

# Equality and Diversity in Healthcare Chaplaincy:

## Assessment Tool for Chaplaincy Departments



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## Introduction

The purpose of this guide is to help chaplaincy departments within local NHS organisations, in collaboration with local partners and demographic-specific organisations, to review and improve their performance for people with characteristics protected by the Equality Act 2010. The Equality Act 2010 states that it is against the law to discriminate against anyone because of:

- 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

The Equality Act 2010 protects those using private and public services, but also those who work within them. Therefore, to help Chaplaincy departments comply with the Equality Act 2010 most fully, the sections within this tool have been structured to correspond with each of these protected characteristics, regarding both service users and providers. This guide also corresponds with, and supports, the successful enactment of the Equality Delivery System for the NHS (EDS2). After the title of each assessment criteria you should find the relevant EDS2 goal and outcome number.

Although there is evidence for much good practice up to and at present, there is additionally considerable evidence showing that some patients and communities may feel they are not as well served by chaplaincy departments as they should be. For example, information about the range of services available to different faith and belief groups may not be easily accessible to everyone. Once people do engage with services, service delivery may not be appropriate to people's needs and circumstances. Similarly, some staff may experience difficulties in developing, or entering into, careers in chaplaincy; for example, they may feel excluded based on aspects of their identity.

This guide should facilitate a comprehensive self, peer, and stakeholder assessment of chaplaincy departments, based on a clear set of expectations for varying levels of performance. We know that incorporating legal requirements into the practice of chaplaincy can be difficult; one's faith or belief is often confined to the private domain, and so applying public policies to faith and belief work can seem like a mismatched relationship. However, in the pursuit of the highest quality care, it is a relationship which must be nurtured.

We know that chaplaincy departments cannot address these issues alone, and must be driven and supported by their Trust. The NHS Constitution 2015 articulates the core value of "working together for patients", stressing that "we put the needs of patients and communities before organisational boundaries". Chaplains have a strong track record supporting people in those areas of life which are often overlooked by other bodies. We believe their role advocating a holistic understanding of welfare puts chaplains in a strong position to take the lead with such issues of inequality; by providing the tools to make an evidence and policy based case for change to Trusts, and we want to support chaplains who continue to take the lead in advocacy.

In addition to working cohesively as part of the wider Trust, it is important that the whole chaplaincy team work together under the same rubric of ensuring "nobody is excluded, discriminated against or left behind" (NHS Constitution 2015). This is not the responsibility of the chaplaincy manager alone, but of the whole chaplaincy team, as well as all those working within the NHS. In line with NHS values, we believe that all staff should support each other in the pursuit of improving lives for patients and their families or carers.

We are also mindful that achieving all the goals in this tool is a long-term project, and hope that in the short term it can act as a way to identify individual areas which chaplaincy teams can prioritise for improvement. We understand that one cannot perfect everything, and to do this would take a great deal of time in supervising and management. However, chaplaincy managers must also work 'at ground level' to get a real sense of the quality of service delivery. Therefore, taking steps to share the load, like spreading the management of volunteers with other staff, is something which not only improves efficiency and cohesion, but feeds into the overall ethos of mutual support. Responsibility should be felt by the whole team, and best practice would be to involve them in the management of this project.

In order to understand the interests of minority groups more fully, part of this tool involves encouraging chaplaincy departments to engage with local minority groups. We know that this can be difficult, as sometimes the marginalisation of these groups can make them feel isolated from, and even distrustful of, mainstream institutions. This can be particularly apparent in areas of large majorities, and similarly, areas with greater diversity are likely to have more actively engaged communities. In fact, whilst performing our own Equality Analysis (EA) on this project, we found that we had to adopt a persistent and open-minded approach in order to successfully engage with some minority groups.

## How to use this guide

This guide is intended to support the implementation of specific chaplaincy service delivery areas in line with the EDS2 generic tool. The steps below are to inform the application of this guide. They are interrelated, sequential and should act as a checklist in the assessment process.

**Step 1 - Confirm governance arrangement and leadership commitment to outcomes** – who is taking the lead? Is everyone committed to fair and equal access for all?

**Step 2 - Identifying and engaging with local stakeholders** – who will need to be involved in the process? This will help to provide evidence about the impact of service delivery. NHS Trust Communication Teams will be able to support you with this and will have links to the local community. Foundation Trusts should have stakeholder groups represented on the Trust membership.

**Step 3 - Assemble evidence** - consider the different points in each section, are you able to provide evidence to support your claim?

### Step 4 - Comparing reports

**Stage 1:** chaplaincy manager assessment

**Stage 2:** peer assessment

**Stage 3:** stakeholder assessment

**Step 5 - Grade agreed** - based on the analysis and discussions, a grade should be agreed for each area, and overall. This is a good step in which to discuss and reach conclusions where the department meets criteria in more than one grade in a section. For example, if the department identifies with one point in the 'underdeveloped' category and another in 'achieving' within the same section, a discussion between all assessors should help discern the most appropriate overall grading for that section. Where there is dispute, additional weight should be given to the stakeholder analysis.

**Step 6 - What now?** - Prepare some equality objectives, and make plans on how to achieve them. Using the agreed grades, select four or five equality objectives for the forthcoming business year, focussing on the most urgent of challenges.

**Step 7 - Implementation at service level** - less demanding items could potentially be addressed by the chaplaincy department in the short term (e.g. updating leaflet, contacting local community groups).

**Step 8 - Request organisational changes** - if significant changes need to be made, the outcomes of this process can form the basis of a business case. This can then be submitted to Trust managers to request further resources, which will help to ensure the equal access of services to all groups.

