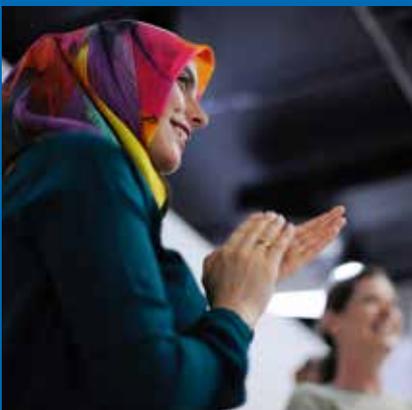


Equality and Diversity in Healthcare Chaplaincy: Project Narrative



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Introduction

The following document takes the reader through each step in the process of producing and developing our Equality and Diversity (E&D) tool. Throughout the process, our chief aim was to gather the opinions of stakeholders at every opportunity, and to make sure these were considered and built into the framework of the project. In doing this, we wanted to ensure the interests of all relevant parties were reconciled, and that the tool and supporting documents met the needs of protected groups, chaplains, and the NHS in a way which upheld the Equality Act 2010, Public Sector Equality Duty (PSED), NHS Constitution 2012, NHS Chaplaincy Guidelines 2015, and EDS2 Guidelines.

We hope that this document will not only aid you in understanding the intended motives and outcomes of this project, but also in understanding E&D processes in a practical setting. Like everyone, we are continually trying to improve, and therefore, do not expect our method to act as an ideal model. Rather, we would like to further familiarise chaplaincy departments with some of the considerations one makes when assessing E&D, while acknowledging that every situation is different.



Stage 1

Once the project received funding from NHS England, a steering group was formed. With the aim of pooling relevant knowledge and experience, the group comprised of Simon O'Donoghue - Head of Pastoral Support at Humanists UK, Professor Jim McManus - specialist in life science and public health, Mark Burleigh - College of Healthcare Chaplains (CHCC) President, and Tim Couchman - Equality, Diversity and Inclusion Lead at United Lincolnshire Hospitals NHS Trust. Group discussions and meetings were conducted to direct the project, identifying the most beneficial avenue to pursue, and how to do so with due regard for the desired E&D outcomes. Having discussed what was needed and what was practically possible, it was decided that we would create a type of E&D 'road map' for chaplaincy departments. This would allow them to assess their current E&D service delivery methodology against an 'ideal type' in order to highlight those areas in need of improvement, as well as those working well.

It became clear that in furthering this project, it would be imperative to consult a diverse range of groups and perspectives. Doing this would ensure the fullest understanding of the needs, difficulties, and desired outcomes of those seeking care, as well as those giving it. The aim was to have as many different groups, representing as many different interests and identities as possible, buying into the project.

Stage 2

Having decided on a model for the development of our goals, we thought it important to put the idea to working chaplains and hear their thoughts. We took our idea of a 'road map' acting as an assessment tool to the Network for Pastoral, Spiritual, and Religious Care in Health (NPSRCH), asking for the opinions of chaplains from each community on what was possible and needed. During this round table study day, we discussed what measures various chaplains were already taking in regard to E&D. By consulting chaplains representing all major world faiths and beliefs, we were able to better understand the types of measures which would be both achievable and appropriate to recommend as best practice.

Additionally, we read through and noted the key elements of the Equality Act 2010 which would inform the development of our assessment tool. One of the most applicable was the list of protected characteristics which the Equality Act 2010 is intended to serve. This gave us some guidance on how to structure our tool, and informed our decisions about which representative organisations to consult in its development. Within the Equality Act 2010 is the Public Sector Equality Duty (PSED); this informed us about what is expected from public bodies like the NHS in the way of upholding E&D.

Stage 3

Considering all of the above, we created a first draft of the proposed assessment tool, attempting to reconcile the needs and expectations of working chaplains with the Equality Act 2010 and PSED. As it gave order and legal reference, we based the structure of the tool on the protected characteristics listed in the Equality Act 2010, with the addition of a section considering those for whom English is not their first language. This addition was made based on experience of NHS services and knowledge of how language influences accessibility.

