

# Realising the Benefits of Chaplaincy and Spiritual Health Services in the NHS



## East Midlands (North) Chaplaincy and Spiritual Health Care Collaborative

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## **East Midlands (North) Chaplaincy and Spiritual Health Care Collaborative**

### **BENEFITS ANALYSIS FOR CHAPLAINCY AND SPIRITUAL HEALTH SERVICES IN THE NHS**

In developing NHS services fit for the purpose of caring for all aspects of patient care and well being throughout a person's entire journey, it is imperative that a truly holistic model of care is applied, resourced and delivered.

Within nursing care, various models of personhood have long been recognised with their essential aspects of the physical, spiritual, social and psychological care for the person, for example Newman<sup>1</sup>. In the NHS it is clear that enormous resources are invested into the physical aspects of healthcare, and there has been a growing provision for the social and psychological support for service users. Historically Chaplaincy has always been integral to hospital based healthcare provision and in recent years has widened its focus to include Care in the Community. However, an ever-increasing research base clearly identifies a need for addressing gaps in spiritual healthcare provision as the NHS modernisation agenda progresses.

In certain areas such holistic care is delivered, but this is often down to initiatives championed by individuals, some Managers and certain specialties (e.g. Peri-natal Care and Palliative Care teams), and looking at NHS care settings across the Strategic Health Authority (SHA) there is a growing inequity of spiritual care provision.

Amidst a plethora of recent NHS policy and DoH guidelines<sup>2</sup>, there is an increasing recognition of the importance of the non-medical aspects of patient care that are fundamental in the process of recovery and sustained well-being. Working in a multi-professional and multi-agency context, professional healthcare Chaplaincy has risen to the challenges of modernising and diversifying the services it provides. This modernisation agenda for Chaplaincy is embedded within DoH guidelines and the 'Caring for the Spirit' strategy. The establishment of regionally based Chaplaincy and Spiritual Care Collaboratives to progress the spiritual care agenda is a key component of 'Caring for the Spirit'. Within the East Midlands SHA (North) Chaplaincy and Spiritual Health Care Collaborative, the need was recognised to undertake a benefits analysis as a baseline of the existing spiritual care provision. Please note that although this document represents the wide range of services provided by Chaplaincy and Spiritual Care departments in the region, it is not to be understood as a comprehensive list and local services do differ from Trust to Trust.

A scoping and consultation exercise was completed across this region in the summer of 2006, and is presented in terms of the benefits for all Stakeholders.

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The following document is intended for those who have the responsibility to commission and provide professionally led Chaplaincy and Spiritual Health Care Services. It consists of four sections outlining the benefits for;

1. Patients, Carers and Relatives
2. Staff
3. Organisations
4. Community

Please note that although each section is designed to stand alone, it is important that the document is considered in its entirety.

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<sup>1</sup> Newman, Betty – 1995 – The Newman Systems Model, 3<sup>rd</sup> Edition, Norwalk, Appleton & Lange

<sup>2</sup> \* NHS Chaplaincy, Department of Health (DoH), 2003

\* Caring for the Spirit, DoH, 2003

\* Standards for better health, DoH, 2004, updated 2006

\* Improving supportive and palliative care for adults with cancer, National Institute for Health and Clinical Excellence (NICE), 2004

\* Creating a patient-led NHS: Delivering the NHS improvement plan, DoH, 2005

\* When a patient dies: Advice on developing bereavement services in the NHS, DoH, 2005

\* A new ambition for old age, DoH, 2006

\* Dignity in Care Champions' Initiative, DoH, 2006



**The Organisation**



**Staff**

**Patients,  
Relatives & Carers**

**Community**



**Education and Training Process**

## BENEFITS FOR PATIENTS, CARERS AND RELATIVES

### Pastoral & Spiritual Care

When people face crises in their lives, particularly in relation to their health, or the health of their loved ones, they often find spiritual and emotional feelings and thoughts arise which need to be addressed. This is at the heart of Chaplaincy and Spiritual Care.

