



# Making religious diversity work for your Trust:

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Pointers to good practice for the NHS

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## About this briefing

This briefing is intended to highlight in an accessible way for busy managers some of the key issues in addressing religious diversity based on research and good practice elsewhere.

Further work including research on NHS Trusts will be published later this year. Future work including toolkits, training courses and a religious diversity practice network is planned. Contact [crc@cbcew.org.uk](mailto:crc@cbcew.org.uk) for more information.

This briefing is part of the work of Catholics in Healthcare, which includes a website, training resources and a range of good practice tools for the NHS. Catholics in Healthcare is a project of the Health and Social Care Advisory Group of the Catholic Bishops' Conference of England and Wales

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## About the author

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## The Policy Context

The Department of Health included religion in *10 Steps to Your SES: a guide to developing a Single Equality Scheme (2007)* in anticipation of new duties on religion. This should help NHS organisations in meeting the commitments in *Standards for Better Health*. Each successive issue of the Equality and Diversity Scheme has had guidance more or less similar, and requires all protected characteristics to be addressed. The EDS2 has been streamlined but there are still few good case studies on religion and belief.

*Equality and Human Rights in the NHS: a guide for NHS Boards (2006)* stated that “Both the core and developmental standards in the *Standards for Better Health* framework provide NHS organisations with an opportunity to measure their own performance in relation to equality and human rights, identifying areas of both good practice and potential shortcomings.” While this guidance has been superseded by EDS2, the principles applied to this have continued to be in the new system.

EDS2 is a generic system designed for both NHS commissioners and NHS providers. As different NHS organisations apply EDS2 outcomes to their performance, they can do so with regard to their specific roles and responsibilities. From April 2015, EDS2 implementation by NHS provider organisations is mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework, and will continue to be a key requirement for all NHS clinical commissioning groups (CCGs).

The 2013 EDS2 guidance document, and in particular, the 9 Steps for EDS2 implementation are important background documents, but they often lack the context for religion or belief, especially some practical guidelines.

As a consequence NHS agencies are often confused about how they apply this to religion, and fear of offending people may mean they are anxious about how to proceed.

An as yet unpublished small sample survey of NHS organizations found that managers in the organizations surveyed found religion the most difficult topic to address, largely for fear of offending members of their team or patients. Yet there is evidence that encouraging and understanding the needs of all religions within the workplace can provide real benefits.<sup>1</sup>

## The Business Case – Religion in British Life

Addressing religious diversity effectively is important for NHS organizations. Over 76% of the UK population claimed a religious affiliation in the 2001 Census, whether active or not (7.7% of respondents chose not to answer) 71.6% identified as Christian, 2.7% as Muslim, 1% as Hindu, 0.6% as Sikh, 0.5% as Jewish, 0.3% as Buddhist and 0.3% as Other. 15.5% had no religion. The relative concentrations will vary from area to area (e.g. Muslim, Hindu and Sikh in some parts of Yorkshire and London as well as West Midlands; Jewish populations have long traditions of prominence in some parts of the North East, Manchester and London and Catholic populations have a high representation in Liverpool, parts of London and the Midlands.) 8% of the UK population, on average, is Catholic, according to the Census.

Religion and belief – including humanist belief - is still an integral part of life for many people in the UK, and there is a growing trend in business to see it as an important aspect of customer and organisational strategy.

The evidence was enough, according to *Personnel Today* (24 April 2006), for Tesco to issue religious toolkits to their staff detailing the daily habits, including eating habits, of the religions in the UK. Similarly the Metropolitan Police ran a successful "Can You Be?" campaign targeted at faiths which improved recruitment and retention from faith communities.

Only 55% of public sector organisations had a policy covering religion, according to research in *Labour Market Outlook* (February 2007) while a survey of 73 organisations for *Employment Review* (January 2007) found almost all employers providing diversity training - even those doing it largely to avoid employment tribunals - had extended it to cover all six strands, including religion.

A poll commissioned by the BBC in 2009 suggests that a majority of people in Britain believe religion should be respected and valued in public life - but other research also says they oppose domineering religion.

Just under two-thirds of those questioned in the ComRes poll, timed to coincide with the launch of the BBC's 'Faith Diary', say that society "should respect and be influenced by UK religious values".

A similar proportion agree that "religion has an important role to play in public life", but without any specifics identified..

