UK Board of Healthcare Chaplaincy

UK Board of Healthcare Chaplaincy – NHSE Call for Evidence Submission

Background

The UK Board of Healthcare Chaplaincy (UKBHC), soon to be known as the Council for Professional Chaplains and Pastoral Carers, is the Professional Standards Authority accredited register for healthcare chaplains. The UKBHC sets the standards for professional chaplains including accreditation of training programmes, a competency framework and the code of conduct that all healthcare chaplains are expected to abide by.

Chaplains are champions of holistic care, passionate about keeping patient experience at the heart of healthcare. Significantly, we support both the person being cared for and the people caring for them i.e. carers, family and staff. This was particularly evident during Covid-19 where the impact of chaplains and pastoral carers on supporting staff as they cared for patients and relatives through a protracted major incident, was widely acknowledged[1]. We are often looked to when significant events require marking in a way which acknowledges the strength of emotion and trauma. This may be for who communities, such as after the Southport stabbings,[2] or for individuals facing life changing experiences where our ability to sit with other people's sadness' without trying to 'fix everything' is highly valued.[3]

Chaplains, as spiritual care experts, are small in number yet deliver exponentially for their organisations. This impact is seen in various studies, including a study linking spiritual well-being as a key determinant for overall health,[4] the impact of pastoral care and holistic intervention on patient care quality,[5] and the impact of effective staff support on reducing absence,[6] retention[7] and cost saving.[8] This impact is well evidenced, though often overlooked, and examples of this include staff wellbeing work during COVID, trauma debriefing, cultural brokerage for migrant patients, or support for patients experiencing complex moral or existential questions at end of life. There is no holistic palliative care without spiritual care, by which we also enable whole person care, dignity and contribute to good deaths – all areas increasingly measured in patient feedback and Care Quality Commission assessments.

In England Chaplains have worked in hospitals for as long as they have existed. Since its inception they have been integrated into the NHS across all healthcare setting as providers of specialist pastoral spiritual and religious care; recognising that general spiritual care is offered by many other professionals. In 2025 it is important to note that chaplaincy and spiritual care is much broader than whether a person has connection to a particular religious faith. Whilst for some it will include a belief in God, or the divine, for others it centres on meaning, connection and identity in a more secular or relational sense. Healthcare Chaplains offer creative expertise to respond to an individual's experience of life and offer support, such as meaningful rituals, marking the transitions of life, to people of all worldviews, crafted and delivered with both groundedness and creativity. Chaplains are experts in providing psychologically-informed safe spiritual 'first aid'; attending to

offer urgent and immediate care whilst able to triage to other services for follow-up and follow-through care.

The role which chaplains play across organisations is diverse and complex. We bring a unique skill versatility that is not replicated by other professionals. Chaplains provide flexibility, reach, informality and immediacy, offering 24/7 availability for emergency situations. Chaplains are responsive and agile, bringing cultural intelligence and corporate organisational leadership across primary, secondary, palliative and community care settings. This is particularly important as staff deal with an increase in incidents of violence and aggression in healthcare settings.[9]

The three shifts

Within the 10 year plan we see significant alignment between the goals for health service provision and our strategic vision for developing the role of professional chaplains delivering specialist pastoral, spiritual and religions care. The plans for the NHS include seismic change for the system and those who deliver care within it. Given our underreported staff care role, chaplains can be critical in supporting organisations through change.

From hospital to community

Chaplains operate as cultural intelligence mediators and are well integrated into local communities, including hard to reach communities. This facilitates opportunities to not only extend specialist spiritual care services into the community, but to help enable partnership working to tackle health iniquities.[10] The integration of chaplains into community services will also serve to support more people to stay well at home, recognising that time is the most precious currency in healthcare for those we care for.[11]

From analogue to digital

Chaplains are creative thinkers who have made use of new technology to maximise their time and enhance the care they offer to improve patient experience of the healthcare journey. Across England chaplains are involved in innovations including using virtual reality, the use of AI to identify and auto-refer those most vulnerable to spiritual distress and the use of video conferencing software for virtual appointments. We use all IT and innovation alongside our colleagues, whilst also being a counterbalance to digitalisation in prioritising human presence in an increasingly automated system. In this way chaplains act as protectors of human connection and dignity within care environments that are increasingly automated.

From sickness to prevention

Chaplains offer cost effective interventions for patients and families in many different settings. Health is much more than the absence of disease. Spiritual care offered in primary care settings has shown a reduction in the need for GP appointments, pharmaceuticals alongside reducing anxiety and depression.[12] Chaplains are also uniquely placed to contribute to prevention; in terms

of preventing harm or distress in the short term, but also in building cultures of reflective practice, resilience and ethical awareness across services. Through values-based support, we can help staff process their experiences before they become crises, improving retention and wellbeing. We also support patients in processing news and navigating complex emotional and existential issues, often reducing escalation or distress. Prevention isn't only about physical health or system strain, it includes emotional safety and support during transition points, uncertainty, or long-term treatment planning and recovery, which are all areas where chaplaincy has proven value.[13]

Barriers and opportunities for chaplains

As demonstrated, chaplains are a small workforce committed to institutional change. We offer benefit to all those who access services, as well as supporting those who deliver them. Chaplains are intelligence gatherers, well integrated in both healthcare settings and local communities, enabling transformative spiritual care at the heart of their holistic care. Chaplains are also creative enablers, bringing a blend of structure and adaptability that's rare elsewhere in healthcare, crafting moments of connection for patients experiencing existential crisis, collective reflection for staff in distress, co-creating person centred ritual for patients at the end of their lives, and so much more. These moments often shape long-term culture and form part of positive organisational memory.

