Scottish Government
Riaghaltas na h-Alba

DISCOVERING MEANING, PURPOSE AND HOPE THROUGH PERSON CENTRED WELL-BEING AND SPIRITUAL CARE:

A National Framework

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Spiritual Care within Health and Social Care in Scotland:
A National Framework

Scotland's approach to spiritual care is a model that is recognised and respected across the world. Building on current guidance, spiritual care in Scotland has made significant developments which have contributed to its global reputation for excellent and pioneering service delivery in this area of care.

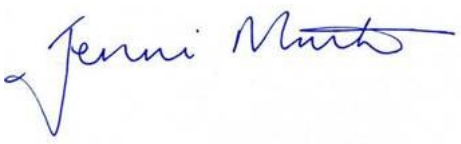
Historically, spiritual care and religious care were one and the same, but that is no longer the case. Spiritual care is there to help all who need it, regardless of their personal faith, beliefs or life stance. Spiritual care doesn't fit easily into traditional models of care and, at times, in our modern world some may struggle to see or understand the relevance of spiritual care in our health and social care system.

Spiritual care supports people by acknowledging hopes and fears and building resilience to cope with challenging or changing circumstances. Spiritual care helps us to connect to deeply held values and beliefs which inform our life, our work and our relationships. It is in the context of such relationships that questions around change, identity, illness and loss can be explored. It enables carers and those cared for to walk together as companions, supporting each other when life is raw and painful or our certainties are shaken. Such mutually beneficial and respectful relationships must be at the heart of our health and social care system, allowing individuals to be heard and valued.

The benefits of spiritual care can be seen by looking at the positive impact spiritual care played in supporting patients and carers and also staff throughout the COVID-19 pandemic. As a result of the wide ranging and intensive support delivered by spiritual care teams and chaplains during this difficult time, spiritual care is rightly held in high regard, with a wealth of evidence to demonstrate what it can do for everybody involved in health and social care.

I pay tribute to the efforts made by those contributing to this framework, and the wide-ranging recommendations for the Scottish Government, NHS Scotland and others to consider and reflect upon.

I recognise that as we publish this framework, health and social care remain under enormous pressure as we collectively recover from the impact of the COVID-19 pandemic. But I also recognise that at this time spiritual care and the promotion of compassionate care has never been more needed. As health and social care services recover it is a priority that we take a truly holistic approach to improve people's experience of health and social care and support the wellbeing of our workforce. By putting people at the heart of what we do, spiritual care reminds us of the importance of providing care that people really value. This framework seeks to support the delivery of evidence based spiritual care which is relevant to all health and social care professionals and those we care for; helping us to achieve the best outcome for people though the provision of high quality person centred care.



Jenni Minto MSP
Minister for Public Health and Women's Health

1. What is spiritual care and why is it important?

1.0.1 Spiritual care will mean different things to different people. Depending on an individual's life stance spiritual care may be described as; pastoral care, emotional support or inner care. For the purpose of this document we have used the term "spiritual care" as understood by the World Health Organisation's understanding of the spiritual aspects of 'health'[1]. In this the Scottish Government is in full agreement with the World Health Organisation.

1.0.2 We all have a part of us that seeks to discover meaning, purpose and hope in those aspects of our experience that matter most to us. This is often referred to as "spirituality"; informing our personal values and beliefs, and affirming that tears, laughter, pain, and joy are all part of the human experience.

1.0.3 It is recognised that the spiritual is a natural and integral dimension of what it means to be human. Within health and social care, it is widely accepted that questions of meaning, purpose, hope (or the lack of it), identity and relationships can become acute when wellbeing and stability are challenged or threatened by illness, injury, or loss in oneself or in a loved one. At such times people often need spiritual care[2].

1.1 Spiritual care at the heart of person-centred care

1.1.2 The Healthcare Quality Strategy for NHS Scotland defines person-centred care as "mutually beneficial partnerships between patients, their families and those delivering healthcare services, which respect individual needs and values"[3].

[1] WHOQOL and Spirituality, Religiousness and Personal Beliefs (SRPB)
[2] CEL (2008) 49 - Spiritual Care
[3] The Healthcare Quality Strategy for NHSScotland

1.1.3 The Scottish Government recognises that spiritual care is a core part of person-centred care and that:

> "Spiritual care can empower and benefit both carer and cared for; nurturing the individual to celebrate and flourish during times of joy and growth, supporting people to find strength and comfort during times of transition, uncertainty, and illness".

1.1.4 The ethos of spiritual care affirms that people are not merely physical bodies requiring mechanical fixing. Spirituality can help people maintain health and cope with illness, trauma, loss, and life transitions by integrating body, mind and spirit[4].

1.1.5 During times of change and transition such needs can become more pronounced. Health and social care staff have a role in supporting people to recognise spiritual needs, their benefits, and in partnership, work towards meeting them, as appropriate to their role. Spirituality can be an important part of someone's life; offering real benefits for their wellbeing and their physical and mental health[5].

1.1.6 Spiritual needs that might be addressed within the normal, daily activity of care include:

- the need to give and receive love;
- the need to be understood;
- the need to be valued as a human being;
- the need for forgiveness and trust;
- the need to explore beliefs and values; and
- the need to find meaning, purpose and hope.

1.1.7 This person-centred approach continues the trajectory of the delivery of spiritual care in Scotland for nearly 20 years. Person-centred spiritual care is consistent with, and supports, the approaches, behaviours, and attitudes of Realistic Medicine[6].

[4] Spirituality in Serious Illness and Health - PubMed (nih.gov)
[5] Spirituality and mental health | Royal College of Psychiatrists (rcpsych.ac.uk)
[6] Realistic Medicine

1.1.8 The delivery of this framework is interdependent with a range of other policies and strategies. This framework should not and cannot stand alone; instead, it complements, links to, and supports the broader health and social care aims of the Scottish Government.

1.2 Why are we taking action now?

1.2.1 The Scottish Government is committed to the delivery of the highest quality of care which takes into consideration what matters most to the individual (including personal values and deeply held beliefs)[7] and those who matter most and who give support in difficult and challenging times.

1.2.2 The framework reflects the considerable developments resulting from the increased professionalism in spiritual care over the last twenty years. It firmly establishes the role of spiritual care as an integral part of health and social care provision.

1.2.3 Within healthcare settings, the delivery of spiritual care has been an aspect of care since the NHS was established. While spiritual care is provided in some social care settings it is not universal. It is recognised that health and social care (including service provision within community inpatient settings) are starting from very different places in relation to the provision of spiritual care.

1.2.4 There has been limited strategic oversight in the spiritual care setting for some time. With the launch of this national framework, the Scottish Government and those involved in its creation have:

- articulated shared, national priorities for the next five years;
- shared best practice;
- set out a pathway for improving services equitably across Scotland over the coming years; and
- set out our ambition to be a world leader in spiritual care delivery.

[7] Health and Social Care Standards: My support, my life

1.2.5 The Scottish Government set up a National Programme Board (NPB) and established Expert Working Groups on key topics within spiritual care. Through the expertise of those involved, specific recommendations were developed in four key settings:

- A skilled and compassionate workforce
- The development of spiritual care in community and social care settings
- Data collection and evidence base
- A professional specialist workforce

1.2.6 The recommendations within this document flow from the discussions and findings of these expert working groups and the NPB. Recommendations are set out in text boxes throughout the document and at Appendix A. Responsibility for their implementation is shared between the Scottish Government, local and national health boards, health and social care providers and the Scottish Spiritual Care Professional Leads Group.

1.3 Language

1.3.1 Language and the words we use can have a powerful impact. Within care settings we have historically spoken about “chaplains” and “chaplaincy”. Such descriptions have close associations with traditional religious models of care. Within this framework, we have used the term Registered Chaplain to reflect the post (and our aspirations for the profession) and used Spiritual Care Teams and Departments of Spiritual Care to describe service provision.

