

# Spiritual Care Policy



Title:

## Spiritual Care Policy

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## Version Control

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2010	Unknown	v1.0	Unknown
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June 2025	Head of Spiritual Care and Bereavement	v1.2	Revision of policy
July 2025	Head of Spiritual Care and Bereavement	v2.0	Approved by the Policy Approval Group

## Executive Summary

Spiritual care means different things to different people. Depending on a person's life stance spiritual care may be described as pastoral care, emotional support, or inner care. For this policy, we have used the term "spiritual care" as understood by the World Health Organisation's understanding of the spiritual aspects of 'health'. This policy 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.

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. Spirituality is personal by nature and may or may not be held within a religious framework.

Spiritual Care puts people at the heart of healthcare. It focuses on the human need for meaning, purpose, and hope, particularly in the context of injury, illness, and loss. The concept of Spiritual Care is associated with relationships, identity, and transcendence. It takes into consideration what matters most to the person (including personal values and deeply held beliefs) and those who matter most to them, during difficult and challenging times. Furthermore, as we face ongoing challenges in demand and capacity across the NHS, we recognise that working within health care presents challenges to the wellbeing and emotional resilience of staff which can be addressed through holistic and spiritual support. It is important that all staff have a basic awareness of the principles of spiritual care and its role in delivering values based, person centred care.

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## 1.0 Purpose

The purpose of this policy is to set out the roles and responsibilities of all staff working across NHS Lothian, and of the specialist role of the Spiritual Care Team. The policy seeks to ensure equitable access to high-quality, person-centred spiritual care for patients, carers, volunteers, and staff.

## 2.0 Policy statement

NHS Lothian is committed to the delivery of the highest quality of care which takes into consideration what matters most to the person (including personal values and deeply held beliefs) during difficult and challenging times.

Best practice in health and social care attends to the whole person – the physical, mental, social, and spiritual aspects of human living. It is recognised that the spiritual is a natural and integral dimension of what it means to be human.

NHS Lothian affirms the importance of spiritual care in the delivery of person-centred care. This policy reflects NHS Lothian's intention to provide holistic Spiritual Care in accordance with the Scottish Government's strategy for the safe, effective, and person-centred delivery of healthcare.

This policy supports and is informed by [Discovering Meaning, Purpose and Hope Through Person Centred Wellbeing and Spiritual Care: A National Framework](#) and will continue to be informed by local and national developments.

The ethos of spiritual care affirms that people are not merely physical bodies requiring mechanical fixing. 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 people of all faith communities and those who hold no particular faith, facilitating spiritual, religious and wellbeing care of all kinds
- offering a safe space in which people and their needs are regarded as central and characterised by an equitable, respectful, and non-judgemental relationship
- eliciting and honouring a person's story
- supporting people who may be experiencing pain, darkness, or uncertainty
- holding the possibility of other ways of seeing or understanding, without imposing personal views or beliefs.

In August 2017, the Professional Standards Authority (PSA) recognised the UK Board of Healthcare Chaplaincy (UKBCH) as an Accredited Register. The PSA is the regulatory body for all registers of health and social care professionals.

The [Spiritual Care Competencies for Healthcare Chaplains, UKBHC, 2020](#) and the [Standards for Spiritual Care Services, UKBHC, 2020](#) provides the framework for standards and competencies to which chaplains are expected to work.

In NHS Lothian, all newly appointed chaplains are expected to be UKBHC registered, or working towards this. Through ongoing UKBHC registration, Registered Healthcare Chaplains in Lothian will demonstrate that they work to accredited professional standards.

### 3.0 Scope

This policy applies to all settings and all staff in NHS Lothian including domiciliary settings where healthcare professionals provide care. It has particular application to the Spiritual Care team, who are specialists in the facilitation and delivery of Spiritual Care in all its forms across the Health Board.

The delivery of this policy is interdependent with a range of other policies and strategies and complements and supports the broader health and social care aims of NHS Lothian. Person-centred spiritual care is consistent with, and supports, the approaches, behaviours, and attitudes of Realistic and values-based Medicine.

Equality and human rights are a central part of our planning, decision-making and service delivery. NHS Lothian's "Equality and Human Rights Strategy" places equality and human rights at the centre of everything we do and ensures we meet our legal requirements. NHS Lothian recognises the importance of a person's beliefs and values. As an organisation, we are committed to the provision of high-quality spiritual care for all, regardless of a person's beliefs. The role of spiritual care and spiritual care spaces/quiet rooms/sanctuaries should be available equally regardless of any characteristics or beliefs a person may hold.

