

# Caring for the Catholic Patient

A Guide to Catholic Chaplaincy  
for NHS Managers & Trusts

The Catholic Bishops' Conference of England and Wales  
Department for Christian Responsibility and Citizenship  
Healthcare Reference Group



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## The Keeping Faith series

This publication is the first of a series which aims to assist in addressing the pastoral needs of Catholic patients and to provide pastoral, theological and practical guidance for Catholics and other Christians in healthcare in England and Wales. A short guide to meeting the pastoral needs of Catholic patients is also being published at the same time.

*Caring for the Catholic patient - A guide to Catholic chaplaincy for NHS Managers and Trusts*

– 1 86082 417 X (Do 748)

*Caring for the Catholic patient – Meeting the Pastoral needs of Catholic patients*

– 1 86082 418 8 (Do 747)

## The Healthcare Reference Group of the Bishops' Conference

This group was established by the Bishops' Conference Department for Christian Responsibility and Citizenship in 2005 to advise on healthcare chaplaincy issues and matters concerning the pastoral support of Catholic patients and of those working in healthcare. Its members are from healthcare, chaplaincy, pastoral and theological backgrounds and its website [www.catholicsinhealthcare.com](http://www.catholicsinhealthcare.com) aims to facilitate communication among Catholic healthcare and social care practitioners. The group's work complements the specialist bio-ethics advisory work of the Linacre Centre for Healthcare ethics ([www.linacre.org](http://www.linacre.org)).

## Consultees

The following bodies were consulted in the drafting of this statement. Their advice and assistance is gratefully acknowledged.

The Bishops' Healthcare Advisors in England and Wales and serving Catholic Chaplains

The Hospital Chaplaincies Council

The Department of Health

The NHS National Workforce Group

NHS Yorkshire and the Humber Strategic Health Authority

Welsh Assembly Government Health Department

Lead Chaplains

Multi-Faith Group for Healthcare Chaplaincy

The College of Healthcare Chaplains

# Foreword

This important publication illustrates to its readers the elements of an effective pastoral service to Catholics who are experiencing illness. The systems and process it describes are as applicable in the provision of community, mental health, and learning disability services, as in the traditional acute hospital. It carefully balances the requirements of NHS guidance, also Civil and Canon Law. It will be informative for both the Roman Catholic reader, as well as those with no grounding in Catholic teaching or tradition. It points to the importance for those involved in Catholic chaplaincy being effective team members, whilst at the same time illustrating the duty of NHS organisations to provide a specific Catholic service to those who need it.

Of course organisational systems and process are important to ensure that things are in place and that work gets done. However the Church's fundamental and radical mission, shared by priests, deacons, religious, and lay people, is to make present the Kingdom of God on earth today. Linked to this, for Catholics, while seeking to treat, heal and relieve, illness has also a spiritual significance in a person's life in so far as it draws them into a deeper understanding of Christ's redemptive suffering and allows them to experience his special love of the sick. In illness the whole community of faith, through its practical care, the sacraments and prayer draws close to the person and itself becomes a healing resource for the sick person to call on. This is why the constant presence of the Church and its ministry of care and healing is a useful partner in all healthcare activities and helpful reminder that we are always invited to care for the whole person. Likewise, the Church in its ministry is concerned also for all those who make up the professional team. It is important therefore that the document describes the Church's teaching on the sacraments; the Church's tradition; the statements of Councils; and Papal statements, including those of Paul VI and John Paul II. Taken together, these convey to the reader a Catholic understanding of the depth of the Church's understanding and tradition of healthcare and ministry to the sick and the rich resource it is to all who are involved. This teaching also points to the surety that the sick have of sharing in Christ's triumphant Resurrection throughout eternity.

It will be clear then that the care of the Catholic patient has many dimensions but a coherent vision of their relationship to Christ and the community of the Church. They are heirs to a rich spiritual tradition of reflection and practice. This brings into sharp relief the special vocation of those who care for, or contribute to, the art and science of healing. This healing vocation is, has been, and continues to be, undertaken by Catholics in all generations. Many of the greatest saints, including those of the modern era, such as Mother Teresa and St Padre Pio, had a special concern for the sick and put this concern into direct action seeing in the faces of the sick and distressed an image of Christ in need. It is through the action of caring for the sick and in the sacraments that Catholics believe that Christ and his community are present to them. Sometimes the exercise of this ministry will be purely practical in nature, at other times radical and miraculous. Mostly it will be done in a sustained and patient way that will call for resilience and perseverance on the part of the carer and the person being cared for.

Though systems and processes are important, this deeper understanding of the mysterious nature of suffering and healing is at the heart of the Catholic understanding of a person's journey towards wholeness and, ultimately, salvation where, to paraphrase the Gospel, people will have life in all its fullness.

Christopher Butler  
Chief Executive  
Leeds Mental Health Teaching NHS Trust

# Preface

At a time when we work increasingly in an ecumenical and inter-faith context, some readers may wonder why this statement focuses particularly on Catholic chaplaincy. The experience of Catholic chaplains, and many of our colleagues of other denominations and other faiths, is that they each can function best when their own particular identity and understanding of the nature of chaplaincy is well understood. In that sense, this document is a contribution to the discussion.

This document is invaluable because of the significant legal and policy changes which have occurred within the NHS over the past years. In 1992 the Department of Health issued *Guidance Document HSG (92)2* on Chaplaincy. This was replaced in 1993 by *NHS Chaplaincy*. Also in 1993 representatives from Catholic chaplaincies collaborated with other chaplaincy colleagues, including the Hospital Chaplaincies Council, to develop a guidance document entitled *Health Care Chaplaincy Standards*.<sup>1</sup> This described the primary purpose of chaplains as 'enabling individuals and groups in a healthcare setting to respond to spiritual and emotional needs, and to the experiences of life and death, illness and injury, in the context of a faith or belief system'.

The Catholic Church aims to achieve this through its training, support, supervision and appraisal of those engaged in healthcare chaplaincy to make them more effective. This statement seeks to clarify some key aspects of the legislation, policy context and theological background for current Catholic chaplaincy by outlining its management and development and the ways in which it seeks to work effectively within the NHS.

There are many resources to support this process. All of these have been drawn together following consultation with a range of stakeholders, including NHS bodies, healthcare professionals and Catholic healthcare chaplains.

By bringing together examples of good and not-so-good practice from different dioceses and hospitals, the document aims to produce a statement of best practice which can be used by NHS managers and chaplains to ensure effective provision of religious and spiritual care.

Those who have written this document gratefully acknowledge the comments of a number of bishops and their advisors, including canon lawyers, serving chaplains and NHS lead chaplains for *Caring for the Spirit*.<sup>2</sup> Every effort has been made to incorporate these comments in the development of a specifically Catholic understanding of chaplaincy. My particular thanks go to Jim McManus, for his dedication and commitment throughout the writing of this publication.

Rt Rev Thomas A Williams  
Auxiliary Bishop of Liverpool  
Chair, Healthcare Reference Group  
November 2006

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<sup>1</sup> [http://www.southyorkshire.nhs.uk/chaplaincy/documents/Knowledge\\_Skills\\_Mapping.pdf](http://www.southyorkshire.nhs.uk/chaplaincy/documents/Knowledge_Skills_Mapping.pdf)  
[http://www.southyorkshire.nhs.uk/chaplaincy/documents/NHS\\_KSF\\_Mapping.pdf](http://www.southyorkshire.nhs.uk/chaplaincy/documents/NHS_KSF_Mapping.pdf)

<sup>2</sup> See p14, paragraph 2.2.

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## Links to useful organisations

The Bishops' Conference of England and Wales: <http://www.catholic-ew.org.uk/>

Healthcare Reference Group: <http://www.catholicsinhealthcare.com>

The Pontifical Council for Health Pastoral Care: <http://www.healthpastoral.org/>

The Linacre Centre for Healthcare Ethics (A body which advises and researches on Healthcare Ethics and is supported by the Bishops' Conferences of England and Wales, Ireland and Scotland): <http://www.linacre.org>

The Bishops' Conference of Scotland: <http://www.scmo.org.uk/>

The Hospital Chaplaincies Council: <http://www.nhs-chaplaincy-spiritualcare.org.uk/>

Multi-Faith Group for Healthcare Chaplaincy: <http://www.nhs-chaplaincy-spiritualcare.org.uk/>

Catholic Office for the Protection of Children and Vulnerable Adults: <http://www.catholic-ew.org.uk/copca/>

The Guild of Catholic Doctors: <http://www.catholicdoctors.org.uk/>

The Association of Catholic Nurses: <http://www.catholicnurses.org.uk>

Christian Nurses and Midwives: <http://www.cnm.org.uk/>

The Catholic Health Association of the USA: <http://www.chausa.org/>

Spiritual Care: South Yorkshire Workforce Development Confederation (The website of the South Yorkshire Workforce Development Confederation which leads on Chaplaincy for the NHS Workforce Development Confederations): <http://www.southyorkshire.nhs.uk/chaplaincy/>

St Mary's College, Twickenham (a College of the University of Surrey): <http://www.smuc.ac.uk>

Foundation Degree in Healthcare Chaplaincy and Certificates and Degrees including Masters' programmes in Bio-Ethics: <http://www.smuc.ac.uk/healthcare/index.htm>

# Executive Summary

*NHS Chaplaincy*, produced by the Department of Health, makes it clear that NHS Trusts should agree a framework with faith communities which allows for the faith communities to meet religious and spiritual needs appropriately and equitably.<sup>3</sup>

The Government's own figures from the 2001 Census indicate that 8.3% of the population of England and Wales is Catholic. The Bishops' Conference of England and Wales estimates that there are 4.1 million Catholics in England and Wales. Demographic change resulting from immigration – especially from Eastern Europe – means that the Catholic population is changing and in many cases growing. The NHS faces challenges in providing effectively for Chaplaincy for the Catholic Communities of England and Wales.

This guide is written to support NHS Trusts and Managers in working with the Catholic Church to provide effective spiritual and religious care for Catholic patients and staff. NHS Managers, serving chaplains and other interested parties have been involved in writing this document, based on good practice.

This statement brings together examples of good practice and seeks to clarify some key aspects of the legislation, policy context, clinical and theological background for current Catholic chaplaincy by outlining its management and development and the ways in which it seeks to work effectively within the NHS.

## Being a Catholic

For Catholics, participation in the life and worship of the Church is crucial to Christian life. The individual Catholic cannot be considered in isolation – just as a person has their family, a Catholic also has an extended family – the community of the Church, especially the parish. At times of illness they receive the prayers of the whole Church, the support of their family, friends and loved ones and, the ministry of the sacraments brought by the clergy and other designated ministers. For Catholics, access to the ministry of the Church and in particular, the sacraments, is an essential part of life. There are particular aspects of Catholic faith and practice which can only be met by those who are appropriately trained and mandated to minister by their bishop, and NHS policy and equality legislation recognise and respect this need and right.

## Church and NHS: Working Together

The Church and the NHS each have a framework of policy and legislation for how Catholic chaplains are to carry out their ministry. For the NHS, such policy and legislation comes from the Department of Health and from Parliament. For the Church, there is the additional consideration of Canon Law, the Church's own code of law which the British Civil Courts of Law respect. This creates a framework where Catholic chaplains are accountable both to the NHS Trust and also to the bishops who appoint them. This can be perceived as an inter-weaving network of duties of care, trust and confidence. The chaplain has a duty to both

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<sup>3</sup> Department of Health: *NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*, (2003): <http://www.dh.gov.uk/assetRoot/04/06/20/28/04062028.pdf>

the appointing Church authority and the NHS Trust which in turn, owe duties to him/her whether from employment or ecclesiastical law. Equally, the appointing Church authority and NHS Trust owe each other a duty. Chapters Two and Three of this document set out how this framework can work when there is a clear understanding between NHS and bishop, laid out in a memorandum of understanding. These chapters further demonstrate how this framework protects patients and the public.

For the Church, the Catholic chaplain is an agent of the bishop and must hold recognition or appointment from him. For the NHS, a Catholic chaplain must be properly selected, checked, appointed and accredited by the NHS employer and the bishop via his advisor. The Church and the NHS both aim to ensure that the needs of Catholic patients and staff are effectively provided for.

In practice, most bishops will appoint a bishop's advisor for chaplaincy to liaise with Trusts on his behalf. The role of the bishop's advisor is important when considering how chaplains operate. The advisor will often act as lead in negotiations with the NHS, and would provide a strategic and administrative overview of all aspects of Catholic chaplaincy within the diocese. Many NHS Trusts have found effective working relationships with the bishop's advisor to be essential and valuable. This is also an important aspect of ensuring that joint working between the Church and NHS Trusts is a reality.

It is good practice for the bishop's advisor to develop, with local NHS Trusts, an appropriate memorandum of understanding which outlines key aspects of good practice of how the local bishop and NHS Trusts work together, whilst making clear the mutual and distinct arrangements for the management and provision of Catholic chaplains. Chapter Three suggests a framework for issues to be addressed in such a memorandum.