1.4 Good Spiritual Care in Practice

1.4.1 The responsibility for ensuring service delivery of spiritual care lies with health and social care providers. The provision of specialist spiritual care remains a core task of Spiritual Care Teams. In NHSScotland, Registered Chaplains are employed as specialists in providing spiritual care, although in some settings they may be known as Spiritual Care Providers. However, it is widely recognised that it is the responsibility of all health and social care staff to understand, recognise and meet the spiritual needs of individuals, including their own needs.

1.5 Delivering Spiritual Care

1.5.1 Spiritual care can be delivered in many ways. This section sets out what a core spiritual care service should cover, and how it could operate based on current best practice models from Scotland and internationally.

1.5.2 Spiritual care can be given in one to one or group settings, is person-centred and makes no assumptions about personal conviction or life orientation. It achieves its goals through:

- taking a person-centred rather than staff or system-centred care approach;
- by being impartial and accessible to persons of all faith communities and none and facilitating spiritual, religious and wellbeing care of all kinds
- providing services on the basis of respect for the wide range of beliefs, lifestyles and backgrounds found within Scotland today, in particular in relation to age, gender, ethnicity, sexual orientation, disability and religion/belief and values such diversity;
- offering a safe space in which individuals and their needs are regarded as central and characterised by an equitable, respectful, and non-judgemental relationship;
- eliciting and honouring an individual's story;
- accompanying an individual further into pain, darkness or uncertainty;
- holding the possibility of other ways of seeing or understanding, without imposing personal views or frameworks.

1.6 Access to spiritual care services

1.6.1 Access to specialist spiritual care services requires good written material with clear verbal back up, and a process for ensuring that information concerning the nature of the service is given to service users at the right time. This needs to take place not only during the admission procedure, or on first accessing care, but regularly reviewed with the individual during their on-going care.

1.6.2 Staff should ensure that questions about values and faith are asked in line with good practice outlined in "What matters to you"[8]. For example, it may be more appropriate to ask a person their understanding of their situation, before asking directly if they have specific views, beliefs or religious needs which may impact their care.

1.6.3 When service users indicate or formally record a religious faith or belief preference, it is important to ask if they wish the information to be passed to a representative from their belief community. Spiritual Care Teams should provide advice and facilitate this activity where appropriate.

Recommendation 1: Health and social care providers should ensure that spiritual aspects of care are assessed, recorded and regularly reviewed within care plans in all health and care settings and services.

1.6.4 Spiritual distress can occur at any time; when a person's situation changes, challenges become more pronounced or when individuals experience a sense of loss of hopelessness. Service providers should consider how spiritual care services can be accessed on a 24/7 basis. Acute settings should ensure that spiritual care services are resourced, in human, financial, and support terms, to enable the provision of a 24/7 service[9].

[8] What matters to you?
[9] CEL (2008) 49 - Spiritual Care

Recommendation 2: NHS Territorial Boards should give consideration as to how they provide a 24/7 service within acute settings. Where this level of service is not currently provided an action plan showing how and when this will be achieved should be developed.

1.6.5 In social care, it is good practice to ensure that service users at home or within community settings are informed about what spiritual care provision is available out of hours. Health and Social Care Partnerships (HSCPs) and care providers should consider how service users and staff can access community based support models in partnership with the third sector and the belief communities.

1.7 Spiritual care as part of a Multidisciplinary Team

1.7.1 It is good practice for members of the Spiritual Care Team to be members of Multidisciplinary Teams (MDTs) and / or Multi-agency Teams to ensure that spiritual care informs an integral holistic response to the needs of individuals. There are already specialties, such as palliative care, where this is common practice, recognising the value Spiritual Care Teams bring to the work of the team and the treatment of individuals.

1.7.2 Whilst the expertise of Registered Chaplains within an MDT can support a person-centred approach, self-management and promote wellbeing using an assets based approach; the approach of a Registered Chaplains should always be by consent and, mutual agreement, and should never be imposed.

1.7.3 To ensure person centred care, staff should work in partnership with individuals to develop person-centred personal care plans that take into account individual circumstances, characteristics and preferences including spiritual needs. Good practice suggests that the spiritual aspects of care should be assessed and regularly reviewed.

1.8 Community Chaplaincy Listening (CCL) and Values-Based Reflective Practice (VBRP ®)

1.8.1 CCL and VBRP® have been delivered by some Spiritual Care Teams as an integral part of the spiritual care service provision for their health board areas. These services have been consistently highly evaluated by service users[10,11].

1.8.2 The time is right to embed both these programmes in a consistent way throughout Scotland and ensure that governance and operational management of these services is the responsibility of health boards through Heads of Spiritual Care. This will allow services to grow and develop under local leadership whilst supporting local priorities.

1.8.3 CCL is a national spiritual care initiative that promotes spiritual wellbeing by offering a listening service for people:

- who are affected by issues of loss and transition, such as grief, relationship problems, stress of work or unemployment; and
- who need someone to listen to them in confidence[12].

1.8.4 CCL is currently delivered locally in a variety of health and social care settings. It is an assets-based intervention using spiritual listening to support people identify and draw upon personal assets that can improve their wellbeing and promote self-management.

1.8.5 Spiritual listening is distinct from, yet complementary to, those offered by counselling and psychological therapies[13].

[10] Evaluation of Community Chaplaincy Listening
[11] Designing and Evaluating Values Based Reflective Practice® Training for Healthcare Professionals
[12] Community chaplaincy listening (CCL)
[13] Chaplains Work in Primary Care

Recommendation 3: NHS Territorial Health Boards should establish, or maintain, Community Chaplaincy Listening as a referral based, spiritual care listening service, delivered by trained and supported volunteers and managed by Spiritual Care Teams.

Recommendation 4: Health and Social Care Partnerships and care providers should consider establishing partnerships with existing listening services and the third sector to extend listening services into community settings; working collaboratively to establish the service where not available.

1.8.6 VBRP® aims to help staff stay connected to their own values and beliefs, helping them to thrive at work and learn and grow by sharing their experiences in a safe, structured reflective space. VBRP® uses the principles of reflective practice to support practitioners deliver safe, effective, and person-centred care.

1.8.7 Building capacity and embedding VBRP® and CCL will support individuals to use personal and community assets to build resilience and enhance wellbeing. There is a need to work in partnership with third sector organisations and the belief communities to maximise available resources and avoid duplication.

Recommendation 5: The Scottish Spiritual Care Professional Leads Group in partnership with NHS Education for Scotland and Spiritual Care Teams should take a lead role in the continued development and expansion of Values Based Reflective Practice® through their learning, facilitating the learning of others and promoting Values Based Reflective Practice® across the wider health and social care system.

1.9 Bereavement Services

1.9.1 Bereavement can have a profound and long-term effect on people's health and wellbeing. In addition to the usual difficulties associated with bereavement, the Covid-19 pandemic has left many bereaved people with unresolved issues that are having a negative impact on their wellbeing.

1.9.2 Within health settings, Spiritual Care Teams support bereavement services and are key in providing specialist spiritual support as part of end-of-life care. Spiritual care has a unique and valuable role to play in supporting staff and service users to explore a person's values, beliefs and preferences in relation to end of life care[14].

1.9.3 It is good practice for Spiritual Care Teams and bereavement services to be closely linked. Learning from the Covid-19 pandemic would suggest that alignment of both services would bring benefits to service users and staff within social care settings.

1.9.4 Health and social care providers should consider how staff access bereavement services to support service users and staff. In addition future work to improve spiritual care provision should recognise that Spiritual Care Teams have a significant role to play in:

- supporting the bereavement needs of individuals and families using health and social care services;
- supporting staff providing palliative and end of life care across all settings; and
- supporting staff who have been bereaved.

Recommendation 6: Health and social care providers should promote bereavement support for staff, particularly those providing palliative and end of life care across all settings.

