

SPIRITUAL CARE POLICY FOR ALL FAITHS AND NONE

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VERSION NUMBER:	1.1
KEY CHANGES FROM PREVIOUS VERSION	6 months extension (GC, Covid March 2021)
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CONSULTATION GROUPS:	Equality and Inclusion Committee, Employee Experience Lead, Workforce, Development and Training, Patience Experience Team, Operational services (MH and Community)
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APPROVAL BY ... COMMITTEE:	
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POLICY SUMMARY
<p>The Essex Partnership University NHS Foundation Trust (EPUT) has a statutory obligation to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner in line with the Equality Act, 2010. Spiritual and faith care is an important aspect of health and social care. True holistic care means caring for the physical, psychological, social and spiritual dimensions of a person. When we respect a person's faith, religious and spiritual beliefs we motivate them to participate in their recovery and make informed decisions and choices about treatment and care. This policy document confirms the Trust's intention to integrate spiritual care as part of a multi-disciplinary approach to service user care.</p> <p>This is the policy on Spiritual Care to all faiths and none, and is about meeting spiritual, cultural, ethnic and religious needs for all patients, Carers and staff.</p>
<p>The Trust monitors the implementation of and compliance with this procedure in the following ways:</p> <p>Equality and Inclusion Committee will ensure that compliance is monitored regularly against;</p> <ul style="list-style-type: none"> • The Equality and Inclusion Committee Annual Work plan and schedule • the Equality Delivery System (2) action plan • annual review of its effectiveness to ensure it meets requirements as set out in its terms of reference

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this procedure is
Executive Director of People & Culture**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SPIRITUAL AND PASTORAL CARE POLICY

CONTENTS

THIS IS AN INTERACTIVE CONTENTS PAGE, BY CLICKING ON THE TITLES BELOW YOU WILL BE TAKEN TO THE SECTION THAT YOU WANT.

- 1.0 POLICY STATEMENT**
- 2.0 DUTIES AND RESPONSIBILITIES**
- 3.0 LEGISLATION**
- 4.0 SCOPE OF POLICY**

SAMPLE ONLY

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SPIRITUAL AND PASTORAL CARE POLICY

1.0 POLICY STATEMENT

- 1.1 People often search for meaning in the experience of any illness, be it serious or minor. They may be faced with ethical dilemmas which advancing technology and heightened expectations generate at the beginning and end of life. Among the basic spiritual needs that might be addressed within the normal daily activity of mental healthcare include:
- the need to be listened to
 - the need to give and receive unconditional love
 - the need to be understood
 - the need to be valued as a human being
 - the need for forgiveness, hope and trust
 - the need to explore beliefs and values
 - the need to express feelings honestly
 - the need to find meaning and purpose in life
- 1.2 Spiritual and faith care is an important aspect of health and social care. True holistic care means caring for the physical, psychological, social and spiritual dimensions of a person. When we respect a person's faith, religious and spiritual beliefs we motivate them to participate in their recovery and make informed decisions and choices about treatment and care.
- 1.3 The NHS "touches our lives at times of basic human need, when care and compassion are what matter most." (The NHS Constitution: the NHS belongs to us all. March 2013).
- 1.4 This policy document confirms the Trust's intention to integrate spiritual care as part of a multi-disciplinary approach to service user care. It is EPUT policy that service users will have spiritual care needs assessed and met as part of holistic care planning. Staff will take a person-centred approach to the area of individuals' spiritual needs.
- 1.5 Underlying this Spiritual Care policy are these values:
- That spiritual care is addressing the fundamental human need to have a sense of peace, security and hope particularly in the context of injury, illness or loss.
 - That spiritual care is offered and usually given "in a one-to-one relationship, is person centred and makes no assumptions about personal conviction or life orientation." (HDL (2002) 76, paragraph 3)
 - That religious care is an aspect of spiritual care and is "given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community."
 - That it is inappropriate for any member of staff to impose upon another person in the workplace their own religious beliefs, faith or values.

CP14 – Spiritual and Pastoral Care Policy

- That the delivery of spiritual care to patients and their carers is a responsibility of staff working in partnership with those employed with specific responsibility, training and skills in spiritual and religious care.
- That spiritual care must be accessible to all who use the services, as in-patients or out-patients, visitors or staff, in hospitals or community based services.
- That access to Spiritual Care is grounded in an ethos of respect, support and compassion and includes the availability of information and staff trained in spiritual care.

2.0 DUTIES AND RESPONSIBILITIES

- 2.1 The Equality Act 2010 recognises that religious belief or faith as a “protected characteristic”. The Trust has a duty to ensure that they do not discriminate against people with protected characteristics and is required to publish Equality Delivery System (EDS2) demonstrating how it is seeking promote access and prevent discrimination.
- 2.2 Local NHS trusts are responsible for determining, delivering and funding religious and spiritual care in a way that meets the needs of their patients, carers and staff.” Norman Lamb, MP, Minister of State for Care Services, Department of Health, Commons Written Answers 17 December 2013
- 2.3 The Trust will recognise all spiritual beliefs, (including non- religious philosophies), not just mainstream faiths. Spiritual needs can be religious, but equally may be the need for self-expression or to explore how recovery can be supported by acknowledging the effect of spiritual beliefs on health and wellbeing. In particular care should always be taken to ensure that expression of Faith or religious belief is not automatically assumed to be part of a person’s mental health problem.
- 2.4 Staff are expected to identify the need for spiritual care. The Equality and Diversity OLM (online) training module which includes basic training regarding religion and faith is mandatory training for all staff.
- 2.5 Guidelines for staff are available in the Trust’s Spiritual Care Procedure (CPG 14) to promote good practice in partnership working with external spiritual care providers.
- 2.6 Staffs are accountable to their line manager/clinical supervisor and professionally accountable to their professional body for any aspects of spiritual care they provide or arrange. It is not considered to be appropriate for staff to lead prayer groups or religious study groups with service users. Any group work which is planned to address spiritual needs will require permission from the relevant head of service.

