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Welsh Assembly Government

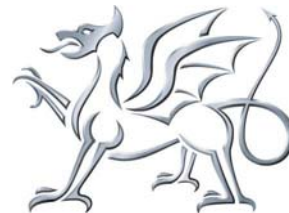
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Guidance on Capabilities and Competences for Healthcare Chaplains / Spiritual Care Givers in Wales 2010

Supported by



Scottish Association of Chaplains in Healthcare



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These competences and capabilities have been adapted from the '*Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*' (NHS Education Scotland, 2007). The Welsh Assembly Government acknowledges with thanks the support and permission of NHS Education Scotland to use and adapt these competences and capabilities.

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Introduction

Meeting the needs of people in all their diversity is an essential part of the delivery of services in the NHS Wales. Recent statements from the World Health Organisation concluded that full person care could no longer ignore the elements of care, compassion, beliefs and values which come under the umbrella of “Spiritual Care”. It had been an incomplete view of our humanity which concentrated on the physical, psychological and social but made no mention of that search for meaning and value which makes up the spiritual element of human living.

Spiritual Care and Religious Care

The document Service Development for Spiritual Care in the NHS in Wales (2010) differentiated between spiritual care and religious care:

- **Spiritual Care** is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation:
- **Religious Care** is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

Spiritual care is often used as the overall term and is relevant for all. For some their spiritual needs are met by religious care, the visits, prayers, worship, rites and sacraments often provided by a faith leader, or representative of the faith community or belief group.

Spiritual care can be provided by all health care staff, by carers, families and other patients. When a person is treated with respect, when they are listened to in a meaningful way, when they are seen and treated as a whole person within the context of their life, values and beliefs, then they are receiving spiritual care. Chaplains/spiritual care givers are the specialist spiritual care providers. For them, spiritual care is the reason for their employment and they are expected to be knowledgeable, capable and competent in the areas of spiritual and religious care. They are expected to take their place as members of the multiprofessional healthcare team and to fulfil a meaningful role within the healthcare community.

A National Health Service Responsibility

Spiritual care is a responsibility of the health service and should to be undertaken in partnership with the faith communities and belief groups within the wider community (HDL (2002) 76).

To that extent each Local Health Board / Trust has written and approved a Spiritual Care Policy describing the direction, application and organisation of spiritual care within and as part of the service it provides. Spiritual Care Committees and Departments of Spiritual and Religious Care are but two of the developments since then. Since 1st January 2007 all whole time chaplains in Scotland have been direct employees of the health service. Elsewhere in the UK this is also common practice.

Chaplains/Spiritual Care Givers

Chaplains/spiritual care givers have professional associations to which a large number belong. The main four professional associations are the College of Health Care Chaplains (CHCC), Scottish Association of Chaplains in Healthcare (SACH), the Association of Hospice and Palliative Care Chaplains (AHPCC) and the Northern Ireland Healthcare Chaplains' Association (NIHCA).

In 2005 CHCC, AHPCC and SACH, developed a Code of (ethical) Conduct, and considerable work has been done on chaplaincy standards and the body of knowledge that chaplains need to know (CHCC, AHPCC, SACH 2005). Work is under way to produce professional qualifications for chaplains. To achieve the status of a regulated health care profession, health care chaplaincy needs first to become a self-regulated profession. The four professional membership associations recognise and support the recently established United Kingdom Board for Healthcare Chaplaincy (UKBHC). The remit of the UKBHC is to hold the professional register of practitioners, to agree academic standards and to scrutinise professional conduct. Healthcare chaplains registered with the UKBHC are known as "Board Registered" chaplains. Application for registration with the UKBHC is open to all practitioners.

Standards and employment conditions for healthcare chaplains, including job evaluation, national profiles that determine levels of pay, and a knowledge and skills framework, are also described under Agenda for Change regarding employment in the NHS throughout the United Kingdom.

Recent Documents

In Scotland a Scoping Study on Spiritual Care and Chaplaincy was undertaken by the Chaplaincy Training and Development Unit in conjunction with Quality Improvement Scotland (NHS QIS, 2005). A broadly representative group developed "Standards for NHS Scotland

Chaplaincy Services” which has been approved by the professional associations (AHPCC, CHCC, SACH, 2007). An e-portfolio for recording continuing professional development following on from original work undertaken by the Chaplaincy Academic and Accreditation Board (CAAB) has been devised by the UKBHC and is available to all registrants.

In June 2005 CAAB approached Skills for Health with the aim of developing national occupational standards. Skills for Health agreed to work collaborate with CAAB as they provided the professional expertise for such a project. The Caring for the Spirit project in England, created from a strategy document by the South Yorkshire Workforce Development Confederation for chaplaincy within the spiritual healthcare workforce, sought to commission Skills for Health to develop national occupational standards for healthcare chaplaincy (SYWCD, 2003). However, this did not go forward.

The Need for a Capabilities and Competences Framework for Healthcare Chaplains/Spiritual Care Givers

In Scotland, following the recommendations of the NHS scoping study of 2005, and the completion of the standards for chaplaincy services in NHSScotland (CHCC, AHPCC, SACH, 2007), the logical progression was to produce a capability and competence framework for individuals working as healthcare chaplains.

On 23rd April 2003 a group of leading health care chaplains in Wales, led by Rev. Robert Lloyd-Richards, met at Llandrindod Wells to establish proposals for a strategy to provide chaplaincy/spiritual care in the NHS in Wales. In May 2003 a second draft of the paper was agreed and sent to practitioners in Wales as a consultation exercise, with responses to be received by 31st October 2003. Following that the Minister of Health in Wales, Dr Brian Gibbons, was made aware of the initiative. The Welsh Assembly Government followed through on the project from 2005 and further consultation/scoping was undertaken, resulting in the document we have today."

