

NHS Pastoral, Spiritual, and Religious Care (Chaplaincy) Services

Recruitment Toolkit



Background

This toolkit has been assembled to assist those responsible for the recruitment of NHS Pastoral, Spiritual, and Religious (PSR) Care staff, in order to promote recruitment processes that are fair and equitable, and in line with the legal requirements set out in the Equality Act 2010.

The toolkit was developed in response to an acknowledgement that due process was frequently not being followed by recruitment managers in the creation of new PSR staff posts. As a result, many new vacancies being advertised could potentially be deemed unlawful and open to legal challenge. The key issue is that most vacancies within PSR services are restricted to individuals from specific religious or belief groups, and therefore discriminate against others.

There are occasions when such discrimination may be legal, when it is justified by a thorough evidence base, and this is referred to as a Genuine Occupational Requirement¹ (GOR). To meet the threshold of a GOR, the NHS Trust must show that there is a substantial patient need for the post to be restricted to a candidate of a certain religious group, that being of that religious group is an essential requirement for fulfilling the role, and that restricting the role is a proportional means of meeting that need. This should be considered a high threshold to meet. It is not the case that a GOR can be applied to a role because it is the preference of the NHS Trust or PSR Care Team to have candidates of that religion, nor because leaving staff were of that religion or belief (like-for-like replacement).

Unless all three above conditions are met, a GOR cannot be applied, and the advertisement should make it clear that the post is open to all candidates equally, regardless of their religion or belief. If the Trust then chooses to restrict the post it will be limiting the opportunities of members of other religious or belief groups in breach of their legal obligations under the Equality Act and the Human Rights Act 1998. For example, in an area with a densely populated Muslim community, restricting applications to Muslims may be justifiable, if the requirements of the role are to perform certain duties related to the Muslim faith (such as the performing of sacraments that only an Imam is qualified to perform) and that the current Trust PSR team are unable to fulfil. In order to establish whether the needs of the Muslim patients, staff, families, carers etc. who might utilise PSR services are significant enough to attach a GOR to the post, it is recommended that an Equality Impact Assessment (EIA) is carried out, or a full Equality Analysis (EA) of the service is undertaken.

While the legal basis for fair and equitable recruitment underpins the rationale of this toolkit, it is important to remember that equality, diversity, and inclusion in PSR services brings significant benefits to service users, NHS staff, and the wider community. It reflects the ideal that good healthcare should be available to all and meet the needs of everyone equally - a concept that is embedded as Principle 1 in the NHS constitution:

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

¹ https://www.equalityhumanrights.com/sites/default/files/equality_act_summary_guidance_on_employmentnew.pdf

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Chapter 1

Introduction to the Toolkit

The Public Sector Equality Duty

Section 149 of the Equality Act 2010 (also known as the 'Public Sector Equality Duty') provides:

Section 149 of The Equality Act 2010 requires that specific provision is made to consider the impact of services and functions for people who identify with one or more of nine protected characteristics. This is known as the Public Sector Equality Duty (PSED).

Section 149 of the Equality Act 2010 ('the 2010 Act') provides:

- 1** A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 2** A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- 3** Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.'

A Trust appoints chaplains as part of its overall public service duty to support patients at its hospitals. Accordingly, in making the decision about the criteria that an applicant needs to fulfil, a Trust must take a decision in line with its obligation to the above legislation.

The characteristics protected by the Equality Act and therefore relevant to the PSED are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- marriage and civil partnership;
- race;
- religion or belief;
- sex;
- sexual orientation.

The most relevant protected characteristics to which the Trust is obliged to have due regard when making this decision was 'religion or belief'. **Section 10 of the 2010 Act provides:**

1 Religion means any religion and a reference to religion includes a reference to a lack of religion.

2 Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

3 In relation to the protected characteristic of religion or belief—

(a) a reference to a person who has a particular protected characteristic is a reference to a person of a particular religion or belief;

(b) a reference to persons who share a protected characteristic is a reference to persons who are of the same religion or belief.' (emphasis added)

As a public sector body, an NHS Trust has a statutory duty to ensure all aspects of Trust business and function are compliant with, and evidence due regard to the Equality Act 2010.