- Available to listen to patients and relatives, and offer confidential, non-judgemental, emotional support at times of considerable anxiety and distress, and help in the journey towards finding meaning and hope.
- A reassuring presence in times of crisis, available 24/7 at the time of need, e.g. A&E, ITU, Hospice etc.
- Enables patients to think and work through personal and medical issues with a non-medical member of staff.
- Clarify issues between patients, family members, staff and the organisation, expressing the care of the 'whole person'.
- Facilitates ongoing care during and following healthcare episodes, both in hospital (e.g. regular visiting during a hospital stay), and post discharge (e.g. making appropriate links with supportive communities/agencies).

### Example of Good Practice

*A terminally ill patient was desperate to make contact with a relative who he had lost contact with some years previously. The Chaplain was able to trace the relative and enabled the contact to be made before the patient died.*

### Comments from Service Users

*"I feel you have been our 'guardian angel' throughout the hard times we've been through this last 8-9 months."*

From a couple who had experienced double peri-natal loss.

*"When the whole world around us was chaos, you were our anchor."*

Words of a mother spoken to the Chaplain after the sudden death of her daughter.

## **Religious and Sacramental Ministry**

For people who have a specific religious affiliation the opportunity to have their religious practices and beliefs recognised and provided for, in line with the equality and diversity agenda, enhances their experience of the overall care provided by the organisation.

- Ensures provision and access to appropriate religious support 24/7 as requested by patients and/or relatives, e.g.
  - Provision and maintenance of rooms set aside for prayer and worship for people of different faiths
  - Maintaining contacts with other religious organisations for minority faiths, denominational and cultural groups
  - Availability of religious literature
- Health Care Chaplains design and lead worship such as;
  - Regular Services of worship
  - The Eucharist, baptism and other sacraments
  - Prayer and meditation
  - Memorial Services and funerals
  - Rituals at significant times of life cycle transition
- Can be a link with the patient's local faith community, depending on patient choice.

### **Example of Good Practice**

*A very sick baby was to be transferred to another hospital. Before the journey was made the Chaplain was requested to baptise the baby. This was done and the family received much reassurance and support at this distressing time. Thankfully the baby recovered and the family remain in contact with the Chaplain and report annually on the child's well-being.*

### **Comments from Service Users**

*"We had a lovely blessing service performed by the Chaplain in the hospital Chapel on the occasion of my parent's 60<sup>th</sup> Wedding Anniversary"*

One of the parents was a patient and this important anniversary may otherwise have passed unmarked.

## **End of Life and Bereavement Care**

At this most sensitive point of a person's journey, high quality end of life and bereavement care is of paramount importance to both patient and relatives. For some this includes important religious practices; for others, the support of a chaplain who can spend time allowing people to express the emotions of grief, and possibly also say a prayer, can help in the immediate moment of loss, and in the days and weeks which follow.

- Active involvement in the implementation and delivery of the Liverpool Care Pathway and the Gold Standards Framework for end of life care.
- Provides support and care following bereavement, possibly also assisting with funerals.
- Enables suitable procedures following pregnancy loss and the disposal of foetuses and foetal tissue.
- Provide annual services for bereaved parents.
- Manage and provide the Bereavement Service for the Trust.
- Provide a Lead for the governance of NHS sponsored bereavement care.

### **Example of Good Practice**

*An elderly lady was an in-patient when her child died. Unfortunately her health did not allow her to leave hospital and attend the funeral service. The Chaplain was able to arrange a short service for the lady and a couple of her friends in the hospital Chapel at the same time as the funeral service was taking place. One of the friends had obtained a copy of the tribute which was read in the hospital Chapel, candles in memory of the deceased were lit and the lady was thankful she had been able to pay her respects to her child.*

### **Comments from Service Users**

*"The family would like to thank you for all your help and kindness over the past few months, both at hospital and at home."*

Comments from a family after the death of a relative.

