

**The Multi-Faith Group for
Healthcare Chaplaincy**



DRAFT

Standards for Spiritual Healthcare

November 2006

The Multi-Faith Group for Health Chaplaincy was established in 2002 in order to advance multi-faith healthcare chaplaincy in England and Wales

The Multi-Faith Group seeks to facilitate a common understanding and support for healthcare chaplaincy amongst Faith Groups, chaplaincy bodies and users; provide a means of consultation between the Faiths about healthcare chaplaincy; and works in co-operation with healthcare and chaplaincy organisations, bodies and authorities.

CONTENTS

Introduction	5
Service delivery and training	7
Care environment	15
Food and dietary requirements	18
Protection of children and vulnerable adults	19
Consent and patient confidentiality	20
Management and staffing	22
Audit and review	26

INTRODUCTION

The purpose of this set of standards prepared by the Multi-Faith Group for Healthcare Chaplaincy is to provide guidance to NHS Trusts and other Bodies on current good practice in healthcare chaplaincy in the light of the publication by the Department of Health of Standards¹ for the NHS. These standards are designed also to encompass the standards implicit in both the recent NHS policy² and also the strategy for the spiritual healthcare workforce³.

The following notes apply to these standards:

- The standards are encompassed by an overarching statement to the effect that:

“There is a chaplaincy-spiritual care service that is equal, just, humane and respectful, and which meets the spiritual and religious needs of people of all faiths and people of no faith. Users of the service receive holistic spiritual care which conforms to best practice and is delivered in a seamless way across organisational boundaries”.

- The standards are set out in clusters of related standards. There are 32 standards proposed here which is not excessive for a service of this importance.
- Standards which have known variability are not being proposed as a standard currently. The issues encompassed by them are still important and standards will be suggested in due course.
- The term chaplain should be understood to include all spiritual care givers and the term chaplaincy should be understood to refer to spiritual care and spiritual healthcare.

¹ Standards for Better Health; Department of Health; July 2004

² NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff; Department of Health; November 2003

³ *Caring for the Spirit: A strategy for the chaplaincy and spiritual healthcare workforce*; South Yorkshire Workforce Development Consortium; November 2003

- Chaplaincy is understood to include all activities in support of pastoral, spiritual and religious care of patients and staff. Chaplains have particular expertise in accessing and enabling others to access resources of their particular religious/spiritual tradition which frequently involves imagination and adaptation as well as memory and repetition.
- The nature of healthcare chaplaincy as described within these standards is based on the development of services over the last 50 years mainly within the NHS by Christian and Jewish chaplains. The models and underlying approaches will not always be adaptable or relevant to other world faiths and the statements here may therefore require adaptation with this in mind.
- Chaplains do much of their work with users who have no religious affiliation. They also work with members of and leaders of faith communities which are not within the recognised world faiths but which are valued by the user. The flexibility required of chaplains undertaking this valued and personal service within the chaplaincy service is not readily reflected here other than in the essence of the overarching statement above.
- Chaplaincy also has responsibility in holding/ containing the institution it serves for example by staff support, group facilitation, imaginative use of liturgy to express/ reflect the thoughts and feelings of whole wards and units or the whole organisation at times of disaster/ loss/ crisis.
- The current statement of occupational/ vocational standards for chaplains is accessible at www.mfghc.com and underpins these standards. There is a strong alignment between these occupational standards and the NHS statement of Knowledge and Skills

The Revd Edward J Lewis
 Chief Officer,
 Multi-Faith Group for Healthcare Chaplaincy

November 2006

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
Service Delivery and Training			
1	Spiritual healthcare for patients, carers and users within the major world faiths ⁴ is delivered by appropriately authorised and practising caregivers within clear lines of accountability.	<i>Guidance: Chaplains are accountable to their Trust for their performance and accountable to their faith community for the “religious” aspects of the care they provide. Their accountability is complex but both aspects need to be sustained appropriately</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003</i>

⁴ The major world faiths included here are Bahá’í, Buddhist, Christian, Hindu, Jain, Jewish, Muslim, Sikh and Zoroastrian. Pastoral care for members of other communities may be provided by agreement with the NHS Trust.