There are further Specific Equality Duties with which the Trust must also comply. One of the specific duties requires that the Trust:

- Publish information to show their compliance with the Equality Duty, at least annually.

Together the General and Specific Equality Duties form the Public Sector Equality Duty with which the Trust, as an NHS Provider, must comply.

Human Rights Act 1998 / European Convention on Human Rights

Article 9 of the Human Rights Act 1998 / European Convention on Human Rights (ECHR)

The Human Rights Act 1998 enshrines the European Convention on Human Rights into UK law. Therefore, articles in the ECHR correspond with those in the Human Rights Act.

Section 6(1) of the Human Rights Act 1998 ('the 1998 Act') states:

'It is unlawful for a public authority to act in a way which is incompatible with a Convention right.'

Article 9 of the European Convention on Human Rights ('ECHR'), as set out in Schedule 1 of the 1998 Act, states:

- 1** Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.
- 2** Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.'

Article 14 of the ECHR, as set out in Schedule 1 of the 1998 Act states:

'The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.'

A Trust is a public body and accordingly is required to act and make decisions which are compatible with the ECHR rights of patients it serves. A decision by the Trust to expend public funds on employing a chaplain of one particular religion which is already represented in circumstances where there is a lack of representation of chaplains or pastoral support workers who subscribe to a belief system without a deity is incompatible with the Article 9 duties on the Trust.

NHS England Guidance on Chaplaincy Provision

The NHS Chaplaincy Guidelines 2015 ('the Guidance') applies to the process of appointment of a chaplain. The following parts of the Guidance are relevant to recruiting PSR staff with regard to diversity and equality issues:

(a) In the Executive Summary the term 'chaplaincy' is explained and it states:

'The term "chaplain" is intended to also refer to non-religious pastoral and spiritual care providers who provide care to patients, family and staff'.

(b) In the Introduction to the Guidance, it states:

'In addition to religious needs chaplaincy managers must consider how best to determine and deliver spiritual care to those whose beliefs are not religious in nature. In doing this equality legislation, the NHS Charter and human rights obligations are of vital importance'.

(c) At paragraph 3, it states:

'Patients and service users can expect to receive care from chaplains which is in accordance with nationally agreed competencies and capabilities (see <http://ukbhc.org.uk>) and in a manner authentic to the practices and beliefs of the community the chaplain represents'.

(d) At paragraph 7, it states:

'Wherever possible, patients should have access to a chaplain of their religion or belief to ensure appropriate pastoral, spiritual or religious care'.

This guidance carries legal weight and a Trust must have a proper reason for making a decision that goes against this guidance.

Types of Discrimination

Failure to comply with the requirements of the PSED or the EHRC, in any aspect of the provision of service, puts a Trust at risk of unlawful discrimination. It is the responsibility of all those employed or registered as volunteers in the NHS to uphold the values of NHS Constitution Principle 1¹. Although the work of PSR teams is clearly focussed around religion and belief, all PSR teams must make fair and representative provision for all. Discrimination by a PSR team may take several forms:

- **Direct discrimination** occurs when a person is treated less favourably because of a protected characteristic.
- **Indirect discrimination** occurs when you have a rule, policy, condition or practice that applies to everyone, but disproportionately disadvantages people identifying with a protected characteristic.
- **Discrimination by association** occurs when a person is treated less favourable because they associate with a person who identifies with a protected characteristic.
- **Perception discrimination** occurs when a person is treated less favourably because it is believed they identify with a protected characteristic (cf. direct discrimination).

Direct discrimination on the basis of religion or belief occurs when an employer dismisses, decides not to hire, refuses to promote, or pays an employee less because of their religion or belief. In the context of PSR Care posts this occurs when a post is restricted to candidates of one religion or belief. Such discrimination is illegal unless a GOR can be demonstrated. Direct discrimination also occurs if an employee feels harassed because of their beliefs, or are treated less favourably because they have raised a grievance previously about their treatment (victimisation).