Based on our knowledge of what chaplaincy departments were already doing, and the areas which raised concern, we produced a stratified grading system. Each grade tier corresponds with a numerical score: excelling - 4, achieving - 3, developing - 2, and underdeveloped - 1. This was done so that the department could be assigned a score for each section, which when combined and averaged, would indicate an overall level of development regarding E&D. Additionally, scoring each section individually allows the pinpointing of areas in need of attention.

Stage 4

Although we had done our best to consider the needs of each protected characteristic, we knew that the best way to find out where we needed to improve was to consult stakeholder groups representing various identity characteristics. Therefore, we conducted our own equality analysis for the project, identified a number of key third sector organisations representing disadvantaged groups, and subsequently contacted them for a critique of our initial draft. In doing this, we found it quite difficult to get some organisations to engage with us, which in itself helped us to understand the problems chaplaincy departments might face when conducting their own Equality Analysis (EA). However, some organisations were very receptive and contributed their opinions and experience, enabling us to refine the tool and accompanying literature to reflect their perspective. Details of this feedback can be found in appendix I.

One notable aspect which came to light through these discussions was a concern regarding the categorisation and segregation of identity. There was fear that demarcating aspects of identity in order to produce a more structured assessment model would have the effect of encouraging over-generalisation. We know that identity is both multifarious and fluid, and therefore, sorting individuals into rigid identity 'camps' has the potential to dehumanise and misunderstand those with protected characteristics. As we were keen to make links between this tool, the Equality Act 2010 and EDS2 in order to produce something relevant and user-friendly, we decided to retain the initial categories. However, to combat the tendency to over-generalise and segregate identity, we made sure the supporting literature advised that this was done for practical reasons only. The complex, overlapping, and interacting nature of identity characteristics was made clear, and users of the guide were encouraged to understand identity in this way, and to avoid generalising or making assumptions about individuals based on perceived characteristics.

Stage 5

With a full draft of the document completed, we took it back to the steering group to be assessed for further recommendations. After discussing the developments we had made so far in relation to the various stakeholders, other necessary considerations came to light. The tool was then sent back via email to the members of the NPSRCH for further comment and further recommended changes incorporated.

Once we had incorporated these revisions, we felt that the next step should be to examine how the tool would work in practice. This would allow us to receive feedback from chaplains who had actually trialled the tool in NHS chaplaincy departments, as opposed to imagining how it would work in an abstract sense. Doing this would give a greater chance of identifying problematic areas which could be improved.

Stage 6

We piloted the tool in two NHS trusts and one hospice, hoping to garner feedback about how useful the tool would be in practice, and whether it was accessible enough for chaplains themselves. This experience proved to be very useful; we received ample feedback which we used to guide the editing of the language, structure, and message of the tool. Detailed feedback can be found in appendix II.

One of the points made during this feedback was that the document itself was quite long and cumbersome. In response to this, we decided to separate it into 3 distinct documents. The first being an introduction which serves to familiarise those reading it with the social and legal context of E&D issues. This document also offers a quick questionnaire about the chaplaincy department, which should also help to ease chaplains into the kinds of things they'll need to think about when completing the self assessment later on. The second document is the assessment tool itself, which explains why the tool is important and how it has been structured, as well as how to use it at every step. The third document is the one you are reading, which has been written to give you an idea of how this project came to be, and why each decision has been made. We hope this helps those using it to understand how it has developed in response to the needs of chaplains and service users.

Another noteworthy point of feedback was in regard to the practicalities of fulfilling the requirements set out within the tool. It was reported that chaplaincy departments might feel that this is all quite overwhelming, as many chaplaincy departments are very small and may not have done anything like this before. In response, we made sure to acknowledge the difficulties that might be faced in trying to achieve highly in each category, and advised that chaplaincy departments focus on one area at a time. We wanted to make it clear that this is a long term project, and there is no expectation for dramatic changes to happen overnight. We know that every chaplaincy department is both supported and constrained by the Trust within which they work. Therefore, we have produced a tool which can be used to support requests for change made to governing bodies, as it provides a comprehensive breakdown of where the department requires aid, and the legalities that make such changes essential.

Stage 7

As with any project, there is still always room for improvement. The feedback we have received throughout this project, as well as our own longer term objectives, have informed our recommendations for the future of the project. There are a number of ways we hope to improve this tool and the accompanying documents further.