Skills for Health

Skills for Health is the Sector Skills Council for the United Kingdom health sector. Its purpose is to develop solutions that deliver a skilled and flexible workforce to improve health and healthcare. In 2006 Skills for Health entered into a Sector Skills Agreement for Health. This seeks to identify and prioritise the sector's future skills and workforce needs so that health sector employers, those that deliver and fund education and training, the government and Skills for Health can take appropriate action to address them. As such, Skills for Health output has been consulted throughout the development of this framework. Attention has been paid to relevant National Occupational Workforce Competences to underpin the development of this capability and competence framework.

The Welsh Assembly Government through the National Leadership and Innovation Agency for Healthcare in Wales (NLIAH) have a working memorandum of understanding with Skills for Health through which they work together within the Welsh context.

A Capabilities and Competences Framework

Competency Frameworks have been widely produced across the health sector between 2004 and 2006. The volume of these has made them appear to some to be unwieldy, and others have suggested that as well as or instead of competences we need something which is more

flexible and including a developmental context. Spiritual care require certain competences but are particularly attuned to capability. There is a degree of perception, behaviour and attitude within spiritual care that is difficult to describe in terms of a task. This we believe is best expressed by a capability framework within which are groups of competences. The terms 'competences and capabilities' are explained below under 'Developing a capability and competences framework' (Page 10).

The Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains/Spiritual Care Givers

The capabilities and competences framework is for chaplains working in the NHS and voluntary sector. The framework is based on the concepts of **capability** and **competence** using the **chaplain / spiritual care giver** level described below. This post sits at Agenda for Change Band 6. It is recognised that Spiritual and Religious Care is an integral part of healthcare and can be provided by all healthcare professionals, and further work will need to be undertaken to develop the capabilities and competences for all healthcare workers (AHPCC, CHCC, SACH, 2007; NHS QIS, 2005).

The national framework is a progressive four level model reflecting progression through the profession (See Figure 1). Each competence is linked to the Agenda for Change banding to assist in the delivery and maintenance of spiritual care services in accordance with the National Profile for Chaplains/Spiritual Care Givers 2005, a copy of which can be found on page 33.

Figure 1.

Trainee Chaplain/Trainee Spiritual Care Giver	A person in training, working under the supervision of a chaplain/spiritual care giver.
Chaplain/Spiritual Care Givers	An autonomous, qualified practitioner whose role is to seek out and respond to the spiritual and religious needs of individuals, their carers and staff.
Senior Chaplain/Senior Spiritual Care Giver	A chaplain/spiritual care giver with additional responsibilities and experience including the management of a spiritual care team.
Specialist Chaplain/Specialist Spiritual Care Giver	A chaplain/spiritual care giver with specialist knowledge and experience of a particular aspect of healthcare spiritual care services. For example: Acute, Mental Health, Paediatrics, Palliative Care.
Lead Chaplain/Spiritual Care Giver	A chaplain/spiritual care giver with management responsibility for spiritual and religious care policy and services across a Local Health Board / Trust area.

Figure 2. An example of the framework in practice

Spiritual Care Standard 5.2 The spiritual care service contributes to the healthcare team's education and training programme (AHPCC, CHCC, SACH, 2005 p7).	
Trainee Chaplain/Trainee Spiritual Care Giver	As a trainee, would not contribute to education or training.
Chaplain/Spiritual Care Giver	As an experienced practitioner, contribute to education and training within the hospital or unit.
Senior Chaplain/Senior Spiritual Care Giver	As an experienced practitioner, contribute to education and training in Higher Education Institutions.
Specialist Chaplain/Specialist Spiritual Care Giver	As an experienced and specialist practitioner, contribute to education and training in Higher Education Institutions.
Lead Chaplain/Lead Spiritual Care Giver	As an experienced practitioner, contribute to the development of programmes of education and training.

Developing the Healthcare Chaplains/Spiritual Care Givers' Capabilities and Competences Framework

The framework has been informed by, and is adapted from, previous work undertaken by the Sainsbury Centre for Mental Health (2001), the Department of Health (2004) and the Combined Sheffield Universities Inter-professional Learning Unit (2004).

Capability is associated with facilitating the continuing development of practitioners' ability and potential and is an essential element of lifelong learning and personal and professional development. A distinction is made between the terms competence and capability.

- **competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time;
- **capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance (Fraser & Greenhalgh, 2001).

It has been argued that competences do not take into account complexity (Wilson & Holt, 2001), and that effective practitioners need more than a prescribed set of competences to carry out their roles effectively (Sainsbury Centre for Mental Health, 2001). The ability to adapt to frequent change incorporates professional judgement, decision-making skills and experiential knowledge gained from many different (but similar) situations. The more expert the practitioner, the more likely he or she is able to adapt in complex, unpredictable and unfamiliar circumstances (Benner, 1984).

Capability frameworks focus on:

- realising people's full potential;
- developing the ability to adapt and apply knowledge and skills;
- learning from experience;
- envisaging the future and contributing to making it happen.

These elements are congruent with continuing professional development, lifelong learning and personal development goals, each of which is a vital part of the make-up of current and future healthcare practitioners.

The Essential Practitioner Framework (Sainsbury Centre for Mental Health, 2001) aimed to identify the skills, knowledge and attitudes needed for a healthcare workforce to provide safe and effective care. It sought to define the required education input to deliver effective care, rather than focusing on particular professional groups. These ideas have been adapted within this professional development framework for nurses and AHPs working with individuals with cancer, their families and carers.

Capabilities incorporate several components (Sainsbury Centre for Mental Health, 2001):

- a performance component – identifies what people need to possess and what they need to achieve in the workplace;
- an ethical component – concerned with integrating knowledge of culture, values and social awareness into professional practice;
- a component that emphasises reflective practice in action;
- the capability to effectively implement evidence-based interventions in the changing context of health services;
- a commitment to working with new models of professional practice and accepting responsibility for lifelong learning.