Indirect discrimination on the basis of religion or belief occurs when an employer sets rules that apply to everyone, but which unfairly disadvantage employees with certain religions or beliefs. An example of indirect discrimination in the context of PSR Care posts is when an advertised role states that all candidates must work on a certain day, but does not take into account that a candidate of certain beliefs might need time off on that day for religious observances. It doesn't matter if the discrimination is intended or not to affect a certain religion or belief group, it just must be demonstrated that the rule was not reasonable or justified with regard to that group.

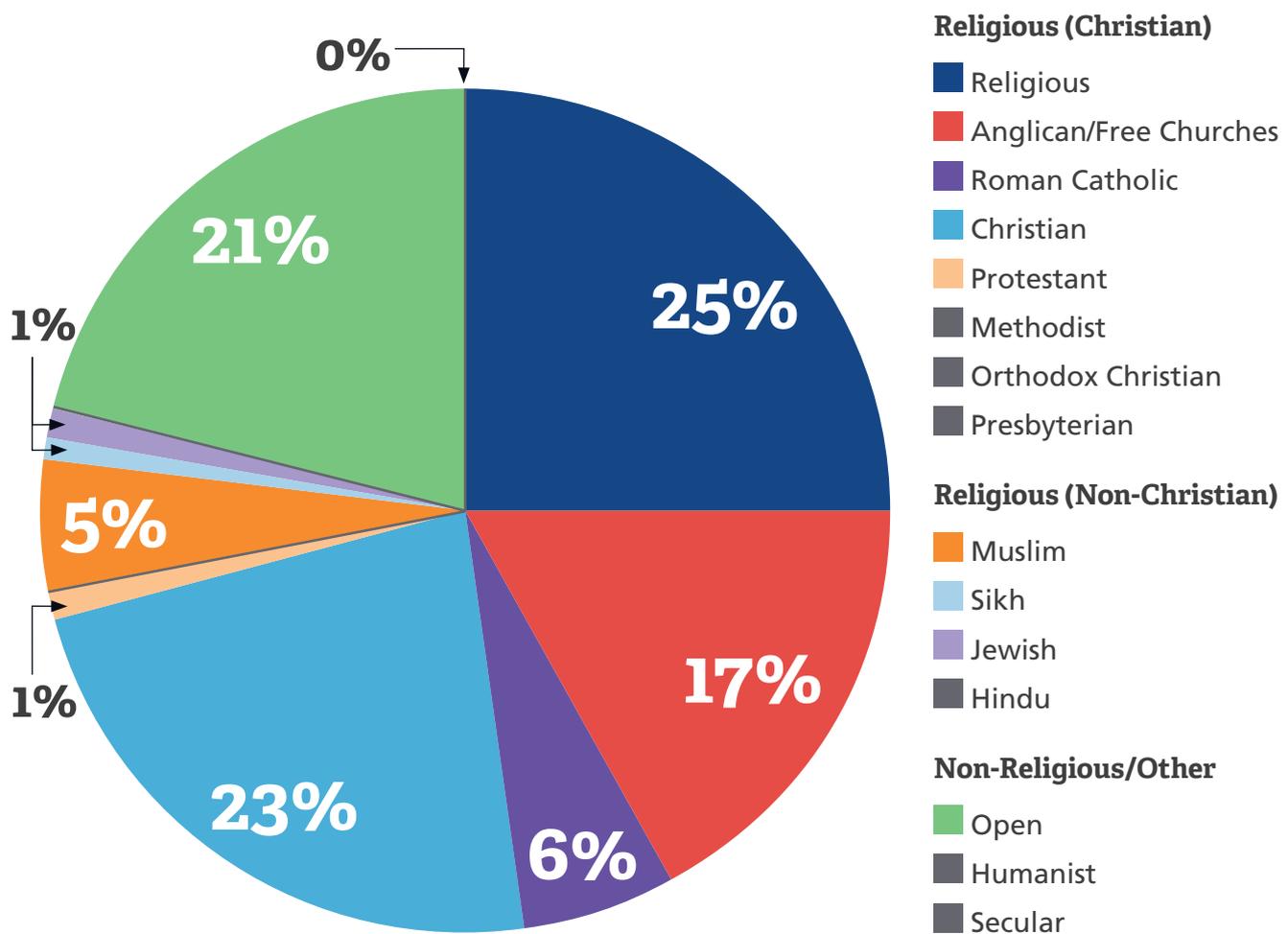
In practice, ensuring due regard and avoiding all forms of discrimination can be challenging for PSR teams. Lack of financial resources, for example, can make ensuring all groups under the Equality Act are offered services in the same way all the time. However, managers have a responsibility to review their current service model and activities to try and identify and address deficiencies.

