

MULTI-FAITH GROUP FOR HEALTHCARE CHAPLAINCY

19th January 2010

Present: Mr Manhar Mehta (In the chair)
Dyasara
Mr Roger Green
Revd Edward Lewis
Mr Ron Maddox
Mr Chowdhury Mueen-Uddin
Ms Sue Soloway

Revd Nigel Goodfellow
Hon Barney Leith
Mr Sital Singh Maan,
Mr Harmit Singh Mangat
Rabbi Meir Salasnik

In attendance: Mr Tim Battle

1/10 Welcome to new members and visitors

The Chairman welcomed Edward Lewis on his return to work after his recent illness.

2/10 Apologies for absence

Apologies for absence were received from Mr Kobad Avari, Revd Jennifer Bell, Ervad Rustam Bhedwar, Imam Yunus Dudwhala, Revd Stig Graham, Revd Debbie Hodge, Mr Peter Hulme, Revd Fr Paul Mason, Mr Jayman Mehta, Mr Keith Munnings, Revd David Mitchell, HM Shafique Rahman, Mr Kishor Ruparelia, Pandit Madhu Shastri, Revd Mark Stobert, Mrs Deborah Wheeler and Rt. Revd Tom Williams.

3/10 Minutes

The minutes of the meeting held on 24th September 2009 were agreed subject to the addition of Mr Sital Singh Maan to the list of those present and the inclusion of the words “as it stands now” after central allocation in the first line of paragraph two of minute 37/09.

4/10 Central allocation for hospital chaplaincy 2009-10 (ref min 37/09)

Tim Battle reported that concerns about the future of the central allocation had been raised at the Chair’s meeting with the Director of Equalities and Diversity. No specific assurances had been given but advice had been received to consider applying for involvement in the Department’s national stakeholder scheme. This suggestion was now being pursued and the Council would be kept informed of progress.

In discussion, members were concerned about the position of other faith communities also funded from the central allocation. The withdrawal of this support would be very difficult for the smaller communities, most of which did not have mechanisms to raise income. It was agreed therefore to request a meeting at Ministerial level to raise these concerns.

5/10 UK Board for Healthcare Chaplaincy (UKBHC) (ref min 38/09)

The Chair reported on the meeting which he, the Vice-Chair and Tim Battle had had with representatives of UKBHC in October 2009. This had been a cordial exchange of views but it was clear that UKBHC did not envisage joint working with the faith communities and did not understand the need for their involvement in the regulation of chaplains. The Chair had indicated a continuing willingness by MFGHC to work in partnership with UKBHC over the formation of a single regulatory body for chaplains and this was endorsed by the Council.

Members expressed concern at the apparent differences between the MFGHC and the UKBHC in their approaches to chaplaincy and its regulation and made several points in discussion:

- The lack of involvement of faith communities implied that the chaplains themselves were sufficiently competent to determine faith issues for their patients/ users without recourse to advice and guidance from the faith community itself;
- The exclusion of faith communities from regulation of healthcare chaplains might make the professional framework easier to advance. Faith issues would not be involved in healthcare regulation but, at the same time, faith would not be seen as a key driver for chaplains in healthcare;
- The omission of faith (and by implication the faith communities) meant that a model of chaplaincy could be advanced whereby religious care was only offered to those who asked for it. All others were offered spiritual care without any faith-base and in this way the concerns of the secular organisation could be fully met.
- Chaplaincy without a faith-base seemed to be a very simple form of care which was more social care and counselling than healthcare chaplaincy. Obviously, such care could be delivered very professionally and those offering it could be regulated easily.
- Worries were also expressed that the ease with which some proposals for regulation could be advanced might serve as a beneficial driver for those who would benefit from the status thus achieved. This “chaplaincy regulation at any cost” was of great concern to those who wished to take a more measured approach.
- Members also noted that the NHS modernisation agenda might be more concerned with people of no faith rather than with those who were faithful or who had beliefs which related to faiths more generally. Chaplains might therefore need to pursue a different agenda than was being undertaken on their behalf.

In discussing how best to resolve these differences, the point was made that the NHS was busy on all sorts of issues and the communication about spiritual healthcare could be weakened or missed. It was therefore essential to ensure that those involved in the discussions with MFGHC appreciated the issues and were not just signing up to something being done in their name. Care would be needed to ensure that chaplains and NHS bodies understood how the MFGHC related to the Department of Health and Ministers.

It was agreed to suggest that the communication issues be taken forward by the Executive Committee/ Project Board.