1.10 Staff Support

1.10.1 The workforce is our most valuable resource for health and social care in Scotland. Ensuring their wellbeing whilst developing their capacity to respond appropriately to the spiritual needs of patients and service users makes good sense both fiscally, and in terms of delivering excellent care in all health and social care settings.

[14] Palliative and end of life care: enriching and improving experience

1.10.2 It is widely recognised that in addition to physical, emotional, and social needs; organisations and employers should ensure that the spiritual needs of staff are recognised and met. Emotional and spiritual wellbeing can be improved through formal connections such as formal meetings, supervision, and reflective practice alongside informal, social connections and listening services.

1.10.3 To look after the emotional wellbeing of staff, an organisation needs to consider the emotional labour involved and seek to understand the social and spiritual needs of individuals when at work. A holistic and coordinated approach to valuing staff includes protecting professional time to consider how we relate to others, to develop an awareness of self and our sense of our position in the wider world and supporting staff to connect with core values and beliefs[15].

1.10.4 VBRP® offers a flexible approach to support staff to be reflective and connect with their values within the reality of their working environment / context.

1.10.5 Spiritual Care Teams have developed staff-support models, aimed at giving the right support to staff at the right time, and setting out clearly the range of support options, formal and informal, available to staff experience varying degrees of need.

1.10.6 There is growing evidence around the importance of 'right touch' support being given at the right time. A peer-to-peer conversation or listening support from a member of the Spiritual Care Team, given at the right time, can help prevent the escalation of need, the development of trauma, sickness absence and psychological interventions.

1.10.7 To enhance the provision of spiritual care available to staff, it is good practice to include Spiritual Care Teams in the planning and delivery of services which aim to support staff wellbeing. In particular, Occupational Health Services, Human Resource Departments and Spiritual Care Teams should work together to provide a coordinated response and develop an agreed pathway to ensure collaboration services and prevent duplication.

[15] Health and social care: national workforce strategy

Recommendation 7: Where established, health and social care providers should include Spiritual Care Teams in the planning and delivery of staff support to enhance the emotional and spiritual wellbeing of staff.

1.11 Critical / Major Incidents

1.11.1 Spiritual Care Teams have a significant contribution to make following a major event, incident, or disruption of service delivery. This could be a national event or a local event such as the death of a member of staff.

1.11.2 Coping with major change such as service closures, dealing with high numbers of anxious relatives or responding to a communal need, are situations where Spiritual Care Teams can have a significant and valued role. Good practice in relation to the development of responses to critical / major incidents should recognise the unique contribution of spiritual care staff in supporting responses to such incidents as stated within the Scottish Government's "National Plan for Major Incidents with Mass Casualties"[16].

Recommendation 8 : Health boards and agencies with responsibility for planning responses to critical / major events and local incidents should adopt good practice by ensuring Spiritual Care Teams are integral in planning for, and responding, to such events and incidents.

1.12 Equality and Diversity

1.12.1 All staff should promote equality, diversity and contribute to creating inclusive workplace cultures for staff and those using services and take a rights-based and person-centred approach.

[16] Major Incidents with Mass Casualties

1.12.2 The Scottish Government recognises the importance of an individual's beliefs and values. The role of spiritual care and spiritual care spaces / quiet rooms / sanctuaries should be available equally regardless of any particular characteristics or beliefs individuals, carers or staff may have.

1.13 Volunteers

1.13.1 Volunteering to support the work of spiritual care departments is an important way of harnessing the energy, experience, and commitment of those who feel they have much to offer. Whilst volunteers cannot, and should not, replace professional staff, Spiritual Care Teams and service-users have benefitted hugely from the pastoral contribution of volunteers.

1.13.2 CCL has its own formational training programme for volunteers, which is standard throughout Scotland. However, other volunteers in Spiritual Care Teams are trained in a variety of ways and to a variety of standards. Good practice suggests the development of a national approach to the training and formation of spiritual care volunteers. Such an approach is a key component of the NHSScotland Volunteering Programme Strategy[17].

Recommendation 9: The Scottish Spiritual Care Professional Leads Group should explore the development of a national approach to training for spiritual care volunteers with the NHSScotland Volunteering Advisory Board.

1.14 Belief Communities

1.14.1 Religion and culture can be central to a person's wellbeing and have a direct impact on their needs, care, and ability to cope. At times of transition, such as illness or a change in circumstances, individuals may require additional support and care. Individuals may receive comfort and benefit from practicing their faith, and having their religious and cultural needs recognised, respected, and met.

[17] Our vision for the Volunteering in NHSScotland Programme 2022 - 2026

1.14.2 Scotland has many vibrant belief communities. The needs and rights of members of belief communities for appropriate care (such as ritual, sacramental care or meditation), should not be underestimated. Health and social care staff should be aware of the importance in facilitating this by sensitively asking service users and seeking appropriate help.

1.14.3 It is important to recognise the role of representatives from belief communities in supporting the spiritual, religious and pastoral needs of service users. Often these are unique pastoral relationships which have been established over many years. As such representatives from belief communities may be best placed to offer religious or pastoral care.

1.14.4 However, representatives from belief communities (e.g. members of the clergy, celebrants etc) are not members of staff and service providers should not share information about an individual without explicit consent.

1.14.5 Consent to make available information relating to a patient's or service user's faith or belief stance, may be given, either in writing or orally, at any time throughout the care process. In exceptional circumstances where informed consent is impossible to obtain, (e.g. if a patient or service user is unconscious or unable to give consent) then the views of carers, family and staff should be sought, and common sense should prevail.

Recommendation 10: Health and social care providers should engage with local belief communities, to enable dialogue between staff, spiritual care providers and community groups.

2. A skilled and compassionate workforce

2.0.1 Spiritual care is everyone's business and is included in the professional standards of many disciplines within the health and social care workforce. All staff have a role to play in ensuring that the spiritual needs of individuals are recognised and met. The extent to which this is part of an individual's practice will vary depending on their role and work context, but it does mean that everyone working across health and social care requires some level of knowledge and understanding of spiritual care.

Recommendation 11: The Scottish Government and NHS Education for Scotland should explore with professional bodies how spiritual care can be embedded into standards for workforce education, training, and practice.

2.0.2 A scoping study, commissioned by NHS Education for Scotland (NES) in 2020, and conducted by Faith in Older People, revealed huge variation in the delivery and content of spiritual care education for healthcare professionals involved in the study[18]. In some cases training was included in 'Person-centred Care' or 'Compassionate Care' aspects of learning, where the uniquely spiritual or religious elements could be minimised or lost altogether; in other cases, older models of spiritual care, more aligned to religious care, were still being taught.

2.0.3 All health and social care staff should, as a minimum, be 'informed' about spiritual care. Depending on an individual's role and remit there may be the requirement for additional knowledge and / or training.

[18] Scoping reviews of spiritual care in the curriculum for nurses and health and social care staff

2.0.4 The NPB agreed that using the recognised four levels of practice developed by NES would be a helpful way to consider the level of understanding an individual in a specific role should have regarding spiritual care. When applied to spiritual care the four levels of practice can be described as follows:

- **Informed**: knowledge and skills required by all staff to contribute to the delivery of spiritual care and to positively impact on their own and others' spiritual wellbeing.
- **Skilled:** knowledge and skills required by 'non-specialist' staff who are likely to have direct contact with service users, meaning that they have a substantial contribution to make in meeting an individual's spiritual care needs.
- **Enhanced**: knowledge and skills required to provide direct spiritual care interventions, increasingly role and context specific.
- **Specialist**: knowledge and skills to play a specialist role in the delivery of spiritual care

2.0.5 The levels of practice are usually associated with a knowledge and skills framework, which articulates the knowledge and skills required at each level. Currently, there is no such framework for spiritual care, however, there are resources which articulate spiritual care competencies and capabilities. For example, **"**Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care"[19] which aligns to the 'skilled level.' This could be adapted for a wider workforce.

