

## The NHS Chaplaincy Guidelines 2015

Promoting Excellence in Pastoral, Spiritual and Religious Care

NHS England

### **Report by Margaret McGettrick to the National Spirituality and Mental Health Forum [NSMHF], May 2015**

The NHS has recently issued new Chaplaincy guidelines, providing good practice guidelines for the NHS in England [NHS 2015].

NB: From 1 April 2015, the NHS Chaplaincy programme will be hosted by the Nursing Directorate.

'The NHS Chaplaincy programme is part of NHS England's drive to ensure good patient care and compliance with policy and legislative drivers.'

It was 'prepared by The Revd Dr Chris Swift in consultation with the Chaplaincy leadership Forum [CLF] and the National Equality and Health Inequalities Team, NHS England'. The CLF was formed in September 2013 as a means of dialogue between NHS England and the various chaplaincy organisations.

The guidelines replace those published in 2003.

The guidelines are a 29 page document divided into 18 sections.

The document covers the following:

- What do we mean by chaplaincy
- Patient and service user care: equality, safety and compassion
- Staff and organisational support
- Key components for an effective chaplaincy Service
- Volunteers in chaplaincy
- Chaplaincy staffing
- Chaplaincy in acute care
- Chaplaincy in mental health care
- Chaplaincy in general practice
- Chaplaincy in specialist palliative care
- Chaplaincy in specialist paediatric care
- Chaplaincy in community care
- Information governance
- Training development and research
- Further areas of guidance
- Consultation and involvement

Chaplaincy is defined as '...the pastoral and spiritual care provided to patients, family and staff....' It includes 'religious care provided by and to religious people. The term 'chaplain' is intended to also refer to non-religious pastoral and spiritual care providers who provide care to patients, families and staff'. It says that 'Spiritual care is care provided in the context of illness which addresses the expressed spiritual, pastoral and religious needs of patients, staff and service users' [NHS 2015:1]. The document also declares that modern healthcare chaplaincy'... is a service and profession working within the NHS that is focused on ensuring that all people, be they religious or not have the opportunity to access pastoral, spiritual or religious support when they need it [NHS 2015:1.1]. The professional development of chaplaincy requires the sharing of best practice which is demonstrated by evidence-based research [NHS 2015:2]. The author, referring to the work of Koenig et al [2012], says that 'there is a growing body of evidence that appropriate spiritual care has an immediate and enduring benefit for those utilising chaplaincy in these situations' [NHS 2015:2]. According to the new guidelines 'All chaplains should be familiar with the profession's research standard, meet the foundation level and plan to develop elements of the next level [NHS 2015:15]. Chaplains have dual accountability both to the NHS and to their 'sponsoring religion or belief community'. The care chaplains give should be done 'in a manner authentic to the practices and beliefs of the community the chaplain represents'. It should be conducted in such a way that it is 'neither insensitive nor proselytising'. It should also be practised with compassion, which is 'a key patient outcome marker of the service provided' [NHS 2015:3].

The report acknowledges that with increased professionalization 'it is widely recognised in practice that chaplains are an integral component of contemporary recovery based models of mental health'. They also work in a new ways that enhances 'resilience' and supports 'healthy living' [NHS 2015:9]. Chaplains support approaches to care 'which view the patient or service user holistically' [NHS 2015:15].

#### What is new:

Chaplaincy is defined as a profession [2015 1.1], which is building a body of professional knowledge based on research in order 'to share best practice' [2015:2].

There is a focus on compliance with the NHS England's business planning for 2013-2014: 'Putting people first' and also in the 'Five year forward view on empowering patients and engaging communities'.

'Research and innovation are affirmed as important areas for chaplaincy both for improved practice and as a basis for commissioners to understand the benefits of chaplaincy-spiritual care'.

'Compassion should always inform chaplaincy practice and is a key outcome of the patients experience of the service being provided' [NHS 2015:3].

An effective service has:

- A method for assessing pastoral needs [2015:5 and 14]
- Procedures for auditing their work in order to be accountable within the organisation [2015:5].
- Opportunities for chaplains to engage in pastoral supervision [2015:5].
- CPD, supervision and Reflective practice professional development portfolios [2015:15].

Also new is the panel of healthcare chaplaincy appointment advisors with a panel co-ordinator [2015:17] to help with appointments.

