

Multi-Faith Group for Healthcare Chaplaincy



BULLETIN 6 –October 2004

Chairman.

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Welcome

Welcome to the Bulletin of the Multi-Faith Group for Healthcare Chaplaincy (MFGHC). This Bulletin is distributed every four months to inform colleagues about the work being undertaken by the Council and its Committees.

Welcome.....to the Association of Hospice and Palliative Care Chaplains

The Revd Peter Wells was welcomed to the September Council meeting as the representative of the Association.

And farewell.....

The Council has bid farewell to **Paul Seto**, spokesperson for the Buddhist community, who had returned to Australia; to **Valerina Clark**, spokesperson for the Bahá'ís community whose period of membership has ended; and to **Christine Pocock**, spokesperson for the Free Churches community who was retiring in October.

The Chair paid tribute to Christine's contribution to the work of multi-faith chaplaincy and of the Council and its Education Committee. She had given unstintingly of her time, energy and love for which all members were grateful.

Review of Department of Health central allocation of funding for NHS chaplaincy

The Council noted that Mr James' report had been published on the website of the Department of Health.

In introducing discussion, the Chair indicated his concern about the failure of the report to make provision in its proposals for support for the MFGHC, particularly as funding under Section 64 had been rejected. He regretted that the Group might need to continue its

reliance on resources provided by the Churches without being able to reach an independent state.

On behalf of the Free Churches chaplaincy, Christine Pocock indicated that she was content with the agreement to continue funding of her post which would otherwise have lapsed. Similarly, Martin van den Bergh welcomed the agreement to continue funding his post for Jewish chaplaincy even though this was conditional on the acceptance of a wider remit. He shared the concern of the Chair that the Government appeared to pay lip service to new ventures but had not provided actual support.

Although the funding for world faith chaplaincies was welcomed, it was not clear how the detail had been determined, especially as the two largest Christian chaplaincies appeared to be excluded from funding support. This was particularly difficult when assumptions had apparently been made about the availability of their resources. It was suggested that the report was a vision limited by funding and one which therefore reduced support for the whole in favour of small unequal portions.

Concern was also expressed that the report did not deal adequately with the implementation of proposals. It was not clear where the new posts would be based nor how their employment would be achieved. A number of different expectations had been raised on these issues and the report appeared to suggest that funding had been increased which members did not believe. The funding of the four posts appeared to be unequal and therefore inequitable.

The Council considered that there was an overall advantage in accepting the report as it sustained current funding which could have been removed. This was agreed and the Council also agreed to pursue a communications strategy which built on the progress made together and provided a co-ordinated representation about the need to support the Group's activities.

Continuing Personal and Professional Development

The Council received copies of correspondence following the meeting facilitated by the Chief Nursing Officer including her statement of the agreed outcome; Barbara Walsh's letter convening a meeting of the stakeholders to engender partnership working through collaboration over continuing personal and professional development; and the paper prepared by SYWDC which was to form the basis of discussion at the meeting. The Council supported the development of partnership working and looked forward to a further report in due course.

The Chair reported correspondence from the President of the College of Health Care Chaplains about a joint training event. As this had not been part of the agreed action from the facilitated meeting, he had suggested that the other actions should be concluded first. It was noted however that MFGHC and the College of Health Care Chaplains had agreed to exchange observers at their meetings.

Draft standards for spiritual healthcare

The Council received a copy of the draft standards proposed by the Standards Committee in response to those outlined by the Department of Health for the NHS generally. These were welcomed and endorsed.

Tim Battle reported that he had received advice about the presentation of standards to healthcare organisations generally during a recent meeting with the Health Quality Service, formerly the accreditation arm of the King's Fund. He had agreed to accept proposals for re-drafting the draft standards into a more "acceptable" format which he would submit to the Co-Chairs of the Standards Committee when received. On this basis, it was agreed to postpone discussion of the consultative process until the next meeting.

