



AUTHORISATION BODIES FOR HEALTHCARE CHAPLAINCY

December 2010



The Multi-Faith Group for Healthcare Chaplaincy is an advisory body to the Department of Health. We comprise representatives of the nine major world faiths and representatives of the chaplaincy bodies operating in England. Our origins are in the working party established in 1998 by the Secretary of State to advise on the development of multi-faith chaplaincy and which drafted the current policy guidance. Further information about our work is available at www.mfghc.com.



INTRODUCTION

This booklet provides information about the Authorisation Bodies for healthcare chaplains working in England. For ease of reference, the details of the Authorisation Bodies and their contact details are set out in the annex. These are correct at the time of writing and updates will be included on the website of the Multi-Faith Group for Healthcare Chaplaincy at www.mfghc.com

The remainder of this booklet is a written report of the MFGHC's recent round of discussions with NHS Bodies about the development of healthcare chaplaincy in England and some of the background to the establishment of authorisation bodies for healthcare chaplaincy.

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Authorisation Bodies for healthcare chaplaincy

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RECENT PROGRESS WITH THE DEVELOPMENT OF HEALTHCARE CHAPLAINCY IN ENGLAND

Background to the discussions

1. The Council of the Multi-Faith Group for Healthcare Chaplaincy (MFGHC) organised a series of meetings in early 2010 with NHS Authorities in England to discuss progress with the development of healthcare chaplaincy. The purpose of these discussions was to highlight concerns about issues of implementation of the 2003 policy guidance; to publicise the proposed authorisation bodies; and to highlight future work on regulation of chaplains.
2. NHS Chairs were invited to five meetings organised across the Country (Wigan, Taunton, Leicester, London and Billingham). The meetings involved some 100 NHS organisations across England and were designed to be informal and interactive. As part of the scene-setting, a short presentation was made by senior officers of the MFGHC including Chairs/ Vice-Chair and the Co-Chairs for Education and Standards.
3. Delegates were reminded of the background and purpose of the MFGHC including the origins in the 1997 working party and formation of the Group itself in 2002. Since that time, the MFGHC has exercised an advisory role with the Department of Health whilst continuing its main purpose of advancing multi-faith chaplaincy and of facilitating common understanding and support for healthcare chaplaincy amongst faith groups, chaplaincy bodies and healthcare organisations.

Policy guidance about healthcare chaplaincy

4. The MFGHC sees the changes to healthcare chaplaincy policy as usually being on a 10-year cycle rather in the way that used to apply to nurses salary negotiations. The most recent policy which was published in 2003 was termed “policy guidance” to indicate an era of less central direction. Such direction was made difficult when local services managers wished to make local changes as was clear at the time of discussion over chaplaincy in the Worcester Acute Hospitals Trust in 2005.
5. The 2003 policy guidance from the Department of Health was that which the MFGHC and its predecessor working party had helped to draft. Its launch was accompanied by that of the national workforce strategy (Caring for the Spirit: a national strategy for the chaplaincy and spiritual care workforce) developed by the lead NHS body in South Yorkshire at the same time and intended to complement the policy guidance. In the intervening years, there have been one or two additional important policy initiatives prior to the Equalities Bill.



Progress with policy implementation

6. The policy guidance has been implemented across the NHS in England since 2003. The policy provides a framework for chaplaincy-spiritual care covering such issues as chaplaincy leadership; out of hours care; focus on individual needs of patients including those of no specified faith; partnership with faith communities; and training and professional development.
7. In general terms, these policies are in place and working satisfactorily with one or two needing an additional comment:
 - The arrangements for **chaplaincy appointments** are mostly straight forward and being followed. They were updated in 2007 and there is an emerging trend toward using both a faith-based assessor and a professional chaplaincy assessor.
 - The professional chaplaincy assessor will either be a member of the national panel of chaplaincy assessors or of the panel of assessors established by the UK Board for Healthcare Chaplaincy (UKBHC). It is hoped that these panels will merge in 2011.
 - The **confidentiality legislation** ended the rather informal arrangements for visiting chaplains to just receive a list of chaplaincy patients from the hospital entrance desk and then visit “their” patients. Visiting chaplains have found difficulty with general visiting ever since and probably this is a small sacrifice for the gain in confidentiality (and privacy).
 - The need for specific consent for access by chaplains to patient information followed a ruling by the Information commissioner that only healthcare professionals should have access automatically. At that time, chaplains were not included in the list of healthcare professionals so this ruling when applied strictly excluded chaplains from access to patients in hospital.
 - Many Trusts have resolved these confidentiality issues with local policies based on the needs of patients but the need to categorise **chaplains as healthcare professionals** has driven both the need for a professional association and the need for a regulatory body for healthcare chaplaincy
8. A number of smaller issues were included in the policy guidance touching on chaplaincy volunteers; worship and sacred spaces, training and development; bereavement services and major incident planning. These also justify additional comment:
 - There are some 10,000 **chaplaincy volunteers** and most are being managed well in a partnership between chaplains and the voluntary services manager. These volunteers should not be confused with chaplains who are unpaid/ unwaged.
 - Very many people from the world faiths are or are beginning to serve as **world faith chaplains**. MFGHC anticipates that they will be supported by NHS Bodies as this change emerges of chaplaincy delivered by the faith community direct rather than chaplaincy delivered by others standing in for the patients faith community.
 - Most hospitals understand the need for a **quiet space** associated with chaplaincy-spiritual care and many have developed multi-faith spaces which can be used by all visitors. There remains pressure on space in healthcare settings which it is hoped can still accommodate worship and sacred spaces.