When using this guide there are some important things to note:

- When using the tool to assess a particular service delivery area, it is worth remembering that you are looking for evidence to support your decision
- For the purposes of this document, 'staff' is meant to refer to both volunteer and paid substantive posts
- The impact of each service delivery area is to consider staff and families, as well as patients
- The word 'chaplaincy' has been used inline with the NHS England Chaplaincy Guidelines 2015, however, this is meant to refer to pastoral, spiritual and religious services
- There is recognition that most chaplaincy departments will be restricted by funds, space, time etc. in trying to excel in all areas. Scoring 'underdeveloped' is not a 'fail' and will help support a business case to address E&D outcomes in your service delivery model
- Whilst EDS2 looks specifically at the impact on all protected characteristics, due to the nature of chaplaincy services, this tool has enhanced consideration of the impact of chaplaincy service delivery on religion and belief groups
- The 'How to use this guide' section states that the chaplaincy manager should complete the initial assessment, however, this is only meant to reflect the overall accountability for service delivery. It is strongly recommended, and good practice dictates, that it is preferable to work with the wider team to support the assessment process and not for the chaplaincy manager to work through the steps in isolation
- It is likely that for certain sections you may meet the criteria for more than one grade. When this occurs a decision must be made by the assessor to add weight to particular aspects and an average applied to establish a final grade. For example, you may be 'excelling' on one point but be 'underdeveloped' on another - it may then make good sense to apply an overall grade of 'developing'
- It is important to remember that the guide is meant to be robust and cover all areas in a large amount of depth. It is completely acceptable to approach the guide in a series of stages to make the process more manageable. For example, you may consider completing the 'Accountability' assessment section this year and consider the 'Service Delivery' and 'Chaplaincy Team' sections in the future
- The most important first step is for the team and/or chaplaincy manager to complete a service self assessment. It is highly recommended to follow the 'peer assessment' and 'stakeholder assessment' steps, however it is recognised that there are challenges in arranging this in practice.



# Assessment Tool

## Part 1 - Accessibility

The table below shows the four possible grades for each section, with a general description of what each means in practical terms, and the relevant score for each grade. For each section match your chaplaincy department with the most fitting description, and then write the relevant score in the box at the bottom of the page. Gradings for the four categories in each section are indicated by colour and position in the table.

Grading	Description	Score Per Item
<b>Excelling</b>	People from all protected groups fare as well as people overall	4
<b>Achieving</b>	People from most protected groups fare as well as people overall	3
<b>Developing</b>	People from only some protected groups fare as well as people overall	2
<b>Underdeveloped</b>	People from protected/disadvantaged group fare poorly compared with people overall OR evidence is not available	1

1. Access to chaplaincy services for those of all age groups  
(EDS2 goals and outcomes 1.2, 2.1, 2.2)

- Chaplaincy department meets the NHS Young People Friendly and Older Age Friendly Standards all of the time
  - Chaplaincy department proactively advertises the availability of support to those of different age groups and proactively encourages all ages to access the service (e.g. presentation of service on arrival, leaflets, and signposting)
  - All staff are aware of the relevant NHS and internal policy
- 
- Chaplaincy department meets the NHS Young People Friendly and Older Age Friendly Standards most of the time
  - Chaplaincy department clearly advertises the availability of support to those of different age groups and is seen to encourage all ages to access the service (e.g leaflets and signposting)
  - Most staff are aware of the relevant NHS and internal policy
- 
- Chaplaincy department meets the NHS Young People Friendly and Older Age Friendly Standards some of the time
  - Chaplaincy department somewhat advertises the availability of support to those of different age groups and somewhat encourages all ages to access the service (e.g leaflets)
  - Some staff are aware of the relevant policy
- 
- Chaplaincy department does not meet the NHS Young People Friendly and Older Age Friendly Standards
  - Chaplaincy department does not articulate the availability of support to those of different age groups and does not encourage all ages to access the service
  - Most staff are unaware of the relevant policy

Score:

2. Access to chaplaincy services for carers (EDS2 goals and outcomes 1.2, 2.1, 2.2, 3.3)

- Chaplaincy department ensures all staff undergo training on the issues associated with being a carer and this is always kept up-to-date during appraisals and reviews
  - Chaplaincy department proactively advertises the support available to carers
  - Chaplaincy department is proactive in its engagement with local carer organisations
  - Chaplaincy department follows NHS and internal carers policy all of the time
  - All staff are aware of the relevant NHS and internal policy
- 
- Chaplaincy department ensures most staff have access to training on the issues associated with being a carer and this is mostly kept up-to-date during appraisals and reviews
  - Chaplaincy department clearly advertises the support available to carers
  - Chaplaincy department can demonstrate active engagement with local carer organisations
  - Chaplaincy department follows NHS and internal carers policy most of the time
  - Most staff are aware of the relevant NHS and internal policy
- 
- Chaplaincy department ensures some staff have access to training on the issues associated with being a carer and this is sometimes kept up-to-date during appraisals and reviews
  - Chaplaincy department somewhat advertises the support available for carer
  - Chaplaincy department can demonstrate some contact with local carer organisations
  - Chaplaincy department follows NHS and internal carer policy some of the time
  - Some staff are aware of the relevant NHS and internal policy
- 
- Chaplaincy department staff do not have access to training on the issues associated with being a carer and this is not kept up-to-date during appraisals and reviews
  - Chaplaincy department does not articulate the support available to carer
  - Chaplaincy department cannot demonstrate contact with local carer organisations
  - Chaplaincy department does not follow the NHS or internal carer policy
  - Most staff are unaware of the relevant NHS and internal policy

Score:

3. Access to chaplaincy services for those of all gender identities (gender reassignment) (EDS2 goals and outcomes 1.2, 2.1, 2.2, 3.3)

It is recognised that the Equalities Act to which this standard relates, does not fully protect all gender diverse people, however, the intention of this tool is to embrace and protect all diverse identities including trans, non-binary, and non-gender