## Getting Patient Management Right

Catholic chaplains cannot function effectively unless the arrangements for patient management allow them to. There are several key elements which need to be carefully negotiated between the chaplains and the NHS Trusts:

- An accurate population needs assessment of the requirement for Catholic chaplaincy, including the need for out-of-hours call-outs.
- Identification of Catholic patients and informing them of the availability of the chaplaincy service.
- Each Trust needs to establish clear lines of referral when patients request to see a Catholic chaplain.
- Time and facilities for religious practice and pastoral care which does not disrupt the regimen of clinical care.
- An understanding within healthcare settings that patients may wish to be visited by a chaplain, and that this request should be expedited quickly.

Chapter Four discusses this in more detail.

## Caring for Staff

Chapter Five discusses the care of healthcare staff. Catholic staff are a presence in many, if not all, NHS Trusts because of a long-standing involvement of Catholics in healthcare. Many Catholics – lay and members of religious congregations and orders - see working in healthcare as part of living out their faith, participating in Christ's ministry of healing. Many Catholic religious congregations (orders) are still actively engaged in healthcare. Equally, given the recent NHS programmes of recruiting staff from countries with a high proportion of Catholics such as Spain and the Philippines, there are wards and units within the NHS where the largest faith group among staff is Catholic.

The care of such staff, particularly ensuring their access to the life of their faith community, is important to both the NHS Trust (especially in the light of the *Employment Equality (Religion or Belief) Regulations, 2003*)<sup>4</sup> and to the Catholic chaplains. Effective working between the two can deliver benefits for patients, the Trust and staff. This is what is envisaged by *Improving Working Lives*.<sup>5</sup>

Working in healthcare requires Catholic staff to manage the boundaries between their personal lives and professional roles. Seen positively, this can help them break down the artificial dualities of physical/spiritual or psychological/spiritual. Ensuring that they can access pastoral care will be an important means of supporting them in their career and meeting the NHS Equality Framework.

In the work undertaken by a Catholic chaplain with Catholic healthcare staff, the dual roles of pastor and teacher must be borne in mind if Catholic staff are to fully live out their vocation. Helping Catholic staff to access, understand and reflect on the teachings of the Church can help them understand their role better and deliver care which is more effective. NHS Trusts, in supporting this, will be supporting directly the welfare of their staff, and contributing to *Improving Working Lives*.

In particular, the requirements of Catholic healthcare staff who have come from other countries to work within the NHS need to be appreciated. Due to their particular culture, they may have religious needs which are different to other staff, including other Catholic staff, employed by a Trust. Facilitating contact with the Catholic chaplain, and also being able to access wider resources from the Church, can be crucial in ensuring staff work well and contribute to meeting the best practice standards contained in *Improving Working Lives*.

## Lay People Working in Chaplaincy

Chapter Six discusses good practice in managing lay people in chaplaincy. Lay people and religious sisters and brothers are increasingly performing chaplaincy roles and taking on leadership responsibilities. This may vary from being appointed as Catholic chaplains or assistant chaplains to being special ministers administering Holy Communion to those in hospital.

It would be a mistake to view this development simply as a result of a lack of available ordained chaplains. Since the Second Vatican Council, there has been a continual deepening of the understanding of the role and ministry of lay people within the Church. Lay chaplains

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<sup>4</sup> Office of Public Sector Information: *Employment Equality (Religion or Belief) Regulations (2003)*: <http://www.opsi.gov.uk/si/si2003/20031660.htm>

<sup>5</sup> Department of Health: *Improving Working Lives*, London (2004): <http://tinyurl.com/qna6u>

can be paid for carrying out their duties or, they can be volunteers. *NHS Chaplaincy* makes specific reference to the use of volunteers in chaplaincy to help meet the needs of faith communities. Where lay people or religious are chaplains, they must hold recognition or appointment from both the local bishop and the NHS Trust.

Where large numbers of lay volunteers and extraordinary ministers of Holy Communion visit patients, some NHS Trusts use good practice to regulate them through their accredited volunteering arrangements. A number of common elements of good practice for volunteer chaplaincy assistants have been found through experience to work well.

### **Financial and Contractual Issues**

Chapter Seven discusses financial and contractual issues. *NHS Chaplaincy* makes it clear that NHS Trusts should agree a framework with faith communities but does not cover all of the contractual and financial issues covering NHS chaplaincy. This chapter explores solutions.

### **Further Work**

There will be much further work in helping to implement this publication. Providing documents and tools to underpin it (e.g. template Memoranda of Understanding for NHS Trusts and bishops' advisers) and training will be a priority for the Bishops' Conference in the future.

# I The Catholic Community in England and Wales

## Beliefs

**1.1** Catholics of all races, cultures and languages share a common belief that God is Father and Creator of the Universe, that God's Son took human form in Jesus Christ and that, through His death and resurrection, men and women are offered new life in the Holy Spirit. These beliefs lie at the heart of the Catholic faith. They are expressed in Church teaching, sacraments, worship, prayer and spiritual traditions, and the daily living of the Catholic faith. Catholics believe that the Bible is the revealed Word of God, and that the Holy Spirit is given to the Church to enable it to teach with authority.

**1.2** For Catholics, participation in the life and worship of the Church is crucial to Christian life. The individual Catholic therefore cannot be considered in isolation – just as a person has their family, a Catholic also has an extended family – the community of the Church. At times of illness they receive the prayers of the whole Church, the support of their family, friends and loved ones and, the ministry of the sacraments brought by the clergy and other designated ministers.

**1.3** The Catholic Church teaches that we should strive to enjoy good health and combat illness, and that we should, as instructed by Jesus Christ, care for those who are ill. Moreover, the Church teaches that involvement in a health profession is a vocation of great importance, because it directly flows from the healing ministry of Jesus.<sup>6</sup>

**1.4** The Catholic Church does not exist only for the benefit of its own members, but for the good of humanity. All members of the Church are commanded by Jesus to love God and neighbour. All Catholics involved in the NHS, in whatever capacity, are encouraged to see their work as a vocation to be at the service of those in need, and as an expression of our common humanity.

## Practice

**1.5** For Catholics, access to the ministry of the Church and in particular, the sacraments, is an essential part of life. Whilst in an ecumenical and inter-faith context, appreciation of other traditions and pastoral support is welcome, there are particular aspects of Catholic faith and practice which can only be met by those who are appropriately trained and mandated to minister by their bishop.

**1.6** There are seven sacraments within the Catholic faith, which are divided into the Sacraments of Christian Initiation – *Baptism*, *Confirmation* and *Holy Eucharist (Holy Communion)*; Sacraments of Healing – *Penance* and the *Anointing of the Sick*; and the Sacraments at the service of Communion and Mission – *Holy Orders* and *Matrimony*. *Holy Communion* can be brought to the sick in hospital by a priest, deacon or, a duly trained lay minister known as an *Extraordinary Minister of Holy Communion*, but *Penance* and the *Anointing of the Sick* can only be administered by a priest.<sup>7</sup>

<sup>6</sup> Homily of Pope John Paul II, *Jubilee of the Sick and Health-Care Workers*, Friday, 11th February 2000.

<sup>7</sup> *The Compendium of the Catechism of the Catholic Church*, n.250, The Catholic Truth Society, 2006, p89.

**1.7** Not making arrangements for Catholic patients to be able to receive the sacraments can become a source of major anxiety for them, and will therefore have a negative impact upon their health and healing.

**1.8** Even those Catholics who may have had little contact with the Church for some time will often request or expect to be visited by a Catholic chaplain whilst in hospital. Many return to the practice of their faith at times of crisis, serious illness or injury.

## Church Structure

**1.9** Every Catholic belongs to the one Catholic Church which exists as a worldwide body of dioceses in full communion with the local Church of Rome and the Bishop of Rome, the Pope. A diocese is a portion of God's people entrusted to the pastoral care of a bishop. The Catholic Church is governed by the worldwide College of Bishops with the Pope at its head. The Church has its own body of law, the *Code of Canon Law*, which governs the day-to-day workings of all aspects of Church life. Each diocese has its own canon lawyers who help the bishop interpret and apply these laws at local level.

## England and Wales

**1.10** England and Wales contains 22 dioceses comprising over 2800 parishes which are served by approximately 5000 priests, 600 permanent deacon, and lay ministers.

**1.11** The Department of Health's own figures taken from the 2001 Census indicate that 8.3% of the population of England and Wales is Catholic. The Bishops' Conference of England and Wales estimates that there are 4.1 million Catholics in England and Wales.

**1.12** The ethnic make-up of the Catholic community has changed during the last 30 years, reflecting UK immigration patterns, especially in large cities. A number of parishes now have 50 or more nationalities represented. Great Britain currently has approximately 30 ethnic Catholic chaplaincies, including Italian, Polish, Lebanese, Nigerian, Sri Lankan, Vietnamese and Brazilian.

**1.13** In many places lay people are playing an increasingly active role in parish life and are now involved in administration, liturgy, pastoral projects which support young, homeless, sick and elderly people, and those who are in prison.

**1.14** The Catholic bishops form the Catholic Bishops' Conference of England and Wales, which is administered by the Catholic Trust for England and Wales, a registered charity. The Bishops' Conference is an administrative body through which the bishops speak jointly on issues such as worship, education, social justice and ethics, and develop policies in accordance with Catholic teaching. The president of the Bishops' Conference is normally His Eminence, the Cardinal Archbishop of Westminster.

**1.15** The *Catechism of the Catholic Church* which is an official summary and explanation of the Catholic faith, clearly states the priority with which Jesus held the care of those who are ill and dying as an expression of His ministry and life: "Christ's compassion toward the sick and his many healings of every kind of infirmity are a resplendent sign that 'God visited His people' (*Luke 7:16*) and the Kingdom of God is close at hand."<sup>8</sup> Jesus sought healing for

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<sup>8</sup> *Catechism of the Catholic Church*, n 1503, Geoffrey Chapman, 1999, p336.

the entire person – spirit, soul and body. His compassion for those who are ill and dying was such that he identified with them. The *Catechism* states: “His preferential love for the sick has not ceased through the centuries to draw the very special attention of Christians toward all those who suffer in body and soul. It is the source of tireless efforts to comfort them.”<sup>9</sup>

**1.16** Catholics, together with other Christians, believe that they are following the example of Jesus Christ in healing those who are ill and in praying for health. In particular, the New Testament urges Christians when sick to call for the ministry of the Church, and the ministers are to pray over them, and anoint them with oil in the name of the Lord (*James* 5:14-15). Whilst for Catholics illness unites us to the suffering of Christ, the Church teaches that it is equally “part of God’s plan that we should combat all illnesses and prudently seek the blessings of good health.”<sup>10</sup> Catholics, like some other Christians, have specific sacramental rites for sick people which follow the injunction of the New Testament. In particular, the Sacraments of Reconciliation and administering Holy Communion, as well as the Anointing of the Sick, play an important part in Catholic sacramental ministry to those who are ill.

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<sup>9</sup> Bishop of Dallas (2002) *Pastoral Letter on the Care of the Sick*, <http://tinyurl.com/lkbkn>

<sup>10</sup> Pope Paul VI (1972) *Sacram Unctionem Infirmorum*.

## 2 Church and NHS: A Dual Framework for Policy and Legislation

**2.1** The Church and the NHS both have a framework of policy and legislation for how Catholic chaplains are to carry out their ministry. For the NHS, such policy and legislation comes from the Department of Health and Parliament. For the Church, there is the additional consideration of Canon Law, the Church's own code of law which the British Civil Courts of Law respect. This creates a dual framework where Catholic chaplains are accountable to the NHS Trust and also to the bishops<sup>11</sup> who appoint them.

### Recent NHS Guidance on Healthcare Ministry

**2.2** Guidance and legislation exists in England and Wales which puts the importance of Catholic healthcare ministry into context for the NHS. Most recently this guidance has included:

- 1 *The Human Rights Act*, introduced in October 2000, which enshrines in law the right of the individual to religious observance.
- 2 *The NHS Plan, Your Guide to the NHS*.
- 3 *NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*, issued by the Department of Health in 2003.
- 4 *Caring for the Spirit*, issued with associated implementation guidance.
- 5 *Employment Equality (Religion or Belief) Regulations 2003*.
- 6 *Standards for Better Health*.

**2.3** These documents recognise that the NHS has an obligation to provide proper arrangements so that the spiritual needs of Catholic patients and staff are met. NHS Trusts are expected by NHS policy, to be able to build effective relationships with their local Catholic faith community for the provision of chaplaincy. The implementation of the *Employment Equality (Religion or Belief) Regulations 2003* adds impetus to the need for NHS bodies to ensure provision for staff. *NHS Chaplaincy* states that:

- *The NHS Plan, Your Guide to the NHS*<sup>12</sup> and National Service Frameworks (NSFs) provide national standards for respect of privacy and dignity, religious beliefs and people's spirituality. Meeting the varied spiritual needs of patients, staff and visitors is fundamental to the care the NHS provides.

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<sup>11</sup> In this publication the term 'bishop' is used to indicate the local 'Ordinary'. The diocesan bishop is a local Ordinary but in the diocese he is not the only one. The Vicar General, in all areas, and Episcopal Vicars, in the specific field of ministry entrusted to them, are also local Ordinaries (but not major religious superiors, nor assistant bishops unless these latter are also Vicar Generals or Episcopal Vicars) cf. Canon 134§§1 and 2. Thus, although it might be that in smaller dioceses the diocesan bishop makes all the appointments, this may not be the case in larger or more complex ones. For example, it would be perfectly correct for an Episcopal Vicar with a remit for healthcare to make such appointments.