9. A more difficult issue for NHS Bodies has been the suggestion for a ratio between chaplaincy time and hospital beds and staff numbers. The formula for deciding how much chaplaincy an organisation needs which is set out in the policy guidance is now out of date both because healthcare has changed but also because chaplaincy has changed with it. Additionally, the increase of the ratio at the time of issue of the policy was unfunded and effectively undermined the hoped-for increase in funding.

Progress with the national workforce strategy 2003

10. The *Caring for the Spirit* NHS Project was lead by the workforce development confederation in Yorkshire and the Humber at a time when WDCs had taken leadership roles across the entire NHS workforce. The strategy was published at the same time as the policy guidance and was implemented in England with an investment of £1.3million over five years.
11. One or two aspects of the strategy deserve particular attention:
- The strategy was intended to modernise hospital chaplaincy and to enable the chaplaincies of world faith origin to be helped forward. For a variety of reasons, the ***world faith chaplaincies*** have not been able to make progress to expectation and this is partly for lack of funding as well as lack of policy drive.
 - In terms of ***modernising chaplaincy***, the strategy did ensure that chaplains had some commitment to data management and a minimum dataset; continuing professional development; and research. The papers on efficacy of chaplaincy and on commissioning chaplaincy services remain important and current.
 - The ***career structure*** for chaplains was negotiated on their behalf by their trade union and the national workforce strategy disagreed with the managerial emphasis which this negotiation had achieved in Agenda for Change. When ever NHS authorities decide that chaplains are to be treated as clinicians, the role descriptors can be found in the national workforce strategy.
 - Although the direct funding of the implementation path for the national workforce strategy ended in 2008, some chaplains are still working together in ***chaplaincy collaboratives*** to develop joint education and research activities

Progress with other important policy issues

12. The main focus of development has been through the implementation of the policy guidance and the national workforce strategy. There were other important issues which needed mention and which impact on healthcare chaplaincy whilst emerging from Government's handling of day to day events:
- "***Bare below the elbows***" is the short title for the DH strategy to reduce infection rates. This caused a stir with MFGHC because Muslim, Jewish and Sikh people have concerns about bareness and about dress. These concerns have many of them been met locally and the Department of Health facilitated a national discussion to which MFGHC was party to highlight these issues.



- A **list of religions** has now been standardised and published with thanks to the Department of Health's Chief Nursing Officer who sponsored the project with the Information Standards Board. It is a regret that the second half of that project which was about seeking to standardise the consent questions for a chaplain's access to patient information could not be completed.
- MFGHC has been able to comment both on the publication "**Religion or Belief**" which is being re-edited and also about the prevent programme to do with training of chaplains in public institutions. Although much heartache was caused to our Muslim colleagues over the apparent focus on their work, MFGHC considers that subsequent publications will pay tribute to the NHS chaplaincy world which has sought to include and support the Muslim community as they develop their own dedicated chaplaincy service.
- The **Equality Act** brings disability, sex, race and other grounds of discrimination within one piece of legislation. It became law in April 2010 and operates from the autumn. The inclusion of religion or belief is very important for all public bodies.

13. As part of its work on policy and implementation, MFGHC has also been concerned with standards of chaplaincy provision in the English NHS. MFGHC has recently consulted with the NHS in England over standards of provision and will publish a final set of standards in the autumn of 2010.

Progress with authorisation for world faith chaplains

14. The purpose of authorisation is be sure that a chaplain who says they are representing a particular religion or belief group is actually doing so accurately and with the consent and agreement of that group. In England, there are long-standing arrangements for authorisation of chaplains with the Christian Churches and with the Jewish community. But such arrangements have not been the norm in the other world faiths and the MFGHC has been working with them to develop their own arrangements over recent years.
15. This development has involved working through a series of questions about the arrangements which the faith community makes to recognise and maintain the faith of those who seek to represent it in their work as chaplains. The questions are derived from the work of the Ministry Division of the Church of England and are as follows:
- What are the pastoral needs which chaplains of this faith community are seeking to meet?
 - How are chaplains of this faith community to be selected for this work?
 - What arrangements are to be made for training for chaplaincy?
 - How will educational attainment in chaplaincy training be evidenced?
 - What form will authorisation as a healthcare chaplain take?
 - What guidelines as to conduct will the chaplain have to follow?
 - How will the faith community oversee the conduct of chaplains which differs from these guidelines?