- Chaplaincy department ensures all staff undergo awareness training regarding diverse identities including trans, non-binary, and non-gender, and this is always kept up-to-date during appraisals and reviews
- Chaplaincy department proactively advertises the support available for those of different diverse identities including trans, non-binary, and non-gender; they proactively encourage all gender identities to access the service
- Chaplaincy department is proactive in its engagement with organisations who support people of diverse identities including trans, non-binary, and non-gender
- All staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures most staff have access to diverse identities training including trans, non-binary, and non-gender awareness training and this is mostly kept up-to-date during appraisals and reviews
- Chaplaincy department clearly advertises the support available for those of diverse identities including trans, non-binary, and non-gender; they clearly encourage all gender identities to access the service
- Chaplaincy department can clearly demonstrate engagement with organisations who support people of different diverse identities including trans, non-binary, and non-gender
- Most staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures some staff have access to diverse identities training including trans, non-binary, and non-gender awareness training and this is sometimes kept up-to-date during appraisals and reviews
- Chaplaincy department somewhat advertises the support available for those of diverse identities including trans, non-binary, and non-gender; they somewhat encourage all gender identities to access the service
- Chaplaincy department can somewhat demonstrate engagement with organisations that support people of diverse identities including trans, non-binary, and non-gender
- Some staff are aware of the relevant NHS and internal policy
- Chaplaincy department does not ensure that staff have access to diverse identities awareness training including trans, non-binary, and non-gender and does not ensure this is kept up-to-date during appraisals and reviews
- Chaplaincy department does not advertise the support available for those of diverse identities including trans, non-binary, and non-gender; they do not encourage all gender identities to access the service
- Chaplaincy department cannot demonstrate engagement with organisations that support people of different diverse identities including trans, non-binary, and non-gender
- Most staff are unaware of the relevant NHS and internal policy

Score:

4. Access to chaplaincy services for those with a disability (EDS2 goals and outcomes 1.2, 2.1, 2.2, 3.3)

- Chaplaincy department ensures all staff undergo organisational disability training and always ensures this is kept up-to-date during appraisals and reviews
- All reasonable adjustments have been made and access to chaplaincy service is fully available to all those with disabilities where possible
- Chaplaincy manager has completed a full evaluation of accessibility for the disabled, and the service meets the NHS Accessible Information Standard all of the time
- Chaplaincy department has a Workforce Disability Equality Standard, and disability access is considered in the department's health and safety assessment all of the time
- All staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures most staff undergo organisational disability training and mostly ensures this is kept up-to-date during appraisals and reviews
- Most reasonable adjustments have been made and access to chaplaincy services has been made available to most of those with disabilities where possible
- Chaplaincy manager has partly completed an evaluation of accessibility for the disabled, and the service meets the NHS Accessible Information Standard most of the time
- Chaplaincy department is pursuing a Workforce Disability Equality Standard, and disability access is considered in the department's health and safety assessment most of the time
- Most staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures some staff undergo organisational disability training and sometimes ensures this is kept up-to-date during appraisals and reviews
- Some reasonable adjustments have been made and access to chaplaincy services has been made available to some of those with disabilities where possible
- Chaplaincy manager has somewhat completed an evaluation of accessibility for the disabled, and the service meets the NHS Accessible Information Standard some of the time
- Chaplaincy department is somewhat aware of the Workforce Disability Equality Standard, and disability access is considered in the department's health and safety assessment some of the time
- Some staff are aware of the relevant NHS and internal policy
- Chaplaincy department does not ensure that staff undergo organisational disability training and does not ensure this is kept up-to-date during appraisals and review
- No reasonable adjustments have been made and chaplaincy services are inaccessible to those with most disabilities
- Chaplaincy manager has not considered accessibility for those with a disability and rarely meets the NHS Accessible Information Standard
- Chaplaincy department is unaware of the Workforce Disability Equality Standard, and disability access is rarely considered in the department's health and safety assessment
- Most staff are unaware of the relevant NHS and internal policy

Score:

5. Access to chaplaincy services for those of different sexual orientation (LGB)  
(EDS2 goals and outcomes 1.2, 2.1, 2.2, 3.3)

- Chaplaincy department ensures that all staff undergo LGB awareness training and this is always kept up-to-date during appraisals and reviews
  - Chaplaincy department proactively advertises the support it can provide to LGB patients/staff/family and is proactive in encouraging LGB patients/staff/family to access the service (e.g. presentation of services on arrival, actively expressing their inclusivity, leaflets etc.)
  - Chaplaincy department can demonstrate a proactive engagement with the LGB community
  - All staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures that most staff undergo LGB awareness training and this is mostly kept up-to-date during appraisals and reviews
  - Chaplaincy department clearly advertises the support it can provide to LGB patients/staff/family and clearly encourages LGB patients/staff/family to access the service (e.g. clearly expressing inclusivity, leaflets etc.)
  - Chaplaincy department can demonstrate a clear engagement with the LGB community
  - Most staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures that some staff undergo LGB awareness training and this is sometimes kept up-to-date during appraisals and reviews
  - Chaplaincy department somewhat advertises the support it can provide to LGB patients/staff/family and somewhat encourages LGB patients/staff/family to access the service (e.g. openness to inclusivity)
  - Chaplaincy department can demonstrate some engagement with the LGB community
  - Some staff are aware of the relevant NHS and internal policy
- Chaplaincy department does not ensure that its staff undergo LGB awareness training and does not ensure this is kept up-to-date during appraisals and reviews
  - Chaplaincy department does not advertise the support it can provide to LGB patients/staff/family and does not encourage LGB patients/staff/family to access the service
  - Chaplaincy department cannot demonstrate engagement with the LGB community
  - Most staff are unaware of the relevant NHS and internal policy

Score:

6. Access to chaplaincy services for those who are pregnant or have recently given birth  
(EDS2 goals and outcomes 1.2, 2.1, 2.2, 3.3)