A capability framework is a broad outline of what practitioners should be able to do in practice. Capability frameworks are usually supported by discipline-specific competency frameworks detailing the level of expertise required. As there are no existing nationally accepted interdisciplinary competency frameworks for chaplains working with individuals with spiritual or religious needs, this framework incorporates practice learning outcomes to detail what practitioners should be able to achieve and to capture the notion of capability as current competence combined with the development of future potential competence.

Essential Capabilities for Healthcare Spiritual Care

The Ten Essential Shared Capabilities (DoH, 2004) were developed by a partnership involving the National Institute for Mental Health England and the Sainsbury Centre for Mental Health Joint Workforce Support Unit, in conjunction with the NHS University. They describe the values and principles that should underpin practice in services in England for people who have mental health problems. They are relevant to all practitioners irrespective of professional group or role in mental health care, and represent the minimum requirements.

The capabilities have been adapted from the mental health setting to spiritual and religious care, and adjusted to reflect the core values of chaplains. It is anticipated that the capabilities will be appropriate for practitioners working with individuals accessing spiritual and religious care, their families and carers at all levels of the professional development framework.

1 Working in partnership

Developing and maintaining constructive working relationships with individuals, their families and carers and multi-professional colleagues to design, deliver and evaluate care and treatment across organisational, geographical and professional boundaries.

2 Respecting diversity

Providing care and treatment in ways that respect and value diversity in, For example: age, race, culture, disability, gender, spirituality and sexuality.

3 Practising ethically

Recognising the rights of individuals, their families and carers, and providing information to increase understanding, inform choices and support decision making. Providing care and treatment based on professional, legal and ethical codes of practice.

4 Challenging inequality

Identifying where care could be improved and devising solutions, where possible, to ensure individuals, their families and carers have access to the best quality care, irrespective of their personal circumstances or geographical location.

5 Identifying the needs of people using spiritual care services.

Identify the individual and collective needs of patients, visitors, staff and volunteers.

6 Providing safe and responsive patient-centred care

Providing safe, effective and responsive care and interventions that meet the identified holistic needs of individuals, their families and carers within the parameters of the role and in accordance with professional codes of conduct and clinical governance.

7 Promoting best practice

Continually reviewing and evaluating to ensure quality assured, evidence-based, values-based care designed to meet the individual needs of individuals, their families and carers is offered.

8 Promoting rehabilitation approaches

Recognising the relevance of rehabilitation for individuals. Working in partnership with individuals, their families and carers and multi-professional colleagues to set realistic goals, foster hope, and develop and evaluate realistic, sustainable programmes of rehabilitation that emphasise self care.

9 Promoting self care and empowerment

Taking active steps to work with, involve and support people in addressing their own healthcare needs, maximising their potential within the limits of their illness and enabling them to live as independently as possible.

10 Pursuing personal development and learning

Keeping up to date with changes in practice, seeking opportunities to extend knowledge, skills and experience and participating in lifelong learning activity. Pursuing personal and professional development for self and others through supervision and reflection in and on practice.

Communication is not identified as an essential capability but is recognised as key to all aspects of health care and is integrated into all aspects of the framework.

Structure of the Healthcare Spiritual Care Framework

The framework is presented under four domains with a number of elements to each domain:

1. Knowledge and skills for professional practice:

- 1.1 Knowledge and skills for practice;
- 1.2 Practicing ethically;
- 1.3 Communication skills;
- 1.4 Education and training.

2. Spiritual and religious assessment and intervention:

- 2.1 Spiritual assessment and intervention;
- 2.2 Religious assessment and intervention.

3. Institutional practice:

- 3.1 Team working;
- 3.2 Staff support;
- 3.3 Chaplain/spiritual care giver to the hospital or unit.

4. Reflective practice:

- 4.1 Reflective practice;
- 4.2 Personal spiritual development.

Each of the domains contains:

- **capabilities** – broad statements of intent;
- **practice learning outcomes / competences** – detailing the knowledge, skills, attitudes and behaviours professionals should be capable of demonstrating in practice;

- **key content** – depicting an outline knowledge-base required to achieve practice learning outcomes.

The Essential Capabilities for Healthcare spiritual care services are incorporated within, and reflected throughout, the framework. Achievement of the capabilities and practice learning outcomes in each domain contributes to achievement of the Essential Capabilities.

References to Spiritual Care Standards

The framework is referenced to the Spiritual Care Standards (AHPCC, CHCC, SACH, 2007) in order to facilitate the use of the two documents in tandem. The standards refer to the quality of a whole service, whereas the capability and competency framework describes the individual chaplain's/spiritual care giver's role. Where individual competences relate to a particular Spiritual Competency Standard, is noted in the column on the right hand side of the page.

Links to Knowledge and Skills Framework (KSF)

The framework is linked to the Knowledge and Skills Framework under the capabilities within each domain. This is intended for guidance only and is inclusive of all possible links. Individual KSF for particular posts must be discussed and agreed locally and may not necessarily reflect all the KSF links referred to below.

How can the framework be used?

The framework can be used:

- for self-assessment;
- as a means of planning personal development;
- as a means of planning team development;
- as a guide to developing education and training;
- as a guide to developing work-based learning.

It is anticipated that those using the framework for professional development purposes would be supported and guided by an experienced mentor. The self-assessment would be in conjunction with the professional associations' Continuing Professional Development (CPD) portfolio, and e-portfolio when available.

Definition of Terms

Accreditation

In the context of this document, this term is being used to describe the accepted status of an individual within a faith community or belief group in terms appropriate to that community for the support of the chaplain.