¹ <https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england>

Discrimination in PSR Staff Recruitment

This toolkit has been created primarily to address the discrimination practices that have been observed in the recruitment of NHS chaplains. Managers have voiced concern that they have been unsure of the correct process to follow and are wary of 'offending' individuals on matters related to religion or belief. Presently, it is commonplace for a chaplain to leave a post and a new vacancy advertised with an aim of replacing like with like. This is poor practice. With every new vacancy, the needs of service users and the current resources available need to be thoroughly considered, and the new vacancy requirements informed by this. For example, if the numbers of non-religious patients has increased 20% since the last recruitment, the needs of this demographic requires further examination and assessment.

In 2016, almost all PSR Care posts were restricted to only Christian candidates, with the vast majority of these reserved for members of the Anglican church. Over the last two years there has been a lot of progress in removing religious discrimination in the recruitment of PSR Care roles but we still have a long way to go. The chart below shows the proportion of restricted and open adverts for PSR roles in February 2019.



Many new PSR vacancies will be restricted to a particular religion or belief group. By its very nature, this practice is discriminatory. However, such discrimination may be justified under the right circumstances - this is referred to as a Genuine Occupational Requirement (GOR). Without a justifiable GOR, it is unlawful to discriminate:

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

Genuine Occupational Requirement

Essentially, GOR is an exception to the Equality Act that allows religious discrimination to take place if the organisation can demonstrate that there is an essential reason why this discrimination is necessary. This is known as objective justification. It can provide a defence against both direct and indirect discrimination. In the context of PSR Care roles, the NHS Trust must show that restricting a post to candidates of a particular belief system is a 'proportional means of achieving a legitimate aim.'

In applying a GOR restriction to a vacancy, the NHS Trust must consider:

- The aim to be a real, objective consideration, and not in itself discriminatory (e.G. Ensuring the health and safety of others would be a legitimate aim)
- If the aim is simply to reduce costs because it is cheaper to discriminate, this will not be legitimate
- Whether the means is 'proportionate' in a balancing exercise: does the importance of the aim outweigh any discriminatory effects of the unfavourable treatment?
- There must be no alternative measures available that would meet the aim without too much difficulty and would avoid such a discriminatory effect: if proportionate alternative steps could have been taken, there is unlikely to be a good reason for the policy or age-based rule

Compliance with the PSED in PSR Staff Recruitment

The primary method through which the Trust meets and evidences compliance with, and demonstrates due regard to, the Public Sector Equality Duty (PSED), outlined above, is through the mechanism of an Equality Analysis (EA).

It is best practice for all services and functions provided by public sector bodies to be supported by an EA and it is recommended that senior chaplains work with their teams to undertake an EA of the services their department provides. If a baseline EA of the service is undertaken and the EA is viewed as a working document, it can support and be adapted for specific tasks (e.g. recruitment, service development, policy and strategy writing, etc.).

