Introduction

Faith may be an important part of a person’s life and patients, carers and staff considering their health, confronting illness, death or bereavement may have inner spiritual needs. It is important that staff do not rely on their general knowledge about a particular religion but ask questions or seek advice so that they can understand more about the individual’s needs. You can find links to further information about religion and belief at the end of this document.

Scope

This policy is intended as first line guidance for staff to help them consider some of the spiritual, religious, faith and cultural needs of patients and staff. The policy has been developed for use with adults/young people/parents/guardians/carers. The Chaplaincy Team can provide more detailed information and advice should you need it.

Aims

The aim of this policy is to support staff in understand the Religious and Cultural Practise of their patients and to meet any identified need

Duties (Roles and responsibilities)

4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with guidance.

4.2 Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.

4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).

4.4 Staff are responsible for complying with the policy
5 Definitions

EDHR – Equality, Diversity and Human Rights

6 Questions that will help staff to find out about the religious and cultural needs of patients

6.1 General questions you may find useful to ask a patient:

- Do you have a faith, religion or belief that you would like us to be aware of?

   If yes:

   In hospital
   - Do you have any specific religious practices you would like to observe whilst in hospital; how can we help meet these needs?
   - Have you brought any objects of religious significance? If so, how should they be handled?
   - Would you like us to contact anyone on your behalf?
   - Is there anything else you would like to tell us or ask about your religion or belief?

   At person’s home
   - Do you have any religious practises or customs that you would like me to be aware of when I am visiting you at home?

6.2 Questions about names:

The importance of naming systems should be acknowledged as names often reflect religious and cultural backgrounds. It should not be assumed that everyone has a first name and a surname.

- What is your full official name?
- Which is your personal name, which name (if any) is the family name
- Which name is your surname?
- How is your name pronounced
- What would you like to be called?
- Is there anything else you would like to tell us about your name?

6.3 Questions about food and eating:

Food may be an important part of religious observance, spiritual and cultural practice.

- Do you have any special dietary requirements?
- Are there foods which are advised, or to be avoided?
- Are there times that you will need to fast? (Be aware that fasting is not required on religious grounds for people who are ill, but they may still wish to fast.)
- Is there anything else you would like to tell us or ask about your food or eating

Link to fasting and diabetes guidance

6.4 Questions about hygiene and appearance:

Some items, especially jewellery, may be worn for religious and personal purposes rather than cosmetic reasons and as such need to be treated with respect. People have differing views about modesty; for example some people may not wish to show their bare arms except for examination.

- Do you have any jewellery, head coverings or clothing that have religious or cultural significance?
- Do you have any objections to the shaving of head or body hair if required?
- Do you have any preferences about skin care particularly in relation to the use of a shower or bath?
- Is there anything else you would like to tell us about your hygiene and appearance?

6.5 Questions about birth:

- Do you have any religious or cultural practises that you would like us to be aware of around delivery, the birth of your baby and after the baby is born?

6.6 Question about death and bereavement

Enabling an individual to die with dignity and respect for their spiritual or cultural needs, requires knowledge and skills. Help may be enlisted from a hospital chaplain or religious leader if the patient wishes this.

If it is your role to talk to the patient or relatives about death and bereavement follow the guidance on the End of Life intranet site:

7 Training

There is no stand-alone training relating to this policy. Training is incorporated into other training provided by the Chaplaincy Team and the Equality and Diversity Lead. Further support and guidance is available from the Chaplaincy Team.
8 **Equality and Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 **Monitoring compliance**

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of referrals made by staff to the Chaplaincy Team</td>
<td>Review the number of referrals made by staff to the Chaplaincy Team</td>
<td>Chaplaincy Team</td>
<td>Health Equality and Well Being Steering Group</td>
<td>Bi Annual Report</td>
<td></td>
</tr>
</tbody>
</table>

10 **Consultation and review**

This policy has been developed by the Chaplaincy Team, Equality and Diversity Lead and Patient Services Matron. Consultation has taken place with the Health and Race Equality Forum and the policy reviewed by the Equality, Diversity and Human Rights Working Group members.

11 **Implementation (including raising awareness)**

A summary of the key changes will be notified to matrons. Awareness will be raised through the Trust Intranet; Chaplaincy and Equality Training arenas. Further advice and guidance will be available from The Chaplaincy Team.

