading experts, as well as a wide range of perspectives and disciplines to explore the ways in which spirituality interacts with healing, growth and wholeness in healthcare.

The keynote speakers were Professor Christina Puchalski from the George Washington Institute for Spirituality and Health, and Professor Nicolene Joubert from the Institute for Christian Psychology in Johannesburg.

Prof Puchalski, MD, MS, is a pioneer and international leader in the movement to integrate spirituality into healthcare in both the clinical setting and in medical education. She is the founder and director of the George Washington Institute for Spirituality and Health (GWish) at the George Washington University in Washington DC.

Her presentation highlighted the importance of integrating patients’ spiritual beliefs into their care, addressing sensitive medical issues facing seriously ill patients as well supporting healthcare professionals in their provision of compassionate care.

Her work in the field of spirituality and medicine encompasses the clinical, the academic, and the pastoral application of her research and insights.

Prof Nicolene Joubert is a registered Counselling Psychologist in private practice as well a lecturer. She is the president of the Association of Christian Counsellors in South Africa.

Prof Joubert’s presentation was about the ethical dilemmas often faced by pastoral counsellors in the healthcare environment as well as the complexity of Bioethics and spirituality.

The more than 30 additional presentations from a wide range of researchers and practitioners in the field of counselling and psychology were very enlightening.

The last day’s presentations by experts in the field of paediatric psycho-social support and spirituality, were truly educational and opened up a whole new world for the need for palliative care for children.

The role of spirituality in the rehabilitation of patients with a spinal cord injury

Following is an abstract of Ms Mantoa Nziku’s presentation at the recent Hospivision conference.

Rehabilitation after a spinal cord or other neurological event can be a gruelling experience, which includes coming to terms with a life changing event. Many rehabilitation services do not address what patients often consider the most essential aspect of their being – their spirituality.

This presentation took place against the background of the Tshwane Rehabilitation Hospital, which started operation in April 2006 with 10 beds allocated to spinal patients with the intention of starting a rehabilitation centre.

The Tshwane Rehabilitation Hospital currently has 79 beds for patients undergoing physical rehabilitation. The facility consists of various wards, therapy gyms, consulting rooms, workshops and other buildings for support services.

This presentation explored the emotional, social and spiritual impact of rehabilitation. It also touched on the provision of spiritual and pastoral counselling as part of the rehabilitation process, as well as support and debriefing for staff members.

The clinical divisions of the hospital include medical, nursing, pharmacy, physiotherapy, occupational therapy, dietetics, speech therapy and audiology, social work, psychology, and industrial technician. ■
Do register for offering pastoral care and counseling services...

Pretoria News reported on 5 October 2016 that two people were formally charged in court for offering the professional services of pastoral care and counselling, despite not being registered to perform those services.

'Pastors' on fraud charges get bail

By Tankiso Makhetha

Pretoria - A man and a woman who allegedly defrauded several people to the tune of R800 000 while trading as Soldiers for Christ Ministry were granted bail after being charged for fraud on Tuesday.

Deon Niemandt, 45, and Era Duminy, 41, appeared in the Specialised Commercial Crimes Court in Pretoria and were granted bail of R1 000 each.

They are said to have defrauded people in Wonderboom, north of Pretoria, by offering them professional services such as pastoral care and counselling, despite not being registered to perform those services.

The two were arrested following an investigation that lasted for more than a year, related to alleged fraudulent activities, which were conducted in Gauteng as well as other provinces.

Police said they expected that more victims would come forward as the investigation continued. The suspects were facing more than 100 charges of fraud. According to police, several victims reported that the suspects would charge them for services which were rendered under false pretences. The suspects also pretended to be pastors for the Full Gospel Church Eloffsdal, where they had rented an office. Police seized several documents from the premises that may add more fraudulent charges against the suspects.

State prosecutor, advocate Willem van Zyl told the court they did not oppose bail, but asked that conditions be set for the pair, including that they not contact the people who laid charges against them - one of the witnesses had said she feared for her life following their arrest.

They also have to report to the Wonderboompoort police station every Monday and Thursday.

Van Zyl initially told the court that the State would be proposing that bail be set at R5 000. However, their defence suggested a bail of R2 000. Magistrate Martin van Wyk set bail at R1 000 each and postponed the matter to November 29 for further investigation.