In the first instance it is recommended that senior chaplains engage with the Equality and Diversity Lead in their respective organisations and utilise the EA framework already in place. The Equality and Diversity Lead can also offer support and advice regarding local practice and information. Please note that some organisations still utilise a system of Equality Impact Assessment (EIA). An EIA is essentially a tool for assessing whether any decision taken by an NHS Trust will cause inequality against the nine protected characteristics of the Equality Act and to work out how to avoid this. An EIA should be carried out whenever the NHS Trust makes a decision about its functions that will affect either staff or patients, such as recruiting for a new role.

Please refer to the link on NHS Employers for further information:

<http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce/tools-and-resources/equality-analysis-and-equality-impact-assessments>

Undertaking Equality Analysis:

EA should be undertaken at the earliest possible juncture or inception of a function, and is the method by which any potential or actual impact on people of different groups is identified. The impact could be positive, neutral or negative. If negative impacts are identified, the Trust can then seek to identify what steps (if any) need to be taken to overcome those impacts, in line with the requirements of the PSED and the wider Act. When undertaken well, an EA will not only ensure and evidence that appropriate due regard to the PSED has been given, it will also enable the Trust to celebrate, from an equality perspective, the many positive functions the Trust undertakes.

Please note, EA must be undertaken for all functions of the organisation, and not only in relation to policies. EA is not to be considered as a 'tick-box exercise' at the end of a given function. EA should be commenced at the earliest juncture and reviewed as appropriate to the function.

Functions of the Trust that require EA include:

- Decision-making
- Service provision and delivery
- Service development and improvement
- Service change or cessation
- Projects and project initiation (including capital projects)

- Strategy, strategic development and business planning
- Systems and processes
- Recruitment and people management (Human Resources and Organisational Development)
- Procedures, including Standing Operating Procedures
- Procurement and budgetary decisions
- Policies, protocols and guidelines
- Care pathways etc.

As the specific duty requires that the Trust publishes evidence of compliance with the Public Sector Equality Duty, it is recommended that committees, business units, clinical directorates, and all other groups with responsibility for the discharge of a specific function ensure evidence of commencement, completion and monitoring of the EA is recorded in minutes. It is also advisable that EA status is included on the front sheet of important documents going to the Trust Board or committees.

Including relevant evidence:

EA is not simply an exercise in self-assessment. Where it is anticipated that a function may have impact on one or more of the protected characteristics, evidence of engagement is required. Examples of evidence which can be considered include:

- Analysis of demographic data (local, regional, national)
- Staff demographic data
- Disability access and other audits
- Consultation / engagement with specific groups
- Output from anonymised surveys / feedback data (e.g. Family & Friends Test, Staff Survey data, etc.)

More detailed information on the Public Sector Equality Duty can be found on the website of the Equality and Human Rights' Commission:

<https://www.equalityhumanrights.com/en/publication-download/essential-guide-public-sector-equality-duty>

Please remember, evidencing due regard to the Public Sector Equality Duty is not only a statutory requirement, more importantly it leads to better decisions and functions. Ultimately, time invested in undertaking high quality EA will lead to services that are more appropriate for service users, more cost effective, and to improved patient and service user outcomes and satisfaction.

Chapter 2

Chaplaincy Job Advert Development

This section of the toolkit has been created to support NHS Trusts in their development of job adverts for PSR Care posts. The document contains a number of questions that should be considered to ensure that Trusts are meeting their requirements as per the Public Sector Equality Duty; have respected articles 9 and 14 of the ECHR; and have given sufficient regard to the NHS England Chaplaincy Guidance 2015.

It is recommended that this part of the toolkit is used in conjunction with the completion of a full EA as outlined in the previous chapter, which will help to justify the specific requirements of a PSR Care post. It is worth noting that any job description should be accessible to all religion and belief groups, and there should be consideration of the inclusivity of the language used.

The structure of this section has been created from a review of a number of recent PSR staff recruitment adverts and has tried to follow the most common approach used. It is not the intention of this guidance to specify the sections that a Trust should use in their recruitment adverts, although it is recommended that the different headings are used to ensure that each item is addressed.

