CHAPLAINS CODE OF CONDUCT

1 INTRODUCTION

1.1 PURPOSE OF THE CODE

The Code of Conduct is a statement of the ethical values and principles that underpin best practice in Chaplaincy and provides guidance about what is expected of Chaplains in Salvation Army services. The Code therefore sets out the basis for safe, effective and compassionate care which safeguards and promotes the holistic health and wellbeing of those in your care. The Code offers a guide to decision-making and professional behaviour and a mechanism for professional accountability.

1.2 ACKNOWLEDGEMENTS

This document is primarily based on the Spiritual Care Australia Code of Conduct, with reference to the code of conduct of the United Kingdom Board of Healthcare Chaplaincy (UKBHC), and adapted to the specific working contexts of chaplaincy within The Salvation Army.

2 DEFINITIONS OF TERMS

**Belief group**: Any group which has a cohesive system of values or beliefs but which does not self-classify as a faith community.

**Chaplain**: Includes both officers and lay persons (non-officers) who are appointed or employed in spiritual/pastoral care role in a Salvation Army program or as a Salvation Army representative in another context. This may also include Corps Officers or other Salvation Army personnel, who undertake chaplaincy functions within a social program.

**Faith community**: A recognised group who share a belief system and usually undertake religious practices such as prayer, scripture reading, meditation, and communal acts of worship.

**Pastoral Care**: Pastoral Care is characterised by its person centred approach to the care of the person. Pastoral Care may draw upon aspects of religious and/or spiritual care in such a way that the person’s needs are met or addressed appropriately. Pastoral care is not proselytising or the imposition of the beliefs or values of the Chaplain upon the person/s being cared for.

**Probity**: refers to the honesty, integrity and trustworthiness of Chaplains in their professional duties and conduct.
**Religion:** is usually seen as the institutionalisation of shared beliefs and customary practices. It is often integrated into a community’s cultural life and can be a framework for understanding and decision making. Most religions have traditional beliefs and practices relating to healthy living, illness and death.

**Religious Care:** Religious care is provided in the context of shared religious belief, values, liturgies and lifestyle of a faith community.

**Spirituality:** It is important that spirituality is not reduced to a clinical definition, but is allowed instead to be described in a way that simultaneously gives some parameters to facilitate guidelines for practice, but equally does not blunt its “creative and therapeutic potential”¹. Spirituality can be understood as that which gives coherence to a person’s life². Spirituality may be part of a religious belief or another shared belief system, or something entirely personal and self developed. In connection to spirituality Religion is considered to be more structured, formal and rooted in tradition; while spirituality is perceived as more fluid, eclectic and individual.

**Spiritual Care:** Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation. Spiritual Care is not necessarily religious. Religious care, at its best is always spiritual.

### 3 GENERAL CONDUCT OF CHAPLAINS

Chaplains are professionally accountable for their decisions and conduct and must be able to justify their practice.

In particular:

- Promote and safeguard the interests and wellbeing of those in your care;
- Treat those in your care with respect and dignity;
- Respect the rights of individuals, belief groups and faith communities to hold their own values, traditions, beliefs and practices;
- Act with integrity, sensitivity and understanding;
- Develop and maintain your knowledge, skills and capabilities to practice competently, safely, ethically and legally;

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• Ensure that you are fit to practice and that those in your care are not at risk of harm because of your conduct, performance or health;

• Comply with your terms of appointment or employment, and the Official Minutes, policies and protocols of The Salvation Army, including the network or program(s) in which you provide chaplaincy;

• Uphold the reputation of The Salvation Army;

• Comply with this Code of Conduct at all times.

4 RELATIONSHIPS BETWEEN CHAPLAINS AND THOSE IN THEIR CARE

Chaplaincy involves establishing relationships and engaging in practices in situations where people are vulnerable and as with any helping relationship there will be an imbalance of power. Caring relationships can therefore have the potential to be damaging or harmful. Chaplains must therefore exercise their role with sensitivity, discernment and within ethical boundaries. Special care should be taken when relating to children, the frail elderly and all other vulnerable persons. The only appropriate relationship between a Chaplain and those in their care is a professional relationship committed to promote the spiritual good and best interests of particular individuals. Moving the focus away from meeting the particular needs of those in your care towards meeting your own needs is unprofessional and an abuse of the role.

