Equality and Diversity in Healthcare Chaplaincy:

Introduction

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NETWORK FOR PASTORAL, SPIRITUAL & RELIGIOUS CARE IN HEALTH

NHS England Statement

The Equality and Diversity workstream in the NHS Chaplaincy programme is part of NHS England's drive to ensure good patient care and compliance with policy and legislative drivers. Fulfilment of the NHS Chaplaincy Programme enables NHS England to ensure:

- Compliance with the legal duties in the Equality Act 2010 by ensuring due regard to the protected characteristics of religion and belief.

- Compliance with the NHS Constitution Principle 1 of ensuring comprehensive service for all irrespective; of gender, race, disability, age, religion, belief.

The Equality Analysis (EA) for the NHS Chaplaincy guidelines identified a number of areas where the chaplaincy guideline and chaplaincy service do not fully address the needs of those with protected characteristics. In order to eliminate discrimination and promote equality in line with the public sector equality duty, work is required in the Spiritual Support (NHS Chaplaincy) programme.

Delivery of the Equality and Diversity workstream supports and embeds the implementation of the NHS England business plan, the Five Year Forward View and the GP Forward View. This workstream contributes to the Spiritual Support (NHS Chaplaincy) programme supporting the Transforming Commissioning plans by designing services around the whole needs of patients. This is done by addressing the spiritual care needs arising from health and care, and through all NHS chaplaincy services. This work addresses the enabling priorities from the business plan, supporting NHS England's drive to place patients at the centre of our services, shaping services around their preferences and empowering patients by delivering personalised care which supports patients' own life goals, families, carers and communities.

Introduction

Context

Spending time in a hospital or hospice, especially if you or a loved one is suffering from a serious illness, can be an immensely difficult experience. The complex emotions involved, which might include a sense of hopelessness, loss, and confusion, are something which many people struggle with. Alongside NHS medical care, the pastoral, spiritual, and religious care offered by chaplaincy teams is seen as fundamental to good health outcomes. This provision should be readily and equally accessible to everyone, regardless of any particular characteristic they possess. We all belong to the same common humanity, all experience the same difficult emotions, and therefore, we all deserve to receive the support we need.

Traditionally, chaplaincy services have been based around particular religious beliefs, mostly within Christianity. Although historically, this may have reflected local demographics, modernisation and globalisation mean that society and individual beliefs have vastly diversified, and we must respond to this proactively to ensure equal access to care for all.

While many chaplains feel they can just as adequately support patients of all beliefs and identities, research shows that many people often find it inappropriate to talk to someone holding a radically different worldview to their own at such difficult times. Additionally, some people may feel that chaplaincy services are not open to them because of certain aspects of their identity. Although this may not be the case in actuality, it is important that no-one feels inhibited in utilising the pastoral, spiritual, and religious support available. Therefore, chaplaincy services must be made accessible to everyone, and in order for this to be effectual, it is important for chaplaincy departments to review the accessibility of their service delivery methodology to disadvantaged groups.

1. Equality Act 2010 c.15, available at: https://www.legislation.gov.uk/ukpga/2010/15/contents, (Accessed: 16/10/2017)

2. Public Sector Equality Duty 2011, Equality Act 2010 c.15, Part 11 Chapter 1 Section 149, available at https://www.legislation.gov.uk/ukpga/2010/15/section/149 (Accessed: 16/10/2017)

3. GOV.UK (2012). NHS Constitution for England, available at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england (Accessed: 16/10/2017)

4. NHS England (2015). NHS Chaplaincy Guidelines 2015, available at: https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf (Accessed: 16/10/2017)

Legal and regulatory texts

There are four main texts which can be consulted for guidance regarding these requirements: the Equality Act 2010[1], the public sector Equality Duty[2], the NHS Constitution[3] and NHS Chaplaincy Guidelines 2015[4]. As the latter three are reflective of the former, we will start with an explanation of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society, and centres around the following set of protected characteristics:

- age
- being or becoming a transsexual person
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion, belief or lack of religion/belief
- sex
- sexual orientation
- being associated with someone who has a protected characteristic, e.g. a family member or friend

People with these characteristics are protected from discrimination when using public and private services, as well as when working within them. For example, it is illegal to discriminate against someone by not offering them an otherwise accessible service because of how they identify or express their gender. Additionally, it is unlawful for an employer to discriminate:

- as to the arrangements made for deciding who to offer employment
- by not offering employment to someone
- as to the terms of employment
- in offering or not offering opportunities for training, promotion, or any other staff benefit or service
- by subjecting staff to a detriment
- by dismissing staff

It is also required that 'reasonable adjustments' are made to enable equal access for those with a disability. For example, providing application forms in Braille or audio formats when necessary.