Recommendation 12 : NHS Education for Scotland and the Scottish Social Services Council should work with partners, including education providers and service users, to support the development of spiritual care knowledge, skills and understanding across the workforce. This will include enhancing the spiritual care elements within their respective programmes and curricula and promoting access to appropriate educational resources.

[19] Enhancing Nurses' and Midwives' Competence in Providing Spiritual Care through Innovative Education and Compassionate Care

2.1 Compassionate Leadership

2.1.1 Compassionate leadership which protects, supports, and promotes the wellbeing of staff has never been more necessary or urgent[20]. There is a need to develop clear links with compassionate leadership initiatives[21]. Strategic and executive leads within organisations are key stakeholders, who are well placed to foster the values and desired outcomes of spiritual care and spiritual care education and embed this more widely in their organisation's culture.

2.1.2 Developing compassionate leadership approaches helps leaders hear and reflect on what staff are telling them and take necessary action to support development and help address challenges[22]. An example of this is the use of regular reflective practice. Leaders trained in VBRP® have reported a positive impact on their ability to engage with staff, deal with highly challenging conversations, support clinical reflection and elicit professional learning without blame.

2.1.3 The Spiritual Care Professional Leads Group is well placed to promote the place of spiritual care in the delivery of local and national leadership programmes.

2.2 Development of educational resources

2.2.1 Education providers place varying degrees of emphasis on spiritual care. Education providers who deliver training for health and social care staff need to determine how spiritual care can be effectively and consistently included, or enhanced, within current curriculums. Relevant qualification and accreditation bodies should be clear about the inclusion of spiritual care in the curriculum and ensure the use of appropriate assessments.

[20] Organisational culture - The King's Fund
[21] Leadership and Management Programmes
[22] What is compassionate leadership? - The King's Fund

2.2.2 Development and delivery of education models need to reflect the principles of spiritual care: involvement, engagement, sharing whilst reflecting beliefs, faith, and values. As such, educational and training resources and opportunities should be developed in co-operation with those who will deliver and receive spiritual care. To ensure this happens, three essential components have been identified:

- all staff need to understand how spiritual care contributes to their own wellbeing to better empathise with those for whom they care;
- resources around training need to be better disseminated and incorporated into training for all staff at different levels and in different contexts; and
- spiritual care training needs should be incorporated in the under-graduate or foundational training for the whole health and social care workforce.

2.2.3 Development of educational resources should consider assumptions and understanding of the subject and how staff can deliver spiritual care. It should also provide opportunities for those in training to reflect on what supports individuals to be well and flourish, including what gives their own life meaning, purpose and hope.

2.2.4 There is already a wealth of existing educational resources and these should be promoted (e.g. Spiritual Care Matters)[23]. However, there remains a need for key partners such as the Scottish Social Services Council (SSSC)[24] and NES to develop and promote a range of flexible and accessible resources which can be contextualised and used to support continuous professional learning / development learning across the workforce.

2.3 Reflective Practice

2.3.1 There is growing evidence about the benefits of staff participating in regular reflective practice. The Health and Care Professional Council state that: “Creating the space to reflect on your practice… can help you to deal with high levels of pressure and share lessons learned”[25].

[23] Spiritual Care Matters
[24] The Scottish Social Services Council - Scottish Social Services Council
[25] Reflective Practice - HCPC

2.3.2 Staff should be supported to access a range of opportunities for reflection, using a variety of approaches and tools. Building capacity for staff to engage with VBRP® will support the delivery of person-centred care and support staff to explore and address the professional and personal impact of their work.

2.3.3 Such reflective practice can also support the development of a culture of stewardship; where health and care professionals are supported to use evidence based practise to inform their decision making and use the resources they have available wisely[26].

2.4 The development of spiritual care in community and social care settings.

2.4.1 The Health and Social Care Standards[27] set out what we should expect when using health, social care, or social work services in Scotland. They aim to drive improvement, promote flexibility and encourage innovation in all aspects of person-centred care within all settings; ensuring better outcomes for everyone.

2.4.2 The National Health & Wellbeing Framework states that: “Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. …. people using services, whether health or social care, can expect a quality service regardless of where they live”[28].

2.4.3 The “Independent Review of Adult Social Care in Scotland”[29] recommended the establishment of ethical commissioning to support how care is planned, designed, sourced, delivered, and monitored. The development of such ethical commissioning should ensure that models of care and commissioned services include spiritual care as an integrating aspect of holistic, person-centred care.

[26] Delivering value based health and care: a vision for Scotland
[27] Health and Social Care Standards: My support, my life
[28] National health and wellbeing outcomes framework
[29] Adult Social Care: independent review

Recommendation 13 : Public bodies who commission care and support (including future models of social care) should ensure that services meet the physical, mental, social, and spiritual needs of service users and give consideration to how spiritual care training and service delivery is appropriately costed and adequately resourced.

2.5 Shifting the paradigm of care

2.5.1 To date spiritual care services have been delivered primarily within the domain of health boards. In Scotland, specialist spiritual care remains a hospital-based service with limited services in community settings. There is a growing awareness that spiritual care should be provided in wider care settings; ensuring people get the right care, in the right place at the right time.

2.5.2 There is a need to challenge some of the narrative around the delivery and provision of spiritual care. As stated in the "Independent Review of Adult Social Care in Scotland; "Strong and effective social care support is foundational to the flourishing of everyone in Scotland…. We need to shift the paradigm of social care support to one underpinned by a human rights-based approach"[30].

2.5.3 Spiritual Care Teams are ideally placed to support such a shift. Achieving such a paradigm shift in delivering spiritual care services from predominantly acute health settings to wider care settings would have implications for spiritual care teams and current models of care.

2.5.4 The result would be that individuals would be supported to make sense of their circumstances during periods of transition and change; helping them to recognise and use their personal and communal assets with a view to proactively developing their own wellbeing.

[30] Adult Social Care: independent review

2.6 National Strategies

2.6.1 The Scottish Government's "Framework for adults living in care homes"[31] recognises that individuals have a range of health and wellbeing needs that extend beyond the traditional biological model of care. The importance of spiritual care as an integrating aspect of person-centred care is reflected throughout the document. There is also an acknowledgement that failure to care for the whole person can result in a decline in physical or mental health.

2.6.2 Whilst the framework is important for those living in care homes it also sets out fundamental principles for person-centred care. It is essential that care providers support staff to work in partnership with individuals to develop person-centred personal plans that consider their circumstances, characteristics and preferences including spiritual needs[32].

2.7 What Matters?

2.7.1 National developments such as "What Matters to Me" and "Getting it right for everyone" are focused on individual care needs; ensuring that every person is empowered and involved in multi-disciplinary decision making. These approaches adopt holistic approaches to ensure that individual needs are taken into account, and that appropriate support is provided while acknowledging that a person's needs will vary over time.

2.7.2 These developments recognise the importance of spiritual care and require staff to have open, sensitive, and effective communication with service users. Such conversations ensure that planned care is truly person centred.

[31] My Health, My Care, My Home - healthcare framework for adults living in care homes.
[32] Health and Social Care Standards: my support, my life

2.7.3 As previously stated, this framework does not stand in isolation, but closely aligns with policy development in other areas including; “The Quality of Life Outcome Indicators” within the “Promoting Excellence Framework” (Dementia Framework)[33] and the “Rehabilitation Framework”[34].

2.7.4 Spiritual care has a vital role in providing opportunities for both service users and staff to consider values based healthcare[35] allowing individuals to consider realistic treatment, care options and anticipatory care within a safe and non-judgmental environment[36]. Drawing on values to have meaningful conversations with people will support decision making and help staff and patients to base care around what matters most to the individual. Such an approach aligns to, and supports the aims of Realistic Medicine[37].

2.8 Developments within social care

2.8.1 It must be recognised that social care staff are highly skilled and that many staff are very experienced. Like other developments within health and social care, there is a need to recognise the role of the workforce in achieving the aims of this framework. This will only be achieved by a skilled and equipped staff[38] who are supported to fully engage with Continuous Professional Learning and professional development.

