

Paediatric Spiritual and Religious Care Standards and Competences

The PCN have been working for the past few years on what contextualise the standards and competences for paediatric chaplaincy in GB&I. Our USA PCN equivalent has this document and it seems an appropriate part of our development that we also have this kind of document. We have worked closely with the UK Board for Healthcare Chaplaincy (UKBHC) to ensure they helpfully sit alongside current standards and competences. We hope this work will sharpen our practice for our particular discipline.

This work has been based upon recent research evidence and as well as consultations within the community of practice of the PCN.

Building blocks:

What is distinctive about paediatric chaplaincy?

The main findings from a systematic literature review and a survey of our members are:

1. Working with families: Bereavement and palliative care
2. Spiritual care with sick children
3. Multi-disciplinary working
4. Staff support and self-care

We have also considered the findings from a paediatric spiritual care research, taxonomy, PROM and the published PCN's guidelines of working with children, young people and families.

Because of the specific issues raised in this evidence, it has shaped our work with children and young people. We have developed some additional self-assessment questions to go with the UKBHC standards and additional competencies.

<http://www.ukbhc.org.uk/publications/standards>

<http://www.ukbhc.org.uk/chaplains/competencies>

These documents need to be read alongside the generic documents and provides additional information for paediatric chaplains in hospitals, hospices and communities. A link from the UKBHC website can be found to these documents.

Background documents and research

1. Skills for paediatric chaplaincy (JKP, April 2018)
2. Journal articles based on taxonomy research at BCH drawing on Advocate Health Care model.

Adapting the Advocate Health Care Taxonomy of Chaplaincy for a Pediatric Hospital

Context: A Pilot Study July 2018 Journal of Health Care Chaplaincy

DOI: 10.1080/08854726.2018.1473911

3. What is the distinctiveness of paediatric chaplaincy? Findings from a systematic review of the literature. Health and Social Care Chaplaincy, 2017
4. Supporting families with sick children: Good practice Guidelines for Healthcare Chaplains. PCN & RBR, 2016 (Draft)
5. Chaplaincy with children and young people. Grove Youth Series, 2016.
6. Spiritual care with sick children and young people. JKP, 2015.
7. Multifaith care for sick and dying children: a multidisciplinary guide. JKP, 2015.

8. Working with children and young people: Good practice Guidelines for Healthcare Chaplains. PCN & RBR, 2013
9. The spiritual care of sick children: reflections from a pilot participation project. International Journal of Children's Spirituality, 2013.
10. Supporting Dying Children and their Families, SPCK, 2011.

Paul Nash, PCN convenor and academic lead p.nash@nhs.net
Feb 2018



Appendix 1

Specialist Paediatric Chaplaincy Department Standards: Self-Assessment Questions

Because of the specific issues involved in work with babies, children, young people, families and staff, the Paediatric Chaplaincy Network have developed some additional self-assessment questions.

Standard 1 Spiritual and religious care

1. How are local and national safeguarding policies and procedures implemented and disseminated to staff and volunteers?
2. How are good principles of empowerment, participation, play and consent used in ensuring safe practice happens and spiritual abuse does not?
3. How are the religious, spiritual and pastoral needs of patients differentiated with reference to age, gender, culture, ethnicity, developmental stage, illness, faith and spiritual development?
4. In what ways is religious and spiritual care offered to the families and carers of patients and how are conflicts between this and the spiritual and religious care of the patient resolved?
5. How is spiritual and religious screening, assessment and interventions of patients taken into account given the patients capacity and the role and responsibilities of the family?
6. How is Fraser / Gillick competence understood and used in reference to religious and spiritual care?
7. How are the bespoke issues around palliative, withdrawal and EOL and bereavement care offered to children and families?
8. What range of tools and resources are available to facilitate spiritual care in an appropriate and accessible way for children and young people?
9. What plans are in place for transition in the area of spiritual and religious care?
10. In what ways does your chaplaincy service facilitate spiritual care as part of a multidisciplinary team?

Standard 2 Access to Chaplaincy Services

1. What procedures does your chaplaincy service have in place to offer appropriate and distinct support to family members taking into account the structure, systems and specific issues within particular families?
2. How does your chaplaincy service ensure access for children and young people to

chaplains services taking into account age, consent and developmental level?

Standard 3 Partnership with faith communities and belief groups

1. In what ways does your chaplaincy service take account of the differentiation of religious needs according to age and developmental stage?
2. In what ways does your chaplaincy service seek to resource and support faith communities and belief groups to support children, young people and their families with ongoing illnesses, life limiting conditions and bereavement?

Standard 4 Staff Support

1. In what ways does your chaplaincy service support staff within their own world view regarding the suffering, abuse, sickness and death of children?
2. In the light of the tragedy for children suffering and dying, how is chaplaincy team self care and supervision exercised in your team?

Standard 5 Education and training

1. How is the department engaging with the bespoke training of the wider paediatric chaplaincy community?
2. In what ways does the chaplaincy service engage with and contribute to the wider paediatric chaplaincy community?
3. In what ways is the department working out and developing the distinctives of paediatric chaplaincy?

Standard 6 Resources

1. How does the chaplaincy service facilitate individual chaplains contributing to their professional special interest group such as the Paediatric Chaplaincy Network or Paediatric Hospice Network?

Standard 7 Chaplaincy to the hospital and unit

1. How is the chaplaincy unit offering support to staff and their local communities in the light of difficult cases, deaths, news stories, ethical dilemmas?
- 2.

We would recommend that chaplain team self-assess against these competency elements using this code (or similar):

C - competent in this area

X - no experience, training needed

T - could train others in this area

? - some further training needed - give specifics



Appendix 2: Specialist Competences for Paediatric Chaplains (level 6)

1. Knowledge and skills for professional practice
 - 1 Recognise the forms in which religious and cultural needs manifest themselves in relation to age with particular reference to puberty, Fraser competence, specific rituals and practices including those relating to death.
 - 2 Maintain a knowledge and understanding of the main world faiths and belief groups with particular reference to their philosophies, beliefs and practice around illness, birth, dying and death in relation to the unborn, infants, children, young people and their families.
 - 3 Practice ethically in relation to safeguarding policies and procedures, ethical codes for work with children and young people, issues around autonomy, access to patients and permission to visit.
 - 4 Develop a range of appropriate skills to offer spiritual and religious care across the spectrum of paediatric patients including play.
 - 5 Be aware of child development theory and the implications of this for work with paediatric patients and their families.
 - 6 Understand the range of additional needs that may be present in any particular encounter and identify ways to address them.
- 2 Spiritual and religious assessment and intervention
 1. Be aware of the significance of concepts such as empowerment, participation, consent, power, authority and family systems in spiritual and religious assessment and intervention in a paediatric setting.
 2. Assess the spiritual and religious needs of paediatric patients alongside and in relation to their families, differentiating their needs and taking into account age, developmental stage and the significance of play when designing assessment and intervention tools.
 3. Understand Fraser competence and the implications of this for referral and the relationship of this to family members wishes.
- 3 Institutional practice
 1. Be aware of specific child protection and safeguarding protocols with respect to visiting unaccompanied children, consent, permissions.
 2. Facilitate staff self care in relation to coping with the illness and death of children.
- 4 Reflective practice
 1. Develop the capacity to befriend sickness, disability and the death of a child.