Celebrating the achievements of the first two years

In discussion about how best to publicise the progress which had been made in its inaugural period, the Council agreed to seek funding from SYWDC to support the reconvening of the multi-faith consultation group in mid-2005 in order to report progress following the end of the 1997 work programme and the two years of the Group itself. In the context, there was support for the production of a biennial report.

Chair's final remarks

In concluding his work with Council meetings, Barney Leith thanked all members for their help and support during the Council's first two years. Their fellowship and unity had carried the Council and its Chair through challenging but enjoyable times. On behalf of all members, Martin van den Burgh thanked the Chair for his tireless efforts on behalf of the Council.

Dates of next meetings

The Council agreed to meet again on Tuesday 18th January, Wednesday 18th May and Wednesday 14th September 2005 and on Wednesday 18th January 2006.

STOP PRESS: "Standards for Better Health" - the Department of Health's consultation on Health Care Standards for services under the NHS

The Department of Health appears to have heeded those including the Council who argued for the inclusion of spirituality in these standards. Reference to spirituality is now included in the final version (July 2004), a small start in raising awareness of spiritual healthcare further.

Report of a study day for world faith chaplains held on 17th March 2004 at The Derby Royal Infirmary

The notes of this study day are included for information.

Communicating the work of the MFGHC

The MFGHC has established a website (www.mfghc.com) where its work will be highlighted. It intends to publish an e-bulletin about its progress every four months. For routine communication, Edward Lewis can be contacted at the address given above.

REPORT OF A STUDY DAY FOR WORLD FAITH CHAPLAINS

17th MARCH 2004

1. A study day for world faith chaplains of the Buddhist, Hindu, Jain and Sikh faiths was held on Wednesday 17th March 2004 at The Derby Royal Infirmary. This report summarises the activities during the day and the action agreed to follow. A list of those who attended is attached as an annex.
2. The day was introduced by Rabbi Martin van den Bergh who outlined the **background and history** to the formation of the Multi-Faith Group for Healthcare Chaplaincy in 2002 and reported progress with the development of healthcare chaplaincy in recent years. He indicated that these were early steps and that further support and investment would be needed from all those with an interest in chaplaincy. The Multi-Faith Group's website at www.mfghc.com had news and contact details.
3. Rabbi van den Bergh also outlined how the Jewish community had been able to make progress in supporting its own healthcare chaplaincy. He referred to the website for chaplaincy (www.jvisit.org.uk) and to the booklet about care of Jewish patients. Lastly, he suggested that the presence of the multi-faith group should encourage an end to isolated working as the community of those who wished to support the development of healthcare chaplaincy was now readily available.
4. In answer to a question about the requirement for qualification, it was noted that there were a number of established educational programmes in chaplaincy including those for the MS in healthcare chaplaincy at University of Leeds and those for Muslim chaplaincy at the Markfield Institute in Leicester. The future requirements for education of healthcare chaplaincy were under review within the workforce development strategy *Caring for the Spirit* (available from South Yorkshire WDC www.sywdc.nhs.uk) and a framework for education was being developed for publication later in the year.
5. Mr Paul Seto explained the progress which had been made within **the Buddhist community**. Emphasis had been given to ensuring that NHS Trusts appreciated the value of chaplaincy support for their patients and also to seeking ways such as via the census to identify where the Buddhist community was present. Funding Buddhist chaplaincy remained a difficult issue with members having to work voluntarily and often having to give up their work to do so.
6. The development of the NHS' general requirements for educational standing and authorisation had provided further challenge to the smaller communities. The Buddhist community was publishing a directory of Buddhist contacts and would continue to make progress within the general direction set out by the Multi-Faith Group. Progress was slowed without additional resources.
7. Paul Seto outlined the main tenets of Buddhism as it related to healthcare.
8. Mr Bimal Krsna das explained the progress which had been made within **the Hindu community**. There were 143 Temples within the purview of the national Council. The community was small at about 560,000 individuals with about half living in London. There were very few employed chaplains and all helpers were voluntary. There was no central organisation or secretariat other than that which supported the Temples although there were proposals under discussion for a National Hindu Council.
9. It was intended to publish a Hindu directory in 2004 but progress was slow without additional resources. A small book about caring for Hindu patients was to be published in 2004 and this would explain aspects of dietary guidance and time of dying rituals. Work was also being co-ordinated with colleagues in North America who already had resources prepared and in use.
10. Bimal Krsna das also outlined the main tenets of Hinduism as it related to healthcare.
11. Mr Ajmer Singh Matharu spoke on behalf of the **Sikh community**.
12. Mr Kirit Khotari spoke on behalf of the **Jain community**.