Ethical relationships will include the following qualities:

• Speak and act in ways that honour the dignity of the individual and/or group or family.

• Demonstrate respect for the cultural and religious values of those you serve and refrain from imposing your own values and beliefs on them.

• Safeguard the confidentiality of clients in your work setting(s) and/or in any documents or publications.

4.1 PERSONAL AND PROFESSIONAL BOUNDARIES

Boundaries enable the effective functioning of caring and supportive relationships in which Chaplains can respond to the pastoral, spiritual and religious needs of those in their care. Boundaries frame behaviour and practice so that caring relationships are consistent and their limitations clear to all parties involved.

In particular:

• Observe personal and professional boundaries in your practice that sustain the integrity and rights of those in your care;

• Recognise and work within your personal and professional limits and where necessary refer to another appropriate professional.
• Do not behave in ways which exploit, manipulate, intimidate or which may cause distress, pain or harm;
• Do not impose your values, beliefs or practices on those in your care; or fail to respect their beliefs, values or spiritual interests;
• Do not display sexualised behaviour towards those in your care;
• Do not misuse a person’s assets or money while having legitimate access to them.

4.2 MAINTAINING TRUST

Providing care is both a privilege and a responsibility, a Chaplain must only practice in ways that enable trust and safeguard ethical relations with those in their care.

In particular:

• Ensure that none of your actions or omissions could be detrimental to the wellbeing of those in your care;
• Maintain clear professional and personal boundaries in the relationships you establish with those in your care;
• Involve those in your care in decisions about the support and care you provide and facilitate;
• Respect the autonomy of those in your care including their freedom to make decisions contrary to your beliefs, practices or advice;
• Avoid any conflicts of interest, however in the event that you have to withdraw your involvement on the grounds of conscience, faith or ethical principles, communicate the reason for withdrawal with the person you are supporting and refer to a colleague or appropriate professional to enable the continued provision of care.

4.3 RESPECTING CONFIDENTIALITY

Confidentiality is an expression of trust that enables people to talk about personal and private concerns relevant to their spiritual health and wellbeing. Spiritual and religious care cannot be provided without access to and the use of personal and confidential information. Confidences must therefore be respected.

In particular:

• Respect the right of individuals to control access to their own personal information and to limit its disclosure;
• Establish the boundaries of confidentiality with those in your care and respect as far as possible the limitations of disclosure that an individual can reasonably expect or request;
• Treat information about those in your care as confidential and use it only for the purposes for which it was given;
• Guard against breaches of confidentiality at all times by protecting information from improper disclosure;

• Ensure that confidential information is not disclosed to a third party unless there is a clear justification which may include:
  1. The valid consent of the individual.
  2. Where there is a risk of serious harm to self or others.
  3. The prevention, detection or prosecution of a serious crime.
  4. And when required by law or by order of a court or other public body that has jurisdiction.

• Discuss with those in your care reasons why disclosing confidential information to other professionals may be in their best interests and enable good care;

• Only disclose confidential information about those in your care who are not capable of consent (for example because they are unconscious) on the grounds of necessity if it is clearly in the individual’s interest and the disclosure is not contrary to the individual’s known values and beliefs;

• De-identify personal information to protect the identity of individuals when discussing cases in supervision or spiritual direction.

4.4 THE USE OF TOUCH AND PHYSICAL CONTACT

Touch is a basic human gesture and physical contact is an integral part of the care that may be offered. Touch conveys to many people reassurance, care and concern and can be a valuable expression of a supportive and caring relationship. However, touch is not value-free, it is conditioned by social and cultural norms and it can convey powerful signals. Therefore, touch may be perceived as threatening or manipulative, it could be culturally or religiously inappropriate, physically painful and can be a form of abuse.

Chaplains may use touch informally as a gesture of care and formally within rituals to signify beliefs and theological actions. However, because the use of touch can be misunderstood or misinterpreted, or it may be unwanted, it must always be used with sensitivity and where there is any doubt permission obtained.