Niemandt was reported to be suffering from ill health on Tuesday, while Duminy appeared relieved after being granted bail. Their family members were present in court, but did not sit in during proceedings, and hugged the pair when they walked out of the courtroom after the matter was postponed.

The Pretoria Central Family Violence, Child Protection and Sexual Offences Unit has also appealed to victims who may have been ministered to by the suspects to come forward.


Photo for illustration only
Boundaries (Part 4)

Dr Hanlie Meyer is a Counselling Psychologist in private practice.

Previously we focussed on God who is THE ONE – simplifying the religious and spiritual life of the Israelites – and ours – on the one hand and showing us the heart of God on the other hand. This also a warning: as He is the only bridegroom and the One who brought them – and us – out of slavery He wants our full dedication.

No other gods before Him. He is a jealous Bridegroom! He has bought us with the biggest dowry ever paid for a bride: His life. This reflects the purity of His intentions and also His single minded loyalty to His Father – which He then “gives” to us to by giving His Spirit in us.

Knowing that we will never be able to keep our side of this marriage covenant He makes this covenant on our behalf while he Himself fulfilled both sides. His Spirit in us is the guarantee that Father will ascribe righteousness to us as if we deserved it ourselves! This brings about the next boundary which Paul explains in depth in Ephesians:

As our Bridegroom has done everything on our behalf and as He fills us with mighty power in the inner man by the Holy Spirit Himself indwelling our innermost being and personality we are now empowered to live the life of dedication to our Bridegroom that He envisaged when He came (Eph. 1–3). But we need to live this life – imitating Him in every aspect and area. We are enabled to do this through the Spirit Who can be and wants to be the driving force behind our entire life. This dedication does not merely point to new beliefs as set forth in Eph. 1–3 but to a new way of living: serving one another and reaching out to those in need. As a church we need to do this in unity, humility, diversity, maturity, purity and victory (Eph. 4–6). We need to follow in His footsteps even when we suffer undeservedly (1 Pet. 2:18–23).

This way of living will ensure that we do not “take His Name in vain”: that we will not live in such a way that the hope that rests upon the Name of Jesus is disappointed. This commandment – or boundary - not to take the Name of God in vain thus refers not so much to swearing but to our lives being “mirrors” of His Being (2 Cor. 4:6–7) – His grace, mercy, lovingkindness, patience, gentleness – all His attributes that depict His character (Gal. 5: 22–23).

The way in which Jesus lived these attributes brought hope to the poor and afflicted and pointed out the vanity and emptiness of the lives of external law abiding characterised by the church leaders of His day.

His life also stood in stark contrast to the suppression and domineering government style of the Roman Empire: merciless, selfish, enslaving, cruel, double standards, fraud…..Christ Himself God became a man and set Himself under the rule of the then evil “global empire”.

The Creator set Himself under the creature to demonstrate how to live under the evil government of both the church of His time whose leaders were pawns of the government as well as under the evil government itself. (Solomon very wisely said that there is nothing new under the sun!). Philippians 2 points a very clear picture of how Jesus lived this life of dedication under the cruel and evil governors!

Living out the love that Jesus came to illustrate is at the heart of this boundary not to take His Name in vain. What is left to live for if love became a show of words and a string of beliefs without these being demonstrated under the most difficult circumstances? What will motivate us to get up in the morning and continue our struggle against the evil forces if we did not have an everlasting set of values by which we lived? Why will we persevere in hardship to the point of crucifixion if needed be if we did not do this in the hope of His life being the actual reality that He wants to bring to earth through us?

Does this mean that we must do everything expected of us? That we may never say “NO”? Not in the least! There is a huge difference between being self-centred and living with self-compassion. Self-centredness points to a life consumed with protecting its own hurt and fending for itself, building walls to protect self while this keeps out the good and keeps the bad inside!

Living with compassion for ourselves means that we live without judgement of ourselves and without a perfectionist striving which only leads to fear and procrastination but which is also caused by fear. Living with self-compassion means that one knows your own strengths and weaknesses and is willing to
accept these and open to allow inputs from those one trusts to shed light on one’s blind-spots.

As Christians we have caring hearts and this very often leads to us not setting proper boundaries from the start. In the end we simply cannot deliver what we promised for the simple reason that there is not enough time. At this late stage we then have to withdraw or are forced to withdraw because of damaged relationships and resentment.

