

SPIRITUAL CARE PROCEDURE FOR ALL FAITHS AND NONE

PROCEDURE REFERENCE NUMBER:	CPG14
VERSION NUMBER:	1.1
KEY CHANGES FROM PREVIOUS VERSION	6 month extension (GC, Covid)
AUTHOR:	Associate Director for Social Care (Partnerships & Equality)
CONSULTATION GROUPS:	Equality and Inclusion Committee, Employee Experience Lead, Chaplaincy service, Faith and Spirituality Advisory Group, Workforce, Patience Experience Team, Operational services (MH and Community)
IMPLEMENTATION DATE:	April 2018
AMENDMENT DATE(S):	
LAST REVIEW DATE:	March 2018
NEXT REVIEW DATE:	March 2021 September 2021
APPROVAL BY ... COMMITTEE:	
RATIFICATION BY Quality COMMITTEE:	April 2018
COPYRIGHT	2018

PROCEDURE SUMMARY

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, cultural and spiritual beliefs we motivate them to participate in their recovery and make informed decisions and choices about treatment and care. 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.

This is the procedure that accompanies the Trust Policy on Spiritual Care for all Faiths and None (CP14).

The Trust monitors the implementation of and compliance with this procedure in the following ways:

Equality and Inclusion Committee will ensure that compliance is monitored regularly against;

- 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 PROCEDURE

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 Procedure Statement**
- 2.0 Role of Staff**
- 3.0 Role of Volunteers**
- 4.0 Spiritual Care Leads/ Coordinators**
- 5.0 Provision of religious observance**

SAMPLE ONLY

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SPIRITUAL AND PASTORAL CARE PROCEDURE

1.0 PROCEDURE STATEMENT

- 1.1 This is the procedure that accompanies the Trust Policy on Spiritual Care and Diversity for all Faiths and Non (CP14). Spiritual Care is about meeting spiritual, cultural, ethnic and religious needs.
- 1.2 Spiritual care is important to many people, including those with a severe mental illness.
- 1.3 The Trust's approach is to recognise that people have rights to have their beliefs respected whilst in the Trust's care, and have a choice in how they practice their beliefs. This procedure explains how the Trust can facilitate choice and discussions about a service user's spirituality where the service user makes the request.
- 1.4 The Human Rights Act 1998, Article 9, enshrines Freedom of religion. The right to freedom of thought, conscience and religion includes:
- The right to freedom of thought, conscience and religion includes:
 - The freedom to change religion or belief;
 - The freedom to exercise religion or belief publicly or privately, alone or with others;
 - The freedom to exercise religion or belief in worship, teaching, practice and observance; and the right to have no religion (e.g. to be atheist or agnostic) or to have non-religious beliefs protected (e.g. philosophical beliefs such as pacifism or veganism).
- 1.5 The right to exercise, or manifest, one's religion or belief will not generally be considered to be interfered with if a person is left with a choice as to whether or not to comply with his or her religious obligations. However, there will be interference if restrictions make it practically difficult or almost impossible to exercise the religion or belief. The Trust recognises that a decent quality of life where people can live with dignity and respect is a basic human right.
- 1.6 "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.

2.0 ROLE OF STAFF

- 2.1 Staff are expected to identify the spiritual care needs of service users as part of personalised care planning. (Form 1.2 on Mobius)
- 2.2 The Equality and Diversity Level 1 OLM (online) training module which includes basic training regarding religion and faith is mandatory training to equip all staff with the necessary understanding, sensitivity and access to resources in order to meet service users' spiritual needs.
- 2.3 Those staff who have the specific responsibility for completing service users' assessments and care plans should ensure that religious, faith and spiritual needs are recorded alongside any cultural and individual needs to ensure they are responded to and met. When conducting holistic assessments, regard must be given to spiritual needs within the detailed questions provided in the community and in-patient assessment forms and electronic templates.
- 2.4 Staff will work with the framework of meaning ascribed by the service user, to develop a therapeutic understanding between practitioner and service user. There will be some limits, for example, religious beliefs which oppress the beliefs and lifestyles of others are not tolerated within NHS services; and professionals will always consider their duty of care to ensure it is not compromised by any religious practice.
- 2.5 Where there is uncertainty to whether as a service user can make informed decisions which impact on their care and treatment, including any based on Faith or Belief; they should be offered an assessment under the Mental Capacity Act (MCA) 2005. Efforts should always be made to ensure that assessment outcomes are understood in the context of the cultural background of the person being assessed. The assessor should seek additional advice in such circumstances, where required. The assessor must also consider the need for advocacy services as required under the Care Act, 2014.
- 2.6 The spiritual aspects of people's lives are often very important to them, but service users may feel reluctant to discuss these without confidence that the Trust's policy respects individual beliefs and the knowledge that staff are keen to support personal spirituality. This Policy advises staff to ensure that service users do not feel their spiritual beliefs are being ignored or seen as part of a wider mental health problem. Asset based approaches are an integral part of community development in the sense that they are concerned with facilitating people and communities to come together to achieve positive change using their own knowledge, skills and lived experience of the issues they encounter in their own lives.

