

UK Sikh Healthcare chaplaincy Group

Operating Plan 2011 to 2014

Trustee Version

1. Introduction to the Group

The Sikh UK Healthcare chaplaincy group is a registered charity set up to serve the following objectives. The organisation currently receives statutory funding from the Department of Health under the Multi-Faith chaplaincy group provision.

- To build an organisation that is able to co-ordinate the chaplaincy needs of the Sikh faith in the UK.
- To build an organisation that is able to supply good quality lay chaplains from the Sikh community to support the needs of spiritual care services within the NHS in the UK.
- To have a strategy set out to develop high quality chaplaincy services to members of the Sikh community, to develop benchmarking standards against other faiths to ensure that the level of care being provided is to the highest of standards. We want to ensure that people of our faith have the best care available to them, however, they're also needs to be an understanding of the limitations and challenges posed by our community and work at ways to ensuring this does undermine our key aims. To do this we need to achieve the following aims and objectives.
- To have a coherent means of co-ordinating on a national scale the roll-out of the chaplaincy service
- To have an effective training plan for new and existing chaplains to ensure that adequate standards can be met.
- To have a set of guidelines for practice of spiritual and religious care from the Sikh community and to have a means of building a consultation process to build a resource for theological and pastoral matters for the Sikh faith within the United Kingdom Health Service
- To incorporate the work of current chaplains dealing with the Sikh community so as to provide support and gain from their experience to support the development of the chaplaincy service.

2. Operating statement

2011 poses an interesting year for third sector organisations. The UK Sikh Healthcare chaplaincy group is in 2011 undertaking a period of transformation with its first full-time chief executive and also the delivery of several programme strands. All this is with the aim of making the organisation and the provision of Sikh chaplaincy across the UK robust.

An overview of the historical development of chaplaincy in the UK

There has already been much debate on the needs for Sikh based pastoral care within the UK. In fact, chaplaincy care has been operating in many hospitals and health authorities in predominately Sikh areas for some time but much of this has been on a local level operated more from the strength and understanding of local health authorities and individuals rather than from a national strategy. The multi-faith consultation will allow the community to have an opportunity to have a formal structure and organisation, supported with well thought out and developed guidelines concerning recruitment, training and spiritual and religious care from a Sikh perspective but on a national level. The benefits of this will be that the Sikh community will have an opportunity to provide a high quality chaplaincy service to all members of the Sikh Community wherever their geographical location maybe. Currently, one of the key issues being raised is that health care chaplaincy provision is at its best in areas where there are large numbers of the Sikh community, however, the recruitment and training of new individuals should allow the Sikh chaplaincy service to flourish into one which provides a high quality service to all members of the faith irrespective of their geographical location.

Chaplaincy care covers a wide range of issues and deals with a wide range of people, from the long-term ill to those who are on the brink of passing away, or from meeting those undertaking treatment or recovering from treatment, in fact, anyone within the hospital environment is able to take benefit from using such a scheme. This then not only includes the patients but also includes the families. Religious and spiritual guidance, the offering of spiritual gifts, and those gifts of support, of listening and of helping people with their problems is of paramount importance. However, in today's health care environment, chaplaincy care also refers to the patient care guidelines such as those regarding their care within hospital, the task and the remit of such services is wide ranging, and therefore the task of undertaking a consultation to examine these issues is one of the ways in which this dialogue and the fundamental questions posed by having a Sikh based service can be answered.

The multi-faith consultation and UK Sikh Healthcare group will develop existing structures such as training and development colleges within the NHS service as a whole to have their own specific set of Sikh guidelines and to allow training, recruitment, co-ordination and accountability issues to be addressed within the existing structures that are set up. These structures will then be able to operate together with the NHS and members of the faith. On such an issue as chaplaincy care one should not be complacent nor ignore the challenges faced of implementing such a project, that is why support, identifying what best practice should be, and how best practice should be transferred over to the provision of the Sikh service are integral questions to the development of the chaplaincy service.

The final structure that will operate of training schemes, recruitment guidelines and payment structures in place will be similar to those of existing faith schemes. It is not merely the Sikh faith that faces the challenges of delivering a chaplaincy service within the NHS, other faiths also are faced with these question but it is the responsibility of members from each faith to join together in ensuring the scheme meets the requirements and reaches the standards of our people and the NHS. A task which isn't easy nor one that should be dismissed as being impossible. Thinking on these issues, beginning the debates on how to tackle them will help our progress on such work, hence, at each stage of the process as new guidelines are sought, new systems and structures are put in place, consultation from the community to determine the Sikh way of delivering such systems and services will be required.

We provide an update on our progress further on in this plan.

3. Community need and promise

In 2006, following on from the first community conference a series of promises were set out by the group to achieve. These are listed below.

- Development of an authorisation committee to support the recruitment process of a Sikh Chaplain
- Development of a training programme for Sikh chaplains
- To achieve a target of new chaplains, access to a Sikh chaplain in every UK Hospital, Hospice and Psychiatric hospital
- To Support the authorisation process of Sikh chaplains
- To recruit new chaplains and ensure there is a UK wide coverage of Sikh chaplains
- To help set the standard of what a Sikh patient should be receiving in terms of spiritual care in the Healthcare arena
- To provide training to new and existing chaplains
- A programme of communication and education would be necessary to help meet these challenges.

The need for Sikh chaplaincy is as great as it was when this group first formed as non-charitable venture in early 2000. Two conferences have put forward the need to develop effective training and authorization processes. The aim of the charity is to build a robust administrative unit that provides and supports the provision of chaplaincy services in the UK.

4. Key Aims of the Organisation – our founding objectives in 2001

Long Term Aims

To build an organisation that is able to co-ordinate the chaplaincy needs of the Sikh faith in the UK.

To build an organisation that is able to supply good quality lay chaplains from the Sikh community to support the needs of spiritual care services within the NHS in the UK.

To have a strategy set out to develop high quality chaplaincy services to members of the Sikh community, to develop benchmarking standards against other faiths to ensure that the level of care being provided is to the highest of standards. We want to ensure that people of our faith have the best care available to them, however, they're also needs to be an understanding of the limitations and challenges posed by our community and work at ways to ensuring this does undermine our key aims. To do this we need to achieve the following aims and objectives.

To have a coherent means of co-ordinating on a national scale the roll-out of the chaplaincy service

To have an effective training plan for new and existing chaplains to ensure that adequate standards can be met.

To have a set of guidelines for practice of spiritual and religious care from the Sikh community and to have a means of building a consultation process to build a resource for theological and pastoral matters for the Sikh faith within the United Kingdom Health Service

To incorporate the work of current chaplains dealing with the Sikh community so as to provide support and gain from their experience to support the development of the chaplaincy service.

To have a fully functioning NHS chaplaincy and to have gained awareness of the following within it

- Best practice with regards to training, recruitment and operations
- Ensuring that feedback and suggestions have been taken on board

Develop links with other external bodies to support the wider network of health care provision.

5. Operating plan and targets

This section discusses our progress to date and how we will proceed in the next two operational years. Key objectives are set out below.

Progress

Completed

Trustee governance review completed

Care guidelines and healthcare practice guidelines for Sikh patients

Authorisation process and procedures

Training courses for Sikh chaplains

Stakeholder engagement with other faith groups and the organisations

Core operating principles achieved and fully operational

Conclusion

The UK Sikh Healthcare chaplaincy group is now a fully operational unit. We maintain the UK register of Sikh chaplains and volunteers in healthcare. Alongside this, our training course is now fully operational and will begin its intake in 2012.