Living a life that does not disappoint the hope that rests upon the Name of Jesus does indeed not mean being perfect – but to have the disposition of Messiah!

In the next edition we will continue our conversation on God’s boundaries and the implications thereof for our daily living.

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**Save the date!**

**Succeeding in Africa: Social Construction in Action**

The Institute for Transdisciplinary Development (ITD), in collaboration with Taos Institute, proudly announces ‘Succeeding in Africa: Social Construction in Action’ to be presented in South Africa in July 2017.

More than one billion people live on the African continent. It is a continent that challenges its people, amongst others, to eradicate hunger and poverty, achieve universal primary education, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, address fundamentalism and its effects on conflict and relationships as well as to achieve global partnerships for sustained development.

The African heartbeat has a unique rhythm, and the continent poses unique challenges but also unique possibilities. It is in this landscape that the life-giving pulse of social construction comes into play.

The African context provides fertile ground for a transdisciplinary approach in co-creating possibilities. Stories that can teach and inspire abound in this diverse landscape where new possibilities have been co-created out of challenges.

Much has been researched and said about Africa’s problems and complexities and what should be done. This conference’s focus will be on what has been done – successfully. We want to bring African projects, from small to mega, from all contexts and disciplines, in the focus. We want to unpack these success stories to establish how transdisciplinary relationships have enabled success.

This conference aims to create the context for both large and small group dialogue with the intent to harvest new learnings about how people together – across disciplines and in participation with local knowledge – can co-create innovative practices to address complex challenges successfully.

By attending this conference you will have the opportunity to join actively in this conversation and reap the benefits of collaboratively exploring and understanding how transdisciplinary, relational approaches can contribute to making a difference in the lives of the people you journey with.

Email us: conference@itd.ac.za
Visit our page: www.conference.itd.ac.za
Conference date: 10-12 July 2017
Birchwood Hotel & OR Tambo Conference Centre, Johannesburg
The Association of Christian Religious Practitioners (ACRP) has applied for SAQA recognition as a Professional Body. Once recognised, the ACRP will act as umbrella organisation for Christian Religious Practitioners’ activities in South Africa.

The fields of practice include Pastoral and Spiritual Counselling, Ministry Training, and General Ministry. Following is the Scope of Practice of practitioners registrable with the Association of Christian Religious Practitioners.

1. Definition of Scope of Practice of Practitioners registrable with the Professional Body

1.1 The Professional Body may, on recommendation of a specialist ministry division, e.g. Pastoral and Spiritual Counselling, by regulation define the Scope of Practice of any practitioner registrable with the Professional Body, by specifying the acts which shall be deemed to be acts pertaining to the profession.

1.2 The Professional Body shall submit representations as to the definition of the scope of the Practitioner in question.

1.3 The Professional Body may conduct an oral and practical assessment for a person in order to determine the restrictions in respect of his* professional activities (*note that this document is inclusive in referring to male and female practitioners).

1.4 Any person registered with the Professional Body shall only be entitled to practice his profession subject to –

1.4.1 restrictions in respect of his professional activities.

1.4.2 the use of the name and title of the designation in respect of his profession, as the Professional Body may determine.

1.5 The Professional Body may allow a person to sit for an assessment and if such person passes such assessment to the satisfaction of the Professional Body, it shall exempt him from all restrictions imposed in respect of his scope of practice.

2. The following acts shall be deemed to be acts specially pertaining to Practitioners

2.1 Services rendered by an appropriately qualified Practitioner, who utilises the dimensions of faith, spirituality, religion, value clarification and skills to guide and facilitate people towards an adequate definition and transformation of their life situation.

2.2 Promoting holistic healing and striving towards a dispensation reflecting justice in society, through the development of spiritual and relational wholeness for individuals, groups and communities.

2.3 As result of this unique dimension of intention and motivation, operating from the perspective of faith and spirituality and aiming at empowering people in the light of norms and values, which brings ethical and moral issues into play.

2.4 Impacting immediately on social entities such as marriage, families, group interaction, cultural contacts in society and the dynamics between these relationships.

2.5 Focussing not only on the “troubled individual”, but also on the individual-society nexus, as it impacts on the vulnerable and suffering.