For example:

- Ordination;
- Being accepted as an Rabbi, Imam or Giani;
- Being set apart as a Reader;
- Having a letter of support from a faith community, or belief-group, leader.

NB: This term is currently under review by the group reviewing the HDL (2002) 76 and will be subject to change and clarification.

Belief Group

Any group which has a cohesive system of values or beliefs, but which does not classify itself as a faith community.

Chaplain/ Spiritual care giver

A person who is appointed and recognised as part of the specialist spiritual care team within a healthcare setting. His or her job is to seek out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice.

Faith Community

A recognisable group who share a belief system and usually undertake religious practices such as prayer, scripture reading, meditation and communal acts of worship.

Individual

Any person for whom the chaplain/spiritual care giver has responsibility, including; patients, service users, clients, relatives, carers, and NHS Staff, or groups thereof.

Domain	1	Knowledge and Skills for Professional practice	
Capability	1.1	Knowledge and skills for practice: The chaplain/spiritual care giver continually develops and updates his or her knowledge of spiritual and religious care, current policy, and research evidence relevant to chaplaincy services, and uses this to promote and develop effective, evidence-based practice.	
Key Content		<ul style="list-style-type: none"> • Literature on spiritual care and practice; • Literature on religious care and practice; • Literature on equality and diversity; • Key government and local policies, standards and guidelines; • Pathways and assessments used in spiritual and religious care. 	
KSF		<ul style="list-style-type: none"> • HWB2, 4, 6; IK1, 2, 3; C4,6; IK1,2. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain / Spiritual care giver			
	Demonstrates an ability to:		
1.1.1.	recognise the forms in which spiritual need manifests itself in individuals. For example: <ul style="list-style-type: none"> • celebration, hope, preservation of dignity; • guilt, the need for forgiveness, the question 'Why?', searching for meaning, the need to resolve unfinished business. 		
1.1.2.	recognise the forms in which religious and cultural needs manifest themselves in individuals. For example: <ul style="list-style-type: none"> • requirements for privacy, dietary requirements, issues of gender, healthcare interventions, religious requirements in the event of death. 		3.6
1.1.3.	discern, assess and meet the needs of individuals displaying unhelpful manifestations of spirituality or religion.		
1.1.4.	maintain a knowledge and understanding of the main world faiths and belief groups, with particular reference to their philosophies, beliefs and practices around illness, birth, dying and death.		3.1
1.1.5.	maintain the processes and protocols by which referrals are made to and from the spiritual care service, and monitor these for effectiveness.		2.5
1.1.6.	maintain appropriate documentation of referrals, assessment, interventions and outcomes.		1.a.1

Domain	1	Knowledge and Skills for Professional practice	
1.1.7.		<p>prioritise demands on time and attention and follow the protocol for such prioritisation.</p> <p>For example:</p> <ul style="list-style-type: none"> • making a priority of call-outs; • emergency referrals; • routine referrals; • follow-up visits. 	1.a.1
1.1.8.		<p>apply relevant local and national policies or guidelines and collaborate with other members of the spiritual care and healthcare teams to incorporate these into practice.</p>	
1.1.9.		<p>use knowledge of professional and legal accountability and responsibility to ensure safe and effective practice that meets the needs of individuals using the chaplaincy/ spiritual care service.</p> <p>For example</p> <ul style="list-style-type: none"> • marriage, funerals, advance directives; • child protection, the Protection of Vulnerable Adults (POVA); • working with volunteers. 	
1.1.10.		<p>recognise his or her personal role and responsibility in ensuring compliance with all relevant regulations and requirements for safe and effective working.</p> <p>For example:</p> <ul style="list-style-type: none"> • health and safety regulations, confidentiality policy, maintenance of administrative records and reports in accordance with local protocols. 	
1.1.11.		<p>evaluate and apply relevant research findings and in collaboration with other members of the spiritual care and healthcare teams incorporate them into practice.</p>	5.7
1.1.12.		<p>contribute to audit and research within spiritual care practice.</p> <p>For example:</p> <ul style="list-style-type: none"> • assessment of chaplaincy/ spiritual care standards; • audit of own use of time; • conduct pilot studies; • participate in a local or national research project. 	5.6

Domain	1	Knowledge and Skills for Professional Practice	
Capability	1.2	Practicing ethically: The chaplain/spiritual care giver maintains and develops his or her knowledge of culture, diversity, ethical, professional and legal theory and frameworks. This knowledge is used to support interactions with individuals using spiritual care services.	
Key Content		<ul style="list-style-type: none"> Professional code of conduct; Literature on ethical theory; Literature on ethical issues, e.g. informed consent, decision making, culture and diversity, duty of care, ethics and legalities. 	
KSF		<ul style="list-style-type: none"> C6; HWB4; IK3. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain / Spiritual care giver			
	Demonstrates an ability to:		
1.2.1.	Understand and apply the ethical principles For example: <ul style="list-style-type: none"> non-maleficence (do no harm); beneficence (seek well-being); respect for autonomy; justice. 		
1.2.2.	differentiate personal beliefs, morals and values from healthcare ethics. For example: <ul style="list-style-type: none"> recognise that a variety of value systems, customs, beliefs and practices will co-exist within healthcare ethics. 		
1.2.3.	provide an ethical, theological and pastoral resource to engage with individuals and the institution. For example: <ul style="list-style-type: none"> support individuals facing the ethical and theological implications of their situation; reflect on and evaluate the ethical information provided for patients, family/carers and staff; contribute to ethical discussion, committees, and forums within field of practice; inform on the ethical implications of changes in buildings, local priorities and working practices. 		7.5