Standard	Guidance	Reference
<p>2</p>	<p>The chaplaincy-spiritual healthcare service complies with arrangements for authorisation agreed from time to time by the world faith communities and with the need for adherence by individual chaplains to the agreed codes of practice of their faith community.</p> <p><i>Guidance: Authorisation is the process whereby the faith community endorses its Priests, Ministers and Leaders in their work. It involves several stages covering selection of suitable candidates for vocational training; training in that work; commissioning of successful candidates; authorizing candidates to work as chaplains; and overseeing safe practice by the use of guidelines issued by the faith community.</i></p> <p><i>For Priests and Rabbis in Christian and Jewish traditions, there is 100% compliance with the faith community's arrangements for authorisation. The other world faiths are developing authorisation processes in partnership with the Multi-Faith Group for Healthcare Chaplaincy.</i></p> <p><i>Sponsorship by local faith communities may be available on an interim basis.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
3	Where the chaplaincy-spiritual healthcare workforce includes volunteers, these people are integrated fully into the service and are selected, screened and trained appropriately.	<i>Guidance: there should be a formal process of recruitment, selection, screening and training, including contracts, appointments letters and job descriptions for chaplaincy volunteers as for other volunteers within the Trust. Honorary chaplains would be best managed within the same framework as applies to contracted chaplains.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
4	Chaplains have access to all levels of Trust management for confidential briefing and/or feedback.	<i>Guidance: Chaplains have a unique role in supporting patients, staff and the wider organisation. The balance between these three elements will vary from Trust to Trust and may alter over time.</i>	<i>Reference: Caring for the Spirit: A Strategy for the Chaplaincy and Spiritual Healthcare Workforce, SYWDC, Nov 2003</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
5	A named member of the chaplaincy-spiritual healthcare workforce is responsible for all aspects of safety, including awareness and update training.	<i>Guidance: all personnel working within the chaplaincy-spiritual care service are aware of and comply with Trust policies relating to health and safety, security, fire, infection control, manual handling and the health safety and welfare of all others affected by the activities of the service</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
6	The chaplaincy-spiritual healthcare service is involved in the development of the Trust's emergency plans, and its role is clearly defined within major incident plans.	<i>Guidance: The involvement of the chaplaincy-spiritual healthcare department during a major incident is of vital importance in helping casualties through the trauma and in being a useful go-between with them and local communities and families.</i> <i>In common with other departments, the chaplaincy will have its own departmental plan for response to major incident</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
7	A named member of the chaplaincy-spiritual healthcare staff is responsible for leading the planning and response to major incidents, and for ensuring that awareness and training is up-to-date.	<i>Guidance: records exist of the training and updating of members of the chaplaincy-spiritual healthcare workforce in relevant aspects of major incidents.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
8	There are documented protocols which inform practices in spiritual healthcare that might attract risk, including for example the administration of communion to barrier-nursed patients; advice about a patient's wish to position themselves in a particular way for worship or other reasons; use of lighted candles; care with wheelchairs in crowded spaces such as chapel/ sanctuary etc.	<p><i>Guidance: Chaplains may see patients in a range of environments often away from the main base. Guidance such as that developed by the Mental Health Resource Group of the College of Health Care Chaplains for lone working is relevant.</i></p> <p><i>Each chaplaincy-spiritual healthcare department should analyse the risks inherent in its work and discuss this with Trust staff in health and safety or risk management to ensure safe practice.</i></p>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