3. Unique Identity of a Christian Religious Practitioner

3.1 An overview of broad approaches to Christian Religious Ministry indicates a movement away from situating work only within the context of faith based communities.

3.2 Christian Religious Ministry no longer has to find legitimacy through and identification with psychology or psychological counselling approaches.

3.3 The profession has developed unique identities, which centres on the spiritual transformation of the broader society, towards justice and equality.

4. Clarifying the Role of Christian Religious Practitioners

4.1 The enmeshment of the professional world and private world for many Christian Religious Practitioners highlights the extreme importance of role clarification and boundary setting.
4.2 For Christian Religious Practitioners role clarification needs to take place at three levels –
4.2.1 They need to be clear and intentional about their roles in any given situation.
4.2.2 They need to assist their clients in understanding the roles in which they are functioning in a specific context.
4.2.3 Confidentiality is intrinsically related to boundary setting.
4.2.5 Practitioners in Christian Religious Ministry need to be able to identify and manage transference and counter-transference.
4.2.5.1 Competent Practitioners recognise feelings as a by-product of therapy and are trained to deal with them.
4.2.5.2 Practitioners are often the objects of transference (that is when clients project onto them unmet feelings, needs, desires, hopes and dreams and unresolved issues that belong to their past).

5. Adherence to Health Professions Act 56 of 1974

5.1 No person shall practice for gain within the Republic any health profession, the scope of which has been defined by the Minister of Health, unless he is registered in terms of the Health Professions Act in respect of such professions (Health Professions Act 56 of 1974).
5.2 Any person who contravenes the provisions of the Health Professions Act 56 of 1974 shall be guilty of an offence and on conviction liable to penalties.

6. Indemnity Insurance

Every Practitioner must make provision for Indemnity Insurance. Professional Indemnity Insurance is intended to protect professionals and their businesses in the event of claims made by a client (or third party) suggesting that they have suffered loss as a result of non-performance, breach of contract and/or professional negligence in the services provided.

7. Scope of Practice

7.1 Pastoral and Spiritual Caregiver

- practises under supervision of a person with an applicable professional qualification on NQF level 7, 8, 9 or 10 but not in his own private practice.
- seeks the spiritual well-being of the individual with the purpose to heal, sustain, guide and reconcile.
- keeps to an ethical code of conduct that reflects the unique contribution of caregiving to helping and healing.
- assists people to develop, grow and mature spiritually in spite of the difficulties of life. Helping them be connected to God and the worshipping community primarily enables this to occur. This is the most basic level of care, provided when members of a faith community care for each other. This usually takes place within an informal network of communities (e.g. friendships, small prayer groups, telephone conversations and spontaneous reactions to crises).

7.2 Pastoral and Spiritual Counsellor (3 levels)

The Pastoral and Spiritual Counsellor

- engages in basic pastoral and spiritual caregiving within the pastoral encounter regarding the multidimensional human needs of people in different contexts of human suffering and distress such as HIV/AIDS, hospital caregiving, home-based caregiving, crisis caregiving and community caregiving.
- identifies basic symptoms of suffering and distress of a client and refers to an appropriate professional within primary, secondary and tertiary health care systems (e.g. more advanced pastoral and spiritual care practitioners, medical practitioners, psychologists, social workers or other appropriate professionals) and cooperates with other professions in the field of helping and healing.
- provides basic support and guidance regarding traumatic events in life like unexpected loss and how to deal with the spiritual demands and challenges of meaning-giving to settings of suffering, sickness (such as HIV/AIDS, substance dependency), death and dying.
- engages in basic pastoral and spiritual education and training.
- practises under supervision of a person with an applicable professional qualification on NQF level 8, 9 or 10 but not in his own private practice.
- comforts people in different contexts of human suffering and distress on a short to medium term basis and helps them in processes of decision-making regarding the meaning and purpose of life.
- interprets pastoral and spiritual dynamics and dysfunction of a client and refers to an appropriate professional within primary, secondary and tertiary health care systems and cooperates with other professions in the field of helping and healing.

http://www.saap.za.net
• provides basic and short term pastoral and spiritual caregiving within the pastoral encounter regarding the multi-dimensional human needs of people in different contexts of human suffering and distress such as HIV/aids, hospital caregiving, home-based caregiving, substance dependency, crisis caregiving and community caregiving.
• supports and facilitate transformation, promote spiritual well-being regarding people’s quest for help and meaning in suffering within an interdisciplinary approach.
• keeps to an ethical code of conduct that reflects the unique contribution of caregiving to helping and healing.