Reviewing these changes the executive of the newly formed 'Chaplaincy Leadership Forum' [CLF] issued a strategy paper and also initiated a consultation process to develop a shared strategy for the development of chaplaincy over the next five years. They identify a key service need as 'a research strategy based on agreed key questions to inform service delivery'. They point out that 'we need to identify the key questions to grow our understanding of spiritual, pastoral and religious care and how this benefits those in health care so that research can be coordinated in order to maximise the work done by the relatively small number of chaplaincy researchers'. They argue that there needs to be 'broad agreement about what needs to be done and how that could be delivered'.

## **Comments**

My two concerns are firstly: How equitable is the 'profession' of chaplaincy when viewed from a multi faith perspective? Multi faith and minority Christian denominations are mostly represented by part time chaplains. Chaplains enter where there are sufficient numbers to warrant appointment. In a career-based professional chaplaincy, how do chaplains from these groups obtain the professional qualifications to practice, the continuing professional development to enable them to continue to practice, and the opportunities to develop their skills and experience as full time career chaplains? Our current appointments system could be considered to be a barrier to the profession for these groups. How, as a new profession, can we ensure these groups have proper representation in our decision making structures. How can we ensure that we share power appropriately with them?

My second concern relates specifically to Christianity. A global revolution is taking place world-wide in Christianity, which is largely unrecognised in the developed west but which is being transported to the west through migration. Do we need to take account of this development when planning for the future of chaplaincy? It particularly involves the importance or otherwise of the practice of the ministry of healing prayer.

Within the Christian community, there has been considerable growth of new Christian communities especially among the migrant communities in the large cities [Jenkins 2011:275] , who are conservative and charismatic [Jenkins 2011:238].

The phenomenal global growth of Pentecostal and charismatic Christianity worldwide, in the twentieth century has been largely unrecognised in the West and has been 'invisible to mainstream North observers' [Jenkins 2011:5]. A central feature of this development has been their emphasis on 'healing of mind and body' [Jenkins 2011:99]. Recent research shows that these groups from the Southern hemisphere and from Asia are Pentecostal/charismatic in their practices. They now represent a new tradition 'and are 'the standard Christianity of the present age' [Jenkins 2011:5]. There are also a large number of Charismatic Christians within the Orthodox Christian communities for whom healing prayer is very important.

Scientific research has now shown definitively that there is a positive correlation between charismatic healing prayer and improved health. In considering chaplaincy research, these two areas require investigation.

#### Recommendations for research

1. How many full and part time chaplains are there?
2. Which denominations/faith groups/or none do they represent?
3. How can chaplaincy provide career and training opportunities for minority faith or minority denominational group chaplains?
4. What is the current evidence [e.g. the Cochrane study by Leanne Roberts in 2000 and the study by Gunther Brown 2012 on the therapeutic effects of intercessory prayer, in which she used empirical methods to demonstrate a positive correlation] specifically for the efficacy of Christian prayer for healing? How can chaplaincy incorporate the findings into its training and practice? Why is the current evidence not being disseminated?[Gunther Brown 2012]. Is there evidence for the efficacy of prayer for healing from other faith groups?
5. The post-modern religious landscape has changed [Jenkins 2011]. What is the definitive role of the chaplain in this new landscape? Are there new

methods and practices that chaplains might incorporate in order to meet the spiritual needs of the rising immigrant populations in our cities?

The CLF has issued a strategy paper to promote a wider discussion of how chaplaincy should develop over the next five years which can be supported by as wide a constituency as possible.

We need to look forward to the future. We need to prepare for the future spiritual needs of our diverse communities. We need to be open and to share honestly, the evidence that is available now.

The CLF wrote in April asking for comments. Consultation responses have to be forwarded by 30 June.

Please let me have your comments and responses for inclusion in the response of the NSMHF by the 20<sup>th</sup> June to:

[mmcgettrick@googlemail.com](mailto:mmcgettrick@googlemail.com)

Or send them direct to:

[Chaplaincy.guidelines@nhs.net](mailto:Chaplaincy.guidelines@nhs.net)

## **Bibliography**

Gunther Brown, Candy. 2012. *Testing Prayer: Science and Healing*. Cambridge, Massachusetts: Harvard University Press.

Jenkins, Philip. 2011 . *The Next Christendom: The Coming of Global Christianity*. 3<sup>rd</sup> edition. Oxford: Oxford University Press.

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20.05.2014.