The ethos of spiritual care also recognises the importance of the environment in which we live and work, recognising spiritual assets across green space, places of reflection or worship, and locations of significance and meaning in order to promote connection and spiritual wellbeing.

### 4.0 Definitions

**Registered Chaplain:** an NHS employee whose dedicated role it is to facilitate or deliver specialist spiritual care.

**Religious care:** care given in the context of shared beliefs, typically by a member of a faith community, such as prayer, sacraments, rituals, and ceremonies.

**Spiritual care:** care usually given in a one-to-one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation and which addresses holistic needs, such as the need to feel heard, to explore experiences, to mark transitions, and to be treated with dignity as a whole person.

**Belief:** any position taken, either alone, or by commitment to a shared belief, such as Humanism. Those who hold a set of shared beliefs form a 'belief community'.

**Faith:** the set of beliefs and practices that cluster around a particular religious tradition, such as Judaism or Islam. Those who share a faith form a 'faith community'.

**Belief and Faith Community Representative:** a member of a belief or faith community whose role it is to respond to a referral from someone of their own community, via NHS staff, to provide belief or faith specific care such as a priest or humanist pastoral visitor.

**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, people may require additional support and care. People may receive comfort and benefit from practicing their faith, and having their religious and cultural needs recognised, respected, and met.

## 5.0 Implementation roles and responsibilities

### 5.1 Key responsibilities

#### 5.1.1 Executive Nurse Director

The Executive Nurse Director is the Executive Lead for Spiritual Care within NHS Lothian.

#### 5.1.2. Head of Service: Spiritual Care & Bereavement Service

This policy is owned by the Head of Service for Spiritual Care and Bereavement Services. The Head of Service for Spiritual Care & Bereavement will report to the Director of Nursing (Acute).

Overall responsibility for implementation of the policy lies with the Head of Service.

The Head of Service is responsible for developing operational procedures, including a model of care/service delivery plan across NHS Lothian that supports the development and delivery of spiritual care including training and education.

The Head of Service will liaise with colleagues locally and nationally, as well as with service users and relevant stakeholders, to ensure that all developments meet national and regional requirements and reflect the delivery of a safe, effective, and person-centred spiritual care service.

### 5.2 Implementation responsibilities

#### 5.2.1 All staff

Spiritual Care is provided within the context of holistic, person-centred care, acknowledging diversity of belief, and recognising that each person has needs far beyond the physical. It supports NHS Lothian's Values ensuring that care is compassionate and is delivered with dignity and respect within an open and honest environment.

NHS Lothian recognises that all staff have an important role to play in the provision of Spiritual Care, acknowledging diversity of belief and recognising that each person has needs far beyond the physical.

All staff should promote equality, diversity and contribute to creating inclusive workplace cultures for staff and those using services and take a human rights-based and person-centred approach. Staff must not discriminate against someone in relation to their religion or belief and, where possible should consider steps that can be taken to accommodate a person's right to practise their religion or belief whilst in hospital.

Health care staff should, at a minimum, be 'informed' about spiritual care. Depending on a person's role there may be the requirement for additional knowledge and/or training.

### 5.2.2 Heads of Service and Managers

All Heads of Service and Senior Managers have a responsibility for the effective implementation of this policy and in ensuring that arrangements are in place within their spheres of responsibility to facilitate the delivery of appropriate, sensitive, and person-centred spiritual care.

Managers should support staff in the development of procedures and processes that evidence compliance with this policy and ensure staff have access to appropriate training resources and support.

### 5.2.3 Registered Chaplains

Registered Chaplains are specialist spiritual care providers and as such their primary responsibility is to promote the spiritual wellbeing of health care communities and all who are part of them, including service users, carers, staff, and volunteers. 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 care teams.

Registered Chaplains shall assess and respond to referrals from their designated sites and areas, and support service delivery as a whole to balance capacity across the Board. They will also facilitate referrals to Belief and Faith Community Representatives where patients have asked to see a member of their own belief or faith community (e.g. celebrant, Imam etc). Registered Chaplains provide a 24/7 emergency out-of-hours service (on-call) to acute sites.

Registered Chaplains offer a range of services that may take place out with their usual sphere of activity, including Values-Based Reflective Practice (VBRP), Community Chaplaincy Listening (CCL), Staff Support, Pastoral Supervision, training, research, and education.

### 5.2.4 Volunteers

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. Volunteers bring a wide range of skills, knowledge and life experiences to NHS Lothian which complement the skills, knowledge, and experience of our staff team. Whilst volunteers cannot, and should not, replace professional staff, Spiritual Care Teams and service-users can benefit hugely from the pastoral contribution of volunteers.