7.3 Pastoral and Spiritual Counselling Specialist (2 levels)
In addition to the practice of the Pastoral and Spiritual Counsellor, the Pastoral and Spiritual Counselling Specialist
• may run a private practice with supervision of a person with an applicable professional qualification on NQF level 9 or 10.
• comforts people in different clinical settings and assists them to develop life skills in order to promote wholistic and holistic healing of not only individual people, but life as a whole.
• makes in-depth diagnosis of spiritual and religious pathology in order to deal with demands of spiritual healing/therapy within an individual, faith community and/or social system and refers to an appropriate professional within primary, secondary and tertiary health care systems and cooperates with other professions in the field of helping and healing.
• provides pastoral and spiritual counselling to very specific, specialised fields of helping and healing, such as HIV/aids, hospital caregiving, home-based caregiving, substance dependency, crisis counselling and community caregiving.
• provides advanced, complex and specialised long term supportive and reconstructive pastoral and spiritual counselling.
• offers advanced pastoral and spiritual education and training.
• develops different enriching programmes in order to apply the principle of prevention in life care (cura vitae) and community development.
• applies accepted pastoral and spiritual assessment techniques, procedures and instruments and diagnostic methodology.
• applies the principle of a team and holistic approach in multi-disciplinarity.
• does academic and scientific research and contributes articles on different topics in the field of pastoral and spiritual caregiving and healing for publication in accredited journals.
• keeps to an ethical code of conduct that reflects the unique contribution of caregiving to helping and healing.

Continuing Professional Development (CPD) for ACRP

Ethical practice of the profession requires consistent and on-going commitment to lifelong learning to update and develop the knowledge, skills and ethical attitudes that underpin competent practice.

1. The Focus of CPD is to

1.1 Improve professional performance and maintain professional standards
1.2 Enhance practice to provide a high standard of service
1.3 Build knowledge and skills
1.4 Keep practitioners abreast of developments in their field
1.5 Promote excellence.

The focus of CPD should not be seen as an exercise to collect CPD points, but rather as the continuing development of knowledge, expertise and skills within the relevant scope of practice.

2. Scope of Practice

2.1 Practitioners should engage with learning activities that enhance their professional performance and which fall within their scope of practice.

2.2 Attendance of CPD activities which fall outside a practitioner’s scope of practice does not entitle such practitioner to practise outside his scope of practice.

3. CPD Activities / Programmes

3.1 One CPD point will be allocated per one hour of activity. CPD points will be awarded by the Training Committee. The committee will consider CPD points for the following:

• Attending Professional Body seminars, workshops, conferences, AGMs, etc.;
• Having a relevant article published in the professional body newsletter or a professional journal;
• Submitting a review on a relevant book;
• Studies at accredited South African training institutions; or
• Submitting a certificate of attendance of a relevant presentation, seminar, workshop or conference offered by another organisation. This organisation must apply to the Training Committee for the allocation of CPD points, providing the details and length of event as well as the background of the presenters. The Training Committee will evaluate the application and decide whether it is an activity that meets the requirements for CPD. A CPD registration number will be given to the activity and must appear on the Certificate of Attendance. The organisation then needs to provide the Training Committee with a list of Professional Body affiliates that attended as proof, where after the Professional Body database will reflect the accumulated points.

3.2 A certificate of attendance will be issued for each Professional Body activity attended. Practitioners need to ensure that they are in possession of a certificate of attendance or evidence for every CPD activity they have completed. Such certificates should be kept for at least three years and be available for a random compliance check.

3.3 Each registered practitioner is required to engage in CPD and accumulate at least 20 CPD points per 12 month period. At least 3 CPD points should be for Ethics, Human Rights and appropriate Laws. CPD points accrued for CPD activities will be valid for a period of 24 months from the date that the activity took place. Practitioners should aim to accumulate a balance of 40 CPD points by the end of their second year of registration and thereafter “top up”. The requirement for compliance is to reach and maintain a level of 40 CPD points (of which at least 6 should be for Ethics, Human Rights and appropriate Laws) at all times.

