UK Board of
Healthcare Chaplaincy

Spiritual and Religious Care Capabilities and Competences for Chaplaincy Support 2015

Contents

Introduction and Acknowledgements

Healthcare chaplaincy in the UK changed markedly in the first decade of the millennium. As healthcare chaplaincy moves towards voluntary registration with the Professional Standards Authority a clear structure for chaplaincy posts is being developed.

This document has been developed for all Chaplaincy Support appointments. The capabilities and competences outlined in this document draw on the Marie Curie Cancer Care (2003) Spiritual and Religious Care Competences for Specialist Palliative Care.

The UKBHC acknowledges the work of Marie Curie Cancer Care and the expertise and advice of the lay members of the Board who for their considerable experience in healthcare career structures and sound guidance.

Spiritual Care and Religious Care

The HDL (2008) 49 document differentiated between spiritual care and religious care:

- **Spiritual Care** is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation:
- **Religious Care** is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

Spiritual care is often used as the overall term and is relevant for all. For some their spiritual needs are met by religious care, the visits, prayers, worship, rites and sacraments often provided by a faith leader, or representative of the faith community or belief group.

Spiritual care can be provided by all health care staff, by carers, families and other patients. When a person is treated with respect, when they are listened to in a meaningful way, when they are seen and treated as a whole person within the context of their life, values and beliefs, then they are receiving spiritual care. Chaplains are the specialist spiritual care providers.

A Capabilities and Competences Framework

There is a degree of perception, behaviour and attitude within spiritual and religious care that is difficult to describe in terms of a task. This we believe is best expressed by a capability framework within which are groups of competences. The following distinction is made between the terms competence and capability:

- **competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time;
- **capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance

Spiritual and Religious Care Capability and Competences for Chaplaincy Support

This capabilities and competences framework is for chaplaincy support volunteers/workers in the NHS and voluntary sector. The structure of a chaplaincy service is outlined in figure 1. The table in figure 1 draws on the Skills for Health career framework for Allied Health Professionals, and the Nursing and Midwifery Council career structure for Nursing.

The framework is presented under three capabilities:

1. Knowledge and skills for practice:
2. Spiritual and religious care
3. Reflective practice:

Each of the domains contains:

- **capabilities** – broad statements of intent;
- **practice learning outcomes / competences** – detailing the knowledge, skills, attitudes and behaviours professionals should be capable of demonstrating in practice;
- **key content** – depicting an outline knowledge-base required to achieve practice learning outcomes.

The Essential Capabilities for Healthcare Chaplaincy which are outlined below are incorporated within, and reflected throughout, the framework. Achievement of the capabilities and practice learning outcomes in each domain contributes to achievement of the Essential Capabilities.

Chaplaincy Support	**Chaplaincy Volunteer:** A volunteer with training in pastoral care who works under supervision of a chaplain Band 6 or above.
	Chaplaincy Support Worker A person with training in pastoral care and spiritual and religious care whose delivery of spiritual and religious care is defined and supervised by a Chaplain Band 6 or above.
	Faith Community or Belief Group Representative A person who is recognised or accredited by a faith community or belief group to provide pastoral and/or religious care to members of that faith community or belief group and whose name appears on a list of faith community or belief group representatives regularly updated by the chaplaincy department (Can be ordained or lay). (UKBHC Standard 3, 2009)
Chaplain Band 5	A practitioner with limited autonomy, who works as part of a chaplaincy team and is supervised by a chaplain Band 6 or above.
Chaplain Band 6	An autonomous, qualified practitioner whose role is to seek out and respond to the spiritual and religious needs of individuals, their carers and staff.
Lead Chaplain Band 7	A chaplain with additional responsibilities and experience including the management of a chaplaincy team.
Specialist Chaplain Band 7	A chaplain with advanced specialist knowledge, experience and expertise in a particular aspect of healthcare chaplaincy. For example: acute, mental health, paediatrics, palliative care.
Consultant Lead Chaplain Band 8	A chaplain with management responsibility for spiritual and religious care policy and services across an NHS Trust or Health Board Area .