- 2.7 The Trust will make every effort to facilitate a service user's choice in matters of faith and spirituality. However, in exceptional circumstances of vulnerability, clinicians may decline some requests from service users, or put a temporary limitation or condition on access, if the clinician believes it to be harmful to the service user at that particular time. In such cases records will accurately record why such decisions have been made. Where this could amount to a deprivation of liberty under the MCA, staff should arrange for a Best Interests Assessment from a local approved assessor, as per Trust Deprivation of Liberty Safeguards Policy (MCP2) and Procedures (MCPG2).
- 2.8 Particular attention should be given to the existence of Advance Decisions and Statements, where a person may have recorded (when well) what their beliefs are and may indicate how they want them to be addressed and may include contacting member of a faith community. Staff are reminded that if they are aware of an Advance Decision or Statement, it must be taken into account and if staff decide not to follow what is recorded they must note in the service user's records the reason for the departure.
- 2.9 Care should be taken to avoid stereotyping people by assuming that they must actively practice a particular religion by virtue of their ethnic background. The Equality Act 2010 also advises that people, who do not subscribe to a particular faith, for example atheists, must also not be discriminated against.
- 2.10 Staff are accountable to their line manager/clinical supervisor 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.
- 2.11 Service users will be encouraged to maintain links with their own community source of spiritual or religious support. This may be achieved through staff helping service users to attend places of worship, meet with friends or spiritual supporters, or arranging for people to visit service users whilst they are using EPUT services. Such visitors might be chaplains, Imams or other faith or spiritual leaders from with the community itself. This should form part of the service users/patients care plan.
- 2.12 All persons providing faith based support, regardless of their role, are required to adhere to Trust policies relating to confidentiality.
- 2.13 The Health Care Professionals Council (Standards of conduct, performance and ethics), General Medical Council (Personal beliefs and medical practice, 2013) Nursing and Midwifery Council (The Code) all outline codes of conduct which state their members have a duty to support service user choice in regards to faith and spirituality. These codes stipulate that their members

must maintain clear boundaries to assure professional integrity and responsibility.

3.0 ROLE OF VOLUNTEERS

- 3.1 Spiritual care volunteers can be recruited by the Spiritual Care Lead in accordance with the Volunteers Policy, references and DBS checks will be taken up, and training and induction provided.
- 3.2 The role of volunteers will be defined by the SCL. People offering to volunteer will be required to follow the recruitment procedures for all SEPT volunteers and will be accountable for their work to the ward/team manager.
- 3.3 The service user's mental state will always be of paramount importance during engagement with volunteers, and ongoing assessments by the Multi-Disciplinary Team (MDT) should take place.
- 3.4 The volunteer must be prepared to step back from the work if the service user's mental state deteriorates during 'spiritual' sessions.
- 3.5 The treatment agreed by the service user and the clinicians, detailed in the Care Plan, (including taking of medication) will always be supported by the volunteer. Any concerns about treatment will be referred back to the clinical team directly.
- 3.6 Anyone visiting a service user will not be permitted to offer spiritual care to other service users, unless they are expressly invited to do so by the individual.
- 3.7 Casual and long term visiting should be distinguishable under this procedure. A casual visitor may come to see a particular individual only for the duration that they are in hospital. We would not normally expect a person like this to be DBS checked, not least because the process would simply not be complete before the patient is discharged in the majority of cases.
- 3.8 While the Trust should pay travel expenses, decisions about paying for faith representatives to visit should be made locally and consider issues like distance travelled, the availability of local faith communities and any effect of intensifying stigma in paying for a service for inpatients which would normally be free in the community.

4.0 SPIRITUAL CARE LEADS (SCL)/COORDINATORS

- 4.1 SCL will focus on ensuring that all people, be they religious or not have the opportunity to access pastoral, spiritual or religious support when they need it.
- 4.2 SCL's provides skilled compassionate intervention, and where possible should form part of a holistic multi-disciplinary care plan.

- 4.3 Where Trust employed SCL's service is available, they are required to work in accordance to relevant policies and procedures pertaining to the Trust.
- 4.4 The line-management of SCL's is the responsibility of the local operational service area, and line management will be delegated accordingly.
- 4.5 SCL's, like all staff, must receive management supervision and complete mandatory training.

5.0 PROVISION FOR RELIGIOUS OBSERVANCE

- 5.1 Staff will ensure that a service user's religious and cultural needs are understood and provision is made to meet these needs, e.g. Halal or Kosher food, prayer times, washing facilities, access to religious texts, etc. These needs must reflect in the patients Care Plan. If there are difficulties in accommodating certain needs, PALS and/or the Trust Equality and Inclusion lead should be contacted for advice. Further information can also be obtained from the trust Intranet.
- 5.2 Where practicable staff will make arrangements for service users to be able to participate in religious or spiritual services as required (either on or off site as appropriate). This would include escorting them to places of worship unless doing so is contrary to their own beliefs, in which case they should discuss this with their line manager.
- 5.3 A designated safe place to carry out rituals and acts of worship, or quiet places for praying or contemplation will be provided in Trust premises.
- 5.4 Staff may request flexible working for religious observance purposes. This will be considered in line with ability of the unit to reasonably accommodate the request according to operational needs, and per Trust Equality and Diversity, Human Rights Policy (CP24) and Flexible Working Policy (HR39)
- 5.5 Further guidance for staff on supporting spiritual care is available from the Mental Health Foundation publication 'Making Space for Spirituality: How to support service users' available for download from:
<http://www.mentalhealth.org.uk/?view=Search+results&search=spirituality>
NHS England – NHS Chaplaincy Guidelines 2015
Promoting Excellence in Pastoral, Spiritual & Religious Care
<http://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>
Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains
Level 5, 6, 7 & 8 (2015) <http://www.ukbhc.org.uk/chaplains/compentencies>

END