Engaging with stakeholders has been our primary source of feedback, and this feedback has been invaluable. Listening to and understanding the perspectives of diverse groups is imperative to the efficacy of E&D initiatives. We know that engaging with stakeholder groups can be a lengthy and difficult process, and therefore this is something we would like to address. With further time and resources, we would like to put together a working group of identity characteristic representatives who would be available for consultation on E&D issues. It has been fed back to us that it can be particularly hard for chaplains to engage with LGBTQ+ groups, and therefore, we would begin with and pay particular attention to this group. Ideally, we would like to engage with as many stakeholders as possible in the development of this project, and would like to facilitate chaplaincy departments to do the same.

We are aware that this kind of assessment may be unfamiliar to many chaplaincy departments, and would therefore like to run training days on how to best understand and use the tool. As well as explaining and expanding on the contents of the tool, this would offer the opportunity for chaplaincy teams to ask questions and clarify points of contention. This would be particularly useful for smaller chaplaincy teams who might not know where to find all of the relevant evidence and information required in the assessment.

In addition to the current three documents, we would like to produce a 'resources' guide. After completing the assessment, sometimes it can be difficult to know how to proceed. Understanding where there is room for improvement is one thing, but knowing what steps to take to make those improvements can be a daunting task. We would like to provide a resources pack to chaplaincy departments which they can utilise when moving forward. This might include information and links to specific training resources, contacts for local stakeholder groups, example advertising material, and advice and templates for requesting organisational changes.

Finally, it was said that the tool would be more accessible and user friendly if it was available online. This would mean that scores and gradings could be internally computed, saving the assessor having to calculate the scores themselves. This would also solve problems of scoring in instances in which a department aligns with points in multiple grades within one section, as more complex averaging algorithms can be in place. Additionally, this would save paper, making it cheaper and better for the environment, as well as more cost effective.

Appendix I

Responses from third sector organisations about chaplaincy E&D guidelines

Mencap - I think the section on disability is really strong and it's great to see it referring to the accessible information standard. I was wondering if it would be worth adding something around reasonable adjustments for disabled patients?

Gires - I would like to suggest that, even though the language used reflects the legislation, it is unpopular with most trans people. You have mentioned non-binary plus, but in the coloured 'boxes', the language of the Equality Act is used. We know that the government did not intend that the all gender diverse people would be protected by this, so it is particularly important to continuously clarify that your intention is to embrace all gender diverse people.

It would make those who have diverse identities feel more comfortable if the wider terms included more familiar terms, and were used from the first sentence. Hence:

1. Chaplaincy department ensures all staff undergo awareness training regarding diverse identities including trans, non-binary, and non-gender.
2.support available for those with diverse identities.....
3.support people with diverse identities...

It may also be advisable to present the protected characteristics in alphabetical order since this was intended to indicate that all characteristics have equal weight. We have examples where, for instance 'religion or belief' has been used to discriminate against LGBT individuals, on the basis of the view that the former carries more weight than the latter. I appreciate that you have added more characteristics into your list, but they can still be alphabetical.

Race Equality Foundation - Meeting 17/07/17 to discuss:

Overall:

- There is a general view of EDS2 that it is ineffective, complicated, and too process driven, and therefore, a direct association with it may not be useful. Instead, it would perhaps make more sense to tie our document to the NHS constitution and PSED and garner legitimacy that way.

- Concern over segregating identities and portraying a view of identity as one-dimensional instead of multifarious and fluid. This is something which could be tackled in the introduction by way of direct explanation, as well as highlighting the generic nature of 'spiritual care'; as opposed to it being too faith/belief-specific. This way we highlight competency and capability, as well as desegregating patient needs based on faith/belief, and then frame a diverse workforce as giving people a choice rather than sectioning them off.

Specific:

- The Community Language Information Standard is no longer in existence, and instead we should refer to the Principles of Interpreting.

- The final paragraph of the introduction would be more appropriate at the beginning of the document.

Additionally, we have been put in contact with the Health and Wellbeing Alliance who will be able to help with the project.