16. This has not always been an easy process: first, there have been difficulties over language and meaning of words; there have also been difficulties determining who represents whom in the discussions; and there have been some inter-group arguments and divisions. At the end however, MFGHC has been able to say that the groups which we have identified are those which have stayed the course; done the work; and helped all our understanding. We consider these groups should be best able to deal direct with the NHS over whether chaplains are representative of their faith and able to serve as healthcare chaplains.

Progress with Regulation as a next step to authorisation

17. Reference has already been made to the need for chaplains to be recognised as healthcare professionals in addition to the recognition that their work receives in their community. Such NHS recognition would enable healthcare chaplains to be treated as professionals and therefore be enabled to work as do other healthcare professionals. This would make chaplaincy-spiritual care easier to administer and the chaplains' interaction with other professionals simpler and more effective.
18. The increased freedom and autonomy of the healthcare professional needs to be balanced by clear regulation of the profession in ways which give confidence to users and the public and the healthcare community. It is unlikely that healthcare chaplains will be regulated under statutory arrangements in the near future because the legislation is time consuming and costly and the challenge to a patient's health does not constitute an urgent investment. Healthcare chaplains will therefore need to rely on arrangements for voluntary regulation.
19. There is considerable discussion about the arrangements for voluntary regulation of healthcare chaplains. The UK Board for Healthcare Chaplaincy (the chaplains' professional associations) (UKBHC) considers that it should undertake this task but the MFGHC wishes to see an independent regulatory body which involves the faith communities, the NHS and the patients/ users. The MFGHC's proposals for voluntary regulation are to be submitted to the Department of Health by 2012.

Conclusion and key messages

20. The key messages which MFGHC wished to convey included their view that chaplaincy and healthcare chaplains needed a continuing level of support from the NHS; the new Authorisation Bodies for the major world faiths would begin to take part in appointment and other processes during 2010; and regulatory and professional activity would increase over the next two years to 2012.



21. Several useful and additional points were considered worthy of note:

- The programme of meetings with NHS Bodies was welcomed as a useful way of discussing chaplaincy-spiritual care issues although more could be done to educate people about what to expect from the chaplaincy-spiritual care service;
- The emergence and formation of new authorisation bodies for the world faiths was welcomed although there were continuing worries about “radicalising” behaviours across all faith communities;
- The lack of research on efficacy and outcomes was likely to be a barrier to progress in achieving status and recognition for the contribution made by chaplains and spiritual care-givers;
- There was comment about the “over-anglicised” model of chaplaincy and the difficulty of relating this to the patient experience
- Concern was expressed that practitioners could not be regarded as practicing safely without more careful and independent regulation.

MFGHC
December 2010



AUTHORISATION BODIES FOR HEALTHCARE CHAPLAINS in ENGLAND

Bahá'í Healthcare Chaplains

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| <i>Authorising Body</i> | National Spiritual Assembly of the Bahá'ís of the United Kingdom |
| <i>Address</i> | 27 Rutland Gate London SW7 1PD |
| <i>Contact Name</i> | Barney Leith/ Pete Hulme |
| <i>Contact email</i> | barney.leith@bahai.org.uk / peter.hulme@bahai.org.uk |
| <i>Contact telephone</i> | 020 7584 2566 (office); 07968 728 844 (mobile) |
| <i>Website</i> | www.bahai.org.uk |

Buddhist Healthcare Chaplains

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| <i>Authorising Body</i> | Buddhist Healthcare Chaplaincy Group |
| <i>Address</i> | 105 Middleton Hall Road Kings Norton Birmingham B30 1AG |
| <i>Contact Name</i> | Keith Munnings |
| <i>Contact email</i> | keith@eskola.co.uk |
| <i>Contact telephone</i> | 0793 153 2006 |



Christian (Anglican) Healthcare Chaplains

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| <i>Authorising Body</i> | The Diocesan Bishop for the geographical area concerned |
| <i>Contact details</i> | The contact details for the Church of England are available on the Church of England website at http://www.cofe.anglican.org/about/diocesesparishes/ Further assistance on Church of England matters is available from the Hospital Chaplaincies Council http://www.nhs-chaplaincy-spiritualcare.org.uk or email mary.ingledew@c-of-e.org.uk |