CP14 – Spiritual and Pastoral Care Policy

- 2.7 Spiritual care in these and all other units will be accessed as part of the care planning process – service users of particular religious faiths will continue to be offered support from staff, volunteers or community organisations where an appropriate match can be found.
- 2.8 Dialogue and events will continue to be held with local faith communities to improve the spiritual care experience of service users and to equip leaders of faith communities to better support their members.
- 2.9 EPUT will engage with faith communities to gain a shared understanding of how mental health and spirituality can promote recovery and maintain well-being. EPUT will promote greater awareness of their services by sharing these with the different faith communities. Working in partnership to provide for spiritual needs, where they exist, is everyone's business.
- 2.10 Spiritual and religious care should:
- Address the fundamental human need to have a sense of peace, security and hope, particularly in the context of injury, illness or loss.
 - Be impartial, accessible and available at any time of day or night to people with or without specified religious beliefs.
 - respect the wide-ranging beliefs, lifestyle and cultural backgrounds of the population served by EPUT and value such diversity
 - Ensure the rights of patients, relatives, carers and staff to be seen by a chaplain, religious leader or faith community representative when requested and equally to have their privacy and right to confidentiality respected.
 - Never be imposed upon or used to try to win converts.
 - Be a significant resource in providing holistic care which values "care" as much as "cure".
 - Be the responsibility of the multidisciplinary team, which includes all staff, as well as spiritual advisors, volunteers and faith group representatives.
 - Be characterised by openness, sensitivity, compassion, emotional responsiveness and the capacity to make and maintain attentive, helping, supportive and caring relationships.
- 2.11 The Trust must ensure that:
- A Strategy/Framework exists to promote this agenda, and be reflective of all faiths and none, addressing the barriers to holistic care.
 - Spiritual care is offered to patients, their relatives, carers and to staff.
 - Spiritual care will be integrated into the daily provision of care.
 - Provide specialist spiritual, pastoral and religious care by chaplains working in cooperation with other staff and trained volunteers who come into contact with patients, their families and carers.
 - Embed a culture of spiritual care throughout the Trust which requires that people are respected, treated as individuals and involved in their own care as an integral part of the growing culture of Patient Focus throughout the organisation.

CP14 – Spiritual and Pastoral Care Policy

- ensure that a flexible system of obtaining explicit consent to spiritual care, both at the time of admission and during a patient's time of treatment, will be put in place, so that patients who wish, are able to record their religious affiliation and to request a visit from a chaplain, religious leader or faith/belief community representative.
- Promote partnership between its staff and local faith communities in the provision of spiritual and religious care services, ensuring that proper arrangements are made for the spiritual care of those who belong to faith communities whose numbers are comparatively small and for those with no declared religious affiliation.
- Promote partnership in the matter of spiritual care between its service providers and partner organisations, (e.g. universities, local authorities and other healthcare services, such as care homes, self-help organisations, and voluntary agencies).
- The Trust must provide its staff with basic training in order to understand the role.
- It appoints a Spiritual Lead who will:
 - Review the Spiritual Care Service, in association with the Spiritual Care Committee, in the light of current needs and national guidelines.
 - Prepare an annual report for submission to Spiritual Care committee and the Trust's Equality and Inclusion Committee.
 - Assist in the management of recruitment, performance appraisal and professional development of members of the spiritual care service, delegating as appropriate.
 - Contribute to the implementation and review of the Spiritual Care Policy.
 - Be reviewed and appraised on an annual and on-going basis by the appropriate Clinical Lead.
 - Ensure that the spiritual care and advisory Group are representative of the wider religious and non-faith groups and

3.0 LEGISLATION

- 3.1 There are three relevant pieces of legislation which make it unlawful to prevent people from undertaking religious or spiritual practices or to discriminate against anyone on the basis of religion or belief. These are:
- 3.2 **The Equality Act 2010** requires equal treatment in access to employment as well as private and public services, regardless of the 9 protected characteristics which include religion or belief.
- 3.3 **The Public Sector Equality Duty 2010** consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself, and specific duties which are imposed by secondary legislation. Under the Duty, religion or belief is one of nine protected characteristics (1). The broad purpose of the general equality duty is to integrate consideration of equality and good

relations into the day-to-day business of public authorities. The specific duty requires public bodies to publish information which demonstrates how it is implementing the general duty.

3.4 The Human Rights Act 1998 gives greater effect to the rights and freedoms set out in the European Convention of Human Rights. **Article Nine guarantees Freedom of Thought, Conscience and Religion;**

“Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his/her religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his/her religion or belief, in worship, teaching, practice and observance”.

“Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or the protection of the rights and freedoms of others.”

4.0 SCOPE OF POLICY

- 4.1 This policy applies to all Trust employees.
- 4.2 The policy applies to service users, their families and their carers, throughout their relationship with the Trust.
- 4.3 This policy applies to any other Trust worker, e.g. volunteers, bank workers, agency workers, students and contractors.
- 4.4 This is not an exhaustive list. The policy applies to anyone that has dealings with the Trust.
- 4.5 The Policy will be monitored and reviewed by the Associate Director for Social care and Partnerships.
- 4.6 Other policies referred to in this document can be located on the Trust's internet, including in the Equality and Diversity pages where contact details in regard to Spiritual and Pastoral Care can be found:
- 4.6.1 Equality Act 2010:
- Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

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