
Survey of Chaplaincy and Spiritual Care Departments

About the Survey:

The 'Caring for the Spirit' Project aims to develop the Chaplaincy/Spiritual Healthcare workforce in terms of evidencing the quality of spiritual healthcare, widening professional development, and strengthening education and training. (The National Workforce Strategy and related documents can be found at www.southyorkshire.nhs.uk/chaplaincy).

A. Please give details about your department:

Name of Your Trust	Name of person completing the survey form
Contact tel	email
Posts in Department wte	Volunteers with patient contact (headcount)
DH Guidance figure wte	
Department budget	
Employed Chaplains – <i>please list posts, <u>not names</u>, giving WTE and denomination/faith where appropriate (e.g. Team Leader 1.0 Muslim Chaplain 0.8 CE Chaplain 0.5 Generic Chaplain 0.2)</i>	

Differentiating models of service and practice (Ref. Questions 1 and 2, overleaf)

Models of service and practice have different aims and objectives. Service models explain the work of the department to the public, the employer and itself. Service models can be audited, improved and evidenced as good practice. Practice models focus on units of activity or interventions, including professional interactions with service users. Practice models relate to the specific activities of staff and volunteers in the department and need to be integrated into a multi-professional approach to practice.

B. Evidencing Spiritual Healthcare

1. A chaplaincy service model (See p1)

	Rate importance to your department by circling				Rate your dept's performance by circling			
	Low			High	Poor			V. Good
1.1. Work using a documented service model.	1	2	3	4	1	2	3	4
1.2. The Service Model is agreed and used by all departmental chaplains.	1	2	3	4	1	2	3	4
1.3. The Service model is agreed with the line manager.	1	2	3	4	1	2	3	4
1.4. The Service model is defined by the needs of the chaplains' faith communities.	1	2	3	4	1	2	3	4
1.5. The Service model is defined by the needs of the Trust	1	2	3	4	1	2	3	4
1.6. The Service model is defined by the needs of users	1	2	3	4	1	2	3	4

2. Chaplaincy practice model (See p1)

2.1. Work using documented models of practice	1	2	3	4	1	2	3	4
2.2. Awareness of alternative models of practice	1	2	3	4	1	2	3	4
2.3. Assess service users' spiritual, religious and pastoral needs	1	2	3	4	1	2	3	4
2.4. Practice models comprising assessment, care planning, care delivery and review.	1	2	3	4	1	2	3	4
2.5. Practice model focused on conversational approaches to pastoral care	1	2	3	4	1	2	3	4
2.6. Involvement in multi-disciplinary care and processes. (e.g. MDTs)	1	2	3	4	1	2	3	4

3. Research awareness and activity

3.1. Develop evidence-based spiritual care.	1	2	3	4	1	2	3	4
3.2. Demonstrate <i>research awareness</i> by critical exploration of research literature.	1	2	3	4	1	2	3	4
3.3. Share <i>good practice</i> and research findings with other healthcare colleagues	1	2	3	4	1	2	3	4
3.4. <i>Collaborate</i> with other healthcare professionals in research programme(s).	1	2	3	4	1	2	3	4
3.5. Take a <i>lead role</i> in developing research projects.	1	2	3	4	1	2	3	4
3.6. Apply research findings to practice.	1	2	3	4	1	2	3	4

C. Data Collection, Storage and Use

4. Collection, storage and use of data

	Rate importance to your department by circling				Rate your dept's performance by circling			
	Low			High	Poor			V. Good
4.1. Data collection and storage	1	2	3	4	1	2	3	4
4.2. Use of a Minimum Data Set	1	2	3	4	1	2	3	4
4.3. Use of this data to audit the service against agreed standards.	1	2	3	4	1	2	3	4
4.4. Use of this data in departmental business planning.	1	2	3	4	1	2	3	4