Christian (Free Churches) Healthcare Chaplains

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| <i>Authorising Body</i> | The individual Churches ¹ have their own authorisation processes and these are co-ordinated by the Free Churches Group within Churches together in England |
| <i>Address</i> | 27 Tavistock Square London WC1H 9HH |
| <i>Contact Name</i> | The Revd Debbie Hodge |
| <i>Contact email</i> | debbie.hodge@cte.org.uk |
| <i>Contact telephone</i> | 020 7529 8136 |

Christian (Roman Catholic) Healthcare Chaplains

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| <i>Authorising Body</i> | The Diocesan Bishop for the geographical area concerned |
| <i>Contact details</i> | The contact details for the Roman Catholic Church are available on the website at http://www.catholic-ew.org.uk/catholic_church/the_church_in_england_and_wales/dioceses |

¹ The Churches co-ordinated in this way include the Antiochian Orthodox Church, Assemblies of God, Baptist Union of GB, Baptist Union of Wales, Cherubim & Seraphim Council of Churches, Church of God of Prophecy, Church of the Nazarene, Church of Scotland, Churches in Communities International, Congregational Federation, Coptic Orthodox Church, Council of African and Afro-Caribbean Churches, Council of Oriental Orthodox Christian Churches, Countess of Huntingdon's Connexion, Elim Pentecostal Church, Fellowship of Churches of Christ, Free Church of England, Free Methodist Church, Greek Orthodox Church, Ichthus Christian Fellowship, Independent Methodist Churches of Great Britain, Independent Methodist Churches, JCACC, Lutheran Council of Great Britain, Mar Thoma Church, Methodist Church, Moravian Church, New Testament Assembly, New Testament Church of God, Old Baptist Union, Presbyterian Church of Wales, Redeemed Christian Church of God, Religious Society of Friends, Russian Orthodox Church, Salvation Army, Seventh Day Adventist Church, , The Synod of German-Speaking Lutheran, Reformed and United Congregations in Great Britain The Wesleyan Holiness Church, Transatlantic & Pacific Alliance of Churches, Union of Welsh Independents, United Reformed Church, Wesleyan Reformed Union



Hindu Healthcare Chaplains

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| <i>Authorising Body</i> | National Council of Hindu Temples UK (NCHT) |
| <i>Address</i> | c/o 1 Hans Close Stoke Coventry CV2 4WA |
| <i>Contact Name</i> | Mr Sudarshan Bhatia, President, NCHT Kishor Ruparelia, VHP, Secretary Pt. Madhu Shastri, Project Co-ordinator, Hindu Healthcare Chaplaincy |
| <i>Contact email</i> | mshastri@btinternet.com |
| <i>Contact telephone</i> | 07763 178628 |
| <i>Website</i> | www.nchtuk.org |

Jain Healthcare Chaplains

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| <i>Authorising Body</i> | The National Council of Vanik Associations (UK) |
| <i>Address</i> | 37 Howberry Road Cannons Park Edgware Middlesex HA8 6SS |
| <i>Contact Name</i> | Mr Manhar Mehta, Chairman Mr Jayman Mehta, Chaplaincy co-ordinator |
| <i>Contact email</i> | manhar_mehta@hotmail.com mehtajayman@yahoo.co.uk |
| <i>Contact telephone</i> | 020 8952 1165 |



Jewish Healthcare Chaplains

Authorising Body The Jewish Visitation Committee

Address Bet Meir
44b Albert Road
London NW4 2SG

Contact Name Ms Sue Soloway

Contact email sue.soloway@jvisit.org.uk

Contact telephone 020 8457 9709

Muslim Healthcare Chaplains

Authorising Body Muslim Council of Britain

Address PO Box 57330
London
E1 2WJ

Contact Name Mr Chowdhury Mueen-Uddin, Director, Muslim Spiritual Care Provision in the NHS

Contact email nhsspiritualcare@mcb.org.uk

Contact telephone 020 7492 4983



Sikh Healthcare Chaplains

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| <i>Authorising Body</i> | Sikh Healthcare Chaplaincy Group |
| <i>Address</i> | 138 High Road New Southgate London N11 1PJ |
| <i>Contact Name</i> | Mr Sital Singh Maan |
| <i>Contact email</i> | sikhchaplaincy@gmail.com |
| <i>Contact telephone</i> | 020 8361 3238 (office); 07960 648 623 (mobile) |
| <i>Website</i> | www.sikhchaplaincy.org.uk |

Zoroastrian Healthcare support enquiries (The Zoroastrian community is not resourced to develop its own chaplaincy service and relies on the availability of Zoroastrian Priests for whom contact details are available as shown).

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| <i>Contact Body</i> | Zoroastrian Trust Funds of Europe (Incorporated) |
| <i>Address</i> | 440 Alexandra Avenue Harrow Middlesex HA2 9TL |
| <i>Contact email</i> | secretary@ztfе.com |
| <i>Contact telephone</i> | 020 8866 0765 |

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