The use of ritual that involves touch should be clearly explained and permission obtained. Where an individual does not have the capacity to consent to ritual touch a Chaplain may act on the grounds of necessity if

• it is clearly in the individual’s interest.

• is not contrary to the individual’s known values and beliefs.
• or in the case of a minor lacking capacity, is not contrary to the wishes of someone with parental responsibility.

Physical contact must be stopped immediately if there are any signs of discomfort or at the person’s request.

5 WORKING WITH COLLEAGUES

Chaplains working effectively together with other professionals and care providers (including social workers, psychologists, clinical staff and volunteers, ministers of religion and representatives of faith communities and/or belief groups) should:

• Respect another’s skills, contributions and integrity;
• Work in a collaborative and cooperative manner with colleagues and multidisciplinary teams and communicate effectively within the limits of appropriate confidentiality;
• Ensure that arrangements are made for those in your care requiring continuing support and care at the end of your shift or commencement of leave;
• Work within professional protocols and boundaries of appropriate confidentiality when receiving or initiating referrals and liaising with colleagues outside your employing body;
• Challenge colleagues whom you have reason to consider have behaved unethically or in contravention of this Code and act to bring your concerns to those to whom they are accountable.

6 PROBITY IN PROFESSIONAL PRACTICE

Chaplains require the highest standards of moral integrity and honesty.

In particular:

• Be honest and accurate in representing your professional affiliations, qualifications, and experience and do not make unjustifiable claims about your competence;
• Distinguish between pastoral care and formal counselling and ensure that those in your care understand the type of support you are offering;
• Refrain from encouraging those in your care to give, lend or bequeath money or gifts which will be of a direct or indirect benefit, or put pressure on those in your care to make donations;
• Manage any finances for which you are responsible with diligence and for the purpose for which they are intended;
• Declare any conflicts of interest that may compromise your impartiality or the interests of those in your care;
• Demonstrate honesty and objectivity when providing references for colleagues or completing and signing forms;

• Take all reasonable steps to verify any statement before you sign a document,

• Never write or sign documents that are false or misleading.

7 ETHICAL PRINCIPLES IN RESEARCH

Chaplains engaging in research follow guidelines and applicable laws that seek to protect the dignity, privacy and wellbeing of all participants.

Therefore Chaplains should:

• Engage in research within the boundaries of their competence;

• Seek approval of the relevant ethics research committees within their institutions and/or field of endeavour;

• Adhere to the notion of informed consent, which includes framing all communication in a manner that is understandable to the participants and or their proxies;

• Inform all participants of their right to withdraw consent at any time without consequence to their ongoing care and support;

• Seek to make all efforts to carry out research in a culturally competent manner;

• Maintain confidentiality of the participants (refer to section 4.3 Respecting Confidentiality);

• Use any information obtained through the research for appropriate professional purposes only;

• Acknowledge the work of others appropriately in the appropriate format for your area of endeavour.

• Do not plagiarize the work of others.
8 DEALING WITH MISCONDUCT

Professional misconduct is conduct that contravenes the standards of professional behaviour required of Chaplains as set out in this Code. In any case where professional misconduct has been alleged or is believed to occur, this should be reported in the first place to the Chaplain’s line manager who is responsible for handling any grievances or complaints according to The Salvation Army’s policies and procedures.

NURTURING YOUR OWN SPIRITUALITY

Experienced chaplains often say that the work to which they have been called has changed them substantially. Genuine engagement in chaplaincy will challenge you personally, in your understanding of society and probably theologically. As you learn and grow in the midst of mission, your understanding of God and how we are to live as Christians can and should develop. In order to gain the most from this, you’ll need to commit to learning, be open to change and be creative in resourcing yourself. Look for guidance from those around you who have gained wisdom from their own experience and seek out other chaplains with a proven record and a good reputation.

The Melbourne Central Division has a Chaplaincy Development Plan (revised in 2012) that lays out a variety of options for training, development and supervision. Take the opportunity to familiarise yourself with this and discuss relevant learning pathways with your line manager.