
NHS ENGLAND CONSULTATION: DEVELOPING THE LONG-TERM PLAN FOR THE NHS

Response from Humanists UK, September 2018

ABOUT HUMANISTS UK

At Humanists UK, we want a tolerant world where rational thinking and kindness prevail. We work to support lasting change for a better society, championing ideas for the one life we have. Our work helps people be happier and more fulfilled, and by bringing non-religious people together we help them develop their own views and an understanding of the world around them. Founded in 1896, we are trusted to promote humanism by over 70,000 members and supporters and over 100 members of the All Party Parliamentary Humanist Group. Through our ceremonies, pastoral support, education services, and campaigning work, we advance free thinking and freedom of choice so everyone can live in a fair and equal society.

Section: About you

- 1. In what capacity are you responding?**
Voluntary organisation/charity
- 2. If responding on behalf of an organisation or group of organisations please state organisation(s) name?**
Humanists UK
- 3. In what region are you based?**
N/A National or regional organisation
- 4. Is this response submitted on behalf of a group of people or organisations?**
Yes
- 5. How many people does your organisation support?**
70,000 members and supporters

Section: Overarching questions

- 1. What are the core values that should underpin a long term plan for the NHS?**
We believe that one of the key values that the NHS must embody is equality, and that all decision making about access to and the provision of physical, mental, and pastoral care should be made with due regard to the provisions of the Equality Act 2010.

However, there is one area in which the NHS is not adequately providing equal access to services. There is a significant imbalance in the current provision of pastoral, spiritual, and religious care services between the religious and the non-religious. We know that accesses to these services can have a profound

impact on patient experience and a significant effect on health outcomes. At present, around only 4% of the utilisation of these services is by non-religious people, while at the same time non-religious people have expressed a desire to receive pastoral, spiritual, and non-religious care from like-minded people while engaging with NHS services. In 2016, we established the Non-Religious Pastoral Support Network in order to address this demand and it now has volunteers providing support in around 30% of all NHS acute trusts. However, the NHS should be doing more to ensure that all trusts have adequate pastoral support for the non-religious.

2. What examples of good services or ways of working that are taking place locally should be spread across the country?

In 2015, NHS England published new guidelines on promoting excellence in pastoral, spiritual, and religious care. These guidelines set out what good practice should look like in chaplaincy and pastoral support, across the NHS. Part of what makes good practice is the understanding that there should not solely be provision of religious services and sacramental needs, but a much broader provision including 'non-religious pastoral and spiritual care.'

In order for this to be fulfilled the guidance states that when advertising vacant posts in chaplaincy/pastoral support teams, 'NHS organisations need to ensure the chaplaincy service is accessible to those without a religion and employment decisions are based on robust data and where applicable are fully compliant with the occupational requirement provisions of the Equality Act 2010.' We have seen this practice being applied in several trusts where recruitment has been opened up to all candidates regardless of religion or belief. Where non-religious pastoral support has become available for the first time the demand for these services has greatly increased. These examples of good practice should become standard practice across all trusts.

3. What do you think are the barriers to improving care and health outcomes?

There are several reasons why barriers to providing adequate care remain. A recent two-year study by Marie Curie into improving access to palliative care in hospices revealed that there is frequently a lack of pastoral support for non-religious patients, and that the risk of religious evangelism in current chaplaincy provision is perceived as a barrier by them to receiving adequate care. The same is true in the NHS. However, we believe that the main barrier is the misuse of genuine occupational requirements to unduly restrict posts in staff teams to predominantly religious candidates, specifically members of the Anglican and Free Churches. We have monitored all posts advertised within the NHS for the past two years and have found that an Anglican could apply 86% of all chaplaincy posts, whereas a non-religious candidate could only apply 21%. When in post, non-religious pastoral carers have also faced barriers of prejudice and bigotry from colleagues, which have been for many decades overwhelmingly dominated by one religious denomination. This has manifested in unequal treatment such as non-religious support not being advertised to patients as religious support is and hostility to having non-religious members of the team.

Section: Staying healthy

3. What should be the top priority for addressing inequalities in health over

the next five and ten years?

In terms of pastoral support across the NHS, the top priority for addressing inequalities must be to remove religious discrimination. Only ten NHS trusts have a paid non-religious pastoral carer on their chaplaincy team, most of these on a part time basis, and only one-third of trusts provide such support in a voluntary capacity. This is a severe lack of capacity, especially when considering that the most recent British Social Attitudes Survey has found that 52% of British adults consider themselves to belong to no religion.

4. Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

In April this year, Buckinghamshire Healthcare NHS Trust became the first trust in country to appoint a humanist as the head of a chaplaincy and pastoral support team. This is a good example of excellent practice both in recruitment, where an adequate equality impact assessment was carried out and it was determined that the position should be open to all candidates, and broadening the focus of chaplaincy services to more generally cover the patient's pastoral and spiritual needs, in addition to their religious ones. We would like to see more positions in chaplaincy teams, including senior roles, being opened to all candidates regardless of religion and belief, and for more teams to include non-religious pastoral care.

Section: Clinical priorities - Mental Health

1. What should be the top priority for meeting people's mental health needs over the next five years?

The top priority for meeting mental health needs is early identification. We believe that pastoral carers working in chaplaincy and pastoral support teams can play a key role in identifying mental health needs. However, because the current provision is perceived as being predominantly concerned with providing religious rites and sacraments, rather than pastoral care, this resource is currently under-utilised, with only 4% of the utilisation of these services being by non-religious people. We believe that pastoral care should focus on a holistic care approach, which includes spiritual care, that is led and informed by the needs of the patients. We believe that it should be a priority for the NHS over the next five years to increase the capacity of pastoral support available to both patients and staff as part of a wider mental health strategy.

2. What gaps in service provision currently exist, and how do you think we can fill them?

A big gap in service provision is in providing non-religious pastoral care. As stated above, only ten NHS trusts have a paid non-religious pastoral carer on their chaplaincy/pastoral support team, most of these on a part-time basis, and only one-third of trusts provide any such support in a voluntary capacity. Of the 440 chaplaincy/pastoral support posts that have been advertised since May 2016, non-religious candidates have only been able to apply to 95. All the other posts have applied a religious restriction, overwhelmingly for Christian candidates.

The evidence suggests that when non-religious pastoral support is provided on an equivalent basis to religious chaplaincy, it has proved popular. Therefore, we

believe that the solution to closing this gap is trusts implementing good practice when advertising for posts. Good practice includes having a due regard to the Public Sector Equality Duty and conducting a full Equality Impact Assessment for each new post. We would like to see this become standard practice across all NHS trusts and for there to be cultural change in which chaplaincy and pastoral support roles, especially senior ones, are not seen as the preserve of the Church of England.

Section: Enabling improvement - Workforce

1. What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?

In terms of pastoral support and chaplaincy provision, the biggest gap in provision is that of non-religious providers. As mentioned above, only ten NHS trusts have a paid non-religious pastoral carer on their team, most of these on a part time basis, and only one-third of trusts provide such support in a voluntary capacity. The reasons for this are historical, with such positions being traditionally filled by Anglican and Free Church ministers. However, the UK is becoming increasingly diverse and non-religious, with the majority of the population now identifying as belonging to no religion. The size and shape of the pastoral support staff needs to reflect this, with decisions over recruitment made on the basis of experience and merit rather than religious belief.

2. How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?

One of the problems that we have encountered with NHS trusts in implementing good practice with regard to recruitment to chaplaincy and pastoral support teams is that staff are unfamiliar with their obligations under the Equality Act, unaware of the relevant NHS guidelines, and do not have the necessary knowledge and experience to carry out an equality impact assessment. This tends to lead to trusts reusing discriminatory job descriptions and person specifications or recruiting Anglican ministers because they have always done so in the past. This is leading to suitably qualified pastoral carers being put off from applying for roles and blocks those providing pastoral care in a voluntary capacity from progressing to a career in this field. The NHS needs to ensure that all staff involved in the recruitment of new pastoral support staff, including chaplains, are adequately trained in equality law and understand when a post can be genuinely restricted to candidates of certain religion or belief group and when such restrictions are unlawful.

3. What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

As an employer, the NHS has an obligation to provide its staff with pastoral support and to address their mental and social well-being. The NHS has traditionally met this obligation through its chaplaincy provision. However, as explored in detail above, this provision does not adequately meet the needs of non-religious staff who are likely to represent approximately half of all NHS staff. The NHS should be doing more to ensure that non-religious pastoral support provision continues to grow. It can achieve this through implementing good practice in recruitment for chaplaincy/pastoral support positions, through challenging the culture in which such provision is seen solely as the preserve of

the religious, and ensuring the relevant NHS guidelines are fully implemented and embedded in NHS thinking about chaplaincy and pastoral support.

For more details, information and evidence, contact Humanists UK:

Richy Thompson
Director of Public Affairs and Policy
0781 5589 636
020 7324 3072
richy@humanists.uk
humanists.uk