Figure 1.

Essential Capabilities for Healthcare Chaplaincy

The Ten Essential Shared Capabilities (DoH, 2004) were developed by a partnership involving the National Institute for Mental Health England and the Sainsbury Centre for Mental Health Joint Workforce Support Unit, in conjunction with the NHS University. They describe the values and principles that should underpin practice in services in England for people who have mental health problems. They are relevant to all practitioners irrespective of professional group or role in mental health care, and represent the minimum requirements.

The capabilities have been adapted from the mental health setting to spiritual and religious care, and adjusted to reflect the core values of healthcare chaplaincy. It is anticipated that the capabilities will be appropriate for practitioners working with individuals accessing spiritual and religious care, their families and carers at all levels of the professional development framework.

1 Working in partnership

Developing and maintaining constructive working relationships with individuals, their families and carers and multi-professional colleagues to design, deliver and evaluate care and treatment across organisational, geographical and professional boundaries.

2 Respecting diversity

Providing care and treatment in ways that respect and value diversity in, For example: age, race, culture, disability, gender, spirituality and sexuality.

3 Practising ethically

Recognising the rights of individuals, their families and carers, and providing information to increase understanding, inform choices and support decision making. Providing care and treatment based on professional, legal and ethical codes of practice.

4 Challenging inequality

Identifying where care could be improved and devising solutions, where possible, to ensure individuals, their families and carers have access to the best quality care, irrespective of their personal circumstances or geographical location.

5 Identifying the needs of people using chaplaincy services.

Identify the individual and collective needs of patients, visitors, staff and volunteers.

6 Providing safe and responsive patient-centred care

Providing safe, effective and responsive care and interventions that meet the identified holistic needs of individuals, their families and carers within the parameters of the role and in accordance with professional codes of conduct and clinical governance.

7 Promoting best practice

Continually reviewing and evaluating to ensure quality assured, evidence-based, values-based care designed to meet the individual needs of individuals, their families and carers is offered.

8 Promoting rehabilitation approaches

Recognising the relevance of rehabilitation for individuals. Working in partnership with individuals, their families and carers and multi-professional colleagues to set realistic goals, foster hope, and develop and evaluate realistic, sustainable programmes of rehabilitation that emphasise self care.

9 Promoting self care and empowerment

Taking active steps to work with, involve and support people in addressing their own healthcare needs, maximising their potential within the limits of their illness and enabling them to live as independently as possible.

10 Pursuing personal development and learning

Keeping up to date with changes in practice, seeking opportunities to extend knowledge, skills and experience and participating in lifelong learning activity. Pursuing personal and professional development for self and others through supervision and reflection in and on practice.

Communication is not identified as an essential capability but is recognised as key to all aspects of health care and is integrated into all aspects of the framework

References to Chaplaincy Standards

The framework is referenced to the Chaplaincy Standards (UKBHC 2009a) in order to facilitate the use of the two documents in tandem. The standards refer to the quality of a whole service, whereas the capability and competency framework describes the individual's role. Where individual competences relate to a particular standard the standard is noted in the column on the right hand side of the page.

Links to NHS Knowledge and Skills Framework (KSF)

The framework is linked to the Knowledge and Skills Framework under the capabilities within each domain. This is intended for guidance only and is inclusive of all possible links. Individual KSF for particular posts must be discussed and agreed locally and may not necessarily reflect all the KSF links referred to below (DoH 2004b).

Definition of Terms

Recognised or Accredited Status

In the context of this document, this term is being used to describe the accepted status of an individual within a faith community or belief group in terms appropriate to that community for the support of the chaplain.

For example:

- Ordination; being accepted as an Rabbi, Imam or Giani; being set apart as a Reader;
- Having a letter of support from a faith community or belief-group leader.