The public sector equality duty (PSED) serves to ensure the Equality Act 2010 is rigorously upheld in the public sector, including the NHS. It came into force across Great Britain on 5 April 2011, and means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to employees. It also requires that public bodies have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities. Specifically, section 149 of the Equality Act 2010 states that:

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to -

(a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low **(PSED, 2011)**

This means that those working in the public sector are required to take active steps to reduce implicit discrimination, even when explicit discrimination is not present.

These values are further supported by the NHS Constitution, in which it states that:

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population. **(GOV.UK, 2012)**

Additionally, the NHS Chaplaincy Guidelines 2015 echo this sentiment in regards to the changing nature of chaplaincy within a pluralistic society:

The diversity of religions, beliefs and cultures within the population has grown and the need for chaplaincy departments to advise providers about equality and access has increased. In addition to religious needs chaplaincy managers must consider how best to determine and deliver spiritual care to those whose beliefs are not religious in nature. **(NHS England, 2015)**

Equality & Diversity (E&D) explained

We know that sometimes it can be difficult to understand how legislation and guidelines which use broadly encompassing language actually apply in a practical setting, which is part of why we have made this guide. Some points to clarify include the nature of pastoral, spiritual and religious care, types of discrimination, and equality and equity.

When we use the word 'pastoral' we are referring to the part of the work that involves giving support in relation to personal matters; when we use the word 'spiritual' we are referring to the quality of being concerned with the human spirit or soul, as opposed to material or physical things; when we use the word 'religion' we are referring to a particular system of faith and worship.

When talking about discrimination, there are various types of discrimination, and some are more obvious than others. **Direct discrimination** occurs when a person is treated less favourably because of a protected characteristic; for example not offering services to someone because of their sexual orientation. **Discrimination by association** occurs when a person is treated less favourably because they associate with a person who identifies with a protected characteristic; for example not making oneself available to the carer of a mentally disabled patient. **Perception discrimination** occurs when a person is treated less favourably because it is believed they identify with a protected characteristic; for example not offering pastoral care to someone who looks like they may belong to a different faith or belief group. **Indirect discrimination** occurs when you have a rule, policy, condition or practice that applies to everyone, but particularly disadvantages people identifying with a protected characteristic; for example requiring staff to visit you on the second floor when you're in need of spiritual care, even though there is no wheelchair access to the second floor.

Regarding the implications of equality and equity, we should always be striving for the third image as articulated below:

Equality versus equity

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accomodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Good pastoral support often depends upon establishing a rapport with the right person, and therefore, it is important that chaplaincy provision is broad enough to ensure that a high level of choice is extended to patients, staff, and families. For example, a Hindu may wish to speak to someone who believes that they may return to this life, a Christian to someone who believes they may go to heaven, and a non-religious person to someone who believes that this is the one life we have. To provide the best help, pastoral care must be centred around the needs of the patient. The ability to respond to patients' needs, however diverse or unfamiliar, is the most important part of supporting well-being effectively. This is why it is imperative we pay close attention to equality and diversity within chaplaincy services.

Aims and implications

Ensuring equality and diversity within chaplaincy services facilitates harmony both within the individual, and across wider society. When faced with unfamiliar circumstances, as we frequently do within our expanding and diversifying culture, human beings can react in two ways: with fear and hostility, or with love and embrace. The role of chaplains is to promote the latter, to help those faced with new and difficult situations to find peace and love within themselves. We believe that chaplains themselves also deserve to benefit from this advice, and can do so by embracing diverse clients with openness and positivity.

Western cultures tend to encourage our urge to make separations[5], because generalising people and experiences into categories makes it simpler for us to understand them. This is because the world is fluid, constantly changing, overlapping, and interacting, and it is difficult to keep up with it all without breaking things down into generalised chunks. But sometimes this urge to separate, to exclude and include, moves past the point where it is helpful, and it becomes harmful to ourselves and to the people around us. Trying to separate the inseparable creates feelings of anxiety and fear, making us unhappy and hostile to difference[6]. The best way to combat this is to embrace difference, treating everyone equally, without making inclusions and exclusions based on artificially created categories. This way, we can reduce fear and hostility across the community, as well as within ourselves, making a more harmonious existence for everyone.