<sup>12</sup> *The NHS Plan, Your Guide to the NHS*, London: Department of Health (2002).

- *The Human Rights Act*, introduced in October 2000, enshrines in law the right of the individual to religious observance. This underlines the need for NHS Trusts to provide appropriate world faith representatives and worship spaces for faith communities within the healthcare population.<sup>13</sup>

**2.4** *Standards for Better Health*<sup>14</sup>, a key document which the NHS will need to use in self-assessment of its performance, recognised the importance of meeting the spiritual and religious needs of patients by including Standard D2, which requires that:

Patients receive effective treatment and care that:

- a conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE Guidance, national plans and agreed national guidance on service delivery;
- b take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences.

## The Church's Policy and Legislation on Healthcare Chaplaincy

**2.5** As with Clinical Governance<sup>15</sup> within the NHS, equally, in the context of the Catholic community, if chaplains are to be effective they must be held in trust and good faith by those who work with them. This is as equally important for sessional, part-time, lay and religious chaplains, as it is for full-time and ordained chaplains.

**2.6** In Church teaching and in the *Code of Canon Law*, the word 'chaplain' is reserved to an ordained priest. We are conscious, however, that within the NHS and other circles, there are deacons, religious and lay people working in chaplaincies who are also referred to as 'chaplains' by these organisations.

**2.7** The Canon Law of the Church which governs its life and ministry throughout the world, does not embrace all aspects of a chaplain's role; it is limited to the function of the Church. Therefore it is appropriate that norms concerning the practical day-to-day working of chaplains regarding such issues as infection control, ward protocol and multi-disciplinary team working are dealt with through NHS policies.

**2.8** However, there are a number of areas where Canon Law impinges upon the work of the chaplain, whether lay or ordained. Chaplains who are clerics are subject to all of the Canons regarding the rights and obligations of clerics (Canons 273-289), as well as the Canons dealing specifically with chaplains (Canons 564-572). Through these Canons, the Church seeks to maintain and safeguard the integrity of its Mission. These rules give a central and crucial role to the local bishop who has overall responsibility for all aspects of the Church's life and work in his diocese.

**2.9** Under Canon 565, a priest who is to act in any capacity within a Catholic healthcare chaplaincy, cannot do so unless he is appointed by the local bishop. Similar rules apply

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<sup>13</sup> *NHS Chaplaincy*: London, Department of Health (2003).

<sup>14</sup> Department of Health, 2004, <http://www.dh.gov.uk/assetRoot/04/08/66/66/04086666.pdf>

<sup>15</sup> Lugon, M; Secker-Walker, J (2005) *Clinical Governance in a Changing NHS*, London: Royal Society of Medicine Press.

regarding the appointment of deacons and lay people to a pastoral office. Any properly appointed or mandated Catholic healthcare chaplain – whether ordained or lay – is in effect, a representative and agent of the local bishop. A Catholic chaplain acts on behalf of the local bishop and for this reason the Church’s appointment procedure includes an assessment of the suitability of the candidate. This does not replace but complements the NHS assessment procedure. The Church considers a variety of issues before making an appointment, including suitability on doctrinal and faith grounds. The process will also take into account the experience, formation (training) and maturity, as well as the range of skills the candidate has. This is part of the governance arrangements of the Church, and acts in a way that parallels the Clinical Governance Frameworks of the NHS. The Church and the NHS both seek to protect the public, ensure a high standard of provision and guarantee a regular monitoring of the quality of the candidate.

**2.10** In Canon Law, the competent authority to appoint a chaplain is the bishop since he has the canonical right of ecclesiastical appointment and discipline of ministers within his diocese, including those which a NHS Trust appoints as chaplains. This is recognised in NHS Policy concerning the role of National Assessors for Chaplaincy Appointments.<sup>16</sup>

**2.11** When a bishop appoints a chaplain, the appointment includes all that is required in terms of faculties (ecclesiastical permissions) to function as a chaplain. This is true for both ordained and lay chaplains, although the faculties will differ in accordance with doctrine and Canon Law.

## Managing Duality of Law and Policy

**2.12** For the Church, the Catholic chaplain, whether ordained or lay, full-time or part-time, is an agent of the bishop and derives legitimacy to minister from his authority. For the NHS, a Catholic chaplain, whether full-time or part-time, a sessional volunteer or assistant, must be properly selected, checked, appointed and accredited by the NHS employer and the bishop via his advisor. The Church and the NHS both aim to ensure that the needs of Catholic patients and staff are effectively provided for.

**2.13** This means that in Law there is:

- 1 The relationship between two principals (i.e. the bishop and the NHS Trust) to deliver a chaplaincy service which is expressed through the joint appointment of the chaplain. This is regardless of whichever model of ‘employment’ is applied.
- 2 Where there is direct employment of chaplains by the NHS Trust, the relationship of employment between the chaplain and the NHS Trust:
  - a For arrangements where lay volunteer chaplains are used, and who are managed by the Trust, the legal relationship of volunteering which many NHS Trusts are familiar with applies.
  - b “Bank” chaplains are often used to provide out-of-hours and sickness cover. This employment model can be cumbersome and therefore a number of Trusts operate an employment model for “office hours” chaplaincy and a Service Level Agreement (SLA) for Bank Chaplaincy.

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<sup>16</sup> Department of Health (2004) *Assessors for the appointment of clinical scientists, hospital optometrists, clinical psychologists, child psychotherapists, hospital chaplains and speech and language therapists*, 29th October 2004, <http://www.dh.gov.uk/asset/Root/04/08/21/12/04082112.pdf>

- 3 Where there is a SLA model, the Church is a service provider. In such instances, the Church appoints and the NHS accredits. Several types of contract exist which are best negotiated locally. SLAs do not work well in every case:
  - a For arrangements where lay volunteer chaplains are used within a SLA, they are appointed and managed by the Church and accredited by the NHS Trust.
  - b Where a SLA model is in place, many Trusts regulate and accredit individuals through the use of honorary contracts, a mechanism which is well used within the NHS.
  - c Bank chaplains should be given contracts – please see Appendix 4.
- 4 The relationship of agency in both Civil and Canon Law between the chaplain and the bishop is the same regardless of whether a chaplain is employed by a NHS Trust or, operates under a SLA or honorary contract.

**2.14** This can be perceived as an inter-weaving network of duties of care, trust and confidence. The chaplain has a duty to both the appointing Church authority and the NHS Trust which in turn, owe duties to him/her whether from employment or ecclesiastical law. Equally, the appointing Church authority and NHS Trust owe each other a duty. The details of this are shown in Table 1 on page 18.

### **The Legal and Policy Status of Third Parties to the Relationship between Church and NHS Trust**

**2.15** The management and discipline of a chaplain is a matter for the local bishop and the NHS Trust. All other groups (educational bodies, trades unions and professional associations and so on) are essentially third parties to this, and whilst their work may have a bearing on practice, and fitness to practice, it is not in their gift to decide this.

**2.16** Canons 278 and 287 of the Code of Canon Law recognise the right of association to clergy and membership of trades unions, although they may not take leading roles. Important third parties are professional accreditation bodies which maintain professional registers. The Department of Health has currently stated that it does not support attempts to create a statutory registration for healthcare chaplains.<sup>17</sup> This means that professional registrations held by chaplains are voluntary. Examples of these are the United Kingdom Council for Psychotherapy, British Association for Counselling and Psychotherapy and the British Psychological Society. Chaplains may be members of these organisations and hold appropriate registration, but their chaplaincy is not – and cannot be made to be – conditional upon such registration.

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<sup>17</sup> Department of Health (2004) *Report of a Review of Department of Health Central Funding of Hospital Chaplaincy*. <http://www.dh.gov.uk/assetRoot/04/08/79/33/04087933.pdf>. See also Department of Health (2005) *Response to the Report on Central Funding of Hospital Chaplaincy Services*, <http://www.dh.gov.uk/assetRoot/04/10/69/36/04106936.pdf>.

Table 1: Good Practice: The Expectation of Guidance and Legislation

Issue	Good Practice	Legislation & Policy Engaged
A Memorandum of Understanding	Bishops and the NHS Trusts within their dioceses should agree a Memorandum of Understanding of key principles in operation of Catholic chaplaincy. This already operates well in several NHS Trust areas and a template will be made available as part of the implementation of this publication.	<ul style="list-style-type: none"> <li>• <i>The Human Rights Act 1998</i></li> <li>• <i>The NHS Plan</i></li> <li>• <i>NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff</i></li> <li>• <i>NHS Equality Policy</i></li> <li>• <i>NHS Improvement Plan</i></li> <li>• <i>Building on the best</i><sup>18</sup></li> <li>• <i>Department of Health Equality Framework</i></li> </ul>
Arrangements for Appointment and Management	NHS Trusts should have arrangements with the local bishop through his advisor, for the appointment of Catholic chaplains, including part-time and lay chaplains, to meet the needs of the population. Mutually agreed job descriptions (sample job descriptions are provided in the appendices).	<ul style="list-style-type: none"> <li>• <i>NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff</i></li> <li>• <i>NHS Improving Working Lives</i></li> </ul>
Data Protection	NHS Trusts must assess and facilitate the requirement of Catholic chaplains to access patient data in order to meet patients' needs. Ensuring chaplains receive this information avoids risks to Trusts from litigation by patients and staff who allege that their religious needs are not considered.	<ul style="list-style-type: none"> <li>• <i>The Human Rights Act 1998</i></li> <li>• <i>Data Protection Act 1988</i></li> <li>• <i>NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff</i></li> <li>• <i>NHS Improvement Plan</i></li> <li>• <i>The NHS Plan</i></li> <li>• <i>Department of Health Equality Framework</i></li> </ul>
Provision of and access to a Chaplain for Patients	NHS Trusts must facilitate access to Catholic chaplaincy for Catholic patients in order to meet their spiritual needs.	<ul style="list-style-type: none"> <li>• <i>The Human Rights Act 1998</i></li> <li>• <i>The NHS Plan</i></li> <li>• <i>NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff</i></li> <li>• <i>NHS Equality Policy</i></li> <li>• <i>NHS Improvement Plan</i></li> <li>• <i>Building on the Best</i><sup>19</sup></li> <li>• <i>Department of Health Equality Framework</i></li> </ul>
Provision of and access to a Chaplain for Staff	NHS Trusts must facilitate access to Catholic chaplaincy for Catholic staff.	<ul style="list-style-type: none"> <li>• <i>Employment Equality (Religion or Belief) Regulations 2003</i></li> <li>• <i>Department of Health Equality Framework</i></li> <li>• <i>NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff</i></li> <li>• <i>The Human Rights Act 1998</i></li> <li>• <i>Department of Health Equality Framework</i></li> </ul>
Inclusion	Catholic chaplains should be able to play a full part in the Spiritual Care Team. Playing a full part requires Catholic chaplains to look at the wider picture of healthcare chaplaincy, its structures, aims and purposes.	<ul style="list-style-type: none"> <li>• <i>NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff</i></li> <li>• <i>Department of Health Equality Framework</i></li> <li>• <i>The NHS Plan</i></li> </ul>
Development	Chaplains should develop their abilities to meet standards of effective practice.	<ul style="list-style-type: none"> <li>• <i>NHS Knowledge and Skills Framework</i></li> <li>• <i>Caring for the Spirit</i></li> </ul>

<sup>18</sup> *Building on the best: Choice, responsiveness and equity in the NHS*, London (2003) Dept of Health: <http://tinyurl.com/2a8q3>

<sup>19</sup> *ibid.*

**2.17** Chaplains who are members of such bodies should adhere to their codes of conduct. However, whilst complaints about chaplains who are members of such organisations may be properly considered by them, they do not decide on the suitability of chaplains. Where a chaplain is disciplined or is struck off the register of a professional association of which he is a member, the NHS Trust and local bishop would consider the implications of such action through their own procedures. This applies equally to a chaplain who is a member of the *College of Health Care Chaplains* (CHCC) and is disciplined by the College and would also include any other body which sets-up a voluntary registration or accreditation scheme.

**2.18** The CHCC holds a legal status within the Trade Union, Amicus. The CHCC provides important and valuable representation, advice and support to chaplains and has a number of Catholic members. Membership of the CHCC entails membership of Amicus. Catholic chaplains are free to join and will often find such membership of benefit. However, *The Trade Union and Labour Relations Act 1992* (TULRA) makes it unlawful to require a person to be a member of a trade union or to submit a person who refuses to become a member of a trade union, to any disadvantage. Therefore, registration within the CHCC cannot lawfully be made compulsory or a requirement of selection, appointment, progression or advancement of a Catholic chaplain within a NHS Trust.

**2.19** Together with registration there is the emergence of a code of conduct which some NHS Trusts have sought to incorporate into advertisements or conditions of employment. Whilst the bishops support in principle the idea of a code of conduct to which chaplains can sign-up, and which helps them place their chaplaincy practice within a proper, ecclesial and Clinical Governance context, they regard this as purely voluntary. It does not intrude on the rights of bishops and NHS Trusts to appoint, manage and discipline chaplains. In this context, adherence to the existing code of conduct cannot be made a requirement of appointment within the NHS.