Recommendation 14: The Scottish Social Services Council should consider spiritual care as part of the planned National Occupational Standards review and consider how spiritual care fits with the scoping review in 2023/24 and a full review in 2024/25.

[33] Dementia - health and social services staff: framework - Promoting Excellence
[34] Recovery and rehabilitation during and after the COVID-19 pandemic
[35] Defining Value in "Values Based Healthcare"
[36] Anticipatory Care Planning: Frequently Asked Questions
[37] Realistic Medicine
[38] Health and social care: national workforce strategy

2.8.2 There is a need for the development of robust workforce planning models (including education and training) in spiritual care to deliver a consistent and excellent spiritual care service across health and social care settings throughout Scotland by 2028[39].

2.8.3 NES and SSSC developed an initial version of a National Induction resource[40]. The resource complements organisational and local induction programmes. As this resource is developed, consideration should be given to the inclusion of spiritual care.

Recommendation 15: As the content of the National Induction Framework continues to be developed by Scottish Social Services Council and NHS Education for Scotland, learning and guidance on spiritual care should be included, to support social care workers to be equipped and confident to provide spiritual care in their new roles.

2.9 Regulation and inspection

2.9.1 The regulation and inspection of services supports the delivery of high quality care and identification of good practice, and provides the public and service users with assurance about the quality of service being delivered. It is important that the development of standards for spiritual care are not seen as an additional ask of service providers or impact the delivery of care. Rather, such developments should be seen as aligned with, and supportive of, person centred care.

Recommendation 16: The Scottish Government should explore the development of a spiritual care standard with the Care Inspectorate and Health Improvement Scotland for use in inspections.

[39] Once for Scotland Workforce Policies
[40] National Induction Framework

3. Data Collection and Evidence Base

3.0.1 It is good practice for providers of care to evaluate the delivery and impact of spiritual care services in a similar way to other clinical disciplines and to report on this in their annual report and quality accounts.

3.0.2 This framework looks to strengthen and deepen research and evidence into the impact of spiritual care interventions across all settings and services (with an initial focus on building on current work within in-patient and primary care settings). It envisages that robust mechanisms of data capture are in place in all care settings. It looks to develop the theory that underpins the practice of spiritual care and to continue and expand Scotland's excellent contribution to the international field of evidence-based practice in spiritual care.

3.0.3 Quantitative measures (e.g. numbers of referrals, types of interactions, response times and outcomes) have a part to play and should be collected and reported alongside qualitative information on user experience. Feedback on spiritual care services should be sought from all service users, carers, and staff. Together, they help assess the impact of the service and guide its development[41]. Health and Care providers should consider all possible areas of feedback such as Care Opinion[42] and including questions about the service in patient and staff surveys (e.g. iMatter).

3.1 The Scottish Spiritual Care Patient Reported Outcome Measure (PROM)

3.1.1 The Scottish Spiritual Care Patient Reported Outcome Measure (PROM)[43] is the only evidence-based and validated tool in the world for measuring the effectiveness of spiritual care. It was developed by NES in partnership with Edinburgh Napier University and is now being used globally. Scotland can be rightly proud for producing this. The PROM was designed to help capture the last part of the spiritual care process, the outcome.

[41] Developing a taxonomy of chaplaincy activities and interventions for spiritual care
[42] Care Opinion
[43] Patient Reported Outcome Measure of Spiritual Care as Delivered by Chaplains

Recommendation 17: The Scottish Spiritual Care Professional Leads Group should ensure that spiritual care teams complete the Scottish Spiritual Care PROM as a routine screening, outcome and feedback measure.

3.2 National Minimum Data Set

3.2.1 Currently there is no reporting mechanism agreed nationally to gather information on what Spiritual Care Teams are providing, who is providing it, to whom and how much. It is vital that we can record interventions, their relevance, value, and importance.

3.2.2 The National Minimum Data Set project was designed to capture transferable elements of the *whole* process of spiritual care, from referral (who needs spiritual care?) through screening (who is best placed to provide spiritual care?) and intervention (what happened?), to outcome (what difference did the intervention make?).

3.2.3 Systematically gathering data fits within a research-based improvement culture. Pastoral activities undertaken by spiritual care staff need to be recorded in a transferable manner to review and evaluate current practice. Generalisable data would also help in terms of resourcing areas effectively.

3.2.4 There is a need to support research and evaluation and to this end these aspects of practice should be a core aspect of the work undertaken by spiritual care teams.

3.2.5 The National Minimum Data Set is designed to support:

- a reduction in variation with a ‘Once for Scotland’ approach;
- the use of common language to improve mutual understanding;
- a focus on intentionality moving from a narrative of ‘just being there’ to one that speaks of the professional interventions already taking place;

- enabling the valid collation and comparison of referral statistics across spiritual care services nationally;
- the building up of consistent longitudinal data that can be used for research purposes, via an annual return; and
- the provision of data against which training can be developed.

3.2.6 The first version of the National Minimum Data Set was developed in collaboration with representatives from the spiritual care workforce in 2022.

Recommendation 18: The Scottish Spiritual Care Professional Leads Group in partnership with stakeholders should pilot a national minimum data set using a PDSA (Plan, Do, Study Act) model of quality improvement, and use the findings from this to develop and support a permanent national model for data gathering.

3.3 Information Governance

3.3.1 Skilled record keeping is an essential part of professional practice. It enables other professionals to be aware of the interventions and involvement of members of the wider healthcare team caring for the person. It supports continuity and safety of care[44]. There are inconsistencies around recording information in relation to spiritual care in patient records. The "Access to Health Records Act 1990" states that a health record is a record which has been made by or on behalf of a health professional in connection with the care of an individual[45].

3.3.2 Registered Chaplains as healthcare professionals and employees (governed by the Healthcare Support Worker Code of Conduct)[46] are responsible for any health records which they create or use as defined in law (Public Records (Scotland) Act 1937)[47].

[44] Record keeping - HCPC
[45] Access to Health Records Act 1990
[46] Code of Conduct for Healthcare Support Workers
[47] Information Governance Records

3.3.3 Registered Chaplains have a duty to maintain clear and accurate records relevant to their practice within care plans and the context of wider multi-disciplinary care planning activity. This supports safe and effective care through evidencing practice and decisions, enabling continuity of care and ensuring cohesion of spiritual care delivery across different professions[48].

Recommendation 19: Health and social care providers should ensure spiritual care staff are aware of their professional and legal responsibilities to maintain clear and accurate records.

4. A professional specialist workforce

4.0.1 The primary responsibility of specialist spiritual care givers is to promote the spiritual wellbeing of health and social care communities and all who are part of them, including service users, carers, staff and volunteers. Registered Chaplains hold the space for service users to (re)discover meaning, purpose and hope amid transition, loss and pain.

4.0.2 Their responsibility is to deliver person-centred spiritual care and to promote the wellbeing of all service users working as an integral part of inter-disciplinary health and social care teams.

4.0.3 Despite accounting for a very small proportion of the workforce, NHSScotland Chaplains are internationally known for their innovative practice and research. Since 2002, healthcare Chaplains in Scotland have moved to working in a person-centred way providing specialist spiritual care. This is on a continuum from generic pastoral care to specialist spiritual care.

[48] View of Charting by Chaplains in Healthcare

4.0.4 For Registered Chaplains, spiritual care is the reason for their employment, and they are expected to be capable of acting and understanding solely within the area of spiritual care. They are expected to take their place as members of the multi-disciplinary healthcare team and to fulfil a meaningful role within the healthcare community[49]. This should apply equally if practicing in a social care environment.

4.0.5 Registered Chaplains can support the paradigm shift required for the delivery of care as agents of transformation and collaborative change at different levels:

- Micro (individual) level
- Meso (team, department, community or locality) level
- Meta (organisational, systems, national or international) level[50]

4.0.6 Strategic leadership is, increasingly, a fundamental part of the day-to-day remit of spiritual care staff and is integral to the delivery of spiritual care services. To support and extend this strategic and leadership role there is a need to develop a mechanism for local and national leadership training, mentoring and coaching for all Registered Chaplains.

