

## UKBHC Position Statement on its relation to Faith Communities and Belief Groups

### **Background**

Healthcare chaplains are experienced pastoral practitioners with the education, training and competence to operate effectively in healthcare settings. The usual route of entry into healthcare chaplaincy is from a position in a faith community or belief group (e.g. minister of religion or Imam etc.) that has been preceded by some form of disciplined study and pastoral formation within a religious and academic tradition. Part of this process includes the discernment and authorisation by the individual's faith community or belief group.

The role and responsibility of healthcare chaplains is to enable spiritual and religious care for the patients, carers and staff of the healthcare organisation as a whole. The specialist roles of chaplaincy are funded and managed by healthcare providers (such as the NHS and hospices) and the Department of Health has established national job profiles, competences and salary grades for healthcare chaplaincy post. There needs to be a close relationship between healthcare chaplains and local faith leaders and belief group representatives to enable patients and their family/carers to be visited by representative of their own faith community or belief group. UKBHC *Standards for Healthcare Chaplaincy Services* requires there to be local arrangements for referrals:

- 3.2 Chaplaincy services will maintain links between the NHS and local faith community leaders and beliefs group representatives.
- 3.3 A written protocol is in place for NHS staff to refer to local faith community leaders and belief group representatives.

## **The distinctive roles of the UKBHC and the Faith Communities and Belief Groups**

The purpose of the UKBHC is to advance the knowledge and practice of healthcare chaplaincy for the benefit of patients, their family/carers and healthcare professionals, and to enable the professional regulation of chaplains in healthcare to ensure the highest standards of care and safety for patients and users of chaplaincy services. The UKBHC operates on behalf of the professional associations of healthcare chaplaincy in the UK from whom it derives its authority and it does not represent any particular faith community or belief group. The distinctive roles and functions of the faith communities and the UKBHC can be summarised as follows:

The role of the **Faith Communities and Belief Groups** includes:

- general training in pastoral care and cultivating the capacity for pastoral engagement in health-related matters;
- training faith leaders and belief group representatives in how to relate to healthcare organisations and support their members using them;
- support the discernment of a vocation to healthcare chaplaincy;
- endorse the faith or belief role of chaplains;
- engage with and respond to issues in healthcare related to religion, beliefs, and practices.

The role of the **UKBHC** includes:

- promoting healthcare chaplaincy knowledge, skills and capacities;
- setting standards of conduct, capabilities and competences of healthcare chaplains;
- defining the training and education required to develop the knowledge, expertise and practices of healthcare chaplaincy;
- administering a voluntary register of competent practitioners and accrediting learning that contributes to continuing professional development;
- providing a collaborative forum to address the professional practice issues of healthcare chaplains.

### **The relation of the UKBHC to the Faith Communities and Belief Groups**

The UKBHC is committed to developing collective standards of professional practice among healthcare chaplains and to support chaplains in meeting their fiduciary and legal obligations as employees and practitioners of professional roles in a public service. To achieve this aim the UKBHC cannot operate in isolation, and in relation to faith communities and belief groups it seeks to develop meaningful and open relations with their representatives in order to develop a mutual understanding of healthcare chaplaincy and its

development. At a local level the UKBHC expects healthcare chaplains to foster partnership working to enable the effective care of patients, their family/carers and staff. This is expressed in Standard Statement 3 of the UKBHC *Standards for Healthcare Chaplaincy Services*:

Chaplaincy services should work in partnership with faith community and belief groups to ensure the appropriate provision of religious and spiritual care for patients and their carers.

The faith communities and belief groups also have an important role in fostering and endorsing candidates for chaplaincy posts and in authorising their faith or belief role in healthcare institutions. The UKBHC *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains* states that the chaplain maintains a recognised or accredited status with the faith community or belief group [4.2.3] where accreditation is the term used to describe the accepted status of an individual within a faith community or belief group in terms appropriate to that community for the support of the chaplain.

### **Interfaith relations**

Healthcare chaplains work among patients, carers and staff with diverse faiths and beliefs. Chaplains themselves represent different religious and spiritual traditions. The UKBHC believes that chaplains, faith communities and belief groups have much to learn from each other and that there is much held in common including their hospitality, respect and compassion for patients and those who care for them. It is this practical shared context that informs the work of the UKBHC and its stance that different worldviews, doctrines and beliefs can only be realised by healthcare chaplains in their public role under conditions of professional practice and rigorous ethics.

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