Belief Group

Any group which has a cohesive system of values or beliefs, but which does not classify itself as a faith community.

For example: Humanism

Chaplain

A person who is appointed and recognised as part of the specialist spiritual care team within a health care setting who works at Band 5 or above. His or her job is to seek out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice.

Faith Community

A recognisable group who share a belief system and usually undertake religious practices such as prayer, scripture reading, meditation and communal acts of worship.

Individual

Any person for whom the chaplain has responsibility, including; patients, service users, clients, relatives, carers, and NHS Staff, or groups thereof.

Capability	1	**Knowledge and skills for practice:** The individual continually develops and updates their knowledge, understanding and practice of spiritual and religious care to enhance care.	
Key Content		• Literature on spiritual care and practice. For example: Spiritual Care Matters (NES 2009) • Communication skills literature and training	
KSF		• C2, 6	
Practice learning outcomes / Competences			**Chaplaincy Standard**
Chaplaincy Support			
		Demonstrates an ability to	
	1.1	articulate his or her personal spirituality in relation to religion, life, health, dying and death and how that might influence care. For example • personal religious beliefs; • how you will care for others who express different beliefs.	
	1.2	Use communication skills to provide spiritual care to individuals. For example: • develop a rapport with individuals; • use supportive listening, demonstrate empathy; • recognise and respond appropriately to an individual's emotions.	
	1.3	maintain confidentiality and discern when to disclose information. For example: • distinguish personal information from information that affects the patient's health care;	
	1.4	recognise his or her personal limitations and know when to seek advice or refer on. For example: • seek advice on issues of spiritual and religious care, confidentiality; • refer on to another chaplain or a member of the healthcare team.	

Capability	2	**Spiritual and religious care:** The individual continually develops and updates their knowledge, understanding and practice of spiritual and religious care to enhance healthcare.	
Key Content		• Literature on spiritual and religious care • Multi-Faith resources for healthcare staff, for example (NES 2006) • Religion and belief matter (SIFC, 2006)	
KSF		• C2, 6	
Practice learning outcomes / Competences			**Chaplaincy Standard**
Chaplaincy Support			
		Demonstrates an ability to	
	2.1	distinguish spiritual and religious needs. For example • recognise that some people may have a religious element to their spirituality; • recognise that humanists and atheists might also express a sense of spirituality.	
	2.2	recognise and identify the spiritual or religious needs of individuals and inform healthcare staff. For example: • needs relating to diet, gender, privacy, religious observance; • inform nursing staff and chaplaincy team of particular needs identified.	
	2.3	respond to the religious needs of individuals within the context of the chaplain's own faith community or, with permission, by referral to a chaplain of the individual's faith community. For example • administering rites, rituals, and acts of worship or meditation.	1.b.1. 1.b.2.
	2.4	recognise complex spiritual and religious issues and refer on to members of the chaplaincy team.	

Capability	3	**Reflective practice:** The individual participates in reflective practice for continuing professional development and to enhance and develop his or her practice.	
Key Content		• Methods of reflective practice • Developing self awareness and practice	
KSF		• C1, 2; G1	
Practice learning outcomes / Competences			**Chaplaincy Standard**
Chaplaincy Support			
		Demonstrates an ability to	
	2.1	use a structured method of reflective practice to: • discuss case material; • reconcile his or her personal spirituality and beliefs with the varied needs and beliefs of others; • reflect on the personal and professional boundaries in pastoral care	5.1

References

UKBHC (2014) Code of Conduct UK Board of Healthcare Chaplaincy www.ukbhc.org.uk

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NES (2006) A Multi-Faith Resource for Healthcare Staff Glasgow, NHS Education for Scotland http://NES.scot.nhs.uk/publications.

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Published by
UKBHC Ltd
Box 105
Addenbrooke's Hospital
Cambridge
CB2 0QQ

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