- Chaplaincy department ensure all staff undergo pregnancy and maternity awareness training and this is always kept up-to-date during appraisals and reviews
  - Chaplaincy department proactively advertises the support available to those who are pregnant or in maternity and actively encourages their use of the service
  - All staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures most staff undergo pregnancy and maternity awareness training and this is mostly kept up-to-date during appraisals and reviews
  - Chaplaincy department clearly advertises the support that is available to those who are pregnant or in maternity and openly encourages them to access the service
  - Most staff are aware of the relevant NHS and internal policy
- Chaplaincy department ensures some staff undergo pregnancy and maternity awareness training and this is sometimes kept up-to-date during appraisals and reviews
  - Chaplaincy department somewhat advertises the support that is available to those who are pregnant or in maternity and somewhat encourages them to access the service
  - Some staff are aware of the relevant NHS and internal policy
- Chaplaincy department does not ensure staff undergo pregnancy and maternity awareness training and this is rarely kept up-to-date during appraisals and reviews
  - Chaplaincy department does not advertise the support that is available to those who are pregnant or in maternity and does not encourage them to access the service
  - Most staff are unaware of the relevant NHS and internal policy

Score:



7. Access to chaplaincy services for those of all races and ethnicity  
(EDS2 goals and outcomes 1.2, 2.1, 2.2, 4.1)

- Chaplaincy department is comprised of paid and volunteer staff who accurately reflect local patient demographics
  - Chaplaincy department proactively advertises the support available to Black, Asian and Minority Ethnic (BAME) groups
  - Chaplaincy department can demonstrate a proactive engagement with BAME groups in the local community
  - All staff are aware of the relevant NHS and internal policy
- Chaplaincy department is comprised of paid and volunteer staff who mostly reflect local patient demographics
  - Chaplaincy department clearly advertises the support available to Black, Asian and Minority Ethnic (BAME) groups
  - Chaplaincy department can demonstrate a clear engagement with BAME groups in the local community
  - Most staff are aware of the relevant NHS and internal policy
- Chaplaincy department is comprised of paid and volunteer staff who somewhat reflect local patient demographics
  - Chaplaincy department somewhat advertises the support available to Black, Asian and Minority Ethnic (BAME) groups
  - Chaplaincy department can demonstrate some engagement with BAME groups in the local community
  - Some staff are aware of the relevant NHS and internal policy
- Chaplaincy department is comprised of paid and volunteer staff who do not reflect local patient demographics
  - Chaplaincy department does not advertise the support available to Black, Asian and Minority Ethnic (BAME) groups
  - Chaplaincy department cannot demonstrate engagement with BAME groups in the local community
  - Most staff are unaware of the relevant NHS and internal policy

Score:

8. Access to chaplaincy services for those of diverse religion and belief  
(EDS2 goals and outcomes 1.2, 2.1, 2.2, 3.1)

- Chaplaincy team is comprised of paid and volunteer staff who accurately reflect local patient demographics
  - Chaplaincy department proactively articulates of the team's diversity of religion and belief; it explicitly advertises its inclusiveness of all faith and belief groups and the support available to them (e.g. presentation of services on arrival, leaflet, and clear directions to a multi-faith/belief or reflection room)
  - Clear data set of contacts for religion and belief group representatives where it has not been possible to recruit someone from that denomination.
  - Chaplaincy department can demonstrate proactive engagement with all local religion and belief organisations
  - All staff are aware of the relevant NHS and internal policy
- Chaplaincy team is comprised of paid and volunteer staff who mostly reflect local patient demographics
  - Chaplaincy department clearly articulates the team's diversity of religion and belief; it explicitly convey an inclusiveness of all faith and belief groups and the support available to them (e.g. leaflet, multi faith/belief room etc.).
  - System in place to contact religion and belief group representatives where it has not been possible to recruit someone from that denomination
  - Chaplaincy department can demonstrate clear engagement with most local religion and belief organisations
  - Most staff are aware of the relevant NHS and internal policy
- Chaplaincy team is comprised of paid and volunteer staff who somewhat reflect local patient demographics
  - Chaplaincy department somewhat articulates the team's diversity of religion and belief; it somewhat convey its inclusiveness to all faith and belief groups and the support available to them (e.g. multi faith/belief room).
  - Some provision is made to contact religion and belief representatives who are not present on the chaplaincy team
  - Chaplaincy department can demonstrate some engagement with some local religion and belief organisations
  - Some staff are aware of the relevant NHS and internal policy
- Chaplaincy team is comprised of paid and volunteer staff who do not reflect local patient demographics
  - Chaplaincy department does not articulate the team's diversity of religion and belief; it do not convey an inclusiveness of all faith and beliefs groups
  - Limited or no provision to contact religion and belief group representatives who are not present on the chaplaincy team
  - Chaplaincy department cannot demonstrate engagement with local religion and belief organisations
  - Most staff are unaware of the relevant NHS and internal policy

Score:

9. Access to chaplaincy services for those of different sex  
(EDS2 goals and outcomes: 1.2, 2.1, 3.1)

- Chaplaincy department can clearly demonstrate their provision of a fair and open recruitment process all of the time; job descriptions/person specifications are unbiased regarding sex all of the time\*
- Patient/staff/family ability to request a male or female chaplain is proactively advertised
- All staff are aware of the relevant NHS and internal policy
- Chaplaincy department can clearly demonstrate a fair and open recruitment process most of the time; job descriptions/person specifications are unbiased regarding sex most of the time\*
- Patient/staff/family ability to request a male or female chaplain is clearly advertised
- Most staff are aware of the relevant NHS and internal policy
- Chaplaincy department can somewhat demonstrate a fair and open recruitment process some of the time; job descriptions/person specifications are unbiased regarding sex some of the time\*
- Patient/staff/family ability to request a male or female chaplain is somewhat advertised
- Some staff are aware of the relevant NHS and internal policy
- Chaplaincy department cannot demonstrate a fair and open recruitment process and job descriptions/person specifications are often biased regarding sex\*
- Patient/staff/family ability to request a male or female chaplain is rarely advertised
- Most staff are unaware of the relevant NHS and internal policy

\*Unless justified by a genuine occupational requirement (GOR)

Score:

10. Access to chaplaincy services for whom English is not their native language  
(EDS2 goals and outcomes 1.2, 2.1, 2.2)