Volunteers to support the work of spiritual care will be recruited in line with NHS Lothian's Volunteering Policy and associated procedures.

### 5.2.5 Belief Communities

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. Staff should be aware of the importance of facilitating this by sensitively asking service users and seeking appropriate support.

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. Representatives from belief communities (e.g. members of the clergy, celebrants etc) will be recognised as valued visitors. Visits to patients within a ward setting by representatives of the belief communities should be undertaken and managed by the Nurse in Charge of the ward in line with existing guidance around visiting.

## 6.0 Associated materials

[Discovering Meaning, Purpose and Hope Through Person Centred Wellbeing and Spiritual Care: A National Framework](#)

[NHS Lothian Equality & Diversity & Human Rights Policy](#)

[Professional standards for Spiritual Care Services, UKBHC, 2020](#)

[Spiritual Care: A Multi-faith Resource for Healthcare Staff, NES, 2021](#)

[Spiritual Care and Chaplaincy, Scottish Government, 2009](#)

[Spiritual Care Competencies for Healthcare Chaplains, UKBHC, 2020](#)

[Spiritual Care Matters: a resource for all NHS Scotland Staff, NES, 2021](#)

[Standards for Spiritual Care Services, UKBHC, 2020](#)

[Volunteering in NHS Lothian Policy](#)

## 7.0 Evidence base

[Discovering Meaning, Purpose and Hope Through Person Centred Wellbeing and Spiritual Care: A National Framework](#)

[Spiritual Care in NHS Scotland HDL \(2002\) 76](#)

[Guidance on Spiritual Care and Chaplaincy in the NHS in Scotland CEL \(2008\) 49](#)

[NHS \(England\) Guidelines for NHS managers on pastoral, spiritual and religious care](#)

Cancer Strategy for Scotland 2023-2033. *Scottish Government, Edinburgh* (2023)

Discovering meaning, purpose and hope though person centred well-being and Spiritual Care: A National Framework. *Scottish Government, Edinburgh* (2023)

The Equality Act 2010. *HM Government, London* (2009).

Mental Health and Wellbeing Strategy. *Scottish Government, Edinburgh* (2023)



Mental health and wellbeing: workforce action plan 2023-2025. *Scottish Government, Edinburgh* (2023)

Public Records (Scotland) Act 2011. *Edinburgh, Scottish Government* (2011)

Realistic Medicine. *Scottish Government Edinburgh* (2023)

Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff. *NHS Education for Scotland, Glasgow* (2021)

Spirituality and Mental Health. *Royal College of Psychiatrists, London* (2021).

Spirituality, Religiousness and Personal Beliefs (SRPB). *World Health Organisation, Geneva* (1998).

## 8.0 Stakeholder consultation

Key stakeholders have been consulted in developing this policy, including the NHS Lothian Spiritual Care Team, Bereavement Service and the Belief and Faith Communities.

This policy was placed on the NHS Lothian Consultation Zone for a period of 4 weeks to provide an opportunity for all NHSL staff to comment.

## 9.0 Monitoring and review

The policy will be reviewed, as a minimum, every 3 years or earlier in the event of any material changes in other related policy, procedures or guidance and/or changes in legislation.

NHS Lothian is committed to an ongoing process of regularly reviewing this policy in consultation with all relevant parties. The policy will reflect and complement the National Framework, NHS Lothian's corporate objectives and NHS Lothian's delivery plan for spiritual care.

The Department of Spiritual Care shall report annually to NHS Lothian Health Board through the Nurse Director on developments, service delivery and to provide assurance to the board about the provision of spiritual care.

NHS Lothian Health Board requires assurance that spiritual care is provided in accordance with all appropriate policies, procedures, and legislation.

Key risks involved in implementing this policy are:

- Lack of awareness amongst staff of the importance of spiritual care may result in the spiritual needs of service users remaining unmet.
- The organisational culture and staff personal values and beliefs may hinder implementation of the policy.
- There may be budgetary constraints affecting the provision of appropriate staff and resources

The Head of Service in collaboration with Senior Managers shall develop an annual service delivery plan shall be developed to mitigate these risks. The delivery plan shall include actions to:

- Embed governance and referral pathways which will ensure service delivery is equitable, consistently excellent, safe, effective, and person-centred.
- Develop a professional specialist workforce and establish service-wide consistency and excellence of practice.
- Provide evidence of the efficacy of service delivery in fostering health and wellbeing through regular audit, service review and service user feedback.
- Provision of education and training programme that supports, and promotes, a compassionate workforce