In the BBC survey, eight out of 10 Muslims polled (and almost as many Hindus and Sikhs), supported a strong role in public life for what are described vaguely as "the UK's essentially Christian traditional religious values".

# Addressing Religious Diversity Simply

Addressing religious diversity can be straightforward. Here are some basic principles which have been checked against the research evidence and/or practice from elsewhere:

## **1. Ensure you acknowledge and point to the workforce research evidence on religion to underpin your strategy**

- There is a growing evidence base that open understanding and valuing of religious diversity in the workplace produced better results for the organisation, the team, the individual and patients.<sup>2,3,4,5,6</sup>
- There are specific health benefits of recognising diversity, and health risks in not recognising it.<sup>7</sup> Making religion a topic people cannot be open about can damage the organisation and its people.

## **2. Ensure your Policy addresses religion in the workplace in a way which values it as well as protects you from discrimination claims**

- This does not mean you ignore religion or make your organisation somewhere people cannot talk about it. This would contravene principle 1, and would arguably not reduce the risk to you. (For example, a Muslim or Sikh or Catholic member of staff who felt they could not be open about their faith at all could argue their employment rights were being contravened.)
- Equally, undertaking race and religion together for convenience can be risky. It means that you may focus thinking on faiths associated with specific ethnicities, rather than on **all** religions. So you may miss issues like people from the Baha'i faith, team members who are white British Muslims, Black African Jewish communities, or the overseas nurses working in the NHS from parts of India which are predominantly Catholic.
- This applies to **all** faiths. Almost all faiths have sacred times (e.g. Eid, Hanukah, Lent.) For Catholics Lent, Easter and holy days through the year are all important dimensions of living their faith.
- Managers and teams within organisations are often confused by religious diversity, especially in an age when our literacy about other peoples' faiths

is reducing.<sup>8</sup> Providing training and using communications mechanisms can help.

- Encourage teams and individuals to include religions within clinical governance and within team CPD and education. There are examples of frameworks for this available.<sup>9</sup>
- Many staff who have active religious faiths are motivated and sustained by their faith, especially in their work. This is the case among many Catholic healthcare workers. They often see their role as a specific vocation to healthcare. This does **not** mean they use their work to convert others. It **does** mean their faith is an added motivation for them to be conscientious, professional and effective in their work. By doing their NHS job to the very best of their ability they are living out their vocation. As an employer you need to take seriously their faith under the Equality Act 2010.
- Read and consider the paper produced for the Equality and Human Rights Commission on issues for healthcare employers and belief. This can be obtained from [jim.mcmanus@hertfordshire.gov.uk](mailto:jim.mcmanus@hertfordshire.gov.uk)
- Ensure training is available and provided.
- Ensure staff know their religious needs are catered for. Sometimes Catholic staff undergoing bereavement, break up or other problems may value access to a priest or Catholic chaplain.
- Be very clear about what you mean by religion and spirituality. Vagueness in these terms is not diversity and generally not helpful. Each faith may mean something very different by spirituality. For a specifically Catholic understanding of spirituality you would need to include a living connection with the Church community, and make reference to the sacraments (the most sacred rites for Catholics) especially the Mass. These are just some of the essential aspects of Catholic spirituality.

### **3. Run a “Doing business with Religion” Seminar or another seminar like it**

- FaithAction, a multi faith group and a strategic partner of the Department of Health, have a whole suite of resources around health and faith, developed by health professionals [www.faithaction.net](http://www.faithaction.net)
- A seminar on health doing business with faith was developed and piloted on behalf of a consortium of 6 PCTs and Provider Trusts (2 Acute, one Mental Health) in East London. Talk to the Bishops conference staff for more details [cath.morgan@cbcew.org.uk](mailto:cath.morgan@cbcew.org.uk)
- The seminar encourages people to understand faith from the perspectives of people of faith as well as people of not faith. People are invited to engage with the sacred scriptures of the key world faiths in short workshops to help gain an understanding of the importance different faiths attach to things like worship, daily routines, wearing symbols, etc.

### **4. Make sure you consult faith communities in developing your Single Equality Scheme**

Consulting and engaging faith communities is crucial if you want to ensure that your Single Equality Scheme is valuable. Some Communities will have specific needs which they will expect to be respected (for example, a Catholic in a seriously ill condition in hospital would expect a Catholic priest to administer appropriate rites; and Catholics may not receive communion from non-Catholics.)