4.1 Formation, Training & Development

4.1.1 A Registered Chaplain's work involves the use of the self. The ideas of practical wisdom and professional formation are used to try to capture the essence of this, along with the process of formation to describe the deep reflection and personal exploration required.

4.1.2 There is a need to develop training which supports a personal journey of self-discovery, formation and learning which nurtures and ignites transformation. This will ensures that both current and future spiritual care staff are equipped to undertake the roles and duties expected of them.

[49] UKBHC - Spiritual Care Competences
[50] Chaplaincy and the Soul of Health and Social Care: Fostering Spiritual Wellbeing in Emerging Paradigms of Care

4.1.3 It is not helpful or possible to break the delivery of spiritual care down into a series of tasks or competencies. The UK Board of Healthcare Chaplains (UKBHC) Competences for Registered Chaplains (approved for use in Scotland by the UKBHC in March 2020) therefore takes the approach of clarifying the required knowledge, skills and behaviour[51].

4.1.4 There is a need to encourage the professional workforce to engage meaningfully in lifelong continuing professional development. It is also vital to support newly registered chaplains as they start their vocational journey.

Recommendation 20: The Scottish Government, in collaboration with the Scottish Spiritual Care Professional Leads Group, NHS Education for Scotland, and other partners, should establish a short life expert working group to agree a national approach to an education, induction and a formative learning programme for early career Registered Chaplains.

4.1.5 Registered Chaplains are ideally placed to become strategic leaders who can plan and develop services that bridge health and social care settings. Leadership skills and training are fundamental in creating not just a harmonious working environment, but also to enable any team to stride forth and lead local and national objectives. It is imperative that adequate leadership and management training are in place to support the role of those who manage spiritual care teams to maintain a thriving and developing service.

Recommendation 21: NHS Education for Scotland and Scottish Social Services Council will work in partnership with Scottish Spiritual Care Professional Leads Group and other stakeholders to deliver a programme of spiritual care education and development opportunities for spiritual care teams. This should include;
a) initiatives to strengthen and nurture the leadership capability of all Spiritual Care Teams
b) initiatives to further enhance the strategic leadership skills of spiritual care leaders and Registered Chaplains

[51] UKBHC

4.2 Career Structure

4.2.1 Currently, within healthcare settings, there is no recognised career pathway or staffing structure for Registered Chaplains (including national job descriptions and person specifications) which support career progression and performance management for Spiritual Care staff.

4.2.2 Spiritual Care Teams have much to learn, and gain, from the work undertaken by the "Transforming Roles" programme[52]. There needs to be robust strategic oversight, direction, and governance to develop and transform the delivery of spiritual care to meet the current and future needs of Scotland's health and social care system.

4.2.3 The development of spiritual care requires new models of care, delivered by multidisciplinary, integrated teams. It is now time to consider how we redesign, transform, and develop roles.

4.2.4 There may be value in exploring an "Assistant Chaplain" role based on the work undertaken to develop assistant practitioners in other healthcare professions.

4.2.5 There may be value in exploring the current "Nursing, midwifery and allied health professionals (NMAHP) development framework"[53] to consider if it has relevance or transferability for Registered Chaplains. Such a model would support the development of core knowledge, skills and behaviours in four pillars of practice, at Levels 5-8 of the Career Framework for Health[54]. It would also enable profession specific and specialist knowledge, skills and behaviours to be added.

4.2.6 Moving through the levels is associated with increasing breadth and depth of knowledge, skills and behaviours across the four pillars of practice, widening engagement and increased responsibility and experience.

[52] Transforming nursing, midwifery and health professions roles
[53] Career Framework
[54] Key Elements of the Career Framework

4.2.7 Career development can happen in different ways. Staff may wish to develop higher levels of responsibility, knowledge and skills or to remain at the same level of the career framework but build on existing knowledge and skills to focus on a particular career pathway e.g. Facilitation of Learning or Leadership[55].

4.2.8 Currently the minimum SCQF level for entry as a Registered Chaplain is Level 9 (Ordinary Degree). It is neither necessary nor desirable to map all post-registration education to academic levels, but where it is appropriate, the following can be used as a guide:

Job Title	Career Framework	Minimum SCQF level	Agenda for Change Banding
Associate Practitioner			Band 4
Trainee Chaplain			Band 5
Registered Chaplain	5 Practitioner	Level 9 – Ordinary Degree level	Band 6
Specialist Registered Chaplain	6 Senior Practitioner	Level 10 – Honours Degree level	Band 7
Lead Registered Chaplain	6 Senior Practitioner	Level 10 – Honours Degree level	Band 7
Head of Department	7 Advanced Practitioner	Level 11 – Master's Degree level	Band 7 / 8
Consultant	8 Consultant Practitioner	Level 11/12 – Master's/Doctorate level	Band 8

Recommendation 22: The Scottish Government in partnership with NHS Education for Scotland and the Scottish Spiritual Care Professional Leads Group should establish a short life working group to develop a proposed carer pathway for Registered Chaplains.

[55] Career Framework

4.2.9 It has been identified that there is a lack of consistency in staffing of spiritual care teams across NHS health boards. There is also a need to simplify the plethora of chaplaincy titles and roles used across the UK, and define roles and duties in a language and framework that employers can understand, and which aligns to Agenda for Change.

4.2.10 The UKBHC have developed role descriptors with indicative Bands in accordance with the NHS Agenda for Change job evaluation framework[56]. The Scottish Terms and Conditions Committee (STAC) have agreed a protocol for sharing job descriptions between Health Boards.

4.2.11 Considering the size of the spiritual care workforce, there is an opportunity to use a "Once for Scotland" approach to agree standardised job profiles and descriptions. While each health board is responsible for local job evaluation, shared standardised job descriptions would be a welcome resource for employing bodies[57].

Recommendation 23: The Scottish Government should to establish a short life working group to agree profession specific role descriptors aligned to Agenda for Change using a "Once for Scotland" approach.

4.3 The Appointment and Employment of Registered Chaplains

4.3.1 In the past the appointments to Spiritual Care Teams came largely from the faith communities. However, the responsibility for the provision of a broader spiritual care offer now lies with health and care providers.

4.3.2 The employment of spiritual care staff should be based on their qualifications, experience, pastoral/relational abilities and capacity to demonstrate a mature, reflective, spiritual world view. Applicants should be registered or working towards registration with the UKBHC.

[56] UKBHC - Chaplaincy Bands and Duties
[57] Agenda for Change - Job Sharing Protocol

4.3.3 The UKBHC provides advice on good practice for appointments[58] including ensuring that an experienced Registered Chaplain acts as a professional assessor on any interview panel.

Recommendation 24: Employing bodies should follow good practice as set out by the UK Board of Healthcare Chaplaincy and national Partnership Information Network (PIN) Polices regarding the recruitment of Registered Chaplains.

4.4 Supervision / Reflective Practice

4.4.1 Currently there is no agreed policy for the provision, or type, of supervision offered to Registered Chaplains. To ensure ongoing safe and effective practice spiritual care staff and formational development, Registered Chaplains should be have access to agreed levels of paid, professional pastoral supervision during working hours.

Recommendation 25: The Scottish Spiritual Care Professional Leads Group, in partnership with key stakeholders should develop and implement a policy which outlines principles and guidance to support the consistent provision of supervision and opportunities for reflective practice for all spiritual care staff.

4.5 Registration

4.5.1 In 2017 the Professional Standards Authority (PSA) recognised the UKBHC as an "accredited register". The UKBHC has a Code of Conduct[59] and standards for service (including competencies and capabilities). The UKBHC maintains a professional register of "Board Registered Chaplains".

4.5.2 Registration requires staff to demonstrate their unique body of knowledge, entry and training pathway, standards, competencies and engagement in continuing professional development. Professional registration promotes high standards of spiritual care, which is patient centred, safe and effective.