**2.20** This is currently true for any accreditation or registration scheme set-up by the Chaplaincy Academic and Accreditation Board ([www.caabweb.org.uk](http://www.caabweb.org.uk)). Any such arrangement is voluntary, and does not impinge on the relationship between the Church and the NHS Trust.

Examples of Good Practice	Examples of Poor Practice
<p>A NHS Trust which has made available templates for job description and monitoring forms for the role of the chaplain. These are all agreed with the bishop's chaplaincy advisor.</p>	<p>One Trust recently sought to appoint a Catholic chaplain who was not a Catholic, and had not discussed the appointment with the local bishop. The matter changed when it was pointed out by a non-executive director of the Trust with a background in employment law, that this could be seen as discrimination.</p>

# 3 Church and NHS: A Dual Framework for Practice

**3.1** There is a duality in law existing for the governance of Catholic chaplains, with a similar duality in practice existing for how chaplains are deployed, remunerated and managed within the NHS. Two principal models exist, both of which are contingent upon effective working relationships between the Church and the NHS, as outlined in the table below. Each has advantages and disadvantages. In many dioceses, hybrid models of these are now being developed whereby employment is used for some chaplains with Service Level Agreements utilised for out-of-hours cover and other provision.

Table 2: Different Models of Making Chaplaincy Work in Practice

1	The system whereby the bishop and NHS Trust appoint, and the NHS Trust employs.	Sits well with other chaplaincy employment models.
2	The system whereby there is a SLA between the bishop and the NHS Trust with the NHS Trust accrediting chaplains appointed by the bishop.	An easy model to use to enable cover for leave, sickness and out-of-hours cover. It enables the Church to appoint from a bank of accredited persons.  Has shown financial benefits for NHS Trusts in some dioceses.

**3.2** There are also different models across the NHS of how Catholic chaplains work, and what kind of chaplains there are:

- Full-time ordained Catholic chaplains.
- Full-time non-ordained Catholic chaplains, lay or religious, who have access to priests on a part-time, sessional or bank basis to provide the sacraments.
- Sessional, part-time or bank chaplains.
- Assistants and volunteers.

These models reflect the range of functions within Catholic chaplaincies which are provided by those who are ordained and by lay people (including religious sisters and brothers). This is shown in the following table.

Table 3: Ministries appropriate to Ordained and Non-Ordained Persons

Ministries reserved to Ordained Priests and Deacons		Ministries appropriate to both Ordained and Lay Chaplains
<p>Priests Only</p> <ul style="list-style-type: none"> <li>• Confirmation</li> <li>• Mass/Eucharist</li> <li>• Penance</li> <li>• Anointing of the Sick</li> </ul>	<p>Priests and Deacons</p> <ul style="list-style-type: none"> <li>• Matrimony<sup>20</sup></li> <li>• Blessings</li> </ul>	<ul style="list-style-type: none"> <li>• Baptism<sup>21</sup></li> <li>• Funerals<sup>22</sup></li> <li>• Pastoral Counselling</li> <li>• Administering Holy Communion</li> <li>• Prayer</li> <li>• Catechesis</li> <li>• Visiting</li> <li>• Sacramental Preparation</li> <li>• Onward referral – linking to home parish</li> </ul>

### Appointing and Managing Chaplains: Effective Relationships

**3.3** Catholic Healthcare chaplains must hold recognition or appointment from both the local bishop, NHS Trust or other healthcare organisation (such as a hospice). In practice, most bishops will appoint a bishop’s advisor for chaplaincy to liaise with Trusts on his behalf.

**3.4** The role of the bishop’s advisor is important when considering how chaplains operate. The advisor will often act as lead in negotiations with the NHS, and may carry out a variety of tasks which would include liaising with the Strategic Health Authority and/or NHS Trust. He/she would advise on pastoral care, formation (development) and appointment of chaplains, and would provide a strategic and administrative overview of all aspects of Catholic chaplaincy within the diocese.

**3.5** Negotiation with the bishop’s advisor will normally be the way in which NHS Trusts work with the local bishop. This will ensure that the role of the bishop’s advisor is recognised both as an administrative and strategic function and as a pastoral function which assesses the need for chaplaincy and supporting chaplains in their ongoing formation and role delivery. This is also an important aspect of ensuring that joint working between the Church and NHS Trusts is a reality.

### A Framework for Relationship: Clarity and Responsibility

**3.6** Many Trusts have recognised for some time that the particular nature of joint working with the local bishop needs to be made effective, and NHS chaplaincy acknowledges and continues this understanding. There are, however, a number of aspects of good practice which will make the relationship between the chaplain, the NHS Trust and the bishop clearer and smoother if they are outlined from the beginning.

<sup>20</sup> In the absence of an ordained minister and with the permission of the local bishop, a trained lay person may preside at a wedding which does not include the celebration of the Eucharist.

<sup>21</sup> In an emergency and in the absence of an ordained minister, a lay person may baptise (*Catechism of the Catholic Church* 1284, *Code of Canon Law* 230).

<sup>22</sup> In the absence of an ordained minister and with the permission of the local bishop, a trained lay person may preside at a Funeral which does not include the celebration of the Eucharist.

**3.7** It is good practice for the bishop’s advisor to develop, with local NHS Trusts, an appropriate memorandum of understanding which outlines key aspects of good practice of how the local bishop and NHS Trusts work together, whilst making clear the mutual and distinct arrangements for the management and provision of Catholic chaplains. The table below suggests a framework for issues to be addressed in such a memorandum. A template memorandum will be made available as part of the implementation of this publication.

Table 4: Dimensions of Good Catholic Chaplaincy Practice and Responsibility

The Local Bishop	Jointly	The NHS Trust or Other Provider (e.g. Hospice)
<b>Governance Arrangements</b>		
<p>Arrangements for appointment, management, development and care of chaplains.</p> <p>Advisors are helpful here as they act on behalf of the local bishop in keeping up-to-date with the nature of hospital chaplaincy.</p>	<p>Memorandum of Understanding between Agency and Diocese.</p> <p>Mutually develop and agree Job Descriptions (examples are included in Appendices).</p>	<p>Effective systems for appointment and management of Catholic chaplains compliant with policy above.</p>
<b>Good Standing</b>		
<p>Ecclesiastical good standing – discipline, checks, parish community.</p>	<p>Protection of children and vulnerable adults through the local bishop and NHS applying their policies.</p>	<p>NHS Good Standing – effective recruitment and selection within NHS policies.</p>
<b>Knowledge and Skill</b>		
<p>Theological knowledge and competence.</p>	<p>Ensure relevant and on-going training and professional development.</p>	<p>Health knowledge and competence.</p>
<p>Technical and professional knowledge in sacramental situations.</p>	<p>Technical and professional knowledge in pastoral situations.</p>	<p>Technical and professional knowledge in clinical policy, patient rights, NHS policy and clinical governance etc.</p>
<p>Technical and professional skills in sacramental situations.</p>	<p>Technical and professional skills in pastoral situations.</p>	<p>Technical and professional skills in clinical policy, patient rights, NHS policy etc.</p>
<b>Role-Life Balance and Self-Care</b>		
<p>Health, pattern of life, personal boundaries, maturity of intra- and inter-personal growth.</p>	<p>Not just amount of time spent, but ability to have personal time, personal development and formation.</p>	<p>Occupational Health and Safety including stress, vaccinations etc. Ecumenical and multi-faith working.</p>
<p>Prayer and spirituality, faith development and discipleship.</p>	<p>Good working conditions.</p> <p>Managing on-call responsibilities and welfare of chaplains including on-call hours.</p>	<p>Personal attributes within person specification.</p> <p>Time management.</p>
<p>Self-discipline according to Canon Law and Church requirements.</p>	<p>Good working conditions.</p>	<p>Discipline within NHS Code of Conduct.</p> <p>Clinical Supervision.</p>

**3.8** It is also good practice for each local bishop to maintain a register of those appointed and/or mandated to chaplaincy, whether ordained, religious or lay. The register should be available to NHS Trusts.

### **The Ecumenical and Inter-Faith Context for Catholic Chaplains, Staff and Patients**

**3.9** Catholic chaplains generally work in an ecumenical context with other Christian denominations and also with other faith communities. Three important points derive from this:

- 1 It is important to approach this effectively and realistically, realising that Catholic chaplains minister to those of other Christian traditions and faiths and vice versa. However, there are specific religious boundaries which entail that some faith communities can only be ministered to by those of their own faith tradition. NHS chaplaincy recognises this and NHS Trusts should take this into account.
- 2 The arrangements for how the Catholic Church and the NHS work together to protect the public and ensure that Catholic chaplains are effective, require that the relationship between the wider faith community and all chaplains needs to be clearly articulated.
- 3 The issue of part-time chaplains needs to be fully considered. Given that many Catholic chaplains are part-time, constraints will exist on their ability to take part in management and chaplaincy team activities. This may result in them becoming isolated from the chaplaincy team and others. The NHS policy frameworks allow for extra time to be built into chaplaincy contracts so that part-time chaplains can participate in the wider ecumenical and team aspects of NHS chaplaincy. NHS Trusts need to carefully consider this when allocating time and contracts.

### **Insurance and Liability**

**3.10** Chaplains and volunteers should be included in the indemnity, public liability and employers' liability insurances of their employing NHS Trust. As ordained or mandated lay ministers, they have additional cover through their diocese. Religious sisters and brothers would also be covered by their congregation. Additionally, all may seek professional indemnity insurance from, for instance, the Institute of Healthcare Management or another such body, but this would be voluntary.

### **Training and On-going Development**

**3.11** Catholic chaplains work within a framework of lifelong formation which includes the personal, spiritual, ministerial and professional aspects of their ministry. This is compatible with *Agenda for Change* and the increasing importance of reflective practice within the NHS. The NHS and the faith community should both have a concern for, and work together on, the content of training and on-going formation.

**3.12** There are several key considerations for Catholic chaplains:

- It is not solely about the training of the person for the role, but the on-going formation of the personal, inter-personal, ministerial, professional and theological aspects of their role.
- Chaplaincy should not be seen simply as another intervention of the healthcare profession, such as counselling or psychotherapy.

- Appropriate formation enables chaplains to be more effective. It must also inspire confidence in patients, staff, faith communities and the NHS itself.
- Ordained chaplains will receive training as part of their training for priesthood, followed by initial formation as a chaplain and on-going ministerial formation.
- Training for full-time lay chaplains may be provided through a higher education degree course or, a combination of accredited education courses and a degree and, other on-going formation.
- Training for part-time chaplains and chaplaincy volunteers will often focus on key competencies.

Table 5: Domains of Competence and Formation for Catholic Chaplains

Domain	Indicative Content
<p>Theological</p> <p>Ordained chaplains and full-time lay chaplains may have a higher level of training in this than part-time lay chaplains.</p>	<p>1 Scripture</p> <p>2 Ethics, Bio-Ethics and Moral Theology</p> <p>3 Philosophy</p> <p>4 Fundamental Theology</p> <p>5 Ecclesiology</p> <p>6 Theological Foundations for Ministry</p> <p>7 Theology of Pastoral Care</p>
<p>Spiritual</p> <p>Essential for all.</p>	<p>8 Personal Life and Discipleship</p>
<p>Ministerial</p> <p>Ordained chaplains and full-time lay chaplains may have a higher level of training in some of these areas than part-time lay chaplains. Some chaplains will have specialisms, e.g. in Bio-Ethics.</p>	<p>9 Practical Theology</p> <p>a Boundaries and Ethics</p> <p>b Integrity</p> <p>c Self-Care</p> <p>d Canon Law</p> <p>e Pastoral Practice</p> <p>f Pastoral Care including Counselling and other skills</p> <p>i The casework relationship</p> <p>ii The chaplaincy relationship</p> <p>iii Integrating spiritual, religious and other needs to a chaplaincy/casework relationship</p> <p>iv See also Health Psychology below</p> <p>g Bio-Ethics and Moral Theology applied to NHS Healthcare</p> <p>h Management and Leadership</p> <p>i Change Management</p> <p>j Facilitation</p> <p>k Mentoring and Supervising others</p> <p>l Being Mentored and Supervised</p> <p>m Pastoral Psychology</p> <p>n Homiletics</p> <p>o Christian Education</p> <p>p Faith Development</p> <p>q Liturgy and Worship</p> <p>r Ecumenical and Inter-Faith Working</p> <p>10 Sources and norms in Practical Theology</p>

## Church and NHS: A Dual Framework for Practice

Domain	Indicative Content
<p>Reflective praxis and development Important for all.</p>	<p>11 Practical Theology (counselling, visiting, listening etc.)            12 Self-Care                a Boundaries                b Health, Stress and Coping                c Self-Care after difficult emotional situations                d Self-Care after trauma                e Integrated Self-Care Strategies            13 Reflective Practice, including Journals and Log Books            14 Lifelong Development Plan            15 Understanding learning style of self and others            16 Mentoring and Supervision</p>
<p>Sectoral Knowledge and Skill</p>	<p>17 The NHS Context            18 Clinical Governance            19 NHS Policies and Practice            20 Equality and Diversity            21 Confidentiality            22 Inter-Professional and Inter-Agency Working            23 Key Knowledge and Skills for Area            24 Managing Chaplaincy Departments/Teams (where appropriate)            25 Training and Developing other Chaplains</p>
<p>Health and Social Sciences applied to Chaplaincy            This would be needed in differing degrees for different roles. Full-time chaplains would be expected to aim towards covering all of these in due course.</p> <p>Some aspects of Health Psychology (ideally 29 a, e, f, g, i and j) should be introduced as early as possible.</p>	<p>26 Sociology of Health and Illness            27 Sociology of NHS Settings            28 Comparisons of Catholic Healthcare Ethics and current Healthcare Ethics Frameworks            29 Health Psychology and Behaviour                a Psychological Aspects of Health and Illness                b Psychological Development across the lifespan                c Health Behaviour                d Stress and Anxiety                e Coping                f Grief and Bereavement                g Pain                h Biopsychosocial Pathways in Health and Healing                i Patient Professional Communication                j Social and Spiritual Support and Dimensions of Health                k Behaviour Change and Maintenance                l Avoidant Coping                m Abnormal Psychology                n Trauma and Response            30 Communication with Patients            31 Sector specific knowledge of, for instance, coronary heart disease, cancer etc.</p>

**3.13** The identification of areas of competence for Catholic chaplains is summarised in the table below and is offered as a benchmark. It is intended that it would include, and go beyond, both the *NHS Knowledge and Skills Framework* and *Standards for Hospital Chaplaincy*, whilst seeking to be compatible with them. These areas are derived from the Church's practice in preparing people for pastoral ministry and have been developed using insights from occupation psychology and human resources.<sup>23</sup> This is consistent with the needs of the Church and also NHS policy such as *Agenda for Change* and the *Knowledge and Skills Framework*.