## BENEFITS FOR STAFF

### Pastoral and Spiritual Support

A caring organisation has responsibility for the care and well being of all its staff. This is both at a personal level as well as in relation to caring in the stressful situations in the workplace.

- Professional Lead for confidential, non-judgmental support and informal counselling, to meet:
  - personal spiritual and emotional needs
  - pastoral needs at times of work related stress and anxiety
  - complex needs at times of organisational change
- Provide and deliver the Professional Lead for Bereavement Services.
- Team members providing 24/7 availability for staff in times of crisis (e.g. perinatal death, major incident planning, organisational change etc.).
- Take pressure off the ward/unit staff by looking after relatives in particularly sensitive and busy times.

### Example of Good Practice

*Ward staff were faced with a seriously ill patient on the ward who lost control and became violent with himself, the fabric of the ward and with staff. The Chaplain supported the staff in debriefing the incident and helping to deal with their shock and trauma.*

### Comments from Staff

*“Thank you so much for your input last Thursday, it was truly an awful event. I think it is only the consistent support and teamwork that we receive from each other that keeps us going at times like this.”*

Following the sudden death of a teenager

## **Religious and Sacramental Support**

The organisation has the responsibility in recognising and providing for the religious and sacramental requirements of a diverse multi-faith and cultural workforce.

- Provide the Professional Lead for religious care to staff.
- Manages appropriate 'sacred space' suitable for worship for staff of diverse religious and cultural backgrounds.
- Support staff in meeting their religious and sacramental needs.
- Provide staff with information about religious and cultural issues relating to healthcare.
- Facilitate appropriate religious ceremonies (e.g. memorial services for staff, prayers at times of local/national/global need).
- Input to marriages, christenings and funerals for staff

### **Example of Good Practice**

*Staff nurse X was a well-known and loved member of the hospital team. Her sudden death hit her ward and the hospital community very hard. Although most of her immediate colleagues were enabled to attend the funeral, this was not possible for the wider hospital community. In liaison with her family, the Chaplain and her colleagues organised a special memorial service for Sister X in the hospital Chapel. There was standing room only in the Chapel, but more importantly it enable the hospital community to express their grief.*

## **Education and Training**

Spiritual care involves all NHS staff, and Chaplains provide the professional lead in delivering education and training to all staff in many areas of their initial and continuing professional development. It is recognised that well trained and equipped staff provide a direct benefit to improving the quality of patient care.

- Provide a comprehensive induction, education and training programme for all NHS staff in areas such as:
  - Bereavement and loss
  - Breaking bad news and communication
  - Dignity awareness
  - Multi-faith and cultural awareness
  - Spiritual aspects of loss and change
  - Spirituality in healthcare
  - Staff induction
  
- Enable staff to fulfil key dimensions of their KSF (Knowledge and Skills Framework) through relevant training and supervision.

### **Examples of Good Practice**

*In Derbyshire the Chaplaincy train and equip all staff in the Midwifery Department in the areas of bereavement and foetal loss. Senior Midwives are also trained in the religious and cultural aspects of dealing with Parents in relation to post mortems for their babies.*

*In Lincolnshire the Chaplaincy Department work closely with the Education and Training Department in developing their teaching packages into e-learning and intranet-learning resources. This venture employs e-learning technology for which the Education and Training Department has received national awards.*

### **Comments from Staff**

*“Excellent presentation on spiritual care”*

*“99% of students found the teaching valuable in helping them gain an insight into the role of the Chaplain and also to give them more confidence in approaching people who are experiencing difficult situations.”*

## **Advocacy**

In a representative role Chaplaincy can function as an advocate or independent voice in a wide range of areas of staff concern.

- Support staff when dealing with difficult families/carers.
- Conflict resolution among staff members, patients and family members.
- Providing moral and ethical support to staff when faced with difficult decisions.