4. Compliance
Compliance ensures registration and the right to practise and non-compliance will lead to suspension.

5. Organisations which Employ Registered Practitioners.
Organisations (employers) are encouraged to undertake reviewing of annual learning portfolios.

6. Portfolio of Evidence
It remains the practitioner’s own responsibility to keep a portfolio of evidence, of all CPD activities in which participated, for at least three years.

Notes from the office

1. Professionalisation process
The application for recognition as a professional body, was submitted to SAQA on 21 October 2016. The day was memorable indeed, as SAAP has been trying to find an open door at both the Health Professions Council of SA and the SA Council for Social Services Professions since 1991, unfortunately without success.

The application was now submitted by the Association of Christian Religious Practitioners (ACRP), the non-profit company to be recognised as professional body for Christian religious practitioners. Specialist Christian ministries such as Pastoral and Spiritual Counselling, Ministry Training and General Ministry have been identified to be represented on the professional body, as divisions of ACRP.

SAAP will therefore become such a division with the proposed name “Council for Pastoral and Spiritual Counsellors” (or CPSC), pending approval by the ACRP Board of Directors. Once all legal steps and formalities are in place, SAAP will eventually dissolve to become part of ACRP alongside the former Association of Ministry Training Practitioners (AMTP), which is also to become a division of ACRP.

The SAQA process now entails assessment of the application, a SAQA site visit to the ACRP physical address (head office), submission to the SAQA Quality and Standards Committee and finally submission to the SAQA Board. So far so good...!

The photo on the next page shows the “memorable occasion” when the ACRP application was submitted to SAQA staff members. We owe a special word of thanks and appreciation to these members of SAQA staff. They, together with dr Jody Cedras, Ms Cleo Radebe and Mr Peter Bosch, have been extremely helpful and friendly in guiding us through the application process.
2. SAAP registration/accreditation

There is no need for concern about re-applying to be registered or accredited by the new ACRP division for pastoral and spiritual counsellors.

Existing members of SAAP will be merely transferred to the new structure and will be issued with new certificates reflecting the name of the new division, the name of ACRP as the umbrella organisation, and the designation awarded.

While SAAP currently provides for either membership registration or accreditation in one of five different categories, the following designations are proposed for the new counselling division of ACRP: Pastoral and Spiritual Caregiver, Pastoral and Spiritual Counsellor (on three levels) and Pastoral and Spiritual Counselling Specialist (on two levels). Non-accredited members will be registered as “Associates”.

The transfer can commence as soon as the ACRP Board of Directors has approved the name for the counselling division, hopefully early in the new year and with no additional cost for practitioners.

3. Subscription 2017

In 2016 SAAP Executive granted pensioners a 50% discount on annual fees – with the best intention! Unfortunately the impact of this decision, together with the large number of non-payments, left no other option than reinstating the full fee structure again in 2017. Furthermore, affiliation fees to the ACRP will also be due in the new year.

Always keep in mind that our need is for the public (and other professions) to acknowledge us as “professional” – after all this is the drive behind the whole process towards SAQA recognition. Annual registration fees for other professionals e.g. health practitioners, social workers, auditors, etc. easily amount to thousands of Rands.

4. Closure of office

The SAAP office will be closed from 12 December 2016 to 5 January 2017, for a (well deserved) break. This was a hectic and eventful year and just about every body complains about “the worst ever”? Enjoy a wonderful festive season with family and friends.

May this time be especially peaceful and blessed for us all – a time of re-fuelling and restoring spiritual capacity for the new year and the interesting challenges it may bring.

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**SAAP CONTACT DETAILS**

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<td><strong>E-mail:</strong> <a href="mailto:admin@saap.za.net">admin@saap.za.net</a></td>
<td>Branch: Woodlands</td>
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</tr>
<tr>
<td><strong>Postal address:</strong> PO Box 704, Newlands, Pretoria, 0049</td>
<td>Account no: 1020501553</td>
<td></td>
<td></td>
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<tr>
<td><strong>Cell phone:</strong> 082 600 6578</td>
<td>Branch code: 136-305</td>
<td></td>
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<tr>
<td><strong>Fax:</strong> 0865105840</td>
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