Age UK - no comments provided

Maternity Action - no comments provided

Carers UK - no comments provided

Carers Trust - no comments provided

Appendix II

Summary of Feedback from Pilots

- It is difficult to make own assessment of knowledge and therefore be aware of equality and diversity issues
- Practical examples of how to make initial assessments would be helpful in order to support the process
- The level of commitment at Trust level will dictate how easy it is to engage with the E&D tool
- If chaplaincy is marginalised it will be difficult to make a case for constructive changes. For example, where chaplaincy is part of the nursing team it takes a much greater role in the healing process – its recognition is therefore much higher
- Stakeholder engagement could be problematic as chaplains may not know where they can turn to find someone neutral
- Even foundation trusts are struggling to engage stakeholders because of costs
- Patient groups can also be a difficult resource to utilise
- It is difficult to know what you don't know, therefore it may be difficult to get individual chaplains to engage with such a detailed document. Perhaps consider as a preliminary step how chaplains assess their own level of knowledge – could this be done through a questionnaire?
- If a questionnaire is used perhaps this should be scenario based; e.g. If a trans woman was admitted to.... Or is having knowledge of trans rights to care the responsibility of the chaplain?
- A renewed focus for chaplains on E&D is essential as they are 'hearing the voice that no one else hears'. It is more than just access – they are advocates for the groups identified in the tool. Trusts inevitably have ingrained levels of prejudice that must be challenged that chaplains can take a lead on
- Many chaplains will lack NHS language if they have come from a church background, and see chaplaincy only through that lens. These individuals will need more encouragement to use a tool of this nature
- It should be highlighted that the tool is a long term ambition and addressing individual areas should be the priority
- A 'drip drip' approach and an overall cultural change is what will give people confidence to take it forward
- With regard to knowledge of policies – maybe this should be considered in a more reactive way as there are already so many – the tendency is to look them up when you need them
- Following on from that – perhaps sensibility and awareness of issues, and then knowing where to turn is more important
- E&D in places of large majorities is difficult. Have already tried to reach out to groups but engaging them has been difficult in a less diverse area. Interestingly, the marginalisation of these groups has seemed to decrease their knowledge of entitlement (e.g. muslim link thought that he would have to bring his own halal food into the hospital)... they have not been listened to at a Trust level and are therefore not engaged on this. Chaplaincy could take a lead here.
- It is worth acknowledging the above difficulty in any introduction. Areas of greater diversity are likely to have communities who are more actively engaged
- Chaplaincy can't address these issues alone – they need to be driven and supported by the Trust – perhaps the introduction should highlight the fact chaplains can take a lead, their advocacy role, and ways in which they can encourage the Trust to do more
- Despite the problems with categorisation against a spectrum of identity – it is a necessity to ensure disadvantaged groups receive an equitable care service
- It should also be highlighted that getting it right for the identified groups will ensure other disadvantaged groups have a greater chance of access
- A tool of this nature may frighten and overwhelm some but that does not make it unnecessary. However, it should be mentioned that you can't be an expert in everything.
- The strongest piece of advice is to create a pre-cursor tool, which will get chaplains thinking about their role and what they don't know. Questions could include... 1) When you last recruited did you do an EIA? Is your chaplaincy leaflet approved and accessible? Do you engage with your E&D lead? Do you have a slot in the hospital induction/ is this sufficient? What are the religious denominations of patients who get seen? Do you write an end of year report? Do you discuss and consider E&D in your appraisals?
- The problem with EDS2 is that it is too abstract for chaplains – by using a preliminary questionnaire it grounds things much more easily in chaplaincy for chaplains
- To do this correctly would take a great deal of time in supervising and management - this is important and should be included. However, to understand the service and get a sense of the quality of service delivery, managing chaplains need to be at the coal face as well. Perhaps a note to recognise this and potential ways to manage it. (For example spreading management of volunteers with other staff – these must be tuned into the overall ethos)
- The whole team must feel responsibility, and best practice would be to involve them in the management of this project
- In summary, pre-engagement is key, involving NHS trust staff, and highlighting the fact that chaplains can take the lead.

Appendix III

Equality Analysis

Title:

NHS England E&D Project Work stream

What are the intended outcomes of this work? Include outline of objectives and function aims

NHS England has commissioned a piece of work to look at equality and diversity in line with the work programme laid out in the Chaplaincy Guidelines 2015.

The intended outcome of the project is to support NHS chaplaincy managers in reviewing all aspects of their service delivery model and consider ways in which improvements can be made to create a more accessible model for all groups protected characteristics to access pastoral, spiritual, and religious care. Conversely, the project will also support NHS chaplaincy managers in recognising positive aspects of their current model in meeting the Public Sector Equality duty and the NHS Charter.