- Chaplaincy team meet the NHS Principles of High Level Interpreting and Translation all of the time
- Chaplaincy department proactively advertises team language diversity and the availability of language and translation facilities
- Clear data set of direct contacts for the translation of all major languages
- All staff are aware of the relevant NHS and internal policy
- Chaplaincy team meet the NHS Principles of High Level Interpreting and Translation most of the time
- Chaplaincy department clearly advertises team language diversity and the availability of language and translation facilities
- Clear system to access language and translation services for all major languages
- Most staff are aware of the relevant NHS and internal policy
- Chaplaincy team meet the NHS Principles of High Level Interpreting and Translation some of the time
- Chaplaincy department somewhat advertises team language diversity and the availability of language and translation facilities
- Some sort of system to access language and translation services for some languages
- Some staff are aware of the relevant NHS and internal policy
- Chaplaincy team rarely meet the NHS Principles of High Level Interpreting and Translation
- Chaplaincy department does not advertise team language diversity and the availability of language and translation facilities
- Few or no systems in place to access language and translation services
- Most staff are unaware of the relevant NHS and internal policy

Score:

## Overall standard of accessibility:

Having assigned your department a blue, green, yellow, or red level for each assessment criteria, you can now calculate your overall level of accessibility. For each assessment criteria, a blue level is worth 4 points, a green level 3 points, a yellow level 2 points, and a red level 1 point. Please add together all your points for the accessibility section, and compare against the table below to assess your overall standard of accessibility.

### Scores 34 - 40:

Accessibility is of an excellent standard. People from all protected/ disadvantaged groups enjoy the same level of accessibility as people more generally. All staff are trained to an excellent standard on issues associated with age, race and ethnicity, language, sex, pregnancy and maternity, gender identity, sexual orientation, disability, carers, and diversity of religion or belief. All staff are aware of the relevant policies, and such policies are always followed.

### Scores 26 - 33:

Accessibility is of a good standard. People from most protected/ disadvantaged groups enjoy the same level of accessibility as people more generally. Most staff are trained to a good standard on issues associated with age, race and ethnicity, language, sex, pregnancy and maternity, gender identity, sexual orientation, disability, carers, and diversity of religion or belief. Most staff are aware of the relevant policies, and such policies are mostly followed.

### Scores 18 - 25:

Accessibility is of a moderate standard. People from only some protected/ disadvantaged groups enjoy the same level of accessibility as people more generally. Some staff are trained to a moderate standard on issues associated with age, race and ethnicity, language, sex, pregnancy and maternity, gender identity, sexual orientation, disability, carers, and diversity of religion or belief. Some staff are aware of the relevant policies, and such policies are followed some of the time.

### Scores 10 - 17:

Accessibility is of an underdeveloped standard. People from protected/ disadvantaged groups do not enjoy the same level of accessibility as people more generally, or there is no evidence that they do. Few or no staff are trained to any standard on issues associated with age, race and ethnicity, language, sex, pregnancy and maternity, gender identity, sexual orientation, disability, carers, and diversity of religion or belief. Most staff are unaware of the relevant policies, and such policies are rarely followed.

The above is intended to provide an assessment tool to consider the impact of chaplaincy service delivery on various identified groups. Parts one to nine reflect the protected characteristics of the Equalities Act 2010, with ten considering impact on the key disadvantaged group; those for whom English is not their first language.

In line with EDS2, it may also be appropriate to apply a similar assessment model to all groups who experience difficulties in accessing and benefitting from the NHS. These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as men and women involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

As with protected characteristic groups, chaplaincy departments may also want to look at how disadvantaged groups fare compared with people overall. It is worth noting that for some of the above groups there will be significant overlap with people whose characteristics are protected by the Equalities Act 2010.

## Part 2 - Service Delivery

The table below shows the four possible grades for each section, with a general description of what each means in practical terms, and the relevant score for each grade. For each section match your chaplaincy department with the most fitting description, and then write the relevant score in the box at the bottom of the page. Gradings for the four categories in each section are indicated by colour and position in the table.

Grading	Description	Score Per Item
<b>Excelling</b>	People from all religions and beliefs fare as well as each other	4
<b>Achieving</b>	People of most religions and beliefs fare as well as other people from other religions and beliefs	3
<b>Developing</b>	People of only some religions or beliefs fare as well as people from other religions and beliefs	2
<b>Underdeveloped</b>	People of certain religions or beliefs fare poorly compared to other religions and beliefs, OR evidence is unavailable	1

1. Access to generic pastoral, spiritual and religious services for all (EDS2 goals and outcomes 1.1, 1.2, 2.1, 3.1, 3.3)

- Chaplaincy department recruits all staff based on their competency and capabilities to provide generic pastoral, spiritual, and religious care; an evidence based recruitment process is proactively demonstrated
  - Chaplaincy department ensures all staff undergo training to support the development of competencies and capabilities to provide the highest quality pastoral and spiritual care; this is kept up-to-date at appraisals and reviews
  - Chaplaincy department ensures that all staff have a high degree of literacy regarding religions and beliefs other than their own; this is always kept up-to-date at appraisals and reviews
- Chaplaincy department recruits most staff based on their competency and capabilities to provide generic pastoral, spiritual, and religious care; an evidence based recruitment process is clearly demonstrated
  - Chaplaincy department ensures that most staff have access to training to support the development of competencies and capabilities to provide high quality pastoral and spiritual care; this is kept up-to-date at appraisals and reviews
  - Chaplaincy department ensures that most staff have a strong degree of literacy regarding religions and beliefs other than their own; this is mostly kept up-to-date at appraisals and reviews
- Chaplaincy department recruits some staff based on their competency and capabilities to provide generic pastoral, spiritual and religious care; an evidence based recruitment process is somewhat demonstrated
  - Chaplaincy department ensures that some staff have access to training to support the development of competencies and capabilities to provide high quality pastoral, spiritual and religious care, this is sometimes kept up-to-date at appraisals and reviews
  - Chaplaincy department ensures that some staff have a moderate degree of literacy regarding religions and beliefs other than their own; this is sometimes kept up-to-date at appraisals and reviews
- Chaplaincy department does not recruit staff based on their competency and capabilities to provide generic pastoral, spiritual and religious care; an evidence based recruitment process cannot be demonstrated
  - Chaplaincy department does not ensure that staff have access to training to support the development of competencies and capabilities to provide high quality pastoral, spiritual, and religious care, this is not kept up-to-date at appraisals and reviews
  - Chaplaincy department does not ensure that staff have any degree of literacy regarding religions and beliefs other than their own; this is not addressed at appraisals and reviews