12 **References**

This policy is based on evidence within:

- The Major Faiths Document; Embracing Diversity in Mental Health Care (2010)
- Religion or belief: a practical guide for the NHS (2009)
- Religion and Belief Fact File (2010)
- Equality Act 2010
- Collated equality evidence 2013

The documents can be found on the [Trust Intranet Site](#).

13 **Associated documentation**

None
Religion, Belief and Cultural Practice Policy

Flow Chart

At the first contact ask the patient about any religious and cultural practices they feel it is important for staff to know about.

Record Information in the patient’s notes.

Record actions to meet any identified need and share with relevant staff.

If staff need advice and support in relation to the patients’ religious and spiritual needs contact the Chaplaincy Team via the switch board.

If staff need advice and support in relation to the patients cultural needs contact the Equality and Diversity Lead or Head of Nursing; Freeman Hospital.
**PART 1**

1. **Assessment Date:**

2. **Name of policy / strategy / service:**
   - Religion, Belief and Cultural Practise Policy

3. **Name and designation of Author:**
   - Marjorie Shipton; Chaplain

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Lucy Hall E&D Lead Marjorie Shipton; Chaplain

5. **Is this:**
   - Policy X
   - Strategy ☐
   - Service ☐

   **Is this:**
   - New ☐
   - Revised X

   **Who is affected:**
   - Employees ☐
   - Service Users ☒
   - Wider Community ☐

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** 
   
   *(These can be cut and pasted from your policy)*

   This policy is intended as first line guidance for staff to help them consider and meet some of the spiritual, religious, faith and cultural needs of patients. The Chaplaincy Team can provide more detailed information and advice should you need it.
7. **Does this policy, strategy, or service have any equality implications?**  Yes ☒

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance equal opportunities or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Interpreting Service and Policy Chaplaincy Team links to leaders of other faiths Health Improvement Service for Ethnic Minorities Partnership work with the Health and Race Equality Forum</td>
<td>There is national evidence that lack of cultural understanding can impact on patient care. This policy is one way that the trust seeks to address this.</td>
<td>The policy in itself will support understanding of cultural needs in relation to health care</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Patients are eligible for inclusion in the policy irrespective of their sex.</td>
<td>No</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy Team Training and Resources in relation to religion and belief and spirituality Equality evidence highlighting potential needs and work undertaken in the Trust</td>
<td>There is national evidence that lack of religious understanding can impact on patient care. This policy is one way that the trust seeks to address this.</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>The inclusive church is highlighted as a Religious belief and the rights of</td>
<td></td>
<td>The policy in itself will support</td>
</tr>
<tr>
<td><strong>including lesbian, gay and bisexual people</strong></td>
<td>resource in a number of places.</td>
<td>LGBT people can be a source of potential friction. This policy seeks to identify individual’s needs in health care.</td>
<td>understanding of religious needs in health care</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Chaplaincy supports people from birth to death. They are involved in End of Life Care Pathways and Dementia care</td>
<td>The policy is aimed at adults and needs of children and young people have not been considered. <strong>Action LH</strong> to liaise with Children’s services Matron July 2014 Contacted Children’s Services; Young people, parents and carers now included</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
<tr>
<td><strong>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</strong></td>
<td>The Trust provides disability care pathways and information in various formats and ensures where possible reasonable adjustments can be made.</td>
<td>There is evidence that people with long term and mental health conditions may value the involvement or religious and spiritual leaders. The policy will facilitate this involvement if the patient wishes.</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
<tr>
<td><strong>Gender Re-assignment</strong></td>
<td>Gender Identity subgroup members involved in review of the policy.</td>
<td>Some Trans people experience negative attitudes in relation to religion and belief. The policy enables staff to ask questions about religion in an open but non-threatening way.</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
<tr>
<td><strong>Marriage and Civil Partnership</strong></td>
<td>Marriage and Civil Partnership ceremonies conducted by individual members of the Chaplaincy Team if required</td>
<td>No</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
<tr>
<td><strong>Maternity / Pregnancy</strong></td>
<td>Religious ceremonies around birth are supported by the Chaplaincy Team if required</td>
<td>No</td>
<td>The policy in itself will support understanding of religious needs in health care</td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement

No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Signature of Author

Marjorie Shipton Lucy Hall

Print name

Marjorie Shipton Lucy Hall

Date of completion

23.07.2014

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)