Domain	1	Knowledge and Skills for Professional Practice	
Capability	1.3	Communication skills: The chaplain/spiritual care giver maintains and develops the communication skills necessary for the spiritual and religious care of individuals and groups.	
Key Content		<ul style="list-style-type: none"> • Communication skills theory; • Communication skills education and training; • Literature on counselling, pastoral care, or listening skills. 	
KSF		<ul style="list-style-type: none"> • C1; HWB2, 6. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain/ Spiritual care givers			
		Demonstrates an ability to:	
1.3.1.	use communication skills to provide pastoral care to individuals. For example: <ul style="list-style-type: none"> • active listening including: empathy, use of silence, open questioning, reflection; • awareness of blocks to effective communication including: false assurance; leading questions changing the focus; defending colleagues; • counselling skills including: congruence, empathy, unconditional positive regard. 		
1.3.2.	identify language needs and access interpreting services.		
1.3.3.	communicate with individuals in a variety of complex pastoral encounters. For example: <ul style="list-style-type: none"> • traumatic events, breaking bad news, difficult questions, strong emotions, collusion. 		
1.3.1.	contribute to inter-professional communication. For example: <ul style="list-style-type: none"> • use verbal and written communication skills to share and record information within the healthcare team; • with other professionals; • demonstrate the ability to articulate need accurately on behalf of an individual. 		1.a.2 1.b.2

Domain	1	Knowledge and Skills for Professional Practice
1.3.2.	maintain confidentiality and obtain informed consent. For example: <ul style="list-style-type: none"> • what information has been disclosed only to the chaplain/ spiritual care giver in confidence? • what information has a focus in patient care and should (with the patient's permission) be recorded for the healthcare team? • what information needs to be shared with the wider healthcare team because it has implications for the immediate safety of the patient from self harm or the immediate safety of others from being harmed by the individual? • what information needs to be shared under the relevant child protection or vulnerable adults legislation? • what information has been disclosed only to the chaplain/spiritual care-giver that is subject to a specific religious requirement of confidentiality? 	

Domain	1	Knowledge and Skills for Professional practice	
Capability	1.4	Education and training: In response to identified needs the chaplain/ spiritual care giver contributes to internal education and training programmes and external voluntary and healthcare groups.	
Key Content		<ul style="list-style-type: none"> Standards for Staff Induction; Standards for Spiritual Care Services in the NHS in Wales; Spiritual Care Policies. 	
KSF		<ul style="list-style-type: none"> G1, 6 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain / Spiritual care giver			
	The chaplain/spiritual care giver demonstrates an ability to:		
1.4.1.	contribute to the hospital or unit's induction programme for new staff. For example: <ul style="list-style-type: none"> introduction to spiritual care and the role of the chaplain/ spiritual care giver; introduction to spiritual and religious care. 		5.2
1.4.2.	present education and training sessions to a variety of internal groups. For example: <ul style="list-style-type: none"> contributing to the hospital or unit's education and training programmes. 		5.3
1.4.3.	present education and training to external voluntary and healthcare groups. For example: <ul style="list-style-type: none"> talks to faith communities, voluntary groups or healthcare groups on the role of the chaplain/spiritual care giver, spiritual and religious care, etc. 		3.2
1.4.4.	select, train and supervise spiritual care volunteers.		
1.4.5.	train and oversee trainee chaplains/spiritual care givers.		

Domain	2	Spiritual and Religious Assessment and Intervention	
Capability	2.1	Spiritual assessment and intervention: The chaplain/spiritual care giver, in partnership with the individual and the healthcare team, assesses the spiritual needs and resources of the individual and their family/carers and responds with interventions which can include referral to other internal and external care providers.	
Key Content		<ul style="list-style-type: none"> Literature relating to needs, especially spiritual needs; Knowledge of internal and external sources of spiritual support; Local and national directory of sources of spiritual support. 	
KSF		<ul style="list-style-type: none"> C1, 6; HWB2, 4, 6, 7; IK1, 2. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain/ spiritual care giver			
	Demonstrates an ability to:		
2.1.1.	assess the spiritual needs and resources of individuals. For example: <ul style="list-style-type: none"> exploring the individual's sense of meaning and purpose in life; exploring attitudes, beliefs, ideas, values and concerns around ill-health, life, and death; affirming life and worth by encouraging reminiscing and narrative; exploring the individual's hopes and fears regarding the present and future; exploring existential questions relating to life, death, illness and suffering. 		1.a.1
2.1.2.	respond to assessed spiritual needs with spiritual care.		
2.1.3.	assess and respect the experience and expression of an individual's spiritual well-being without necessarily endorsing the beliefs, religious or otherwise, and their observance, held by the individual.		1.a.2 3.1, 3.2, 3.3
2.1.4.	facilitate a setting for the provision of spiritual care suitable for any belief group. For example: <ul style="list-style-type: none"> use of a quiet, calm, private space. 		6.a.1
2.1.5.	facilitate referral, with the individual's permission, to other sources of spiritual care. For example: <ul style="list-style-type: none"> other members of the healthcare team or external resources. 		
2.1.6.	protect individuals and carers from unwanted visits. For example: <ul style="list-style-type: none"> notifies the visitor of a patient's decision not to be visited. 		1.c.1
2.1.7.	record spiritual assessments and interventions in the patient information systems.		6.a.3