There are some key principles about how to go about involving faith communities, and who to involve. Government published guidance in 2008 on how to go about this, drafted by the Faith Communities Consultative Council (which works with Government) in the context of emergency planning. The document *Key Communities, Key Resources* which contains these principles of good practice can be obtained from [jim.mcmanus@hertfordshire.gov.uk](mailto:jim.mcmanus@hertfordshire.gov.uk)

Several areas have drafted sample pages for Trusts on different faiths of a one page faith by faith set of needs for Single Equality Scheme documents.





**5. Learn from what other NHS organisations have done successfully for the organisation and their workforce and apply the schemes**

<b>For the Organisation</b>	<b>For the Workforce</b>	<b>For the Public</b>
<ul style="list-style-type: none"> <li>• Ensure religion becomes an integral part of your diversity strategy</li> <li>• Understand the importance of faith for health by using Faith Action resources or reading together the paper produced on religion and healthcare employers for the Equality and Human Rights Commission</li> <li>• Appoint a NED with responsibility for religious equality, who understands religious diversity</li> <li>• Run a “Religious Diversity for Real” day – to help you get to grips with the Single Equality Scheme. This has already been run in some NHS organisations. The Bishops Conference can give you guidance on making this inclusive</li> <li>• Get the champions from this group to go through the 9 Steps to EDS in the 2013 guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring religion as part of HR processes and feed it into the Single PCT Equality Scheme</li> <li>• Provide a multifaith calendar</li> <li>• Monitor staff faith and encourage multi-faith calendars</li> <li>• One PCT gets staff to write about the meaning of major festivals and circulate this round all staff</li> </ul>	<ul style="list-style-type: none"> <li>• Waltham Forest PCT runs a “faith preachers” scheme which has people from faith communities trained as health trainers, within their own traditions</li> <li>• Run events with faith communities (one CVD day in a mosque in East London identified 9 women with undiagnosed Type 2 Diabetes). Another event with a Catholic Church gleaned 35 smoking quitters</li> <li>• Work with the local faith forum to create some guidelines on working with faith communities</li> <li>• Encourage faith communities to come to the PPI fora</li> </ul>



<ul style="list-style-type: none"> <li>• Include religion in your policy and guidelines</li> <li>• Use your staff newsletter to run a series aimed at giving staff basic religious literacy for their patient populations</li> <li>• Profile a staff member of each faith in the newsletter, asking them specifically to write about how their faith is important to helping them work effectively in the NHS</li> <li>• Approve a worship policy which allows people to worship. Most of these policies encourage managers to allow time, so long as it is made up afterwards</li> </ul>	<ul style="list-style-type: none"> <li>• Several PCTs including Barking and Dagenham have developed Prayer Policies for staff and patients</li> <li>• Where you have many nurses from overseas (e.g. Filipino nurses or from parts of India) help make explicit links with their local faith community. This can reduce isolation, increase retention and help staff cope with the stresses and mental health challenges of a very new culture. One NHS Trust did this with Filipino Nurses and found the incidence of sickness absence among them dropped significantly</li> <li>• Allow people the use of unobtrusive religious symbols (on desks, uniforms etc)</li> </ul>	

## 6. Learn from what other NHS organisations have done successfully for their patients

- Write the collection of religion into your patient monitoring in a way which encourages better access to spiritual care. This will avoid claims that you are discriminating
- Place posters and leaflets about religious support
- Put a notice in the welcome pack for new patients
- Keep a stock of holy books for various faiths on wards and in units
- Make sure you know about sources of humanist funerals as well as the various religions, for those who may wish a humanist ceremony
- Follow the principles in the 2015 guidelines on NHS Chaplaincy and its supplements, produced by NHS England
- Encourage service teams to include faith as part of their clinical governance
- Apply the principles in *Caring for the Catholic Patient* in your Trust, you can get a copy of this from [Cath.Morgan@cbcew.org.uk](mailto:Cath.Morgan@cbcew.org.uk)
- Issue ward and unit staff with copies of *Meeting the Pastoral Needs of Catholic Patients* for Catholic patients [Cath.Morgan@cbcew.org.uk](mailto:Cath.Morgan@cbcew.org.uk)
- Get copies of booklets for other faiths or find a trust who has written one, or produce a leaflet for patients
- Write respect for religious diversity into your SLAs and contracts
- Ensure understanding and working with faith is part of clinical governance for staff and that appropriate training is provided
- Work with faith communities as part of your Health and Wellbeing Strategy, Community Development and Public Health Programme – especially on CVD prevention. This will help you deliver some Sustainability and Transformation Plan objectives on prevention.
- Another PCT provides rooms for lunchtime prayer groups once a week or month
- Have a faiths open day when faith leaders can come and see the work of the PCT and get involved