Standard	Guidance	Reference
<p>9</p>	<p>The chaplaincy-spiritual healthcare service meets pastoral, spiritual, religious, sacramental, ritual and cultural requirements appropriate to the needs, background and tradition of its patients and staff, including those with no specified faith.</p> <p><i>Guidance: DH guidance about levels of chaplaincy provision is set out in an annex within the guidance document. In summary, it suggests an approach based on units of chaplaincy-spiritual care related to numbers of inpatient beds and staff, with additional units allocated for specific responsibilities. This approach may not reflect the current disposition of services within communities or the current availability of space within new buildings.</i></p> <p><i>Services should be proportional to the faiths/denominations within the patient and staff population of the Trust. It may be difficult to identify precise figures about faiths within these groups as accurate data is often not available.</i></p> <p><i>The Guidance suggests that special attention is needed to ensure appropriate and timely access to services by smaller faith communities.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
10	Each member of the chaplaincy-spiritual healthcare service retains the religious responsibility for his/her own faith community.	<p><i>Guidance: The purpose of this standard is to ensure that users are able to access chaplains of their own faith where they wish to do so. Arrangements for so doing may need to be made ab initio where such preference is expressed.</i></p> <p><i>Such individual preference may require the setting aside of existing practical arrangements whereby chaplains are working on a team basis with other chaplains and offering spiritual healthcare support across faith communities as appropriate. Such setting aside is on the basis of individual preference and not to gainsay these team-working arrangements generally.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>
<p>11 The chaplaincy-spiritual healthcare department is aware of up-to-date research and other evidence of the efficacy of spiritual healthcare and uses this information to review and update its procedures and practice and to inform its delivery of appropriate and individual care.</p>	<p><i>Guidance: there is an evidence base of statements of best practice in spiritual healthcare and some evidence of progress towards their adoption across the NHS. The Service will require access to journals and articles published by relevant organisations and bodies and access to web and library resources through Trust systems.</i></p>	<p><i>Reference: Standards Committee, MFGHC, Nov 2004</i></p>
<p>12 Appointments to the chaplaincy-spiritual healthcare service are made by the Trust in partnership with the appropriate faith community (ies).</p>	<p><i>Guidance: standard human resources procedures should be followed. Appointments panels should include a representative of the faith community concerned and a member of the NHS panel of assessors for chaplaincy appointments. An assessor should be identified as soon as a vacancy becomes available, to provide advice on issues such as job description, advertisements, skill mix and job evaluation.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003</i></p>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>	
Care Environment			
13	<p>There is space(s) designated and suitable for worship and communal activities, including prayer and reflection, which are accessible by patients/users and staff 24 hours a day, seven days a week.</p>	<p><i>Guidance: The Trust recognises the needs of and gives priority to achieving sacred spaces for all world faiths. In larger hospitals, an appropriate location should be able to accommodate at least 20-seated people; the needs of those in beds and wheelchairs should also be considered. Different religions have specific requirements and it is likely that more than one space will be required, with the flexibility of furnishing and use of religious symbolism to allow for use by different faiths. In smaller and more dispersed services, it may not be possible to designate sacred space.</i></p> <p><i>Where new locations are planned, the chaplaincy-spiritual care service should be involved at the earliest opportunity in advising about spiritual healthcare needs</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>
<p>14 There is a documented protocol for use of space(s) designated for worship activities and there are arrangements in place for the safe and secure storage of religious artefacts and symbols</p>	<p><i>Guidance: This should include topics such as use of music, food, items on display, invading the space of others at prayer and use by different religious leaders and their communities.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>
<p>15 There is access to chaplaincy resources out of normal working hours, including Bibles, Korans, prayer mats, Hindu tapes, etc.</p>		<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>
16	<p>There are special arrangements to ensure that the dying and recently bereaved have access to chaplaincy-spiritual healthcare services at the appropriate time.</p> <p><i>Guidance: These arrangements include liturgies and ceremonies, especially in the case of neonatal and child death, and services of remembrance.</i></p> <p><i>The service should develop and maintain close links with all those involved in bereavement care for example emergency services, critical care units, maternity services and providers of post-mortem services.</i></p> <p><i>The chaplaincy-spiritual care team should also play a part in educating staff in the issues surrounding bereavement.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>	
17	The chaplaincy-spiritual healthcare service is delivered within a timescale agreed with the referrer and recorded at the time of referral.	<i>Guidance: The literature for the chaplaincy-spiritual healthcare service would usually include details about availability during “normal” office hours. Out of normal working hours, the chaplaincy-spiritual caregiver should make contact with the referrer within 30 minutes of a referral and agree then how quickly attendance on site is required.</i>	<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
Food and Dietary requirements			
18	The chaplaincy-spiritual healthcare department advises on the implications for general dietary requirements for patients, staff and visitors related to sacraments and rituals.	<i>Guidance: the chaplaincy service has access to appropriate advice from world faiths concerning dietary requirements.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>	
Protection of Children and vulnerable Adults			
19	All members of the chaplaincy-spiritual healthcare service are aware of and comply with Trust policies relating to child protection.	<i>Guidance: Trust policies, including those for CRB checks, are available and accessible in the departmental offices, and records exist of relevant inspections/incidents/risk management assessments.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
20	Clear and concise information about chaplaincy-spiritual healthcare services is made available to all potential users.	<i>Guidance: Leaflets and notices about the chaplaincy-spiritual care service are available in all Trust departments in appropriate print size and in language which is relevant to the local community. Admissions staff ensure that all patients receive information about spiritual healthcare services. Ward staff have ready access to referral information which facilitates access to spiritual healthcare services.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
21	Leaflets and notices are updated regularly and reflect the world faiths served within the Trust and within the local community		<i>Reference: Standards Committee, MFGHC, Nov 2004</i>
Consent and Patient confidentiality			
22	The chaplaincy-spiritual healthcare workforce treats its users with dignity and respect seeking appropriate consent for contacts and the use of information and treating all information confidentially.	<i>Guidance: Members of the chaplaincy-spiritual healthcare workforce will need to be trained in the implementation of Trust policies governing information usage, confidentiality and consent.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
23	There are mechanisms in place to ensure that consent for the chaplaincy-spiritual healthcare workforce to have access to patient information is obtained.	<i>Guidance: The Information Commissioner's interpretation of access requirements as they relate to chaplaincy has led some Trusts to require explicit consent for chaplains to be able to gain access to patient information. Systems for obtaining consent are not always fully developed and Trusts may find that patients cannot access spiritual healthcare easily without additional systems or processes.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>
24	The chaplaincy-spiritual healthcare department maintains records in accordance with Trust policies in order to ensure continuity and effectiveness of care and for audit purposes.	<i>Guidance: all members of the chaplaincy-spiritual care workforce have received training in the associated records policies for data protection, confidentiality and record taking</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
25	The chaplaincy-spiritual healthcare department maintains the minimum data set advised in the workforce development strategy.	<i>Guidance: South Yorkshire SHA published in October 2005 its advice about a minimum data set for spiritual healthcare following a listening exercise in 2004.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
Management and Staffing			
26	The chaplaincy-spiritual healthcare service is supported by a board-level director, who is responsible for monitoring and reviewing the effectiveness of the service.	<i>Guidance: the standard and quality of the service provided to patients/users, carers and staff should be monitored regularly and subject to regular review.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
27	The chaplaincy-spiritual healthcare workforce is led by a chaplaincy manager who is a designated member of the chaplaincy-spiritual healthcare team.	<p><i>Guidance: There is no agreement about the qualifications and training required by chaplaincy managers other than that contained within the outlines developed for Agenda for Change. Some further insight into competencies for chaplains and managers is available in work done by the review of the work of the national panel of chaplaincy assessors⁵</i></p> <p><i>The chaplaincy manager would be expected to adhere to the NHS code of conduct for managers and to other relevant codes.</i></p>	<p><i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i></p>