[58] UKBHC - Appointing a Chaplain
[59] UKBHC - Code of Conduct

Recommendation 26: The Scottish Government should continue discussions with the UK Board of Healthcare Chaplaincy to support the mandatory registration of Registered Chaplains within Scotland.

4.6 Continuous Professional Development and Formation

4.6.1 Continuous professional development (CPD) and formation is the way in which staff can learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to practise safely and effectively [60].

4.6.2 There is a recognised need for all Registered Chaplains to engage with lifelong formational learning. It is also recognised that this learning will take a variety of different forms, including *inter alia*, personal study, reading journals and books, courses, further academic study, undertaking research, journal clubs and becoming involved in special interest groups[61]. Annual appraisals should be a vehicle through which ongoing learning is reviewed and appraised.

4.7 Service Delivery

4.7.1 There is disparity in models of spiritual care being delivered within NHSScotland and mixed views regarding the professional identity of Registered Chaplains. A national service specification would help to define standards of care and services expected from specialist spiritual care teams. Such specifications would describe core services and what spiritual care teams do, and do not, provide. Such a development would bring consistency to the delivery of spiritual care services and highlight the effective interventions Registered Chaplains can provide. It is also good practice that services are evaluated through regular auditing, using approved tools such as the UKBHC Audit Tool[62].

[60] Continuing professional development (CPD) - HCPC
[61] UKBHC - Spiritual Care Competences
[62] UKBHC - Standards Audit

Recommendation 27: The Scottish Government, in partnership with the Scottish Spiritual Care Professional Leads Group and health boards should develop a national service specification for spiritual care services.

4.8 Staffing Levels

4.8.1 A more consistent approach to workforce planning against agreed service delivery models and standards, would support staff to feel engaged and empowered to deliver their roles in a more effective way, and support staff wellbeing[63].

4.8.2 A workforce planning model that delivered a consistent, sustainable and high quality spiritual care service across health and social care settings throughout Scotland by adopting a 'Once for Scotland' approach would be a positive progression.

4.8.3 The Health & Care (Staffing) (Scotland) Act 2019[64] will be enacted from April 2024, and whilst spiritual care is not currently in the scope of the legislation, the Act provides a set of principles, standards and ambition that spiritual care would wish to align to.

4.8.4 The resources available through the "Healthcare Staffing Programme"[65] within Healthcare Improvement Scotland, will support and inform health boards to consider the principles of workforce planning and staffing requirements for this specialist service. This includes the use of professional judgement resource, considering local context and specialist service delivery as well as the skills and experience needed from those delivering the service.

4.8.5 It is recommended that the application of the "Spiritual Care CEL (2008)"[66] workforce planning model along with a professional judgment tool is used to determine appropriate staffing levels at the present time.

[63] NHS Scotland Staff Governance
[64] Health and Care (Staffing) (Scotland) Act 2019
[65] Healthcare Staffing Programme
[66] Spiritual Care and Chaplaincy

4.8.6 Certain settings, such as palliative and end of life care, mental health units, community and specialist paediatric care, and primary and community care, may call for a different level of staffing and specific skills and experience relating to the complexity of needs in these disciplines.

Recommendation 28: The Scottish Spiritual Care Professional Leads Group should engage with resources and activities available locally, regionally and nationally, to inform workforce planning that enables the provision of high quality spiritual care across NHS Scotland.

4.9 Governance & Line Management

4.9.1 Currently there is variation in how spiritual care is managed. Unlike other healthcare professions there is currently no nationally agreed governing structure or professional lead to monitor and support professional practice in this area.

4.9.2 As a person-centred service, it is good practice that spiritual care services are managed alongside similar clinical services: this will often mean within the Nursing or Allied Health Care Professionals Directorate or grouping.

4.9.3 For the sake of equity health boards should ensure that the same opportunities, resources and governance structures which are available to other health professions are made available to Registered Chaplains and Spiritual Care Teams.

Recommendation 29: Health boards should manage spiritual care within Nursing, Midwifery and Allied Health Professions and ensure that spiritual care services are aligned with person centred care.

5. Conclusion

5.0.1 The challenges facing spiritual care services over the next few years are not insignificant. This framework sets out overarching areas for development in four key settings:

- A skilled and compassionate workforce
- The development of spiritual care in community social care settings
- Robust data collection and the development of an evidence base
- A professional specialist workforce

5.0.2 The key deliverables are intended to continue, and deepen, the re-shaping of spiritual care services. They will ensure services across Scotland will be fully assimilated into the new paradigm of integrated services and the work of Health and Social Care Partnerships.

5.1 Governance Structures

5.1.1 The NPB for spiritual care has provided national leadership and direction for the delivery of spiritual care services through overseeing the development of a national framework. On-going oversight of this framework and the development of future strategy remains with the Healthcare Quality and Improvement Directorate within Scottish Government.

5.2 Scottish Spiritual Care Professional Leads Group

5.2.1 The Scottish Spiritual Care Professional Leads Group consists of: Spiritual Care Leads / Heads of Service from Health Boards and the Association of Hospice and Palliative Care Chaplains. The group will provide professional leadership in the area of spiritual care and advise the Scottish Government and other relevant bodies on the provision and delivery of spiritual care.

5.2.2 The group will provide a forum to share best practice, learn from each other at a national and local level and inform the quality ambitions of ensuring a person centred, safe and effective service by:

- promoting standards of professional practice and service delivery, including agreed standards, capabilities and competencies in partnership with the UKBHC;
- leading on workforce and succession planning for spiritual care in conjunction with workforce colleagues locally and nationally;
- develop and maintain networks with colleagues, senior leaders and those involved in delivering spiritual care to increase the awareness, benefits, influence and outcomes of spiritual care;
- maintaining relationships with professional bodies and, where appropriate, overseeing nominations to such bodies; and
- providing a collective voice which contributes to and informs national policy, direction and initiatives which influence the current and future delivery of spiritual care.

5.3 Line Management

5.3.1 Each Health Board (including special Health Boards) should have an Executive Lead for Spiritual Care (Director or non-Executive Director) to take corporate responsibility for ensuring that spiritual care is promoted, and services are safe, effective, and fully integrated within clinical services. Within each Health Board there should be a designated Spiritual Care Lead, sometimes referred to as a Lead Chaplain or Head of Department.

Recommendation 30: All health boards, if they do not already have one, should appoint an Executive Lead for Spiritual Care confirming with the Scottish Government once they have done so.

5.4 Next Steps

5.4.1 This framework reflects the considerable developments in the increased professionalism of spiritual care provision over the last twenty years and seeks to establish spiritual care as an integral part of health and social care provision.

5.4.2 Professional advisors are responsible for providing policy and strategic advice to Scottish Ministers and provide professional advice on practice, standards and guidelines.

5.4.3 The framework addresses existing inconsistencies in practice, clearly identifies expectations in terms of service and team development, articulates unambiguously shared national priorities for the next five years, and importantly, will ensure greater accountability for practice.

Recommendation 31: The Scottish Government should appoint a subject specialist and advisor to lead on the implementation and co-ordination of the Spiritual Care Framework utilising the model of Professional Advisor roles currently used throughout Government.

5.4.4 This framework does not stand in isolation but supports and aligns to a number of national strategies and frameworks. At its heart is the vison that to be a healthy and happy nation depends on a wide variety of factors and we therefore need to take a whole system approach to promoting good health and activity. Spiritual care, which takes a human rights based approach, seeks to promote positive health, care and wellbeing and develop resilient communities as outlined in the National Performance Framework[67].

[67] National Performance Framework

5.4.5 Finally, the framework presents a direction of travel offering care providers the opportunity to develop contextually appropriate spiritual care services within health and social care settings. A number of areas for continued development or review, have been identified, not least is the expectation that spiritual care services should embrace the opportunities presented by developments within health and social care.

