Out of area healthcare chaplaincy provision

– minority faiths and belief/non-belief groups

End of project report

April 2019

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1. **Background**

This report covers the following key areas:

a) Membership of the group  
b) Purpose  
c) Format of the project  
d) Key highlights  
e) Recommendations

2. **Membership of the project group**

I. Mersey Care NHS Foundation Trust  
II. Stockport NHS Foundation Trust  
III. Blackpool Teaching Hospital  
IV. Nottinghamshire Healthcare NHS Foundation Trust  
V. University Hospital Leicester  
VI. Lewisham and Greenwich NHS Trust  
VII. St Andrews Healthcare  
VIII. Coventry And Warwickshire Partnership NHS Trust  
IX. Norfolk and Suffolk Foundation NHS Trust  
X. Luton and Dunstable University NHS Foundation Trust  
XI. Birmingham and Solihull Mental Health NHS Foundation Trust  
XII. Cambridgeshire & Peterborough NHS Foundation Trust

3. **Purpose of the project group**

The **purpose** of the project group was to:

a) Address mental health and chaplaincy in respect of out of area minority faith and belief/non-belief groups

b) Support the national work being undertaken in relation to endorsement, education and continuing professional development within chaplaincy.

c) Explore and share the experience of members of the project group of how they have met the challenge of providing chaplaincy services to minority faith service users who have been transferred from an ‘out of area’.

d) Link pilot sites with the national and regional leads who are part of the recovery and outcomes project involving forensic chaplains.

e) Look at the experience of the use of mental health first aid training within chaplaincy and address the feasibility of using the ‘train the trainer’ model to empower chaplains from minority faith communities and belief/non-belief groups
f) Capture a picture of staffing ratios from each organisation in relation to chaplains and faith representation/population.

g) Share / encourage research and capture good practice in respect of out of area chaplaincy provision for minority faith users and belief/non-belief groups

h) Gain agreement from the pilot sites to address the above areas after the meeting and record their discussions and actions post-meeting via a case study template.

4. Format of the project

- The project group was selected following a call for NHS trusts to get involved. Those trusts chosen represented a cross section of the type of NHS trusts and the regions that operate in England.

- Two meetings were held one in October 2018 and another in March 2019.

- Group members completed a case study template before each meeting and in between the meetings engaged in conversations with key stakeholders within their own organisation to gain feedback and facilitate change.

5. Key highlights

The following represents a summary of the key insights collated through the themes that were shared in relation to this project:

a) Out of area chaplaincy provision and variation in practice: Discussions reaffirmed the evidence that variations in practice existed across pilot trusts in relation to providing out of area care for service users with mental health issues from minority faiths. The experience and discussion reaffirmed the need for organisations to be more proactive rather than reactive which was highlighted in the presentation from researcher Jo Bryant, whose research formed the backdrop of the work of the project.

b) Chaplaincy endorsement and minority faiths: Addressing the process of endorsement and chaplaincy, discussions centred on the different forms of endorsement that occur within different communities. Key questions that were raised included:

i. how do you objectively define ‘good standing’?

ii. what instances justify using a genuine occupational requirement?

iii. what are the endorsement processes (if any) for all of the various minority faiths?

iv. what are the DBS processes for volunteers and chaplains – and are they consistent across the country?
It was agreed that endorsement provided a much-welcomed opportunity to integrate minority faith provision within overall procedures.

c) Chaplaincy and continuing professional development (CPD): In terms of education and continuing professional development (CPD), discussion centred on general mental health awareness but also awareness of minority faiths and the diverse cultures in relation to mental health. In addition, the group identified the challenge of professional recognition of minority faiths and belief and chaplaincy. The details of the NHS funded course titled ‘Starting out in healthcare chaplaincy’ was shared. The course enables potential chaplains to explore if chaplaincy in a health care setting is an option for them. Other key points shared included how CPD could be meaningful and authentic and the need for a CPD framework with a strong leadership component.

d) Out of area chaplaincy provision and other regional work: It was suggested that findings of the project should be shared with the Recovery Outcomes group chaired by Ian Callaghan (Rethink Mental Health) to look at ways of integrating this challenging issue with the existing work being undertaken in the regions and supporting more integrated and holistic care work.

e) Out of area chaplaincy provision/minority faith and mental health first aid training: Members described the design of training centred very much on taking on a ‘community asset’ approach, particularly in working with community and voluntary sector organisations. This included minority faith-based organisations where considerable inequalities were highlighted. These included accessing information and opportunities to equip people with knowledge and skills to understand and manage their own mental health.

f) Examples of good practice: It was highlighted that Mersey Care NHS Trust were a good source for looking at research and addressing chaplaincy. The work of St Andrews Healthcare with ERICH (the European Research Institute for Chaplains in Healthcare) was also highlighted – along with the work at Cambridgeshire & Peterborough NHS Foundation Trust who are liaising with the George Washington Hospital in the USA on developing a Skype service.

g) Staffing ratios and chaplaincy workforce diversity: Discussions here focused on staffing levels and use ratios and to what extent these reflect the diverse communities and their respective faith representations. Pilot sites were asked if they relied on the formulas set out in the NHS Chaplaincy Guidelines 2015. Opinions differed on the use of the above formulas.

h) Equality Analysis - Key issues highlighted included the need to undertake an equality analysis & integrating diverse evidence ranging from staffing provision needs with community profile, addressing social attitude surveys and genuine occupational requirements.

i) Multi faith & generic chaplains: Some pilot sites stressed that instead of using the formulas set out in the guidelines, efforts should be focussed on following a multi-faith, team centred model of chaplaincy and going beyond numbers and representation.
6. **Recommendations of this project group only** *(note these recommendations are specific to this project group only some will support the recommendations put forward to support the review of the 2015 guidelines & others will support future discussions with key individuals and bodies in the system)*

   a) **National work on chaplaincy and endorsement**: Influence the national work on endorsement and chaplaincy and highlight the importance of integrating the issue of out of areas mental health chaplaincy provision for minority faiths.

   b) **National work on chaplaincy continuous professional development (CPD)**: Influence the education and CPD of chaplains within NHS organisations and explore further the extent to which such development addresses minority faiths and mental health better.

   c) **National work on chaplaincy continuous professional development (CPD)**: Consider integrating the focus on ‘out of area’ chaplaincy provision for service users of minority faiths’ within the NHS funded course titled ‘Starting out in healthcare chaplaincy’ and other CPD frameworks supporting chaplaincy.

   d) **Regional work on mental health**: Influence the work of the Recovery Outcomes Group (Rethink Mental Health) and encourage the group to address out of area care for service users with mental health issue from minority faiths.

   e) **Mental health first aid training**: Encourage the national work on mental health first aid to address out of area care for service users with mental health issues from minority faiths within the courses offered to NHS trusts.