Suggested Guidance and Structure

Background

- It is likely that institutions will want to describe their rich history in providing care but does the post background section also focus on the future development of inclusive policies?
- Does the background describe the diversity of the community that the institution serves?
- Does the background describe the diversity of the PSR Care Team (paid and voluntary staff)?
- Does this section provide an accurate summary of the post rationale?

Job Description/Key Duties and Responsibilities

- Is the job title inclusive (chaplain is a Christian word)? Have other terms (e.g. spiritual carer/pastoral carer) been considered?
- What are the specific duties of the role?
- Will the post holder need to be from a particular religion or belief in order to perform the general duties of the role? - If 'yes' how does this relate to the EIA/EA?
- Do the responsibilities focus on the service that is being provided (pastoral, spiritual, emotional care)?

- Should the person be able to conduct ceremonies or be able to facilitate opportunities for formal expressions of religion and belief?
- Does the description require a consideration of all religions and beliefs when providing training to Trust staff?
- Does the description require an ability to communicate and work with others from all religions and belief groups?
- Is there a requirement to analyse patient demographics and look for ways to address gaps by increasing service provision?
- Is there a focus on creating an inclusive team that is able to offer likeminded care to all?
- Has the name of the room for services, celebrations, prayers etc. been considered to be inclusive of all religions and beliefs? (Prayer room/Chapel is not inclusive. Room for Reflection, Spiritual Room, Contemplation Room may be more appropriate.)

Person Specification

The first thing to consider when drafting a person specification is inclusive language. You may wish to have a post that is open to all candidates regardless of religion or belief, but may exclude certain groups by using exclusionary language. Always think, 'would this apply to someone from a minority religious group or a non-religious person?'

Words that don't have non-religious equivalents include but are not limited to: liturgy/liturgical experience, theological worldview, ministry/experience of pastoral ministry, leading worship/prayer, and ecumenical. You should avoid using these terms for open job adverts.

Please also remember that 'faith group' is not inclusive, as it excludes non-religious candidates. It is best practice to use 'religion or belief group.'

Qualifications

- Is the focus of the qualifications on the provision of pastoral care? Qualifications should focus on the interactions of the job, not theological knowledge– would an MSc in pastoral/spiritual care preclude someone from doing the job just as well as someone with a theology degree?
- Does the qualifications section focus on the delivery of quality care rather than religious experience?
- Does this section state a need for someone to have a good understanding of their own religion or belief group and others?
- Has the need for an ordained person been justified? Is this a fair and just item to ask for in the context of the job? is ordination an essential requirement to perform the duties of the post?
- Have you sought endorsement from a recognised religion or belief community?

Experience

- Does this section look for someone who is open to developing an inclusive multi-faith team?
- Does this section allow for someone with a long standing position in any religion or belief community to apply?
- Does this section seek to understand the experience of the care that someone has delivered rather than their religious experience?

Knowledge

- Does the person have an understanding of the religion or belief of others, as well as their own?

Skills

- Are the skills listed as required, inclusive and necessary for the job?
- Are people being unnecessarily excluded by listing skills that can only be demonstrated by one religion or belief group?

Chapter 3

Common Pitfalls to Consider

Conducting a complete and thorough EA and developing an inclusive job advert is not a straightforward task. A detailed review of current practice has highlighted a number of areas in which common errors occur. If you are conducting an EA in order to recruit a new PSR staff member or writing the advert, you should consider:

If you have taken into account the current team make-up – and the provision of specific religious care, where required, is being met by a member of the team

Example of pitfall:

A Trust chooses to advertise for a PSR staff member who must be Anglican or a member of the Free Churches, when several or even all of its existing staff are Anglicans or members of the Free Churches. Or it chooses to advertise for a Christian chaplain when all its existing PSR staff are Christians. It is not legitimate to spread the carrying out of religious activities across all the posts in the team (e.g. all Anglican religious requirements may be met by one team member). It is also not legitimate for the hospital to only be catering its PSR support work to specific religious groups.