⁵ The Report of the review of the work of the Panel of National Assessors for Chaplaincy Appointments; South Yorkshire SHA; July 2005

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
28	The chaplaincy-spiritual healthcare workforce adheres to operational procedures specific to the work of the service.	<i>Guidance: Procedures may include those concerned with lone working, care of patients who are dying, management of volunteers, receipt and management of referrals between faith communities, out of hours access/cover, care of children and vulnerable adults etc.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
29	The chaplaincy-spiritual healthcare workforce is aware of and adheres to the chaplaincy occupational standards.	<i>Guidance: The chaplaincy occupational standards are available on the website of the Multi-Faith Group for Healthcare Chaplaincy at www.mfghc.com.</i>	<i>Reference: Health Care Chaplaincy Standards, Chaplaincy Education and Development Group, 1993 and 1998, updated 2002</i>

<i>Standard</i>		<i>Guidance</i>	<i>Reference</i>
30	Members of the chaplaincy-spiritual healthcare workforce have access to appraisal, development review and team briefing. Chaplains also have access to spiritual direction and professional supervision as necessary.	<i>Guidance: The appraisal process should identify training needs and ways to meet them, and contribute to the continuing professional development of each member of the workforce. The development review process is set out in the NHS KSF (October 2004)</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>
31	Chaplaincy-spiritual healthcare provision is available on a 24-hour basis and staffing levels reflect this.	<i>Guidance: There is a need to balance the demands of users with the impact on chaplains of providing services throughout the 24-hour period. Trust policies on meeting the requirement of the EU Working Time Directive apply.</i>	<i>Reference: NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff, DH, Nov 2003.</i>

<i>Standard</i>	<i>Guidance</i>	<i>Reference</i>	
Audit and Review			
32	Members of the chaplaincy-spiritual healthcare workforce regularly review their skills, attributes and behaviours and audit their service for effectiveness.	<i>Guidance: There is annual review of individual and departmental practice.</i>	<i>Reference: Standards for Better Health, DH, Jul 2004</i>