Domain	2	Spiritual and Religious Assessment and Intervention	
Capability	2.2	Religious assessment and intervention: The chaplain/ spiritual care giver, in partnership with the individual and the healthcare team, assesses the religious needs and resources of the individual and his or her family/carers and responds with interventions which can include referral to a faith community or belief group representative.	
Key Content		<ul style="list-style-type: none"> • National and local manuals for spiritual and religious care; • Knowledge of belief groups and faith communities and the different denominations and strains of thought within them; • Knowledge of religious rites and practices; • Directories of local and national faith community and belief group representatives. 	
KSF		<ul style="list-style-type: none"> • C1, 6; HWB2, 3, 4, 6, 7; IK1, 2. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain/ Spiritual care giver			
	Demonstrates an ability to:		
2.2.1.	assess the religious needs of individuals. For example: <ul style="list-style-type: none"> • worship, diet, gender-related concerns, religious observance, practices, privacy. 		1.b.1
2.2.2.	respond to the assessed religious needs of individuals within the context of the chaplain's own faith community or personal beliefs, or, with the individual's permission, by referral to a chaplain from the religious tradition of their choice or a faith community representative. For example: <ul style="list-style-type: none"> • conduct rites of passage, lead prayers, conduct services of worship. 		1.b.2 3.1, 3.2, 3.3
2.2.3.	facilitate a suitable setting for the provision of religious observances. For example: <ul style="list-style-type: none"> • appropriate facilities for the observance of any faith. 		6.a.2
2.2.4.	protect individuals from unwanted visits from faith community or belief group representatives. For example: <ul style="list-style-type: none"> • notify faith community or belief group representative of individual's decision not to be visited; • record information in the patient information systems and notify ward staff of actions taken. 		1.c.1
2.2.5.	record religious assessments and interventions in the patient information systems.		

Domain	3	Institutional Practice
Capability	3.1	Team working: The chaplain/ spiritual care giver recognises and works to promote the place of spiritual care within the spiritual care team, local multidisciplinary teams and the wider healthcare team.
Key Content		<ul style="list-style-type: none"> • Understanding of local spiritual care team, multidisciplinary teams and the wider healthcare team; • Knowledge of teams, groups and team building • Understanding of communication within teams and team dynamics
KSF		<ul style="list-style-type: none"> • C1, 3, 4, 5.
Practice learning outcomes / Competences		Chaplaincy Standard
Chaplain/ Spiritual care giver		
	Demonstrates an ability to:	
3.1.1.	<p>practice within the agreed protocols and procedures of the local chaplaincy team and the unit or hospital where the chaplain/spiritual care giver works.</p> <p>For example:</p> <ul style="list-style-type: none"> • assessment, referral, on-call, visiting regulations, confidentiality, advocacy, hygiene standards, health and safety. 	
3.1.2.	<p>identify and contribute to the healthcare teams in the hospital or unit.</p> <p>For example:</p> <ul style="list-style-type: none"> • receive and respond to referrals from members of the healthcare team; • contribute to multidisciplinary teams in specialist wards and units, e.g. coronary care, transplant, palliative care; • recognise the role and skills of other members of the healthcare team and refer on. 	
3.1.3.	<p>understand the dynamics within teams.</p> <p>For example:</p> <ul style="list-style-type: none"> • personality types; • mediation skills. 	

Domain	3	Institutional Practice	
Capability	3.2	Staff support: The chaplain/ spiritual care giver builds working relationships with members of staff and volunteers and responds to requests for personal and professional support	
Key Content		<ul style="list-style-type: none"> • Knowledge of the spiritual needs of healthcare professionals; • Knowledge of workplace stress and personal stress; • Literature on provision of staff support, spiritual and religious care, or counselling skills; 	
KSF		<ul style="list-style-type: none"> • C1, 2; G6; HWB4, 5, 7. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain/ Spiritual Care Giver			
	Demonstrates an ability to:		
3.2.1.	build working relationships with staff, volunteers, and groups.		4.1
3.2.2.	respect confidence in responding to requests for personal support from members of staff and volunteers.		4.2
3.2.3.	respond to requests for professional support from members of staff and volunteers. For example: <ul style="list-style-type: none"> • advice on and understanding of spiritual and religious care, ethical issues or care issues. 		4.2 4.3
3.2.4.	recognise his or her own personal skills and limitations in providing personal and professional support.		
3.2.5.	identify other sources of internal or external staff support and, with the staff member's permission, facilitate referral.		4.4

Domain	3	Institutional Practice	
Capability	3.3	Chaplain/spiritual care giver to the hospital or unit: The chaplain/spiritual care giver is aware of his or her role in the hospital or unit's major incident plan and responds to staff issues and events that need a communal recognition and action.	
Key Content		<ul style="list-style-type: none"> Local and national policy and procedure for significant events; Literature on acts of remembrance; Literature on significant events and their impact on individuals and groups. 	
KSF		<ul style="list-style-type: none"> C4; HWB7. 	
Practice learning outcomes / Competences			Chaplaincy Standard
Chaplain/ Spiritual care giver			
	Demonstrates an ability to:		
3.3.1	respond to the spiritual care service policy and procedures when a major incident has been declared.		7.1
3.3.2	respond to unplanned events, external or internal, which have an affect on the hospital or unit, utilising internal and external resources. For example: <ul style="list-style-type: none"> death of a member of staff, national disasters, world events, remembrance and anniversaries. 		7.2, 7.3
3.3.3	create and lead corporate acts which have spiritual significance. For example: <ul style="list-style-type: none"> acts of remembrance, celebration of anniversaries of institutions, formal opening of new areas of healthcare. 		7.3
3.3.4	provide a spiritual or religious perspective for the hospital or unit. For example: <ul style="list-style-type: none"> championing privacy and dignity issues; raising morale and staff themes with senior management. 		