### **Example of Good Practice**

*Chaplains are frequently present when families are seen by doctors to explain the need for withdrawal of treatment, or that it has not been possible to resuscitate a patient. Sometimes, despite the best efforts of medical staff, families do not fully understand what they are being told, or the doctors do not appreciate all the concerns of the family. Chaplains can often be the communication link between the two, which proves helpful to all parties involved.*

## BENEFITS FOR THE ORGANISATION

### Values

Spiritual and pastoral provision for all those in contact with the NHS (patients, carers and staff) must be integral with all aspects of the service we deliver. The organisation must embed the principles of spiritual and pastoral support throughout the organisation, and this should be reflected within its overall aims and objectives.

- Professionally led chaplaincy and spiritual care services function within the existing organisational governance/risk framework, thereby providing the organisation with a competent and safe service provision.
- Lead for pastoral and spiritual care for the organisation.
- Spirituality to be an integral part of the NHS across all levels.
- Moral/ethical balance to complex decisions.
- Essential contribution in developing a vision of an organisation 'Fit for Purpose'.

### Example of Good Practice

***The Lincolnshire Patient Well-Being Champion Project.*** *The Chaplaincy Department at the United Lincolnshire Hospitals' NHS Trust have led the way in developing and, in partnership with the Education and Training Department, delivering the Patient Well-Being Champion Project on all Trust sites. This new and innovative role enables staff members to be equipped and trained to deliver high quality care, with particular focus on the fundamental, qualitative aspects of patient care, such as; dignity, breaking bad news, communication, religious and spiritual care, bereavement and much more.*

*This is an exciting new project that brings together all aspects of the 'softer side of care' with a clear patient focus. As the initiative is smartly embedded within the organisational framework, it enables staff to address issues in quality patient care in a swift and effective manner. Moreover, this project also enables the organisation to fulfil, monitor and manage its commitment to a truly patient focussed ethos.*

## **A Healthy Organisation**

As a caring organisation, the NHS has a responsibility to proactively address staff welfare. Chaplaincy offers an accessible, confidential and supportive service to all employees who may require personal support during stressful and emotional periods of their life.

- Reducing sickness rates
- Support during organisational change
- Support to staff through emotional crisis – either personal or in response to national/international issues (e.g. Major world disasters.)
- Help people to feel valued
- Mediator role
- Achievement of Improving Working Lives standards e.g. staff support
- Recognising individual needs in line with the equality and diversity agenda
- Corporate 'owning' of people issues e.g. staff deaths, commemorative services
- Creates a happy and content workforce (increased productivity; less staff turnover etc)

## **A Learning Organisation**

Chaplaincy teams provide essential input to the organisations ongoing development though its contribution to training programmes, and reflection of significant incidents. Spiritual and pastoral care must be integrated into all aspects of the way healthcare professionals work and deliver their service, and this role is fulfilled by NHS Chaplains.

- Championing/mentoring spirituality issues across the organisation
- A valued educational resource
- Achievement of key KSF indicators for all NHS professionals
- Provide in-house training on spiritual/pastoral issues, thereby reducing the costs of training which would otherwise need to be externally sourced
- Reflection and learning on incidents/significant events to influence organisational learning

## **A Patient-Led NHS**

The patient is at the centre of all aspects of NHS care. Chaplains support the patient and staff by ensuring a holistic approach is maintained throughout the duration of the patient's contact with the NHS.

- Improves patient experience
- 24/7 service
- Focus on privacy and dignity issues (e.g. Essence of Care Standards)
- Supportive of 'Standards for Better Health' indicators
- Can help to reduce number of potential complaints
- Enables other staff to focus on clinical care
- Wider support to family and carers
- Provision of high quality end of life and bereavement care in line with current national guidelines

## **The Equality and Diversity Agenda**

Chaplains are the key professional group who can support and advocate the Equality and Diversity agenda across the Trust. As an independent, non-judgemental group, Chaplains can champion equality and diversity for both patients and staff.