If you have attached a GOR to a post when the vast majority of the work of the PSR service is not itself religious.

Example of pitfall:

Most PSR teams report that the vast majority of their work is generic and is focussed primarily on the provision of pastoral and spiritual care. If only 10% of the work by the PSR team is specifically religious then it is highly unlikely that a religious GOR can be legally applied to a post, where specific religious duties could be referred to another member of the team. For example, if the team has two Anglican chaplains on part time contracts, this is likely to be sufficient to meet the religious needs of the Anglican patient population. Having a preference for a member of staff who would be less likely to need to make referrals or who could not be used in a rota for conducting services of worship is not a justification for a GOR.

That if there is no GOR found through the EA but the individual is required to carry out certain activities that only religious individuals can do

Example of pitfall:

A Trust chooses to advertise for a chaplain where there is no requirement for the individual to be of a particular religion or belief, but the individual must carry out certain activities that only religious individuals can do, for example leading worship. Such an advert has not been formulated properly as adverts should make any religious restrictions plain.

If you have stated a requirement for an individual to carry out certain activities that only religious individuals can do, which is listed as desirable but not essential

Example of pitfall:

A Trust chooses to advertise for a chaplain where recruiting an individual of a certain religion, or requiring the individual to carry out certain activities that only religious individuals can do, is listed as desirable but not essential. This would not be acceptable as the activities concerned could determine whether or not an individual is recruited. In other words, such activities must either be essential, or not required at all.

If you need to recruit someone of a specific religion or belief but you already have volunteers with those beliefs

Example of pitfall:

A Trust tries to argue it doesn't need to recruit someone of a specific religion or belief because it already has a volunteer; but it fails to take into account the number of hours the volunteer and staff members work, the quality of work they provide, and whether, therefore, there is equitable treatment between service users of the different religions and beliefs in terms of the service they receive.

It is also worth remembering that having certain duties attached to a post that cannot be performed by individuals of particular religions or belief also make the post discriminatory, even if that is not your intention. Some of the most common examples are:

- Letter of support 'from a religious leader', 'license from religious community', or in good standing with their 'religious community'.
- Requirement to lead or partake in worship or prayer.
- Requirement to have specialised knowledge of one's own 'religious faith'.
- Requirement to hold a theological qualification.
- Requirement to hold a qualification in 'religious chaplaincy'.
- Member of the UK Board of Healthcare Chaplaincy (UKBHC) since membership is not open to all religion and beliefs groups

Chapter 4

Equality Analysis Template

Please note that there are many different templates that can be used for an EA. The structure suggested below is just one possible approach. It is worth noting that although EA templates may differ, their objectives remain the same (i.e. to ensure the Trust meets the requirements of the PSED.)

<p>Title: <i>of the function to which this Equality Analysis applies</i></p>
<p>What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i></p>
<p>Who will be affected? <i>e.g. staff, patients, service users, etc.</i></p>
<p>Evidence <i>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.</i></p>
<p>What evidence have you considered? <i>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.</i></p>
<p>Disability <i>Consider and detail (including the source of any evidence) on attitudinal, physical, and social barriers.</i></p>
<p>Sex <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i></p>

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

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.

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.

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

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

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

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

Other identified groups Consider and detail (including 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.

Engagement and involvement

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

How have you engaged stakeholders in testing the function proposals?

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

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; and how you will include certain protected groups in services or expand their participation in public life.*

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).*

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).*

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

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

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.

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.

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:

Date assessment commenced:

Name of responsible Director/General Manager:

Date assessment was signed:

Chapter 5

Equality Analysis Example

Title: *of the function to which this Equality Analysis applies*

Chaplaincy and Spiritual Care Staff Recruitment at Anytown NHS Trust

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

To ensure that NHS pastoral, spiritual, and religious care staff recruitment is undertaken in a fair and equal manner. The PSR model is comprised of chaplains and spiritual care providers who are professionally qualified and accredited by their religion or belief group and able to deliver the religious and spiritual support services required and in keeping with the patient and staff demographic, as well as being mindful of the demography of the wider population and the communities served by the Trust.