Additionally, research has shown that, in general, diversity leads to better outcomes, especially in the workplace, and when solving problems regarding welfare[7]. Evidence strongly supports the claim that diverse perspectives and methods, and indeed diverse identities, enable groups of people to find more and better solutions, and this helps achieve higher productivity levels[8] overall. People with different life experiences, and from different cultural backgrounds, are likely to see the world from different perspectives, which can be valuable when solving problems or making predictions; especially relating to social issues. This evidence, therefore, validates and supports affirmative action regarding equality and diversity. Not only does equality and diversity benefit the individuals receiving care, but also those providing it, as well as wider society - both socially and economically.

5. Sibley, D. (1995) Geographies of Exclusion: Society and difference in the West. London: Psychology Press.

6. Ibid.

7. Page, S. (2007) The Difference: How the power of diversity creates better groups, firms, schools and societies. Princeton: Princeton University Press

8. Ibid.

Taking active steps to assure equality and diversity are looked after in all environments helps alleviate distress and support individual well-being. By ensuring the pastoral, spiritual, and religious care team is as representative as possible, your department will be able to provide the right caregiver as quickly as possible, focusing on the service user and their freedom of choice. This way, patients will feel treated with dignity and respect, because their individual needs and beliefs will be taken seriously, and met in a fair and equitable manner.

Additionally, staff can take advantage of and benefit from these services, as there is growing evidence that pastorally supported staff provide better patient care. By providing staff with choice about their own support, you can help them feel valued in an inclusive and open culture of care. As highlighted above, a diverse workforce supports the productivity of the entire institution, as well as the wider community. By taking initiatives to engage with local minority groups, departments widen their network of contacts, and cultivate reciprocal relationships with a greater array of organisations. People will feel assured of the availability of meaningful pastoral care should they need it, and the organisation will gain a positive reputation within the community.

Implementation

As part of our own preliminary equality analysis, some concerns were raised during the development of this tool by at least one organisation. In particular, it was highlighted that EDS2 had proved unpopular with some, as it was seen as complicated, too process driven, over segregating of identities, and portraying a view of identity as one-dimensional instead of multifarious and fluid.

In line with those concerns, it is important to use the accompanying tool whilst giving regard to the generic nature of NHS chaplaincy services, which underpins our ethos and service delivery methodology. Therefore, despite being linked to groups highlighted as disadvantaged in the Equalities Act 2010, this tool is not intended to be a box ticking exercise for chaplaincy managers, but a way to focus on a holistic approach of addressing key equality and diversity characteristics. At the same time, chaplaincy managers, peers, and stakeholders must always consider each part of an identity only as individual aspects and not representative of a whole person or group. We must highlight and focus on competency and capability, as well as desegregating patient needs based on more than just a particular element of their identity. Ultimately, in broadening our delivery method, we are presenting a greater level of choice and accessibility for all people to vital services, as opposed to addressing just partial aspects of their identity. Understanding, accepting, and supporting those with diverse identities and beliefs is one way we can build a happier, more productive, and a more peaceful world.

Pre Screening Questionnaire

To help familiarise Chaplaincy departments with the kind of measures they should be taking to comply with the Equality Act 2010, we have produced a short questionnaire which can be completed prior to the full assessment. This is a good way to find out which areas of the assessment you might want to address first, helping you ease into the process.

Have you ever carried out an Equality Analysis (EA)?

Do you engage with any representatives of local or national organisations related to any of the disadvantaged groups identified in the Equalities Act?

Have chaplaincy staff ever undergone awareness training regarding different sexual orientations?

What measures are in place to ensure that those with disabilities have equal access to chaplaincy services?

If a trans person was on the ward, how might you make sure that chaplaincy services are accessible to them?

Are chaplaincy staff aware of the NHS or internal policy regarding access to services for those who are pregnant or in maternity?

Does the chaplaincy team in any way reflect local racial and ethnic demographics?

How do you ensure that chaplaincy services are equally available for those of all faiths and beliefs?

What measures are in place to ensure chaplaincy services are accessible to those for whom English is not their first language?

Are chaplaincy staff recruited based on their competency and capabilities to provide generic pastoral, spiritual, and religious care?

Can the chaplaincy department provide most requested ceremonies, sacraments, rituals, and rites from within the team by people of their required faith/belief denomination?

Is the chaplaincy department multi-faith/reflection room clearly accessible for use by most religions and beliefs?

Do chaplaincy staff undergo any training which looks to increase understanding of the wider institution and community?

Are you aware of the NHS Young People Friendly and Older Age Friendly Standards?

Are chaplaincy job descriptions and person specifications unbiased regarding sex?

Having reflected on your answers, you can have a look through the Contents page in the Self Assessment Guide to pinpoint which areas you were most unfamiliar with, giving you an idea of where you can start.

References

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