Score:



2. Access to tailored faith/belief specific pastoral support services  
(EDS2 goals and outcomes 1.1, 1.2, 2.1, 3.1)

- Chaplaincy department has a very broad range of faith and belief providers on the team, accurately reflecting local patient demographics; they can meet all faith/belief specific requests and get access to specific rites and services very quickly
- Chaplaincy department clearly advertises the availability of faith/belief tailored services to all faith and belief groups reflected in local patient demographics
- Chaplaincy department can demonstrate proactive engagement with different faith and belief groups and pastoral support providers in the community
- Chaplaincy department has a broad range of faith and belief providers on the team, mostly reflecting local patient demographics; they can meet most faith/belief specific requests and get access to specific rites and services quickly
- Chaplaincy department clearly articulates the availability of faith/belief tailored services to most faith and belief groups
- Chaplaincy department can demonstrate clear engagement with different faith and belief group pastoral support providers in the community
- Chaplaincy department has a range of faith and belief providers on the team, somewhat reflecting local patient demographics; they can meet some faith/belief specific requests and get access to specific rites and services after some time
- Chaplaincy department articulates the availability of faith/belief tailored services to some faith and belief groups
- Chaplaincy department can demonstrate some engagement with different faith and belief group pastoral support providers in the community
- Chaplaincy department has a limited range of faith and belief providers on the team who do not reflect local patient demographics; they can rarely meet faith/belief specific requests, and cannot access specific rites and services within a reasonable period
- Chaplaincy department does not articulate the availability of faith/belief tailored services to most faith and belief groups
- Chaplaincy department cannot demonstrate engagement with different faith and belief group pastoral support providers in the community

Score:

3. Access to ceremonies, sacraments, rituals, and rites  
(EDS2 goals and outcomes 1.1, 1.2, 3.1, 3.3)

- Chaplaincy department can provide all reasonable requested ceremonies, sacraments, rituals, and rites from within the team by people of their required faith/belief denomination
- Chaplaincy department can get access to all specific rites and services quickly where the team is unable to meet requests
- Chaplaincy department ensures all staff have the knowledge to provide, or undergo the appropriate training in the provision of ceremonies, sacraments, rituals, and rites. This is always kept up-to-date at appraisal and review
- Chaplaincy department can provide most requested ceremonies, sacraments, rituals, and rites from within the team by people of their required faith/belief denomination
- Chaplaincy department can get access to most specific rites and services quickly where the team is unable to meet requests
- Chaplaincy department ensures most staff have the knowledge to provide or undergo the appropriate training in the provision of ceremonies, sacraments, rituals, and rites. This is mostly kept up-to-date at appraisal and review
- Chaplaincy department can provide some requested ceremonies, sacraments, rituals, and rites from within the team by people of their required faith/belief denomination
- Chaplaincy department can get access to some specific rites and services quickly where the team is unable to meet requests
- Chaplaincy department ensures some staff have the knowledge to provide, or undergo the appropriate training, in the provision of ceremonies, sacraments, rituals, and rites. This is sometimes kept up-to-date at appraisal and review
- Chaplaincy department cannot provide most requested ceremonies, sacraments, rituals, and rites from within the team by people of their required faith/belief denomination
- Chaplaincy department cannot access most specific rites and services quickly where the team is unable to meet requests
- Chaplaincy department does not ensure that staff have the knowledge to provide or have access to training, in the provision of ceremonies, sacraments, rituals, and rites.

Score:

4. Access to space in the institution for prayer, reflection, meditation etc. that is open to all (EDS2 goals and outcomes: 1.1, 2.1)

- Chaplaincy department multi-faith/reflection room(s) are clearly marked as open for use by all faiths and beliefs; this openness is actively advertised in its title and presentation
  - Chaplaincy department multi-faith/reflection room(s) contain relevant items and texts for all the main religions and beliefs in the UK
  - Chaplaincy department multi-faith/reflection room(s) are used for additional activities (e.g. services) that are actively advertised as open to those of all faiths and beliefs
- Chaplaincy department multi-faith/reflection room(s) are clearly marked as open for use by most faiths and beliefs; this openness is well articulated in its title and presentation
  - Chaplaincy department multi-faith/reflection room(s) contain relevant items and texts for most of the main religions and beliefs in the UK
  - Chaplaincy department multi-faith/reflection room(s) are used for additional activities (e.g. services) that are clearly articulated as open to those of most faiths and beliefs
- Chaplaincy department multi-faith/reflection room(s) are marked as open for use by some faiths and beliefs; this openness is somewhat articulated in its title and presentation
  - Chaplaincy department multi-faith/reflection room(s) contain relevant items and texts for some of the main religions and beliefs in the UK
  - Chaplaincy department multi-faith/reflection room(s) are used for additional activities (e.g. services) that are open to those of some faiths and beliefs
- Chaplaincy department multi-faith/reflection room(s) are not marked as open for use by most faiths and beliefs; openness is not articulated in its title and presentation
  - Chaplaincy department multi-faith room(s) do not contain relevant items and texts for most of the main religions and beliefs in the UK
  - Chaplaincy department multi-faith room(s) are not used for additional activities (e.g. services) that are open to those of most faiths and beliefs

Score:

Overall standard of service delivery:

Having assigned your department a blue, green, yellow, or red level for each assessment criteria, you can now calculate your overall level of service delivery. For each assessment criteria, a blue level is worth 4 points, a green level 3 points, a yellow level 2 points, and a red level 1 point. Please add together all your points for the service delivery section, and compare against the table below to assess your overall standard of service delivery.