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

The PSR service provides to all patients, staff, families, and carers in an inclusive and equitable manner.

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.*

Examples could include:

Local population demography (e.g. census data, British Social Attitudes Survey data)

Hospital Patient data

Chaplaincy data (how much time is spent on pastoral, spiritual, and religious care? - if only 10% of the work is related to religious care - can you restrict on this basis?)

Chaplaincy call-out data

Service user feedback (e.g. Family and Friends Test, other bespoke survey data)

Local religion and belief group engagement

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

No negative impact expected.

Anytown NHS Trust is a two-tick employer, therefore all applicants meeting the essential criteria who are living with disability are guaranteed an interview.

Is your Trust a Two-Tick Employer or Mindful Employer?

Has your trust been Disabled-Go certified or reviewed?

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

No negative impact expected.

Recruitment to this position is open to all applicants who meet the essential criteria, irrespective of sex.

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

No negative impact expected.

Recruitment to this position is open to applications from people of all ethnic groups and nationalities.

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.

No negative impact expected.

Recruitment is open to people of all ages from 18 years and above.

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.

No negative impact expected.

Recruitment supports and welcomes applicants of all gender identities.

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

No negative impact expected.

Recruitment welcomes applications from individuals of all sexual orientations.

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

No negative impact expected.

Recruitment to the advertised position is open to accredited candidates whose religion or belief group is represented on the Network for Pastoral, Spiritual, and Religious Care in Health.

or

Recruitment to the advertised position is open to accredited candidates from the X religion or belief group. This requirement is based on local community and hospital patient demographics and chaplaincy (including emergency call-out) data. Ensure data evidence of this is included.

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

No negative impact expected.

Recruitment to the advertised position offers flexible working arrangements, part-time working options and family friendly options, as articulated in the Trust's X policy.

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

No negative impact expected.

Recruitment to the advertised position offers flexible working arrangements, part-time working options and family friendly or carer options, as articulated in the Trust's X policy.

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.

Please liaise with your local Equality and Inclusion Lead to ensure other locally identified groups are considered.

Engagement and involvement

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

E&D lead

FFT

Service and patient experience feedback

Religion and belief groups

Spiritual Care group

How have you engaged stakeholders in testing the function proposals?

Business plans and departmental strategy; recruitment plan developed and shared with Patient Experience Committee, local religion and belief groups, spiritual care group, and Healthwatch, etc.

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

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, and 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?*

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).*

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).*

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

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

The chaplaincy and spiritual care services afford an overall positive impact.

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.

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 policies or 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.

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:

Date assessment commenced:

Name of responsible Director/General Manager:

Date assessment was signed:

Chapter 6

Equality Analysis Checklist

- Engage with Trust Equality & Diversity Lead
- Utilise Trust Equality Analysis / Impact Assessment template
- Involve the whole Chaplaincy Team
- Enjoy doing the Equality Analysis (you are not just ticking a box!)
- Minute the Equality Analysis work in your meeting notes
- Think carefully about providing the evidence for your decisions / judgements
- Document your evidence in the Equality Analysis
- Celebrate the success of the services the chaplaincy provides!
- Plan and deliver action planning where improvements are needed
- Send a copy of the completed Equality Analysis to the Equality & Diversity Lead – your Trust wants to share in your great work!
- Update your Equality Analysis, as required

Chapter 7

Recruitment Flow chart



The original version of this guidance was prepared by:

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This updated version was developed by Simon O'Donoghue of the Non-Religious Pastoral Support Network, on behalf of the Network of Pastoral, Spiritual, and Religious Care in Health.

To request a copy of the original version of this document, please email admin@network-health.org.uk