6/10 Engagement of chaplains in public institutions (ref min 39/09)

Edward Lewis reported that Chris Charlton had now been able to finalise his work on the healthcare aspects of combating extremism. This had been published by the Department of Health as a report “Building Partnerships – Staying Safe” which members were encouraged to read.

7/10 Comments in response to the National Secular Society (ref min 43/09)

The Council received a paper prepared by Tim Battle giving some background information to the recent statements by the National Secular Society and proposing an approach to future such statements.

It was agreed that, if there was public discussion about healthcare chaplaincy in which the views of the NSS were again advanced, the MFGHC should make the following main points:

- Healthcare chaplaincy is an emerging healthcare profession with well-accepted standards for education, skills and clinical processes. All chaplaincy bodies are committed to formalising the procedures which regulate the profession and these procedures are expected to be endorsed widely during 2012.
- Chaplains provide an essential healthcare support in offering and delivering spiritual healthcare to patients and staff in all healthcare settings. The juxtaposition of care for the body, mind and soul is regarded as an ideal approach to healthcare and the chaplains’ contribution as essential.
- Chaplains are appointed because of their capabilities as chaplains and their ability to meet the standards agreed by the chaplaincy and NHS bodies. They do not proselytise for their own religion/ faith but care for all those who need support to their beliefs.
- Many of these beliefs come from a faith background but do not necessarily conform to a formal religious construct. Chaplains are expert in this form of support and in the analysis, determination and treatment aspects required to help people.

- As an essential healthcare service, chaplaincy is correctly funded as part of the NHS. The numbers of healthcare chaplains is few and their costs very low. There is little evidence of over-staffing and much evidence of value gained by many chaplaincy users throughout the NHS.

8/10 The Prime Minister's Commission on the future of Nursing and Midwifery (ref min 44/09)

The Council received a copy of the letter sent to the Chair of the Commission. Edward Lewis expressed his thanks to Mrs Deborah Wheeler for her advice on the draft letter.

9/10 A common understanding of the meaning of spirituality (ref min 45/09)

Tim Battle reported that further work on this issue had been postponed whilst the discussion with NHS Authorities about authorisation etc. was held in the months up to June.

10/10 Standards for Healthcare Chaplaincy

The Council received a paper from Tim Battle which noted that the consultation with NHS bodies over the standards of NHS provision of healthcare chaplaincy had not been completed in 2005. He suggested that the final consultation (of an updated version) could be undertaken as part of the MFGHC's discussions with NHS Authorities in the next few months. This was agreed.

11/10 Report of the Project Board for the Authorisation and Regulation project – January 2010

The Council received the January report of the Project Board for the Authorisation and Regulation project. It was noted that a consultation would be run with chaplains about the proposed common standards for healthcare chaplains between February and April.

12/10 Faith, religion, beliefs and chaplaincy

Members noted the approach to faith and chaplaincy incorporated in the Bulletin by the Executive Committee. They endorsed these views and agreed that faith, as an important element of its work, might be expressed in three major ways:

- Faith is a common bond between the faith communities which work together in the MFGHC. Each respects the beliefs and traditions of the others and works to support and sustain them in their progress together.

- Faith underpins the work of chaplains in the faith communities and requires healthcare chaplains to work within the teachings of their faith community and to understand and respect the boundaries and teachings of the other faith communities.
- The majority of people receiving healthcare have beliefs which equate to or match those within the world faith communities. These individuals can therefore best be sustained by healthcare chaplains who understand faith and beliefs across the world faiths.

13/10 Report of the Chair/ Vice-Chair – January 2010

Reports were received of the meeting with the Director of Equalities and Diversity at the Department of Health (October); the Norman Autton Memorial Lecture 2009 (October); the meeting of MFGHC Chairmen (November); and the visit of the European Network for Hospital Chaplaincy in the summer 2010.

14/10 Seminar on communications and the new media

Members noted that Barney Leith had been invited to lead a seminar on new communications approaches and social media. This would be a morning event in the next several weeks and publicity would follow as soon as a date was suggested.

15/10 Report of the Honorary Treasurer – January 2010

In the absence of the Honorary Treasurer, Tim Battle reported that the MFGHC bank balances were satisfactory.

16/10 Grant for the European Network of Health Care Chaplaincy.

At the request of the Chief Officer, it was agreed to make a grant of £1000 from general funds towards the cost of the annual conference of the European Network of Health Care Chaplaincy which was being held in London in 2010.

17/10 Date of next meeting

The Council agreed to meet again at 11am on Monday 10th May 2010 at Church House, Westminster.

The remaining dates for 2010 were 15th September and 13th January 2011.