**3.14** These expectations are not to be considered as a minimum standard for practice which everyone will fulfil before appointment, even appointment as a senior Catholic chaplain, but are an agenda for on-going formation. As such, they need to be applied appropriately and sensitively depending upon the level of responsibility of the chaplain. A full-time ordained or lay chaplain will need to develop their skills to a higher standard than a part-time chaplaincy volunteer. A greater understanding of technical knowledge may also be required for certain types of chaplaincy such as paediatric and hospice care. (See Table 5 on pages 24-25.)

**3.15** Seen in this context, the Catholic chaplain should model the on-going pastoral concern of the Church for staff and patients alike, and apply this in a framework which meets the clinical governance concerns of the NHS. The Church and NHS both seek the same outcomes for formation for chaplains.

- Sound pastoral practice based upon effective training and formation, with regular supervision and proper licensing/appointment. This must incorporate appropriate pastoral studies (psychology, counselling, bereavement, clinical pastoral education).
- Sound sacramental and theological practice based upon approved grounding in Scripture, theology, liturgy, morality, prayer and spirituality, integrated in a relationship with Jesus Christ.
- A commitment to continuing spiritual, NHS Professional, pastoral and theological formation and development.

### Example of Good Practice

Several Trusts operate shared on-going training programmes where each faith group takes responsibility for educating their chaplaincy colleagues about their own faith, as well as a particular area of skill.

Lay chaplains receive a core of training together – regardless of faith – whilst receiving specific elements for their particular faith separately. This works well and Trusts report an atmosphere of mutual respect.

St Mary's College, Twickenham, a College of the University of Surrey, offers a Foundation Degree Course in Healthcare Chaplaincy and a MA in Chaplaincy Studies. The Foundation Degree is specifically designed to help chaplains minister in Healthcare settings and includes modules on NHS context. Further details can be obtained from St Mary's College website: [www.smuc.ac.uk](http://www.smuc.ac.uk).

<sup>23</sup> McManus, J (2006) *What training should be required as an education standard for healthcare and hospital chaplains?* Southern Medical Journal 99, no. 6 p665-70, ISSN: 0038-4348.

# 4 Getting Patient Management Right

**4.1** Catholic chaplains cannot function effectively unless the arrangements for patient management allow them to. There are several key elements which need to be carefully negotiated between the chaplains and the NHS Trusts:

- An accurate population needs assessment of the requirement for Catholic chaplaincy, including out-of-hours call-outs.
- Identification of Catholic patients and informing them of the availability of the chaplaincy service.
- Each Trust needs to establish clear lines of referral when patients request to see a Catholic chaplain.
- Time and facilities for religious practice and pastoral care which does not disrupt the regimen of clinical care.
- An understanding within healthcare settings that patients may wish to be visited by a chaplain, and that this request should be expedited quickly.

**4.2** These elements flow from the *Occupational Standards for Healthcare Chaplaincy*<sup>24</sup> and have been used by the NHS and many religious and faith groups as a key analysis of the functions of chaplaincy within the NHS. At its basis the function of chaplaincy has a key mission to:

Enable individuals and groups in a healthcare setting to respond to a spiritual and emotional need and to their experience of life and death, illness or injury in the context of a faith or belief system.

**4.3** This key purpose is broken down into five 'major responsibilities':

- a Identify and assess needs for chaplaincy provision.
- b Manage and develop a chaplaincy service.
- c Provide opportunity for worship and religious expression.
- d Provide pastoral care, counselling and therapy.
- e Provide an informed resource on ethical, theological and pastoral matters.

**4.4** These standards are important for Catholic chaplains and must be related to the principles of clinical governance as shown above. Equally, they are as essential to Catholic chaplaincy as outlined in Chapter 3. They provide an important means of interpreting the best practice in the context of NHS Policy and in particular, Clinical Governance and the *Knowledge and Skills Framework*.

**4.5** All of these are dependent upon patient management to a greater or lesser extent. Good management of patients will facilitate the chaplains in fulfilling their role. The consequences of poor management of patients may mean that not only will patients' needs not be met, but that a serious untoward incident or risk may occur with the consequence that the issue may need to be raised as part of compliance with *Standards for Better Health*.

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<sup>24</sup> A full breakdown can be found at [http://www.mfghc.com/standards\\_map.htm](http://www.mfghc.com/standards_map.htm)

Table 6: Good patient management

Element	Good Patient Management	Consequences of Poor Patient Management
A Identify and assess needs for chaplaincy provision.	Work with chaplains to identify need for provision at population level, and identify Catholic patients to chaplains to enable them to visit and access patients. Staff are trained in the need for spiritual care, and take seriously the need to identify Catholic patients' requirements for chaplaincy provision.	Patients are not visited by a chaplain or provision is inadequate. Patients may complain under Human Rights legislation.
B Manage and develop a chaplaincy service.	Provide for Catholic chaplains at the levels and chaplaincy type needed (e.g. paid and bank for out-of-hours). Provide information to patients on the availability of chaplains.	Patients' needs may not be met.
C Provide opportunity for worship and religious expression.	Provide information to patients on the availability of chaplains. Provide time for chaplains to meet patients' needs in a dignified way. Ensure patients can attend services if they wish to do so.	Patients' needs may not be met. This may result in patients feeling they cannot express their religious or spiritual needs, thereby adversely affecting their overall wellbeing.
D Provide pastoral care, counselling and therapy.	Patients are offered access to a Catholic chaplain, and the chaplain is notified of the location of Catholic patients who have been admitted into hospital.	Patients' needs may not be met. This may affect outcomes as well as resulting in patients becoming distressed.
E Provide an informed resource on ethical, theological and pastoral matters.	Staff are trained in the need for spiritual care, and in identifying when the need for such a resource arises, and take seriously the need to identify Catholic patients' requirements for chaplaincy provision.	Patients' needs may not be met and they may refuse certain types of healthcare.

Examples of Good Practice	Examples of Poor Practice
<p>Parish priests in the locality of a hospital Trust alternate in taking responsibility for holding the on-call bleep. This means that the bleep is continuously covered and that a chaplain is always available. This has the added advantage that sick leave, working time limits and leave arrangements are respected.</p> <p>Another hospital Trust has a range of chaplaincy structures in place which include full-time, sessional and bank chaplains. These structures are discussed with the Trust to help cater for the needs of patients and staff at all times.</p> <p>Several Trust hospitals provide lists of Catholic patients for the chaplain to visit. Ward staff are encouraged to identify the spiritual and religious needs of patients and seek their consent to approach the relevant chaplain.</p>	<p>A Catholic priest was called during the night to administer the sacraments to a patient who had been admitted into hospital. The patient, also a Catholic priest, had been advised on three occasions by staff that access to a Catholic priest was not possible. Eventually, a member of staff was called who knew the procedure for contacting the chaplain, but the length of time it had taken to resolve the situation, had caused extreme distress to the priest.</p> <p>The matter is now being looked into by the local MP and the hospital has gained a reputation among local Catholics, and also among many Catholic staff, for being anti-Catholic.</p>

# 5 The Care of Catholic Healthcare Staff

**5.1** The Church teaches that involvement in a health profession is a vocation of great importance because it directly flows from the ministry of Christ.

Over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and she has also established many religious institutions with the specific aim of fostering, organising, improving and increasing help to the sick.<sup>25</sup>

**5.2** For Catholics, involvement in healthcare as a profession and vocation is very often a means of living out their Christian commitment. The Pontifical Council for Health Pastoral Care puts it in this context:

The activity of those engaged in healthcare is a very valuable service. It expresses a profoundly human and Christian commitment, undertaken and carried out not only as a technical activity, but as one of dedication to and love for one's neighbour. It is "a form of Christian witness. Their profession calls for them to be guardians and servants of human life. A service to life is a primary and fundamental good of the human person. Caring for life, then, expresses, first and foremost, a truly human activity in defence of physical life."<sup>26</sup>

**5.3** This explains the long-standing involvement of Catholics in healthcare, from Catholic hospitals and hospices through to the Catholic doctors, nurses and allied professionals of today. Many Catholic religious congregations (orders) are still actively engaged in healthcare. Equally, given the recent NHS programmes of recruiting staff from countries with a high proportion of Catholics such as Spain and the Philippines, there are wards and units within the NHS where the largest faith group among staff is Catholic.

**5.4** It is not surprising therefore that Catholic staff will be a presence in many NHS Trusts. The care of such staff, particularly ensuring their access to the life of their faith community, is important to both the NHS Trust (especially in the light of the *Employment Equality (Religion or Belief) Regulations 2003*) and to the Catholic chaplains. Effective working between the two can deliver benefits for patients, the Trust and staff. This is what is envisaged by *Improving Working Lives*.<sup>27</sup>

**5.5** Catholic healthcare staff may often have an explicit ethos of service which arises from their faith. Ensuring that they can access pastoral care will be an important means of supporting them in their career and meeting the *NHS Equality Framework*.<sup>28</sup>

**5.6** Working in healthcare requires Catholic staff to manage the boundaries between their personal lives and professional roles. Seen positively, this can help them break down the artificial dualities of physical/spiritual or psychological/spiritual. However, it can also

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<sup>25</sup> Pope John Paul II, Apostolic Letter, *Dolentium Hominum*, 2002.

<sup>26</sup> Pontifical Council for Health Pastoral Care, *Charter for Catholic Healthcare Workers*, Rome, 1995.

<sup>27</sup> Department of Health (2004), *Improving Working Lives*, London: Department of Health.

<sup>28</sup> Department of Health (2002), *NHS Equality Framework*, London: Department of Health.

engender a real tension - particularly when ethical issues arise for the staff member - and therefore, access to a chaplain during these situations will be especially important. It should be recognised that the particular moral tradition of the Catholic Church and its long history in the field of bio-ethics, means that contact with a Catholic chaplain is often seen by such members of staff to be essential.

**5.7** The Catholic chaplain, therefore, has several significant roles in relation to healthcare staff which directly impact upon NHS Policy:

- Supporting staff in expressing and developing their faith, and helping them to continue that formation and development.
- Providing pastoral care and a link with the local faith community.
- Providing a mechanism of social support for isolated Catholic staff and staff in general, especially those who have come from other countries.
- Supporting staff in developing and safeguarding their own clinical and professional practice by helping them to work through ethical and other issues.
- Supporting staff in local processes for shaping policy that reflects their specific needs (for example, non-participation in abortion, understanding Catholic reservations about some genetic technologies and so on). This is an important aspect of the teaching role of the chaplain.
- Providing a mechanism for the on-going development of staff in relation to their understanding of how their faith forms a value base for their work.
- Supporting effective self-care of healthcare workers.
- Equipping healthcare workers with ethical and theological tools to understand their practice.
- Equipping healthcare workers – Catholic and others – to understand and respond sensitively to the needs of Catholic patients as required in *Standards for Better Health D2*.<sup>28a</sup>

**5.8** In the work undertaken by a Catholic chaplain with Catholic healthcare staff, the dual roles of pastor and teacher must be borne in mind if Catholic staff are to fully able to live out their vocation. Helping Catholic staff to access, understand and reflect on the teachings of the Church can help them understand their role better and deliver care which is more effective.

**5.9** NHS Trusts should work together with their chaplaincy teams, including Catholic chaplains, to ensure that their human resources policies and daily practice support these principles, so that the benefits will be experienced by staff and patients alike.