This equality analysis aims to ensure that the views of all groups, with reference to the protected characteristics, have been included in the development of this project.

Who will be affected? e.g. staff, patients, service users etc

Chaplaincy and non-chaplaincy staff, families, relatives, and patients who would benefit from coming into contact with the chaplaincy/pastoral support team.

Evidence The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.

What evidence have you considered? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.

- A steering group of chaplaincy managers and E&D leads was established to consider the different areas of chaplaincy service delivery
- A focus group of chaplaincy managers from the Network of Pastoral, Spiritual and Religious Care in Health was conducted to incorporate the views of faith groups not represented on the project steering group
- Outputs from focus group have been sent to focus group chaplains and steering group for consideration
- Agreed recommendations were then discussed with relevant third sector organisations in line with protected characteristics (see below)

Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.

Recommendations from focus group were discussed with Mencap and views incorporated.

Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).

The steering group for the project is only comprised of men, however, the focus group contained both male and female chaplaincy managers.

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

Race Equality Foundation contacted to consider efficacy of focus group recommendations.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

Age UK contacted to consider efficacy of focus group recommendations

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

The Gender Trust contacted to consider the efficacy of focus group recommendations.

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bisexual people.

Stonewall contacted to consider the efficacy of focus group recommendations.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

The steering group for the project is made up of non-religious, Catholic, and Free Church chaplains. For the development of the project it has been essential to incorporate the views of chaplaincy managers from other faith groups. A focus group was conducted on 21 April 2017 that included chaplaincy managers from the following communities:

Church of England

Buddhist

Jain

Bahá'í

Jewish

Hindu

Sikh

Muslim

Free Church

Focus group outputs have been organised and circulated to attendees for additional comment.

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

Maternity Action contacted to consider the efficacy of focus group recommendations.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

Carers Trust contacted to consider the efficacy of focus group recommendations

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

- Language barriers of non-English speaking migrants considered in focus group
- Skills and knowledge requirements of chaplaincy team members has been considered in detail
- Demographics of chaplaincy teams and how they reflect the general population

Engagement and involvement

How have you engaged stakeholders in gathering evidence or testing the evidence available?

- Steering group
- Focus group of faith and belief communities not represented sat on the steering group
- Opportunity for further comment on proposals from each community
- Views of UK leading third sector organisations representing particular protected characteristics sought
- Piloting proposals in three Trusts and feedback from chaplaincy managers incorporated

Have you engaged stakeholders in testing the proposals?

Yes

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

As Above

Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

The views of representatives of all protected characteristic groups have been sought, with an aim of increasing their participation in chaplaincy services. By incorporating the views of each group, the project will help ensure that chaplains can more easily mitigate negative impacts in their service delivery model.

The intention of this standard is to reduce discrimination and promote equality. We believe we have considered sufficient evidence and stakeholders to enable us to conclude that this standard will be sufficiently robust to improve equality and inclusion when used sensitively.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

We believe the proactive use of this standard will help reduce discrimination, harassment and victimisation and therefore will have positive impacts for all protected characteristics.

The views of representatives from each protected characteristic group have been incorporated as a means to reduce discrimination, harassment, and victimisation by chaplaincy teams.

Advance equality of opportunity Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

As above. This project will have a positive impact for all protected characteristics when used as intended and sensitively, and hence improve equality.

Promote good relations between groups populations and individuals with protected characteristics Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

As above. When used sensitively, this document should promote good relations by creating a clear and equal footing for access to and inclusion in chaplaincy and pastoral care services

What is the overall impact? Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, regional variations and what is the combined impact?

Overall the impact is positive because the project will support chaplaincy teams to remove barriers for engagement. Regional and local variation, funding, and physical space must be considered when assessing different areas of chaplaincy delivery.

Addressing the impact on equalities Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

The project output ('glossy roadmap') will be made available to all chaplaincy managers in the NHS to support them in addressing inequalities in service delivery. The dissemination of this tool is intended to reduce inequalities. We did not identify any inequalities that resulted from the drafting of the standard.

Action planning for improvement Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

No negative impacts identified in the project plan. No action planning is needed here

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

For the record

Name of persons who carried out this assessment:

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Date assessment commenced:

16/05/2017

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