13. After a break for refreshment, the plenary session asked for consideration of **progress and priorities** within each faith community. The main questions for consideration were as follows:
- What resources do we have available ((texts, tapes, films, documents)?
 - What office services have we got (phone, email, letters, office space, website)?
 - What networks have we established (individuals, groups, co-ordination)?
 - What training and education do we have (introductory, induction, annual meeting/ conference, recognised teaching course)?
 - What arrangements are there to select and authorise chaplains in the faith community's work?
14. The **Buddhist group** agreed the following action:
- Preparation of an 8-page booklet "Caring for a Buddhist Patient"
 - Preparation of bibliography of scriptures and of chaplaincy texts
 - Establishment of an 0845 telephone contact number for general enquiries
 - An inventory of resources including a map of Buddhist helpers/ volunteers
 - Preparation of a modular training programme leading to undergraduate diploma in 120 hours
 - Establishment of an emergency service to support those about to die
15. The **Hindu/ Sikh/ Jain group** agreed the following action:
- Arrange a further meeting in six weeks time to take forward action.
 - Identify current chaplains to establish a network for individuals
 - Consider responses to the general questions at that meeting.
16. The **third group** agreed the following action:
- Priority should be given to identifying helpful texts for patient use and guidance for staff
 - NHS Trusts needed to review the facilities for part-time chaplains who needed their own space for working time and also facilities for shared space for general and worship use
 - The Multi-Faith Group should be asked to help with the availability of resources and protocols for joint working.
17. It was agreed that the record of the day should be circulated widely for information.

DELEGATES ATTENDING THE STUDY DAY FOR WORLD FAITH CHAPLAINS

NAME	WORLD FAITH	LOCATION
Mr Tim Battle	Christian	Healthcare Chaplaincy Training and Development Office
Mr Rakesh Bhatt	Hindu	Sandwell General Hospital, West Midlands
Mr Shad Kumar Bhatt	Hindu	Walsall
Revd John Collins	Christian	Bradford Hospitals
Mr Bimal das	Hindu	Multi-Faith Group for Healthcare Chaplaincy
Maharaj Lalitbhai Dave	Hindu	Leicester
Mr Sarbant Singh Dosanth	Sikh	St Luke's Hospital, Bradford
Sister Modgala Duguid	Buddhist	Narborough
Mr Peter Goble	Buddhist	Rayleigh, Essex
Mr Philip Henry	Buddhist	Eastwood, Notts.
Gen Tubchen Kelsang	Buddhist	Oldham
Mr Kirit Khotari	Jain	Jain Samaj Europe, Leicester
Mr Ajmer Singh Matharu	Sikh	Leicester Royal Infirmary
Mr Krishnan Kumar Mittal	Hindu	Bradford Teaching Hospitals
Shastri Prakashbhai Pandya	Hindu	Leicester
Shastri Hitendra Rajyoguru	Hindu	Leicester
Revd Graham Rendle	Christian	West Suffolk Hospital, Bury St Edmunds,
Mr Paul Seto	Buddhist	Multi-Faith Group for Healthcare Chaplaincy
Revd Pip Short	Christian	The Derbyshire Royal Infirmary
Revd Jane Skinner	Christian	Great Western Hospital, Swindon
Venerable U Uttara	Buddhist	St Thomas' Hospital, London
Rabbi Martin van den Bergh	Jewish	Multi-Faith Group for Healthcare Chaplaincy