**5.10** In particular, the requirements of Catholic healthcare staff who have come from other countries to work within the NHS need to be appreciated. Due to their particular culture, they may have religious needs which are different to other staff, including other Catholic staff, employed by a Trust. In such circumstances, the NHS Trust and the Catholic chaplain can facilitate access for such staff to particular ethnic chaplaincies which exist within dioceses or the wider region. Facilitating contact with the NHS Trust and the Catholic chaplain, and also being able to access wider resources, can be crucial in ensuring staff work well and contribute to meeting the best practice standards contained in *Improving Working Lives*.

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<sup>28a</sup> Department of Health (2004), *Standards for Better Health*, London: Department of Health.

Examples of Good Practice	Examples of Poor Practice
<p>A NHS Trust, with the help of local parishioners, developed a pastoral support network for its Filipino nurses to help them settle into the UK, as well as assisting them to connect with their local Catholic community. Such initiatives can help retain staff, whilst caring for their spiritual and overall welfare.</p> <p>One NHS Trust invited Indian nurses, mostly from the Syro-Malabar Catholic Rite, to staff units. The chaplain welcomed them and they took part in several formal introductions arranged by the Trust. The nurses were escorted to Mass until they were familiar with the area, and local priests were encouraged to carry out house blessings for them, as this is particularly important for Catholics from this background. As a result of a survey to ascertain the number of Catholics among this Rite, an Indian Jesuit priest was seconded to the local Indian community which now has a dedicated chaplain, as well as access to Catholic hospital chaplains and local Catholic parishes.</p> <p>Chaplains in another Trust have worked together with the local Filipino community for the last four years to organise Masses and cultural celebrations to mark Filipino Independence Day. The Filipino ambassador and embassy staff attend, and the Trust makes a financial contribution towards the cost. The chaplains have organised pilgrimages to the National Shrine of Our Lady of Walsingham in Norfolk, and two chaplains have celebrated the traditional Filipino <i>Simbang Gabi</i> Mass of preparation before Christmas.</p> <p>When Filipino nurses arrived at another Trust, the chaplains arranged for a “Welcome” with Filipino religious from the Columban Missionary Orders which have a strong presence in the Philippines. The Trust allocated time in the induction programme to the chaplains and local Filipino community, and a Mass and welcome party – mainly celebrated in Tagalog – was held for each group of nurses.</p>	<p>A Trust recruited a large number of staff from the Philippines and did not organise an induction programme, nor advise them of the local Catholic churches. The nurses were often scheduled to work on Sundays, and the Trust did not make any effort to inform the Catholic chaplain of the Filipino staff within the hospital – it was left to the chaplain to locate and contact them.</p> <p>Following the return of 10% of the staff to the Philippines in one tranche, two nurses, through their union, sought to bring complaints of discrimination on religious grounds against the Trust. The matter was resolved by setting-up a formal programme of spiritual care for the nurses.</p>

# 6 A Developing Agenda for Catholic Chaplaincy

**6.1** Catholic chaplaincy within the NHS works within a context of change. Demographic change resulting from immigration – especially from Eastern Europe – means that the Catholic population is changing. This brings a range of cultural approaches to Catholicism and the need for increased sensitivity within healthcare chaplaincy. Similarly, the increasing presence of lay people working within a multi-faith context brings with it a range of issues which the Church and the NHS must work together to resolve.

## Chaplains in a Multi-Faith Context

**6.2** Working within a multi-faith context does not mean that the distinctive identity and nature of the Catholic chaplain is lost. The Catholic chaplain works with patients, carers and staff of all faiths and of none. Respect for the differences between those of other faiths and none must be mutual for effective working relationships within the chaplaincy and healthcare Trust.

**6.3** Chaplaincy teams and NHS managers respect that Catholics will expect and have a right to specifically Catholic chaplaincy, as do all other religious and faith traditions. For Catholics, it is an essential aspect of their pastoral care that in urgent situations such as when facing major medical procedures, a chaplain is called for. A Catholic priest will then administer the sacraments to them, such as the Anointing of the Sick. Catholics have a right to this under the NHS Equality Policy and Human Rights legislation. Difficulties arise in trying to ensure the fullest possible cover from the Catholic chaplain, which includes sacramental provision. This can be problematic for both the NHS Trust and the diocese.

Examples of Good Practice	Examples of Poor Practice
The specific needs and concerns of Catholic patients and staff in a NHS Trust are the focus of learning and agreed ground rules between all members of the chaplaincy team. This alleviates any difficulties and helps chaplains share their faith tradition with each other.	A senior hospital chaplain who was not a Catholic attempted to create rotas for a Catholic religious to give the Anglican sacrament. The senior hospital chaplain should have been aware of the clear doctrinal positions of it being unacceptable to the respective faith communities. Such action could have resulted in patients complaining to the NHS Trust that their right to respect for their faith had been breached.

## Lay Chaplains<sup>29</sup>

**6.4** Lay people and religious sisters and brothers are increasingly performing chaplaincy roles and taking on leadership responsibilities. This may vary from being appointed as Catholic chaplains or assistant chaplains to being special ministers administering Holy Communion to those in hospital.

**6.5** It would be a mistake to view this development simply as a result of a lack of available ordained chaplains. Since the Second Vatican Council, there has been a continual deepening of the understanding of the role and ministry of lay people within the Church.<sup>30</sup>

**6.6** Lay chaplains can be paid for carrying out their duties or, they can be volunteers. NHS Chaplaincy makes specific reference to the use of volunteers in chaplaincy to help meet the needs of faith communities. Where lay people or religious are chaplains, they must hold recognition or appointment from both the local bishop and the NHS Trust.

**6.7** Where large numbers of lay volunteers and extraordinary ministers of Holy Communion visit patients, some NHS Trusts use good practice to regulate them through their accredited volunteering arrangements. A number of common elements of good practice for volunteer chaplaincy assistants have been found through experience to work well:

- There is a dedicated person who supports the volunteers.
- Volunteers are formally recruited, trained and deployed.
- The Human Resources Department is involved in this process.
- Volunteers can access support and supervision.
- Volunteers meet regularly with the Catholic chaplain.
- Volunteers have out-of-pocket expenses re-imbursed, and are able to access training.
- Volunteers should have appropriate Criminal Records Bureau checks, etc.
- Volunteers have a personal development plan which contains a structured programme of training and formation.
- Volunteers regularly meet together in groups for on-going development.

These arrangements will ensure consistency with good practice across the NHS on using and managing volunteers effectively.<sup>31</sup>

**6.8** Lay chaplains should be subject to the same governance arrangements as ordained chaplains, appropriate to their role whether as full-time, part-time, assistant or volunteer chaplains. It is also good practice to conduct a proper assessment of their skills and the competencies needed for their tasks, and for the Church and NHS to work together on their formation and support. Indemnity and other insurances will also be required.

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<sup>29</sup> Please note Paragraph 2.6 above regarding the strict interpretation of the term 'chaplain' in the life of the Church.

<sup>30</sup> Cf. There have been a number of significant documents relating to this issue, including *Christifideles Laici*, from the 1987 Synod of Bishops on the laity, and *The Sign We Give*, a working party document of the Bishops' Conference of England and Wales, published in 1995.

<sup>31</sup> Volunteering England (2006) *Volunteers across the NHS: improving the patient experience and creating a patient-led service*, <http://www.dh.gov.uk/assetRoot/04/13/21/51/04132151.pdf> accessed on 28th June 2006; Wales Council for Voluntary Action (2004) *Volunteering for Health*.

**6.9** It is good practice for bishops and NHS Trusts to agree, in any memorandum of understanding, that the bishop will mandate properly trained and supervised lay ministry where it is needed, and that the NHS Trust will accredit it as part of chaplaincy provision. Thus, the mandate affirms this inter-relationship between the ministry of the individual lay person and the ministry of the bishop, and the accreditation affirms the inter-relationship between the Church and the NHS Trust. As well as upholding a sound ecclesiological basis for ministry, a policy for the formal mandating of lay ministry should also seek to achieve the following aims:

- **Accountability:** ensuring clear lines of support accountability for those who minister in the name of the bishop, particularly in situations where there is a non-resident priest.
- **Pastoral effectiveness:** ensuring the appointment of those with appropriate skills, vision and understanding of the Church and its ministry and, providing procedures to support this ministry.
- **Integrity:** ensuring that those who speak or act in the name of the bishop do so from a common vision and understanding of Catholic ecclesiology.
- **Collaboration:** building a culture of co-operation and collaboration between lay and ordained ministers, between parishes and the Trust.
- **Formation:** enabling the development of a common understanding of ministry and working collaboratively, both for those mandated and those appointed, to apply the policy.
- **Continuity:** promoting the possibility of a smooth transition, based on clearly defined roles and procedures, when those priests with responsibility for oversight of lay ministers are moved to new positions.
- **Protection:** for the ministers, by establishing clear principles and boundaries, and also for those ministered to, by having appropriate procedures for selection and formation, thereby reducing the likelihood of appointing unsuitable individuals.
- **Clarity:** highlighting both the unity and diversity of lay and ordained ministry, raising awareness of the areas of competence and authority of those who are called to formal ministry, and recognising where issues of ministry and employment meet and overlap.

Further guidance on lay ministry will be needed, particularly, a sample training programme which will be important for the various types of chaplaincy volunteers. This will be developed in due course as part of the implementation of this publication.

Examples of Good Practice	Examples of Poor Practice
<p>At the time of writing, one NHS Trust is piloting established guidelines for the role of lay chaplain. The guidelines cover issues which are of concern to the NHS (accreditation, training etc.) and specific concerns regarding what lay chaplains are mandated to do in religious terms, and are intended to help everyone understand the specific role and ministry of lay chaplains.</p>	<p>A NHS Trust commenced recruiting lay Catholic volunteers to undertake chaplaincy without the involvement of the local Catholic chaplain.</p>

## Financial and Contractual Issues

**6.10** NHS chaplaincy makes it clear that NHS Trusts should agree a framework with faith communities which allows for the faith communities to meet religious and spiritual needs appropriately and equitably. It does not, however, calculate all of the contractual and financial issues covering NHS chaplaincy. The following solutions to these issues have already been suggested in this document:

- A Memorandum of Understanding between the bishop and the NHS Trust.
- The bishop and the NHS Trust will need to work together, especially through the bishop's advisor.

**6.11** Financial constraints mean that many NHS Trusts have introduced a system with a variety of in-hours (day time weekday) chaplaincy provision, and sometimes, a too limited "generic" chaplaincy of one faith or chaplain provides for all faiths (which may be non-Catholic) out of hours provision. It is important to ensure that units of time are calculated into Catholic chaplaincy on a basis which reflects call-out need so that provision can be maintained, and that NHS Trusts understand why Catholic chaplaincy has to reflect call-out arrangements because of Catholic patients' pastoral and sacramental needs which cannot be properly met by "generic" (non-Catholic) chaplaincies. This should be negotiated within the Memorandum of Understanding.

**6.12** From surveys and discussions into Catholic chaplaincy practice held in preparation for developing this good practice guide, three distinct sets of issues emerged which need addressing:

- 1 NHS Trusts need to introduce a procedure for paying on-call rotas which equitably meet the amount of on-call work, as they may be faced with a large number of chaplains who are on-call to provide cover for illness, holidays, working time directive etc.
- 2 On-call payments may not be directed to the faith community which experiences most call-outs.
- 3 Accreditation of chaplains for on-call arrangements can result in administrative problems.

**6.13** In order to establish a proper and equitable framework for call-outs, this issue should be dealt with by senior managers within NHS Trusts. It should be borne in mind that the need for call-outs may be greater than anticipated if judged by the size of the Catholic population. This can be for a number of reasons:

- 1 The distinct religious needs and expectations of Catholics means that they often expect support from chaplains during out-of-hours for what they legitimately perceive to be a need according to their faith teaching.
- 2 The Catholic population in some areas of the United Kingdom may experience proportionately more crisis-related health events (for instance, Irish men and coronary heart disease) than others.

**6.14** This means that a solution needs to be found for ensuring that the requirement for on-call chaplaincy for Catholics is equitably addressed. The following models can be used to resolve this tension:

- 1 The local bishop and the NHS Trust conduct a needs assessment, with the outcomes being integrated into the Memorandum of Understanding. This should then be included in the NHS Trust's arrangements, with roles and responsibilities determined for both the local bishop and the Trust for provision of out-of-hours work.
- 2 Where a Service Level Agreement (SLA) is operated, the local bishop may arrange cover for out-of-hours work (normally through the diocesan curia). For "office" hours chaplaincy, the regular system of Trust-based appointments and a calculation into the framework of sufficient units for chaplaincy proceed as normal. For out-of-hours cover, the SLA is operated, whereby conditions and payment for out-of-hours on-call staff is agreed. The diocese organises the rota of on-call chaplains who are accredited by the Trusts, and make the payment. Experience suggests that where this system is used, it can reduce the administrative burdens for the NHS Trust. Payment, however, needs to be fair and equitable and may not be suitable for in-hours chaplaincy cover. Moreover, where work is governed by a SLA, both parties must have clearly defined rights and duties (including protection of children and vulnerable adults).