The UKBHC is passionate about removing barriers and supporting professional chaplains to deliver specialist holistic spiritual care that is safe, person-centred, culturally informed and evidence based. This would be better enabled by a stronger professional identity, driven by mandated registration and a minimum service standard, rather than the current guidelines,[14] which are not enforceable, and therefore some trusts have dismantled their chaplaincy departments without redress raising questions about how they are able to fulfil the NHS contract regarding the spiritual, religious, cultural and pastoral needs of service users.[15] Alongside this, we would seek to ensure that standards for training and recruitment were set nationally, enabling a more equitable pathway into specialist spiritual care roles that address inequalities within the current system. We would also like to see national advice given to local Caldicott guardians, recognising chaplains as professionals in the MDT and ensuring that local decisions, which prevent chaplains from seeing and contributing to patient notes, are overturned.

We are committed to the radical shift of our profession and the continued development of professional standards within the next decade. The UKBHC looks forward to working with all stakeholders to ensure that reforms are successfully implemented, for the sake of all who use and work in NHS services. In Scotland, spiritual care services operate under a national framework that uses a minimum dataset and Patient-Reported Outcome Measures to track delivery and impact. Scotland has also invested in specific interventions such as Community Chaplaincy Listening and Values-Based Reflective Practice. Both have built-in evaluation structures which have demonstrated quantifiable value. In Wales, national training regarding general spiritual care has been developed for nursing and associated professions. Piggybacking on the work started in Scotland and Wales to improve spiritual care delivery and outcomes for patients and families

would assist with further embedding of safe, effective and high-quality chaplaincy care across the whole of England.

Chaplains sit with people's questions, not rushing to provide an answer because not all questions can be answered. Through presence, words and actions Chaplains help people make sense in times of senselessness, not offering solutions, but speaking to and from the mystery of humanity. We consider this a great privilege and are wholly committed to playing our part in the transition to deliver these improvements.

Sarah Crane
Chair, UKBHC

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[1] https://www.sth.nhs.uk/news/2021/07/28/hospital-chaplain-recognised-for-giving-spiritual-support-during-covid-19-pandemic/; https://www.england.nhs.uk/long-read/nhs-chaplaincy-guidelines-for-nhs-managers-on-pastoral-spiritual-and-religious-care/; https://www.theguardian.com/world/2020/apr/04/chaplains-support-nhs-coronavirus-medics-giving-end-of-life-care; Papadopoulos, I., Lazzarino, R., Wright, S., Ellis Logan, P., & Koulouglioti, C. (2021). Spiritual Support During COVID-19 in England: A Scoping Study of Online Sources. *Journal of religion and health*, *60*(4), 2209–2230. https://doi.org/10.1007/s10943-021-01254-1

[2] https://www.england.nhs.uk/2025/06/responders-to-southport-attack-among-nhs-staff-receiving-kings-birthday-honours/

[3] Newitt M., (2010) 'Hospital Chaplaincy Services Are Not Only for Religious Patients', *BMJ* 338 (2010), b1403.; https://healthtalk.org/experiences/ending-pregnancy-fetal-abnormality/treatment-care-and-communication/ https://www.bmj.com/bmj/section-pdf/186185?path=/bmj/338/7699/Views_Reviews.full.pdf

[4] Snapp, M., & Hare, L. (2021). The Role of Spiritual Care and Healing in Health Management. *Advances in mind-body medicine*, *35*(1), 4–8.

[5] Barletta J., & Witteveen K. Pastoral Care in Hospital: An Overview of Issues (2007) *Australian Journal of Primary Health* 13(1):97-105 https://doi.org/10.1071/PY07013OI:

[6] Within NHS Tayside since the start of the COVID Pandemic, the Staff Wellbeing Service saw just over 9% of NHS Tayside's 14,000 staff for regular one-to-one appointments. In 2022 they received 428 new referrals and provided 1160 one-to-one appointments. When attending the first appointment 61% of staff where attending work with 37% being "signed off". Of those staff completing anonymised surveys, 85% of these off-work sick said using our service had got them back to work sooner, and 80% of those still at work when using the service said it had helped them not to have to take time off sick.

[7] NHS England » Maximising retention through pastoral support

[8] Poor mental health costs UK employers £51 billion a year for employees | Deloitte UK

[9] https://www.england.nhs.uk/2025/03/frontline-nhs-staff-facing-rise-in-physical-violence/

[10] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/

[11] https://www.last1000days.com/

[12] Snowden, A., Telfer, I., Vandenhoeck, A., Verhoef, J., & Gibbon, A. (2022). Chaplains Work in Primary Care. *Journal of Health Care Chaplaincy*, *29*(2), 211–228. https://doi.org/10.1080/08854726.2022.2077555

[13] Thompson, N., Wethington, D., et al. "A longitudinal study demonstrating the influence of chaplaincy services, religiosity, and spirituality on health outcomes of individuals with chronic disabilities in a US sample." *Journal of Religion & Health* (2025): online ahead of print, 10/16/25 https://doi.org/10.1007/s10943-025-02475-4

[14] https://www.england.nhs.uk/long-read/nhs-chaplaincy-guidelines-for-nhs-managers-on-pastoral-spiritual-and-religious-care/

[15] SC14 - 14.1 - The Provider must take account of the spiritual, religious, pastoral and cultural needs of Service Users.