Transforming Chaplaincy for the Future

## A five-year development plan for health care chaplaincy in England

*New guidance for chaplaincy in England has been issued by the NHS. The executive of the Chaplaincy Leadership Forum met for 24 hours to discuss the implication of this publication, the wider picture of chaplaincy in England, and how chaplaincy services in the NHS might develop over the next 5 years.*

*While there are many challenges around the delivery of spiritual care we believe that this is a moment of opportunity for chaplaincy and one to engage with in order to promote excellence in pastoral, spiritual and religious care.*

*This briefing paper is offered as a basis for discussion and a point of departure for further reflection, vision and planning. We hope it will be received as a positive step forward and a constructive contribution for achieving consensus and progress in our shared work.*

## Current Position

Reviewing current chaplaincy we identified a small range of topics which are likely to be influential in the development of services:

* Continuing diversification of those providing chaplaincy: multi-faith & multi-belief
* Greater emphasis on the care of people in the community and pan-service commissioning e.g. Manchester
* Clear and shared understanding between faith and belief groups and chaplains
* Evidence of the benefit of spiritual, pastoral and religious care
* How patients and service users are screened and assessed for their needs
* The risk of cuts where service value is not clearly explained or recognised
* How chaplaincy is led locally, regionally and nationally
* A changing political landscape following the May election

## Key service needs for the effective development of chaplaincy

Looking ahead and based on the analysis noted above, we discussed what is needed to develop chaplaincy in the coming years:

* Leaders able to speak and be heard persuasively across all levels of the NHS
* A greater clarity about the skills and knowledge all chaplains should possess
* Registration linked to skills and knowledge and safe practice
* Sustained investment by the NHS to fund the programme of transformation
* A research strategy based on agreed key questions to inform service delivery
* A resolution of the issues relating to the Data Protection Act
* The inclusion and support of faith and belief group leaders in the strategy

## Strategic commitments for a 5-year development programme

Reflecting on this analysis we identified four main areas for development.

### Leadership Development

Establishing and developing a framework for chaplaincy leadership. This would be a major partnership project linking into existing sources of education and training and NHS bodies tasked to grow effective leaders.

### Supportive Review

Developing a model of systematic service review which would support chaplaincies in developing and making the case to meet the best practice outlined in the new guidance.

Supportive review would be a peer-led reflection on local chaplaincy departments with lay (patient; service user) participation and constructive feedback.

### Regulation & Authorisation

The work on voluntary registration by an independent body should be progressed and developed to give public, practitioner and employer confidence that those with the title ‘healthcare chaplain’ meet agreed levels of competence and expertise. At the same time faith or belief group authorisation will be developed and clarified to complement this process.

### Research

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. With greater agreement about what we need to know research can be co-ordinated in order to maximise the work done by the relatively small number of chaplaincy researchers.

Each strand will require funding of approx. £15,000 (total £60,000). This would allow the secondment of senior chaplains to take on these work streams.

*In discussing these issues we realise that there are risks to achieving such priorities. However, we believe that spiritual, pastoral and religious patient care by chaplaincy will not flourish unless there is a broad agreement about what needs to be done and how that could be delivered.*

*We welcome comments and reflections on this paper and hope that between us we can identify and complete the work to ensure that those in need of care have equal access to the best chaplaincy service we can provide.*