**6.15** Many of the dioceses in England and Wales have wide geographical boundaries which means that a bishop can have several NHS Trusts within his diocese. It would be good practice to seek ways of minimising the workload of NHS Trusts by engaging with a lead NHS Trust. Furthermore, it would also be good practice for advisory arrangements to be set-up between a NHS Trust's human resources department and/or finance officer and the local bishop.

### **Catholic Chaplaincy within Wider Teams**

**6.16** Part-time Catholic chaplains work within specific time constraints. Unless there is good leadership and teamwork within the chaplaincy team, coupled with a genuine understanding of and respect for different faiths, misunderstanding and difficulties can arise which render the team and individual chaplains as dysfunctional.

**6.17** It is important to ensure that chaplaincy teams are genuinely "multi-faith". Team members must respect the different faiths within the chaplaincy department and seek to enable each faith to provide for its own community, whilst contributing to the general organisation of the team. Equally, Catholic chaplains must engage and co-operate as full members of the multi-faith team.

**6.18** Good ground rules, on-going development, shared time and mutual respect are at the centre of good chaplaincy teams. Where these practices are in place chaplaincy teams can be highly effective for patients and staff. If these practices are not followed, Trusts are at risk of patients and staff claiming religious discrimination.

**6.19** A clear understanding of leadership arrangements within teams, individual faith communities and across teams, is also needed. An important means of establishing clarity of practice and accountability would be to incorporate the distinctive roles and boundaries of chaplains into their job descriptions.

## A Developing Agenda for Catholic Chaplaincy

Examples of Good Practice	Examples of Poor Practice
<p>A NHS Trust where the chaplaincy team meets monthly with time set aside in the meeting for development. Guest speakers are invited to address the team on relevant issues. The team also meet socially twice in a year. The emphasis is on good team working. An annual covenant is signed between a bishop and all of the chaplains. This is an ecumenical initiative with Church leaders of different denominations alternating in signing the Covenant.</p> <p>Another Trust employs five chaplains in an ecumenical team, equal in position but different in contracted hours. All relate equally to the Assistant Director of Nursing, whose role is structured to be objective.</p>	<p>A chaplaincy team scheduled meetings when the Catholic chaplain, who was sessional, could not attend because of a regular commitment elsewhere.</p> <p>A NHS Trust whose chaplaincy team leader did not value the Catholic clergy and showed little respect for Catholic needs and practices. The situation continued despite attempts at reconciliation, and it was necessary to challenge the issue on discriminatory grounds.</p>

# Appendix I

## Sample: Senior Chaplain Job Description

### Job Description

Senior Chaplain and Deputy Team Leader

Accountable to: Head of Spiritual Care and Chaplaincy Team Leader and then the Director of Therapies  
And: Diocesan Bishop

**1** To be a Senior Chaplain and Deputy Team Leader of the Department of Spiritual Care which provides for the pastoral, spiritual, ethical and religious needs of patients, staff and visitors and, where applicable, students within the Trust. To manage the service, incorporating chaplains, multi-faith chaplains, bank chaplains, honorary chaplains, religious visitors, students and chaplaincy volunteers. To be the religious lead of their own faith community, if required. To be a generic chaplain for the Trust to:

- Discern emotional and spiritual needs.
- Arrange appropriate response with available resources.
- Provide continuing support and strength.
- To be a spiritual, pastoral and ethical religious resource.

**2** To regularly conduct services of public worship in the hospital in accordance with their own religious tradition and ecumenically as required. To administer their own faith community rites and practices to patients on the wards and to otherwise provide for people who are unable to remain in contact with their faith community.

To publicise and arrange public times of worship in consultation with the Department of Spiritual Care. To arrange and/or conduct contract funerals (baby and adult) as required, and to advise on all spiritual aspects of bereavement. To arrange such memorial services and other corporate or public events as the Trust requires.

**3** To offer 24 hour cover for religious and spiritual needs, specifically two overnight generic on-calls each week and such week day and weekend work and extra overnight on-calls as may be deemed necessary by the Department of Spiritual Care. To be the Lead Chaplain for specialist areas of the Trust, and to offer emergency generic cover to any area of the Trust. To be able to respond to A&E and to emergencies as Trauma Chaplain. To be Deputy Team Leader for the hospital site, emergencies and major incidents, as required.

**4** To have degree level ordination training (or faith community equivalent) and possess a Masters Degree in relevant field. To have an in-depth knowledge of own faith community, religious traditions. Specialised knowledge and experience of other faith traditions and

## Job Descriptions

religions, and also spiritual, cultural and ethical issues relating to healthcare. To have specialised experience of their own faith community rites and rituals in providing for the appropriate rites and rituals, particularly with regard to death and the dying, the seriously ill and birth rites. To liaise with healthcare staff so that spiritual assessment and activities form part of the continuum of care.

**5** To be available where opportunity arises in the training of students, and to try and ensure that all new members of Trust staff are familiar with the workings of the Department of Spiritual Care.

To be able to offer such training to the Trust as required for their own particular faith community and for specialised spiritual, ethical, cultural and multi-faith issues.

**6** To be a skilled communicator, to be able to establish and maintain relationships, sometimes in pastorally challenging and hostile environments. To be able to negotiate and work within highly complex and sensitive situations, and to provide or advise on such spiritual advice and care as the chaplain deems necessary. To be able to train others within this area of work, particularly with regard to bereavement, cultural, spiritual and ethical issues. To be able to make specialised independent judgements regarding spiritual care, dependent upon the situation. To be able to adapt to unpredictable and unpleasant working conditions when required, and to respond to and try to arrange response for all emergencies notified to the Department.

**7** To co-operate with medical, nursing and management staff wherever possible in multi-disciplinary meetings and department meetings as and when attendance is considered necessary. To play a full part in discussions where spiritual care of patients is an important issue. To be recognised as Lead Chaplain to specialised area of work by healthcare team. To advise on spiritual aspects of clinical, nursing and medical care with regard to patient care.

**8** To liaise with and advise local religious leaders about pastoral, spiritual and religious care of patients, visitors and staff. To receive information from such leaders, always remembering rules of confidentiality by which every NHS employee is bound. To act as a resource for the Trust for local and national multi-faith information. To encourage patient liaison regarding the work of the service.

**9** To maintain the highest quality of service required through the agreed national, Trust and Team standards, and the Trust and Team objectives. To maintain patient referral sheets and to supervise volunteers with regard to patient support and records. To share responsibility for initiation and implementation of spiritual care policies. For example, conduct of faith groups and unauthorised religious visitors.

**10** To have keyboard and office skills as required. To attend such training as required by the Trust and highlighted by performance appraisal.

**11** To encourage innovation and change within the Department and the service offered. To be pro-active in audit, research and responsive service procedures.

**12** To participate in annual appraisals as part of the Trust's Investors in People Policy, and to attend mandatory and other training as agreed.

**13** To contribute to the development and implementation of the Chaplaincy Team's business plan and its commitment to the objectives of the Directorate and the Trust as a whole. To undertake responsibility for certain areas of implementation.

**14** To respond to major incidents on behalf of the Chaplaincy Team. To be a Deputy Team Leader on call. To be Trauma Chaplain as required.

**15** To have a commitment to one's own professional and spiritual growth and development. To arrange regular supervision or mentoring. Each staff chaplain is expected to attend the annual study day and monthly team meetings and other meetings as arranged, by both the Trust and the faith community. To receive, pro rata annually, one week's retreat leave and one week's study leave for professional and personal development and reflection.

**16** Particular responsibilities:

- 1 To be Lead Chaplain for surgery and intensive care (adult) for the Trust. To manage the chaplaincy response and team for these areas.
- 2 To be the chaplaincy lead for Ethics. To co-ordinate issue-based responses as required, and to act as a resource and trainer for the Department and Trust.
- 3 To be Risk and Health and Safety and Audit Lead Chaplain for the service.
- 4 To be Catholic Lead Chaplain for the Trust, to co-ordinate the emergency Catholic chaplaincy response, delegated from the Head of Service, to implement such training and oversight as necessary. To be the point of contact with the local Catholic community, keeping them informed of Trust policies and how patient spiritual care is provided. On the authority of the Head of Service, to register local Catholic clergy following Trust guidelines, and maintaining emergency list of on-call Catholic priests.

Whilst the foregoing is set in wide general terms, this Job Description is not intended to be an exhaustive list of the responsibilities of the post.

## Sample: Chaplain Job Description

### Job Description

Catholic Chaplain

Accountable to: Senior Chaplain and then Head of Spiritual Care and Chaplaincy  
Team Leader

And: Diocesan Bishop

**1** To be a Catholic Chaplain in the Department of Spiritual Care which provides for the pastoral, spiritual, ethical and religious needs of patients, staff and visitors and, where applicable, students within the Trust. Under authority of the Team Leaders, to work as part of the chaplaincy team, comprising chaplains, multi-faith chaplains, bank chaplains, honorary chaplains, religious visitors, students and chaplaincy volunteers. To be the religious lead of the Catholic faith community, if required.

**2** Discern emotional and spiritual needs.

**3** Arrange appropriate response with available resources.

**4** Provide continuing support and strength.

**5** To be a spiritual, pastoral and ethical religious resource.

**6** To regularly arrange such services of public worship in the hospital in accordance with Catholic tradition and ecumenically as required. To administer Catholic faith community rites and practices to patients on the wards, and to otherwise provide for people who are unable to remain in contact with the Catholic community.

a To have training in contract funerals (baby and adult) as required and to advise, or to seek advice, on all spiritual aspects of bereavement. To take part in such memorial services and other corporate or public events as the Trust requires.

**7** As part of the Chaplaincy Team to offer 24 hour cover for religious and spiritual needs, usually one overnight on-call per week. To be trained to be able to respond to A&E and to emergencies as Trauma Chaplain. To be trained as a chaplain and to be given experience of most areas of the Trust over a three year period.

**8** To have degree level ordination training (or Catholic equivalent). To have a specialised knowledge of Catholic traditions and to be willing to learn about other faith traditions and religions and also spiritual, cultural and ethical issues relating to healthcare. To have specialised experience of Catholic community rites and rituals in providing for the appropriate

rites and rituals, particularly with regard to death and the dying, the seriously ill and birth rites. To learn to work with multi-disciplinary teams within the healthcare setting.

**9** To be able to offer such training to the Trust as required for the Catholic community, and to be willing to be trained in order to offer specialised training in spiritual, ethical, cultural and multi-faith issues.

**10** To be a sensitive communicator, to be able to establish and maintain relationships, sometimes in pastorally challenging and hostile environments. To be able to negotiate and work within highly complex and sensitive situations, and to provide or refer for advice on spiritual practice and care. To learn when to refer and when to make specialised independent judgements regarding spiritual care, dependent upon the situation. To learn to adapt to unpredictable and unpleasant working conditions when required. To learn the procedures for on-call referrals and all emergencies notified to the Department.

**11** In consultation with the Team Leaders, to liaise with and advise local religious leaders about pastoral, spiritual and religious care of patients, visitors and staff. To receive information from such leaders, always remembering rules of confidentiality by which every NHS employee is bound. To act as a faith resource for the Trust (or to refer within the Department) for local and national multi-faith information. To encourage patient liaison regarding the work of the service.

**12** To learn skills necessary to maintain the highest quality of service required through the agreed national, Trust and Team standards, and the Trust and Team objectives. To learn to maintain patient referral and activity sheets. To gain understanding of spiritual care policies. For example, conduct of faith groups and unauthorised religious visitors.

**13** To have a knowledge of keyboard and office skills as required and/or be willing to have basic training in these areas. To attend such training as required by the Trust and highlighted by performance appraisal as part of the Trust's Investors in People Policy. To attend Trust induction, Departmental induction, regular supervision, national introduction to chaplaincy training course, annual study conference (attend once within a three year period), Catholic chaplaincy events and, a regular programme of experiential training and reflection, to attend annual study day and on occasions, attend staff meetings.

**14** To gain awareness of the changing nature of healthcare chaplaincy, the NHS and the Departmental responses to the changes, including business planning, strategic review and objectives.

**15** To become aware of the Major Incident Procedures of the Trust and the Spiritual Care response, and to be aware of own response.

Whilst the foregoing is set in wide general terms, this Job Description is not intended to be an exhaustive list of the responsibilities of the post.

## Sample: Assistant Catholic Chaplain Job Description

### Job Description

Assistant Catholic Chaplain

Accountable to: Senior Chaplain and then Head of Spiritual Care and Chaplaincy Team Leader

And: Diocesan Bishop

To be a Catholic Assistant Chaplain in the Department of Spiritual Care which provides for the pastoral, spiritual, ethical and religious needs of patients, staff and visitors and, where applicable, students within the Trust. To work as part of the chaplaincy team.

