



## BULLETIN 15 – June 2008

### Chair

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### Welcome

Welcome to Bulletin 15 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council meeting held in May 2008.

### Membership

Revd Steve Barnes was welcomed to the May meeting as an alternate for Revd David Mitchell

### The All-Party Parliamentary Group for Healthcare Chaplaincy

The Council's June meeting was held in a Committee Room of the Palace of Westminster when Mr Mike Penning MP, Chair of the APG, explained the purposes and background of the proposals for the APG.

Mr Penning explained that the APG had been formed as a result of Members concerns about healthcare chaplaincy in England which had been seen as being subject to managerial restrictions without consideration to its special nature and status. He and his fellow MPs had variously come across chaplains during their parliamentary work either in visits or in meetings and correspondence. The overall view was that chaplains were valued highly but that the support and organisation of their work often seemed to lack order.

The APG was therefore intending to hold an enquiry about the state of chaplaincy in England so that questions could be put to Ministers in the autumn. The enquiry would take the form of a request for evidence from which formal evidence sessions with the APG could be structured. From the evidential sessions would emerge a report for discussion with Ministers. The APG was to be supported by an allocation of time from HCC resources which had kindly been made available by the HCC Chairman, the Bishop of Gloucester.

Mr Penning indicated that he wanted the widest possible submission of evidence and that he wished to cast the enquiry and its call for evidence in terms which attracted as many bodies as possible to submit. The APG would determine who might then be called to give evidence in

person. He indicated that the APG wished to request submissions before the House rose and would take evidence when it returned.

Mr Chowdhury Mueen-Uddin raised his community's concerns that chaplaincy was much neglected and regarded as a non-essential part of healthcare. He hoped that the APG would seek to convince NHS Executives of its value and that whole-person care should include spiritual care. Currently, chaplaincy seemed a fragmented service for which the national guidance was implemented painfully slowly. In response, Mr Penning acknowledged these concerns both for patients and also for staff. He hoped that the APG Enquiry would identify the best chaplaincy practice and develop a template whereby this could be implemented widely.

Hon Barney Leith raised the concerns common to the smaller faith communities. He referred to the difficulties which arose because the members of the Community were widely spread and it was therefore difficult to make provision without considerable investment by the Faith Community itself. He considered that there was need for a clear signal from the Department of Health about their commitment and support for chaplaincy-spiritual care to encourage this investment. The current uncertainty as instanced over their extremely small allocation (£7K per faith community) was not encouraging. In response, Mr Penning indicated his agreement on the need for certainty but acknowledged that the difficult NHS financing position might also have seen chaplaincy as "soft" target. He did not endorse this approach and intended that the APG should review these aspects of delivering services and comment where necessary.

Revd Debbie Hodge explained that, although some faith communities were in receipt of larger grants from the central allocation, these were also subject to in-year uncertainty. This was in some aspects more difficult because staff were employed against these allocations and the faith community was expected to carry the risk of redundancy and uncertainty. Mr Penning suggested that there was a need to consider how to engender confidence in a longer view. He hoped that the contract framework could be improved so that a five-year timescale was more common and that a more proactive approach was possible.

The Rt. Revd Tom Williams suggested there was a need to clarify the contractual relationship between the chaplain, the NHS Trust and the appropriate faith community. The managerial emphasis within the NHS needed to take account of the faith community's oversight both of the faith-based elements of the chaplain's work and also the spiritual well being of the chaplain and other members of the faith community. Chaplaincy needed to reflect the diversity of the local community and Mr Penning supported this in the multi-faith context as well as supporting the more general point that access to spiritual care was an important principle for managers to uphold.

In answer to a general question in support of a clearer value set for the NHS, Mr Penning hoped that clarity about values and the underlying purpose of the NHS would emerge as an important outcome of the APG's work.

The Council thanked Mr Penning for his clear explanation of the APG's intention and hoped that they could assist in a significant way. Mr Penning confirmed his intention that the APG should work closely with the MFGHC and looked forward to "making a difference" over the coming months.

### **MFGHC assistance to the APG**

The Chair suggested there were one or two issues on which the MFGHC might provide urgent briefing and that the most important of these was probably over the finance aspects of the central allocation for hospital chaplaincy. He agreed to write to Mr Penning and to clear his draft note with Council so that there was unanimity and consensus of view. It was agreed that this approach should be adopted as the MFGHC policy.

### **Links to Ministers and Officials in England over health policy issues**

No further advice had been received as to how best to link with Ministers and Officials over healthcare policy issues. Members were concerned about both the NHS and DH aspects of this advice and contrasted the situation in England with that in other parts of the UK where chaplaincy-spiritual care seemed to be valued as part of the NHS. It was agreed to suggest that a member of the All-Party Group might raise this issue.

### **Impact of NHS dress codes on faith communities**

The Council received a copy of the notes of the round-table discussion held at the Department of Health in January 2008 when the Administrator had represented the MFGHC. Mr Chowdhury Mueen-Uddin reported that the first meeting of the working group to put these issues in a culturally sensitive manner had been held on 2<sup>nd</sup> May and a further meeting was planned for June.

### **MFGHC work programmes 2008**

The individual work programmes for issues arising during the leadership seminar would be circulated at the September meeting.

There was strong support for the work concerned with defining the spirit and values of the NHS as this was thought to be likely to help with current issues of low morale and esteem amongst staff.

### **Supporting the development of a curriculum for healthcare chaplaincy**

Revd Debbie Hodge, Co-Chair, Education Committee, reported that the HEIs represented at the December 2007 meeting over chaplaincy education were due to meet for a second time to see how best a curriculum for healthcare chaplaincy could be developed and agreed.

### **Developing National Occupational Standards for healthcare chaplaincy**

Revd Debbie Hodge also reported that the proposed second meeting between representatives of CAAB and the Education Committee over work towards a statement of National Occupational Standards for healthcare chaplaincy had been postponed by CAAB.

### **The engagement of chaplains in public institutions**

The Council noted that the Experience Corps had been commissioned by the Department of Communities and Local Government (CLG) to undertake work on the engagement of chaplains in public institutions. The draft report of this work and the output concerned with standards and with recruitment had been circulated with the agenda.

The consultation questionnaire on these latter two issues requiring a response by 2<sup>nd</sup> May had been circulated to the Standards Committee and the Executive Committee for comment. The final version of the response by MFGHC was tabled for information. Members endorsed the response made on their behalf and were grateful for those who had contributed comment at such short notice.

Mr Chowdhury Mueen-Uddin commented on the need for all to combat extremism and there was some surprise that this issue was being handled in this way and worry that chaplaincy was being designated within issues of homeland security. It was suggested that some confusion existed over the Government's approach to this issue and that there had been some changes in approach which did not all accord with the compact with the third sector.

## **Recruiting Bahá'í healthcare chaplains**

Hon Barney Leith reported progress with recruiting Bahá'í chaplains with a planned training course in September 2008.

## **Report of the Chair/ Vice Chair – May 2008**

The Chair reported on his day with Chichester Chaplains in April and the Vice Chair on his presentation to the Trent CHCC Branch in March.

## **Dates for the diary**

The Chief Officer suggested that the following dates should be noted:

- Opening of the Chaplaincy Centre, Cardiff University – 17<sup>th</sup> June
- National Service for the 60<sup>th</sup> Anniversary of the NHS, Westminster Abbey – 2<sup>nd</sup> July
- Norman Autton Memorial Lecture, London – 19<sup>th</sup> November

## **Communicating the work of the MFGHC**

The MFGHC has established a website ([www.mfghc.com](http://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.

*EJL June 2008*