- Promotes cultural awareness across the organisation
- Multi-faith provision
- Contribution to policy development and review
- Provide advocacy role
- Negotiator/'interpreter' role

## **Partnership Working**

Joined-up working is vital to deliver effective, seamless care to patients. Chaplaincy works across all staff levels, regardless of discipline, or employing organisation. Chaplaincy spans all healthcare provision and reaches across the community to form a solid network of personnel who work collectively to maximise care and support of the local population.

- Engagement with the local community
- Maximising opportunities for volunteers to engage with the NHS
- Promotes patient/public involvement via linkages with community groups
- Achievement of specific targets via effective multi-disciplinary and multi-agency working, e.g. Long-term conditions and Care of the Older Person

## BENEFITS FOR THE COMMUNITY

### Continuity and Equity of Service Provision

In the NHS we are now working in an environment that recognises the patient's care begins before they arrive in hospital and continues after they leave. Because of the links Chaplaincy naturally has within the wider community, we are well poised to take a proactive role in the delivery of this seamless care.

- Representing community issues and concerns to the organisation, as well as acting as ambassadors for the NHS in the wider community.
- Professionally led Chaplaincy provides safe and secure services in accordance with clinical governance across the healthcare community.
- Chaplaincy can be instrumental in facilitating appropriate links between NHS organisations, the voluntary sector and community groups to ensure an integrated pathway of care is delivered (particularly in end of life care, long-term conditions, elderly care and mental health).
- Serving as part of the wider community ensuring long-term spiritual and emotional well-being, for example by providing services;
  - for those who have lost babies and children
  - for those bereaved through road traffic accidents
  - on World AIDS Day
  - of thanksgiving for organ transplantation
- Contact and referral point for community groups/agencies.
- A professional resource within the NHS to faith communities.
- Providing continuity in the hospital and community contexts.

### Examples of Good Practice

*Chaplaincy Departments have active involvement in the local interfaith network to form good contacts with members of other world faiths, in order to ensure provision of care to patients and their relatives from all faith traditions.*

*NHS Chaplaincy Departments often work with other healthcare organisations and provide the professional Chaplaincy service to these organisations through income generating service level agreements.*

## **Patient and Public Involvement (PPI), Networking and Education**

Through networking in the community context (e.g. faith communities) and involvement with PPI fora, Chaplaincy is influential in widening the understanding and perception of issues relating to NHS organisations through personal contacts as well as the educational process, as it;

- provides a diversity of community links for PPI group representation
- offers opportunities for voluntary work
- facilitates communication and understanding between NHS organisations and local faith/community groups
- supports local faith/community group leaders, and helping them to understand professional aspects of NHS organisations
- provides training opportunities, including placements, for faith groups and individuals in training

### **Example of Good Practice**

*Chaplaincy departments across the region work together with other agencies to provide special annual services, for example*

- *Baby Memorial Services with SANDS (Stillbirth and Neo-natal death society.)*
- *World AIDS Day with HIV/AIDS charities.*
- *Oak Leaf Services for RTAs (Road Traffic Accidents) with local authority groups.*

## CONCLUDING COMMENTS

In order to further enhance the understanding of Chaplaincy Services this document has been designed to illustrate the benefits for patients, carers and relatives, staff, organisations, and the wider community in the provision of holistic high quality patient care.

We hope you have found this informative. If you wish to find out more information please contact your local Chaplaincy Department in the first instance. Alternatively you might like to contact Reverend Tim Couchman or Reverend Susan Cumming.

### **Useful Websites**

Caring for the Spirit	<a href="http://www.nhs-chaplaincy-collaboratives.com">www.nhs-chaplaincy-collaboratives.com</a>
College of Healthcare Chaplains	<a href="http://www.healthcarechaplains.org">www.healthcarechaplains.org</a>
Hospital Chaplaincies Council	<a href="http://www.nhs-chaplaincy-spiritualcare.org">www.nhs-chaplaincy-spiritualcare.org</a>
Multi Faith Group	<a href="http://www.mfghc.com">www.mfghc.com</a>