**Scores 14 - 16:**

Service delivery is of an excellent standard. All staff are always recruited based on their competency and capabilities to provide generic pastoral, spiritual, and religious care. There is a broad range of faith and belief providers on the team, who accurately reflect local patient demographics. All staff have an existing knowledge of, or are trained to an excellent standard in, religions and beliefs other than their own, as well as in the provision of a broad range of ceremonies, sacraments, rituals, and rites. People from all religions and beliefs enjoy equal access to services, and their needs are met to a high standard.

**Scores 11 - 13:**

Service delivery is of a good standard. Staff are mostly recruited based on their competency and capabilities to provide generic pastoral, spiritual, and religious care. There is a range of faith and belief providers on the team, who mostly reflect local patient demographics. Most staff have an existing knowledge of, or are trained to a good standard in, religions and beliefs other than their own, as well as in the provision of a range of ceremonies, sacraments, rituals, and rites. People from most religions and beliefs enjoy equal access to services, and their needs are met to a good standard.

**Scores 7 - 10:**

Service delivery is of a moderate standard. Staff are somewhat recruited based on their competency and capabilities to provide generic pastoral, spiritual, and religious care. There is a moderate range of faith and belief providers on the team, who somewhat reflect local patient demographics. Some staff have an existing knowledge of, or are trained to a moderate standard in, religions and beliefs other than their own, as well as in the provision of a range of ceremonies, sacraments, rituals, and rites. People from some religions and beliefs enjoy equal access to services, and their needs are met to a moderate standard.

**Scores 4 - 6:**

Service delivery is of an underdeveloped standard. Few staff are recruited based on their competency and capabilities to provide generic pastoral, spiritual, and religious care. There is little range in faith and belief providers on the team, who reflect only a portion of local patient demographics. Few staff have an existing knowledge of, or are trained to any standard in, religions and beliefs other than their own, as well as in the provision of a range of ceremonies, sacraments, rituals, and rites. People from only certain religions or beliefs enjoy access to services, and their needs are met to some degree.

# Part 3 - Chaplaincy Team

The table below shows the four possible grades for each section, with a general description of what each means in practical terms, and the relevant score for each grade. For each section match your chaplaincy department with the most fitting description, and then write the relevant score in the box at the bottom of the page. Gradings for the four categories in each section are indicated by colour and position in the table.

Grading	Description	Score Per Item
<b>Excelling</b>	People from all religions and beliefs fare as well as each other	4
<b>Achieving</b>	People of most religions and beliefs fare as well as people from other religions and beliefs	3
<b>Developing</b>	People of only some religions or beliefs fare as well as people from other religions and beliefs	2
<b>Underdeveloped</b>	People of certain religions or beliefs fare poorly compared to others religions and belief, OR evidence is unavailable	1

1. Access for those who wish to volunteer as part of the chaplaincy services (EDS2 goals and outcomes 1.1, 3.1)

- Chaplaincy department can demonstrate a volunteer recruitment policy which actively encourages applications from those of all faiths and beliefs, and this is widely advertised (e.g. in vacancy posts, job descriptions, person specifications etc.)\*
  - Chaplaincy department is proactive in researching and identifying opportunities to broaden the diversity of its team where gaps have been identified in an equality analysis
  - Chaplaincy department volunteer induction is fully inclusive of all religions and beliefs, and focuses entirely on competencies and capabilities to provide the highest quality pastoral, spiritual, and religious care
- Chaplaincy department can demonstrate a volunteer recruitment policy which encourages applications from those of most faiths and beliefs, and this is well articulated (e.g. in vacancy posts, job descriptions, person specification etc.)\*
  - Chaplaincy department actively seeks opportunities to broaden the diversity of its team where gaps have been identified in an equality analysis
  - Chaplaincy department volunteer induction is inclusive of most religions and beliefs, and focuses mostly on competencies and capabilities to provide high quality pastoral, spiritual, and religious care
- Chaplaincy department can demonstrate a volunteer recruitment policy which is open to applications from those of some faiths and beliefs, and this is somewhat articulated (e.g. in vacancy posts, job description, person specification etc.)\*
  - Chaplaincy department seeks some opportunities to broaden the diversity of its team where gaps have been identified in an equality analysis
  - Chaplaincy department volunteer induction is inclusive of some religions and beliefs, and partly focuses on the competencies and capabilities to provide good quality pastoral, spiritual, and religious care
- Chaplaincy department cannot demonstrate a volunteer recruitment policy that is open to applications from those of most faiths and beliefs, and this is not clearly articulated (e.g. in vacancy posts, job description, person specification etc.)\*
  - Chaplaincy department does not seek opportunities to broaden the diversity of its team where gaps have been identified in an equality analysis, or does not complete an equality analysis
  - Chaplaincy department volunteer induction is not inclusive of most religions and beliefs, and does not focus on the competencies and capabilities to provide quality pastoral, spiritual, and religious care

\*Unless justified by a genuine occupational requirement (GOR)

Score:

2. Access for those who wish to apply for substantive posts  
(EDS2 goals and outcomes 1.1, 3.1)

- Chaplaincy department can demonstrate a fair substantive post recruitment policy which is open to those of all religions and beliefs\*
  - Chaplaincy department recruitment policy is based on regularly completed full and robust equality analyses, which are backed up by significant evidence - this is supported by the E&D team/HR department all of the time
  - Chaplaincy department proactively articulates new posts as open to applications from all faiths and beliefs in their recruitment advertisements\*
- Chaplaincy department can demonstrate a fair substantive post recruitment policy that is open to those of most religions and beliefs\*
  - Chaplaincy department recruitment policy is based on thorough equality analyses, which are backed up with evidence - this is mostly supported by the E&D team/HR department
  - Chaplaincy department clearly articulates new posts as open to applications from most faiths and beliefs in their recruitment advertisements\*
- Chaplaincy department can demonstrate a fair substantive post recruitment policy that is open to those of some religions and beliefs\*
  - Chaplaincy department recruitment policy is based on equality analyses, which are sometimes backed up with evidence - this is unlikely to be supported by the E&D team/HR department
  - Chaplaincy department goes some way to articulate new posts as open to applications from some faiths and beliefs in their recruitment advertisements\*
- Chaplaincy department cannot demonstrate a fair substantive post recruitment policy and is closed to those of most religions and beliefs\*
  - Chaplaincy department recruitment policy is not based on equality analyses and is not supported by the E&D lead or HR department
  - Chaplaincy department does not articulate new posts as open to applications from most faiths and beliefs in their recruitment advertisements\*