5.5.6 Spiritual care services should be working actively to develop innovative and collaborative ways of meeting the spiritual needs of staff, patients, service-users, carers and families. It is essential that the current developments and the aims of this framework are supported at local level and nationally.

Recommendation 32: The Scottish Government should establish a cross agency Advisory Board on Spiritual Care with appropriate sectoral and external representation to oversee the implementation of this framework and to bring proposals for change where this is necessary.

6. Appendix A – Table of recommendations

The aim of these recommendations are threefold: to establish Scotland as a world leader in the development and delivery of spiritual care; to further develop spiritual care services using a person-centred and assets-based models where “what matters” to service users and staff are central; set out a pathway for improving services equitably across health and care settings across Scotland ensuring that services articulate best practice.

Key Deliverable		**Action By**
1	Health and social care providers should ensure that spiritual aspects of care are assessed, recorded and regularly reviewed within care plans in all health and care settings and services .	Health and social care providers
2	NHS Territorial Boards should give consideration as to how they provide a 24/7 service within acute settings. Where this level of service is not currently provided an action plan showing how and when this will be achieved should be developed.	NHS Territorial Boards
3	NHS Territorial Health Boards should establish, or maintain, Community Chaplaincy Listening as a referral based, spiritual care listening service, delivered by trained and supported volunteers and managed by Spiritual Care Teams.	NHS Territorial Boards
4	Health and Social Care Partnerships and care providers should consider establishing partnerships with existing listening services and the third sector to extend listening services into community settings; working collaboratively to establish the service where not available.	HSCP
9	The Scottish Spiritual Care Professional Leads Group should explore the development of a national approach to training for spiritual care volunteers with the NHSScotland Volunteering Advisory Board.	SSCPLG
10	Health and social care providers should engage with local belief communities, to enable dialogue between staff, spiritual care providers and community groups.	Health and social care providers
13	Public bodies who commission care and support (including future models of social care) should ensure that services meet the physical, mental, social, and spiritual needs of service users and give consideration to how spiritual care training and service delivery is appropriately costed and adequately resourced.	Public Bodies
16	The Scottish Government should explore the development of a spiritual care standards with the Care Inspectorate and Healthcare Improvement Scotland for use in inspections.	Scottish Government

The aim these recommendations is twofold: First, to provide training opportunities for staff to develop increased reflexivity in their practice and to better understand how to address the spiritual needs of individuals they care for. Second, to provide spiritual support to staff in order to help them to better manage their own wellbeing and resilience.

Key Deliverable		**Action By**
5	The Scottish Spiritual Care Professional Leads Group in partnership with NHS Education for Scotland and spiritual care teams should take a lead role in the continued development and expansion of Values Based Reflective Practice® through their learning, facilitating the learning of others and promoting Values Based Reflective Practice® across the wider health and social care system.	SSCPLG, NES & Spiritual Care Teams
6	Health and social care providers should promote bereavement support for staff, particularly those providing palliative and end of life care across all settings.	Health and social care providers
7	Where established, health and social care providers should include Spiritual Care Teams in the planning and delivery of staff support to enhance the emotional and spiritual wellbeing of staff.	Health and social care providers
8	Health boards and agencies with responsibility for planning responses to critical / major events and local incidents should adopt good practice by ensuring Spiritual Care Teams are integral in planning for, and responding to, such events and incidents.	Health Boards
11	The Scottish Government and NHS Education for Scotland should explore with professional bodies how spiritual care can be embedded into standards for workforce education, training, and practice.	Scottish Government / NES
12	NHS Education for Scotland and the Scottish Social Services Council should work with partners, including education providers, the third sector and service users, to support the development of spiritual care knowledge, skills and understanding across the workforce. This will include enhancing the spiritual care elements within their respective programmes and curricula and promoting access to appropriate educational resources.	NES / SSSC
14	The Scottish Social Services Council should consider spiritual care as part of the planned National Occupational Standards review and consider how spiritual care fits with the scoping review in 2023/24 and a full review in 2024/25.	SSSC
15	As the content of the National Induction Framework continues to be developed by Scottish Social Services Council and NHS Education for Scotland, learning and guidance on spiritual care should be included, to support social care workers to be equipped and confident to provide spiritual care in their new roles.	SG, NES & SSSC

The aim of these recommendations are threefold: First, to strengthen and deepen evidence about the impact of spiritual care interventions across health and social care settings. Second, to ensure that robust and standardised mechanisms of data capture are in place. Third, to further develop and expand Scotland's contribution to the international field of evidence-based practice in spiritual care.

Key Deliverable		**Action By**
17	The Scottish Spiritual Care Professional Leads Group should ensure that spiritual care teams complete the Scottish PROM as a routine screening, outcome and feedback measure.	SSCPLG
18	The Scottish Spiritual Care Professional Leads Group in partnership with stakeholders should pilot a national minimum data set using a PDSA (Plan, Do, Study Act) model of quality improvement, and use the findings from this to develop and support a permanent national model for data gathering.	SSCPLG & Spiritual Care Teams
19	Health and social care providers should ensure spiritual care staff are aware of their professional and legal responsibilities to maintain clear and accurate records.	Health and social care providers

The aim of these recommendations is threefold: First, to establish a recognised training / career pathway for Registered Chaplains. Second, to ensure that the standards, which govern spiritual care staff and services are safe, effective and person-centred. Third, to ensure that through mandatory registration Registered Chaplains are fit practice

Key Deliverable		**Action By**
20	The Scottish Government, in collaboration with the Scottish Spiritual Care Professional Leads Group, NHS Education for Scotland, and other partners, should establish a short life expert working group to agree a national approach to an education, induction and a formative learning programme for early career Registered Chaplains.	Scottish Government
21	NHS Education for Scotland and Scottish Social Services Council will work in partnership with Scottish Spiritual Care Professional Leads Group and other stakeholders to deliver a programme of spiritual care education and development opportunities for spiritual care teams. This should include; a) initiatives to strengthen and nurture the leadership capability of all Spiritual Care Teams b) initiatives to further enhance the strategic leadership skills of spiritual care leaders and Registered Chaplains.	NES / SSSC / SSCPLG
22	The Scottish Government in partnership with NHS Education for Scotland and the Scottish Spiritual Care Professional Leads Group should establish a short life working group to develop a proposed carer pathway for Registered Chaplains.	Scottish Government
23	The Scottish Government to establish a short life working group to agree profession specific role descriptors aligned to Agenda for Change using a "Once for Scotland" approach.	Scottish Government

Key Deliverable		Action By
24	Employing bodies should follow good practice as set out by the UK Board of Healthcare Chaplaincy and national Partnership Information Network (PIN) Polices regarding the recruitment of Registered Chaplains.	Employing Bodies
27	The Scottish Government, in partnership with the Scottish Spiritual Care Professional Leads Group and health boards should develop a national service specification for spiritual care services.	Scottish Government
28	The Scottish Spiritual Care Professional Leads Group should engage with resources and activities available locally, regionally and nationally, to inform workforce planning that enables the provision of high quality spiritual care in all boards across NHS Scotland.	SSCPLG
29	Health boards should manage spiritual care within Nursing, Midwifery and Allied Health Professions and ensure that spiritual care services are aligned with person centred care.	Health Boards

The aim of these recommendations is to ensure that the people of Scotland have access to world leading spiritual care which is equitable, consistently excellent, safe, effective and person-centred.

Key Deliverable		Action By
30	Health boards, if they do not already have one, should appoint an Executive Lead for Spiritual Care confirming with the Scottish Government once they have done so.	Health Boards
31	The Scottish Government should appoint a subject specialist and advisor to lead on the implementation and co-ordination of the Spiritual Care Framework utilising the model of Professional Advisor roles currently used throughout Government.	Scottish Government
32	The Scottish Government should establish a cross agency Advisory Board on Spiritual Care with appropriate sectoral and external representation to oversee the implementation of this framework and to bring proposals for change where this is necessary.	Scottish Government

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