Domain	4	Reflective Practice	
Capability	4.1	Reflective Practice: As part of the process of continuing professional development the chaplain/ spiritual care giver demonstrates the ability to reflect upon practice in order to develop and inform his or her practice.	
Key Content		<ul style="list-style-type: none"> • Methods and models of reflective practice; • Professionalism and therapeutic boundaries; • Developing self awareness and practice. 	
KSF		<ul style="list-style-type: none"> • C2; G1, 5, 6. 	
Practice learning outcomes / Competences			Spiritual care Standard
Chaplain/ Spiritual care giver			
	Demonstrates an ability to:		
4.1.1.	understand different models of reflective practice. For example: <ul style="list-style-type: none"> • clinical pastoral education (CPE); • clinical supervision; • pastoral reflective practice (PRP). 		5.1
4.1.2.	use a structured method of reflective practice to reflect on and discuss case material including: <ul style="list-style-type: none"> • managing the pressures of caseload; • reconciling personal spirituality with the varied needs and beliefs of others; • the changing nature of his or her work through growth in pastoral practice and theological reflection; • how belief systems and practice inter-relate. 		
4.1.3.	use a structured method of reflective practice to reflect on and discuss therapeutic relationships including: <ul style="list-style-type: none"> • his or her own values and beliefs and how they may affect attitudes and behaviour to individuals using the spiritual care service; • personal and professional boundaries and the boundaries that come with developing a therapeutic relationship with an individual; • reconciling personal spirituality with the varied needs and beliefs of others; • professional relationships and integrity when building relationships with people at vulnerable times in their lives. 		
4.1.4.	facilitate reflective practice for others. For example: <ul style="list-style-type: none"> • volunteers; • student placements; • trainee chaplains/ spiritual care givers; • staff from other disciplines; • peer review; • significant event analysis. 		4.2., 4.3

Domain	4	Reflective Practice
4.1.5.	discuss the limits of his or her own capabilities and competences in order to develop practice.	

Domain	4	Reflective Practice
Capability	4.2	Personal Spiritual Development: The chaplain/spiritual care giver reflects theologically or philosophically on his or her professional practice.
Key Content		<ul style="list-style-type: none"> • Spiritual and religious literature • The use of praxis, or theologically informed practice • The use of meditation • Retreat or pilgrimage • Literature related to personal development
KSF		<ul style="list-style-type: none"> • C2, 6
Practice learning outcomes / Competences		Spiritual care Standard
Chaplain/ Spiritual care giver		
	Demonstrates an ability to	
4.2.1.	keep informed of developments in theological or philosophical literature and research relevant to their practice as chaplain/spiritual care giver. For example: <ul style="list-style-type: none"> • familiar with current theological or philosophical journals; • keeps an open dialogue with chaplains, and others, of a different background and tradition; • familiar with the use of imagination and the creative arts. 	5.7
4.2.2.	integrate personal beliefs and external experiences. For example: <ul style="list-style-type: none"> • an awareness of handling stress, compassion-fatigue and burnout. 	6.a.10
4.2.3.	maintain a recognised or accredited status with the faith community or belief group of his or her persuasion. For example: <ul style="list-style-type: none"> • an up to date knowledge understanding and experience of his or her own faith community or belief group; • practising appropriate spiritual discipline in accordance with his or her own tradition. 	
4.2.4.	acknowledge the limits of engagement with people and the need for emotional self-care.	

NATIONAL PROFILES FOR CHAPLAINS/SPIRITUAL CARE GIVERS

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Job Title:

Chaplain Entry Level

Job Statement:

- 1. Assists in the delivery and maintenance of a a spiritual care service.**
- 2. Undergoes training in order to acquire the expertise to work as a healthcare chaplain/spiritual care giver.**

Factor	Relevant Job Information	JE Level
1. Communication & Relationship Skills	Providing and receiving complex, sensitive information: barriers to understanding. Pastoral, religious, spiritual support for patients/clients and the bereaved.	4(a)
2. Knowledge, Training & Experience	Expertise within specialism underpinned by theory. Knowledge of a range of religions and faiths plus hospital related chaplaincy procedural; acquired through degree or equivalent training.	5
3. Analytical & Judgemental Skills	Range of facts or situations, requiring a comparison of a range of options. Comparison of a range of facts before advising staff, patients or carers on spiritual issues.	3
4. Planning & Organisational Skills	Plan and organise straightforward activities, some ongoing. Plans religious services, own workload, surveys, audits.	2
5. Physical Skills	Physical skills obtained through practice. Word Processor, keyboard use, driving skills.	2
6. Responsibility for Patient/Client Care	Provide specialised advice in relation to care. Provide spiritual and emotional support to patients and clients.	5(c)
7. Responsibility for Policy/Service Development	Follows policies within own role, may be required to comment. Follows Chaplaincy policies.	1
8. Responsibility for Financial & Physical	Handles cash, valuables. Handles collections, donations.	2(a)

Resources		
9. Responsibility for Human Resources	Demonstrates own activities to new or less experienced employees. Demonstrate duties to new starters.	1
10. Responsibility for Information Resources	Record personally generated information. Updates client records.	1
11. Responsibility for Research & Development	Undertakes surveys or audits, as necessary to own work. Participates in eg faith surveys.	1
12. Freedom to Act	Clearly defined occupational policies, work is managed, rather than supervised. Works independently, decides when necessary to refer to manager.	3
13. Physical Effort	Combination of sitting, standing and walking. Walking between work areas, some work in awkward positions.	1
14. Mental Effort	Frequent concentration predictable, work pattern predictable/unpredictable. Concentration for pastoral support to patients, clients, carers, daily devotions/unpredictable work pattern due to unexpected deaths or situations.	2(a)-3(a)
15. Emotional Effort	Frequent highly distressing or emotional circumstances. Supporting patients, clients, relatives, staff in emotional circumstances eg bereavement, terminal illness, suicide.	4(b)
16 Working Conditions	Occasional unpleasant working conditions. Verbal aggression.	2(a)
JE Score/Band	JE Score: 333-338	Band 5

Job Title: Chaplain/Spiritual care giver

Job Statement: 1. Delivers and contributes to the development of a spiritual care service.
2. May supervise Assistant Chaplains/Spiritual Care Giver, may provide specialist teaching.