D. Education and Training

5. Education and Training Received

	Rate importance to your department by circling				Rate your dept's performance by circling			
	Low			High	Poor			V. Good
5.1. Induction programmes for Entry Level/ New Chaplains.	1	2	3	4	1	2	3	4
5.2. Trainee programmes for New Chaplains.	1	2	3	4	1	2	3	4
5.3. Individual in-service training programme for experienced Chaplains.	1	2	3	4	1	2	3	4
5.4. Induction programmes for New Volunteers	1	2	3	4	1	2	3	4
5.5. Trainee programmes for New Volunteers	1	2	3	4	1	2	3	4
5.6. In-service training for Volunteers	1	2	3	4	1	2	3	4

6. Education and Training Given (Offered)

6.1. The dept contributes to Trust staff induction	1	2	3	4	1	2	3	4
6.2. The dept contributes to staff training programmes.	1	2	3	4	1	2	3	4
6.3. The dept provides <i>ad hoc</i> staff training	1	2	3	4	1	2	3	4
6.4. The dept provides education for faith communities.	1	2	3	4	1	2	3	4
6.5. The dept supervises placement for theological students.	1	2	3	4	1	2	3	4

E. Career Development

- Circle as appropriate**
- 7. In your Trust do opportunities exist for the appointments listed below?**
- | | |
|--|-----|
| 7.1. Specific Trainee post(s) exist within your dept.? | Y N |
| 7.2. Specific Specialist Chaplain post(s) exist within your dept.? | Y N |
| 7.3. Specific Advanced Practitioner post(s) exist within your dept.? | Y N |
| 7.4. A Specific Team Leader/ Manager post exists within your dept.? | Y N |
| 7.5. A Specific Consultant post exists within your dept.? | Y N |
- 8. Do Departmental staff participate in a Development Review/ Appraisal Process?**
- All Some None
- 9. A structured approach to Continuing Professional Development (CPD)?**
- | | |
|---|---------------|
| 9.1. CPD is linked to the annual Development Review Process for dept staff | All Some None |
| 9.2. Dept staff have a personal development plan (PDP) | All Some None |
| 9.3. Dept Staff have access to a <i>range</i> of development opportunities | All Some None |
| 9.4. Dept Staff demonstrate evidence of CPD activity that benefits the service user | All Some None |
| 9.5. Dept staff are supported in their learning by a mentor, coach or supervisor | All Some None |

F. Local Groups and Faith Communities

- 10. The Department has links with community and local faith groups?**
- | | |
|--|---------------|
| 10.1. Community groups – E.g. Cruse; Multi-Racial groups? | All Some None |
| 10.2. Local faith groups? | All Some None |
| 10.3. Membership of committees of some of these groups? | All Some None |
| 10.4. Links via informal networking? | All Some None |
| 10.5. Links via Patient and Public Involvement mechanisms? | All Some None |
- 11. Consultative assessment made of the faith requirements of the stakeholder communities?**
- Y N
- 12. The Department provides suitable personnel to address the needs of people from world faiths?**
- Y N
- 13. Where provided, how is provision is made?**
- | | |
|---|-----|
| 13.1. By brokerage arrangement (one faith acts on behalf of another)? | Y N |
| 13.2. Ad hoc/ informal arrangements? | Y N |
| 13.3. By inclusion within the departmental team? | Y N |
- 14. How are the faith representatives employed?**
- | | |
|---|-----|
| 14.1. Volunteer/ Honorary Contract? | Y N |
| 14.2. Paid as needed (Bank Contract)? | Y N |
| 14.3. Part-time or Whole time Contract? | Y N |
- 15. Appropriate space for the religious observance of all faiths in the local community is available?**
- All Some None
- 16. The Department contributes to the leadership of healthcare services?**
- | | |
|---|-----|
| 16.1. Involvement in leadership of multidisciplinary teams? | Y N |
| 16.2. Involvement in leadership of project or working group(s)? | Y N |
| 16.3. Initiating/ leading work in the Trust. (e.g. bereavement services etc)? | Y N |
| 16.4. Other (please state) | Y N |