\*Unless justified by a GOR identified through an Equality Analysis

Score:

3. Increasing access for patients through the chaplaincy team's organisational skills (e.g. knowledge of institution in which they work) (EDS2 goals and outcomes 1.1, 2.1, 3.3)

- Chaplaincy department ensures all staff undergo training which looks to significantly increase understanding of the wider institution and community
  - The chaplaincy department manager has regular reviews and appraisals with all staff, advertising opportunities to enhance organisational skills when deficiencies have been identified
- Chaplaincy department ensures that most staff undergo training which looks to significantly increase understanding of the wider institution and community.
  - The chaplaincy department manager has regular reviews and appraisals with most staff, providing opportunities to enhance organisational skills when deficiencies have been identified
- Chaplaincy department ensures that some staff undergo training which looks to increase understanding of the wider institution and community.
  - The chaplaincy department manager has intermittent reviews and appraisals with some staff, occasionally with opportunities to enhance organisational skills when deficiencies have been identified
- Chaplaincy department does not ensure that staff have access to training which looks to increase understanding of the wider institution and community.
  - The chaplaincy department manager rarely has reviews and appraisals with staff and/or does not provide staff with opportunities to enhance organisational skills when deficiencies have been identified

Score:



4. Increasing access for patients through the chaplaincy teams core safety skills (safeguarding, data protection etc.) (EDS2 goals and outcomes 1.1, 2.1, 3.3)

- Chaplaincy department ensures all staff undergo training which looks to significantly increase their core safety skills
  - The chaplaincy department manager has regular reviews and appraisals with all staff, advertising opportunities to enhance core safety skills when deficiencies have been identified
- Chaplaincy department provides all staff with access to training which looks to significantly increase their core safety skills
  - The chaplaincy department manager has regular reviews and appraisals with most staff, providing opportunities to enhance core safety skills when deficiencies have been identified
- Chaplaincy department provides some staff with access to training which looks to significantly increase their core safety skills
  - The chaplaincy department manager has intermittent reviews and appraisals, and occasionally provides some staff with opportunities to enhance core safety skills when deficiencies have been identified
- Chaplaincy department does not ensure that staff have access to training which looks to significantly increase their core safety skills.
  - The chaplaincy department manager rarely has reviews and appraisals with staff and/or does not provide staff with opportunities to enhance core safety skills when deficiencies have been identified

Score:

Overall standard of chaplaincy team:

Having assigned your department a blue, green, yellow, or red level for each assessment criteria, you can now calculate the overall level of your chaplaincy team. For each assessment criteria, a blue level is worth 4 points, a green level 3 points, a yellow level 2 points, and a red level 1 point. Please add together all your points for the chaplaincy team section, and compare against the table below to assess the overall standard of your chaplaincy team.

**Scores 14 - 16:**

The chaplaincy team is of an excellent standard. The chaplaincy department proactively recruits and encourages applications from those of all faiths and beliefs, for both substantive and volunteer posts. All staff are trained to a high standard in core safety skills and are taught to understand the wider institution. People from all religions and beliefs fare equally.

**Scores 11 - 13:**

The chaplaincy team is of a good standard. The chaplaincy department mostly recruits and encourages applications from those of most faiths and beliefs, for both substantive and volunteer posts. Most staff are trained to a good standard in core safety skills and are taught to understand the wider institution. People of most religions and beliefs fare equally.

**Scores 7 - 10:**

The chaplaincy team is of a moderate standard. The chaplaincy department recruits and encourages applications from some faiths and beliefs, for both substantive and volunteer posts. Some staff are trained to a moderate standard in core safety skills and are taught to understand the wider institution. People of only some religions or beliefs fare equally.

**Scores 4 - 6:**

The chaplaincy team is of an underdeveloped standard. The chaplaincy department cannot demonstrate a recruitment policy which is open to a range of faiths and beliefs, for either substantive or volunteer posts. Few staff are trained to any standard in core safety skills and are taught to understand the wider institution. There is little or no evidence of people of different faiths or beliefs faring equally.

## Part 4 - Next steps

### Overall grade:

Having assigned each section a score, you can now calculate your overall grade. Please add together your scores for all three sections, and compare against the table below to assess your overall grade.

#### Scores 60 - 72:

The establishment is excelling. Accessibility, service delivery, and the chaplaincy team are of an excellent standard. Staff are extremely knowledgeable and highly trained in all relevant areas. Recruitment and representation are extremely fair and equal, and accurately reflect local patient demographics. All staff are aware of relevant policy, which is always followed.

#### Scores 46 - 59:

The establishment is achieving. Accessibility, service delivery, and the chaplaincy team are of a good standard. Staff have a good knowledge and are well trained in most relevant areas. Recruitment and representation are mostly fair and equal, and mostly reflect local patient demographics. Most staff are aware of relevant policy, and this is followed most of the time.

#### Scores 32 - 45:

The establishment is developing. Accessibility, service delivery, and the chaplaincy team are of a moderate standard. Staff are somewhat knowledgeable and are moderately trained in some relevant areas. Recruitment and representation are somewhat fair and equal, and reflect some local patient demographics. Some staff are aware of relevant policy, and this is followed some of the time.

#### Scores 18 - 31:

The establishment is underdeveloped. Accessibility, service delivery, and the chaplaincy team are of an underdeveloped standard. Staff knowledge is limited, and few are trained in any relevant areas. Recruitment and representation are not fair nor equal, and reflect only a portion of local patient demographics. Few staff are aware of relevant policy, and this is rarely followed.

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