Factor	Relevant Job Information	JE Level
1. Communication & Relationship Skills	Provide and receive highly complex, sensitive or contentious information; agreement or co-operation required. Pastoral, religious, spiritual support for distressed patients, clients and the bereaved.	5(a)
2. Knowledge, Training & Experience	Specialist knowledge across range of procedures underpinned by theoretical knowledge. Knowledge of a range of religions and faiths plus hospital related chaplaincy procedures; acquired through degree or equivalent training and experience.	5
3. Analytical & Judgemental Skills	Complex facts or situations requiring analysis, interpretation comparison of a range of options. Comparison a range of complex facts before advising staff, patients or carers on spiritual issues and analysis of complex multi-cultural issues.	4
4. Planning & Organisational Skills	Plan and organise straightforward activities, some ongoing. Plans religious services, own workload, surveys and audits.	2
5. Physical Skills	Physical skills obtained through practice. Word Processor, keyboard use, driving skills.	2
6. Responsibility for Patient/Client Care	Provide specialised advice in relation to care. Provide spiritual and emotional support to patients and clients.	5(c)
7. Responsibility for Policy/Service Development	Implements policies and proposed changes to practices, procedures for own area. Implements chaplaincy service policies and comments on the development of new policies.	2
8. Responsibility for Financial & Physical	Handles cash; maintain stock control; authorised signatory, small payments. Handles collections and donations; maintain chaplaincy supplies, authorise small payments.	2(a), (c), (d)

Resources		
9. Responsibility for Human Resources	Demonstrates own activities to new or less experienced employees/day to day supervision/delivers specialist teaching. Demonstrates duties/supervises Assistant Chaplains/Spiritual Care Giver volunteers/provides specialist eg multi-faith teaching to other disciplines.	1-2(a)-3(c)
10. Responsibility for Information Resources	Records personally generated information. Updates client records.	1
11. Responsibility for Research & Development	Undertake surveys or audits, as necessary to own work. Participates in eg faith surveys.	1
12. Freedom to Act	Clearly defined occupational policies, work is managed, rather than supervised/broad occupational policies. Spiritual care work is managed rather than supervised/freedom to initiate action within chaplaincy procedures.	3-4
13. Physical Effort	Combination of sitting, standing and walking. Walking between work areas, some work in awkward positions.	1
14. Mental Effort	Frequent concentration, work pattern unpredictable. Concentration for pastoral support to patients, clients, carers, daily devotions/unpredictable work pattern due to unexpected deaths or situations.	3(a)
15. Emotional Effort	Frequent highly distressing or emotional circumstances. Supporting patients, clients, relatives, staff in emotional circumstances eg bereavement, terminal illness, suicide.	4(b)
16 Working Conditions	Occasional unpleasant working conditions. Verbal aggression.	2(a)-3(a)
JE Score/Band	JE Score: 409-441	Band 6

Job Title: Chaplain/Spiritual Care Giver Team Manager
Job Statement: 1. Develops and maintains a spiritual care service.
 2. Supervises/manages chaplains/spiritual care givers, may provide specialist teaching.

Factor	Relevant Job Information	JE Level
1. Communication & Relationship Skills	Provide and receive highly complex, sensitive or contentious information; agreement or co-operation required. Pastoral, religious, spiritual support for distressed patients, clients, carers and the bereaved.	5(a)
2. Knowledge, Training & Experience	Specialist knowledge across range of procedures underpinned by theory. Knowledge of a range of religions and faiths plus hospital related spiritual care procedures; acquired through degree or equivalent training and experience.	6
3. Analytical & Judgemental Skills	Complex facts or situations requiring analysis, interpretation, comparison of a range of options. Comparison of a range of complex facts before advising staff, patients or carers on spiritual issues, analysis of complex multi-cultural issues.	4
4. Planning & Organisational Skills	Plan and organisation of complex activities or programmes, requiring formulation, adjustment. Plans the chaplaincy service, organise trust-wide seminars for local clergy/faith leaders, plans team activities.	3
5. Physical Skills	Physical skills obtained through practice. Word Processor use, driving skills.	2
6. Responsibility for Patient/Client Care	Accountable for direct delivery of sub-division of a clinical, clinical technical or social care service. Delivers a trust wide spiritual care service (treated as equivalent to a subdivision of a service).	6(d)
7. Responsibility for Policy/Service Development	Propose policy or service changes, impact on own area. Develops policies with wider impact eg bereavement.	3
8. Responsibility for Financial & Physical Resources	Authorised signatory; hold delegated budget. Sign off travel expenses, holds delegated spiritual care service budget.	3(a)/3(d)

9. Responsibility for Human Resources	Day to day supervision/teach/deliver specialist training/line management for single function or department. Day to day management of chaplaincy staff; provides specialist teaching to other disciplines/line manager for spiritual care staff.	3(a), (c)-4(a)
10. Responsibility for Information Resources	Records personally generated information. Updates clients records.	1
11. Responsibility for Research & Development	Undertake surveys or audits, as necessary to own work. Participates in eg faith surveys.	1
12. Freedom to Act	Broad occupational policies. Work independently, freedom to initiate action within organisational aims and objectives.	4
13. Physical Effort	Combination of sitting, standing and walking. Walking between work areas, some work in awkward positions.	1
14. Mental Effort	Frequent concentration, work pattern unpredictable. Concentration for pastoral support to patients, clients, carers, daily devotions, unpredictable working pattern due to unexpected deaths or when working in mental health units.	3(a)
15. Emotional Effort	Frequent highly distressing or emotional circumstances. Supporting relatives after a patient dies, after suicide or sudden death, dealing with relatives of patients.	4(b)
16 Working Conditions	Occasional/frequent unpleasant working conditions. Verbal aggression.	2(a)-3(a)
JE Score/Band	JE Score: 475-491	Band 7

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