



BULLETIN 20 – February 2010

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Welcome

Welcome to Bulletin 20 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council and other meetings held between October 2009 and January 2010.

Central allocation for hospital chaplaincy 2009-10

Concerns about the future of the central allocation have been raised at the Chair's meeting with the Department of Health's Director of Equalities and Diversity. No specific assurances had been given and the Council will pursue other avenues to seek reassurance.

UK Board for Healthcare Chaplaincy (UKBHC)

Representatives of the Council met with representatives of UKBHC in October 2009. There was a cordial exchange of views but it was concluded that UKBHC did not envisage joint working with the faith communities and did not wish 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 are concerned at the apparent differences between the MFGHC and the UKBHC in their approaches to chaplaincy which they attributed to several factors:

- Chaplains might consider themselves sufficiently competent to determine faith issues for their patients/ users without recourse to advice and guidance from the faith community itself;
- The professional framework might be easier to advance if faith issues were not involved in healthcare regulation even if this meant that faith was seen as not a key driver for chaplains in healthcare;
- A model of chaplaincy might be advanced whereby religious care was only offered to those who asked for it. All others patients might be offered spiritual care without any faith-base so that the concerns of the secular organisation could be fully met.
- Chaplaincy without a faith-base could be seen as a simpler form of care which combined elements of social care and counselling. Such care could be delivered very professionally and those offering it could be regulated easily.
- 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.
- 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 these differences, it was concluded that there was no particular resolution required at this stage in MFGHC's development.

It was however essential to ensure that those involved in the discussions with MFGHC fully appreciated the basis of MFGHC's approach. It was noted that the communication issues were being taken forward by the Executive Committee/ Project Board.

Engagement of chaplains in public institutions

Members noted that the Department of Health had finalised its advice on the healthcare aspects of combating extremism. This advice had now been published as a report "Building Partnerships – Staying Safe".

Comments in response to the National Secular Society (NSS)

The Council has 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 was an emerging healthcare profession with well-accepted standards for education, skills and clinical processes. All chaplaincy bodies were committed to formalising the procedures which regulate the profession and these procedures were expected to be endorsed widely during 2012.
- Chaplains provided 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 was regarded as an ideal approach to healthcare and the chaplains' contribution as essential.

- Chaplains were appointed because of their capabilities as chaplains and their ability to meet the standards agreed by the chaplaincy and NHS bodies. They did not proselytise for their own religion/ faith but cared for all those who needed support to their beliefs.
- Many of these beliefs came from a faith background but did not necessarily conform to a formal religious construct. Chaplains were expert in this form of support and in the analysis, determination and treatment aspects required to help people.
- As an essential healthcare service, chaplaincy was correctly funded as part of the NHS. The numbers of healthcare chaplains were few and their costs very low. There was little evidence of over-staffing and much evidence of value gained by many chaplaincy users throughout the NHS.

The Prime Minister's Commission on the future of Nursing and Midwifery

The Council has endorsed a copy of the letter sent to the Chair of the Commission.

Standards for Healthcare Chaplaincy provision

The Council, noting that the consultation with NHS bodies over the standards of NHS provision of healthcare chaplaincy had not been completed, has agreed 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.

Proposed common standards for healthcare chaplains

The Council noted that a consultation would be run with chaplains about the proposed common standards for healthcare chaplains between February and April.

The Council has endorsed the approach to faith and chaplaincy proposed by the Executive Committee. The Council 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.

Grant for the European Network of Health Care Chaplaincy.

At the request of the Chief Officer, the Council agreed to make a grant 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.

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, the Administrator can be contacted at the address given above.