- 1 To assist the chaplains in the discernment of patient and staffs emotional and spiritual needs.
- 2 To assist in arranging appropriate responses with available resources.
- 3 To assist, and at times preside at services of public worship and to help administer Catholic sacraments to patients and staff. To act also as a liaison with the local Catholic community.
- 4 To be part of the 24 hour “on call” cover providing religious and spiritual care to patients.
- 5 To have a Catholic theological training, and to have previous experience in a pastoral setting.
- 6 To have good communication skills.
- 7 To be willing to increase their knowledge of patient care, leadership skills, management and NHS policy. To partake in Chaplaincy team building exercises, and to contribute to departmental meetings.
- 8 To be willing to increase their knowledge of other faith traditions and religions and also spiritual, cultural and ethical issues relating to healthcare.
- 9 To have training in trauma care and Trust major incident procedures.
- 10 When the Catholic Chaplain is unavailable, and with the agreement of the Head of service, to preside at contract funerals.
- 11 To have an annual appraisal with Chaplaincy Team Leader and representative of local Ordinary.

# Appendix 4

## Sample: Catholic Bank Chaplain Job Description

### Job Description

Catholic Bank Chaplain

Accountable to: Deputy Team Leader  
Head of Spiritual Care and Chaplaincy Team Leader  
and then Director of Therapies  
And: Diocesan Bishop

**1** To be a Catholic Chaplain in the Department of Spiritual Care which provides for the pastoral, spiritual, ethical and religious needs of patients, staff and visitors and, where applicable, students within the Trust. Under authority of the Team Leaders, to work when required as part of the chaplaincy team, comprising chaplains, multi-faith chaplains, bank chaplains, honorary chaplains, religious visitors, students and chaplaincy volunteers. To be the religious lead of the Catholic community, if required. To discern emotional and spiritual needs within the context of the Catholic community.

**2** Arrange appropriate response with available resources.

**3** To notify Chaplaincy Team in order to provide continuing support and strength.

**4** To be a spiritual, pastoral and ethical religious resource for the Catholic community.

**5** To conduct services of public worship in the hospital in accordance with Catholic tradition and ecumenically as required. To administer Catholic rites and practices to patients on the wards, and to otherwise provide for people who are unable to remain in contact with the Catholic community.

**6** As part of the Chaplaincy Team to offer 24 hour cover for religious and spiritual needs, specifically when asked to offer bank cover. To arrange cover for emergencies or other purposes such as teaching.

**7** To have degree level ordination training (or Catholic equivalent). To have a specialised knowledge of Catholic religious traditions and to be aware of sensitivities relating to other faith traditions. To have specialised experience of Catholic community rites and rituals in providing for the appropriate rites and rituals, particularly with regard to death and the dying, the seriously ill and birth rites. To liaise with Spiritual Care Team and if necessary, healthcare staff, so that spiritual assessment and activities form part of the continuum of care.

**8** To be a skilled communicator, to be able to establish and maintain relationships, sometimes in pastorally challenging and hostile environments. To be able to negotiate and work within

## Job Descriptions

highly complex and sensitive situations, and to provide or refer for advice on spiritual practice and care. To be able to make specialised independent judgements regarding Catholic spiritual care, dependent upon the situation. To be able to adapt to unpredictable and unpleasant working conditions when required. When called, to respond or to call for Team Leader response for all emergencies notified to the Department.

**9** To maintain the highest quality of service required through the agreed national, Trust and Team standards, and the Trust and Team objectives. To learn to maintain patient referral and to supervise volunteers and work with students as advised by the Team Leader. To share responsibility for implementation of spiritual care policies. For example, conduct of faith groups and unauthorised religious visitors.

**10** To have keyboard and office skills as required. To attend such training as required by the Trust and highlighted by annual review.

**11** To contribute to the development and implementation of the Chaplaincy Team's business plan and its commitment to the objectives of the Directorate and the Trust as a whole. To work with the Team Leaders for specific areas of implementation.

**12** To respond to major incidents on behalf of the Chaplaincy team as Catholic chaplain on-call.

**13** To have a commitment to one's own professional and spiritual growth and development, and preferably to arrange regular supervision or mentoring. Where time permits, to attend the annual study day and other meetings as arranged, by both the Trust and the faith community. To be responsible for one's on-going education and training.

Whilst the foregoing is set in wide general terms, this Job Description is not intended to be an exhaustive list of the responsibilities of the post.

# Appendix 5

## The Catholic understanding of spirituality

The term 'spirituality' is widely used by different faith traditions and by secular authorities. As such, it has an extensive range of meaning that is elusive of precise definition. In order to be clear about the key elements in the Catholic understanding of the word the following may be useful.

Spirituality refers to both a lived ecclesial experience and an academic discipline. In both aspects its subject is the activity of the Holy Spirit in the life and soul of the Baptised Christian. In this sense, 'spirituality' concerns the activity of the Holy Spirit which establishes, nourishes and sustains the Christian life in relation to Christ and the Father and incorporates the person into the community of faith, the Church.

Spirituality as lived and reflected upon encompasses the ways in which the Holy Spirit inspires and directs the Christian life in the normal and the exceptional practice of faith (e.g. the life of prayer, worship and service or in heroic acts of faith such as martyrdom). In this context, spirituality is also a reflective practice concerned to discern and facilitate the activity of the Holy Spirit in the life of the individual and in the Church especially with regard to renewal/regeneration of life (renovation), sanctification (growth in holiness) and mission (participation in the redemptive mission of Christ in the world). (Cf. Canons 204; 205; 208; 209-211; 225.) It is concerned with nourishing, resourcing and sustaining the growth of faith, hope, and love in the Christian life. Christian spirituality as practice and reflection is, therefore, Trinitarian, Christological, ecclesial, sacramental and ordered to mission.

There is a long and ancient tradition of spirituality in the Church and many 'schools of the Spirit' – practices of reflection, prayer, asceticism and service. The primary responsibility for the *cura animarum*, or the care of Christians, and their growth in the life of the Spirit is vested principally in the bishop and exercised through priests in communion with him and those he authorises to exercise and share his ministry (cf. Canons 383; 387; 835). The normal means by which this ministry is exercised are the proper administration of the sacraments, the preaching of the Word and the exercise of spiritual counsel and discernment (cf. Canons 213; 843-844). (This does not preclude the informal exercise of such care by Christians for one another or by those who may be recognised as having a special charism of such care.)

By virtue of their baptism it is the right of every Catholic Christian to have access to this ministry and the patrimony of faith found in the traditions of spirituality in the Church.

## Glossary of Useful Catholic Terms

**Anointing:** The administration of oil, specially blessed by a bishop, to the head and hands of a person. Oil is traditionally associated with healing and strength, and anointing is part of many Catholic sacraments throughout life. Baptism, Confirmation, Ordination and the Sacrament of the Sick all include anointing with such oil, termed Holy Oil.

**Anointing of the Sick:** A sacrament which Catholics would receive when seriously ill or before undergoing serious surgical procedures. The priest administers the Oil of the Sick which has been specially blessed by the local bishop. The sick person is prayed over by the priest and anointed on the head and hands with the oil. In Christian tradition, oil is traditionally associated with healing and strength and is a sign that the sick person is being given strength. The Anointing of the Sick is often associated with the sacrament of Penance (Reconciliation or Confession) and receiving of Holy Communion. When Holy Communion is received during a long or terminal illness, it is called Viaticum. Catholics believe this sacrament is rooted in Scripture (see *The Letter of St James* 5:14-15).

**Auxiliary Bishop:** A bishop appointed to assist a diocesan bishop with his ministry.

**Baptism:** The essential rite of this sacrament consists in immersing the candidate in water or pouring water over his or her head whilst invoking the name of the Father and the Son and the Holy Spirit. From the Day of Pentecost, the Church has administered Baptism to anyone who believes in Jesus Christ.<sup>32</sup>

**Bishop:** See *Diocesan Bishop*.

**Bishops' Conference:** A national administrative body which represents the Catholic bishops. Each country has its own Conference which comes together to agree key policy issues for the Catholic faith community in that country.

**Canon Law:** The universal constitution and governmental principles which guide the Catholic Church in its life and ministry throughout the world. English and Welsh Civil Courts of Law have traditionally regarded Catholic Canon Law as having authority for the Catholic faith community.

**Chaplain:** A pastoral minister duly appointed by the local bishop and recognised by the NHS Trust, working to meet the spiritual and pastoral needs of patients and staff. Though unable to hold the canonical office of chaplain, which is reserved to priests, deacons, religious and laypeople can be mandated by the local bishop to carry out those acts of pastoral care which are consonant with their state. All these persons may be given the title of "chaplain" by the NHS Trust itself. For the sake of consistency and understanding, the same designation is used in this document.

**Confirmation:** This sacrament confirms and strengthens Baptismal grace, and gives a special strength to witness to the Christian faith, including at times of sickness and suffering. The essential rite of Confirmation is the anointing with Sacred Chrism (oil mixed with balsam and consecrated by the bishop), which is administered by the laying-on of the hand of the bishop or priest who pronounces the sacramental words proper to the rite.<sup>33</sup>

**COPCA:** The Catholic Office for the Protection of Children and Vulnerable Adults which provides professional advice on best practice in child protection. Among its functions is the organisation of appropriate screening and background checks for those who work for the Church, particularly those areas involving children and vulnerable adults.

**Diocesan Bishop:** The bishop duly appointed by the Holy See and recognised as having jurisdiction and oversight in his Diocese. The term 'bishop' is derived from the Greek *episcopos*, meaning overseer.

**Eucharist:** See *Mass*.

**Extraordinary Minister of Holy Communion:** A religious sister or brother, or lay person, duly authorised by the local bishop to assist the priest with the distribution of Holy Communion at Mass and also, to administer Holy Communion to people (at home or in hospital) who are unable to participate in the celebration of Mass, especially Sunday Mass.

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<sup>32</sup> *The Compendium of the Catechism of the Catholic Church*, nos. 255, 256, The Catholic Truth Society 2006 p90.

<sup>33</sup> *Ibid.*, no.267, p92.

**Extreme Unction:** An outdated term for the Sacrament of the Anointing of the Sick, which is given to a sick or dying person. *See Anointing of the Sick.*

**Formation:** Refers to the initial and on-going development of a chaplain to perform their role. This also refers to the development of Catholic healthcare staff in their life, faith and work. Formation is not solely academic study or training, but also includes the development of personal spirituality. Formation is seen as a means of bringing together all of these aspects for vocation, discipleship and ministry as a chaplain, doctor or healthcare assistant.

**Holy Communion:** *See Mass.*

**Last Rites:** An outdated term which refers to the pastoral care of the sick and dying and which includes the Sacrament of the Anointing of the Sick.

**Mass:** The Mass – or Eucharist – is at the heart of Catholic life. Catholics believe that in this act of worship they become united as one body with Jesus Christ in His Death and Resurrection, with Christ offering Himself in sacrifice. Catholics believe that bread and wine are transformed by God's power in the Eucharist into the Body and Blood of Jesus, which they then receive as Holy Communion during Mass or afterwards, when Holy Communion is taken to people who are ill at home or in hospital by Extraordinary Ministers.

**Parish:** The geographical unit of the Catholic community equivalent in some areas to several villages, a small town or a portion of a larger town or city.

**Parish Priest:** A priest duly appointed by the local bishop to oversee a parish.

**Religious:** A woman or man who has taken vows (usually of poverty, chastity and obedience) and lives within the rule and customs of their religious congregation (such as Franciscan or Benedictine).

**Religious Superior:** A member of a religious community who has oversight of its purpose and function (a house of religious sisters, brothers or priests, for example).

**Rosary:** A devotional form of meditative prayer in which Catholics reflect on the life and actions of Jesus Christ and especially on the place of Mary, His Mother as a model of response to God's invitation and grace. The prayers are said with the aid of a string of beads known as a Rosary. Rosary beads have significance for Catholics both for the prayer itself, and because they may have been received as a gift for a special occasion, and have been blessed by a deacon or priest. Rosary beads are often entwined around the hands of a Catholic who has died to symbolise their prayer and journey through life and into eternity.

**Sacraments:** The seven sacred actions in which Catholics celebrate through rituals, the dynamic presence of Jesus Christ in their lives. Most of these may only be celebrated by a bishop or priest. The sacraments are divided into the sacraments of Christian initiation – Baptism, Confirmation, Eucharist, the sacraments of healing – Penance and the Anointing of the Sick, and the sacraments at the service of communion and mission – Holy Orders and Matrimony. The sacraments touch all of the important occasions of a Catholic's life.<sup>34</sup> With the exception of Holy Orders, all of the sacraments are encountered in healthcare to a greater or lesser extent.

**Sacrament of the Sick:** *See Anointing of the Sick.*

**Sacred Scripture:** Along with all other Christians, Catholics believe that the Bible, which comprises the Old and New Testaments, is their Sacred Scripture.

**Spirituality:** The activity of the Holy Spirit in the life and soul of the Baptised Christian. 'Spirituality' concerns the activity of the Holy Spirit which establishes, nourishes and sustains the Christian life in relation to Christ and the Father and incorporates the person into the community of faith, the Church. (See also Appendix 5.)

**Vatican City:** The City State in Rome which is governed by the Pope and where the Curia – the central administration of the world-wide Catholic Church – is based.

**Viaticum:** Meaning "food for the journey". This is the name given to Holy Communion when administered to a dying Christian.

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<sup>34</sup> *The Compendium of the Catechism of the Catholic Church*, no. 250, The Catholic Truth Society 2006 p89.