## 7. Benchmark your agency against others

- Form a benchmarking group with other NHS organisations to benchmark all your equality work against it. Or ask an independent agency to peer review all the plans in your group.
- Specifically for Catholic Patients and Staff, you may find the website [www.catholicsinhealthcare.org.uk](http://www.catholicsinhealthcare.org.uk) useful. Here you can download copies of *Caring for the Catholic Patient* and *Meeting the Pastoral Needs of Catholic Patients.*, as well as forthcoming publications on spirituality

# Suggested Reading

## Pastoral Care and Diversity

Giaclone, R A and Jurkiewicz, C L (Eds) (2002) *Handbook of Workplace Spirituality and Organizational Performance*, New York : M.E. Sharpe

Hollins, S (2006) *Religions, Culture and Healthcare: A Practical Handbook for Use in Healthcare Environments (Paperback)* Oxford: Radcliffe Medical

Koenig, H G, McCullough, M & Larson, D (2000) *Handbook of Religion and Health*, New York: Oxford University Press

McManus, J (2001) *Friends or Strangers? Engaging Faith Communities in Community Safety*, London: Nacro. Available at <http://www.crimereduction.gov.uk/partnerships34.pdf> - although written for community safety, this guide has some key principles for health workers.

Stoockdale, M S and Crosby, F J (Eds) (2004) *The Psychology and Management of Workplace Diversity*, Oxford: Blackwell.

### *Caring for the Catholic Patient*

This is a series of publications aimed at NHS managers and practitioners and can be downloaded from [www.catholicsinhealthcare.org.uk](http://www.catholicsinhealthcare.org.uk) or ordered in hard copy from [www.cts-online.org](http://www.cts-online.org) So far the series includes:

- ❑ A guide for NHS Managers and Trusts on Catholic Chaplaincy
- ❑ A guide to meeting the pastoral needs of Catholic Patients
- ❑ A guide to the Mental Capacity Act and Living Wills

Theos – the public theology think tank (will shortly produce guides on the NHS doing business with religion sponsored by six NHS Trusts)

[www.theosthinktank.co.uk](http://www.theosthinktank.co.uk)

### **Catholics in Health and Social Care**

[http://www.cbcew.org.uk/CBCEW-Home/Subjects/Health-and-Social-Care/\(language\)/eng-GB](http://www.cbcew.org.uk/CBCEW-Home/Subjects/Health-and-Social-Care/(language)/eng-GB)

### **Catholic Mental Health Project**

[http://www.cbcew.org.uk/CBCEW-Home/Departments/Christian-Responsibility-and-Citizenship/Mental-Health/\(language\)/eng-GB](http://www.cbcew.org.uk/CBCEW-Home/Departments/Christian-Responsibility-and-Citizenship/Mental-Health/(language)/eng-GB)

### **BBC Religion Page**

<http://www.bbc.co.uk/religion/>

### **BBC Multi Faith Calendar**

<http://www.bbc.co.uk/religion/tools/calendar/>

## **Emergency Planning and Major Incident Resources**

### **Key Communities, Key Resources: Engaging the capacity and capabilities of faith communities in Civil Resilience (2008)**

Department for Communities and Local Government,

Government guidance on working with faith communities on civil resilience

<http://www.communities.gov.uk/publications/communities/civilresilience>

### **Faith Communities and Pandemic Flu: Guidance for faith communities and local influenza pandemic committees (2009)**

Department for Communities and Local Government,

<http://www.communities.gov.uk/publications/communities/influenzapandemic>

### **Responding to Major Incidents: A note of reflection for the Church.**

Produced by Jim McManus for the Catholic Bishops' Conference of England & Wales in response to the London Bombings. Obtainable from [jim.mcmanus@hertfordshire.gov.uk](mailto:jim.mcmanus@hertfordshire.gov.uk)

### **Surrey Churches Major Incident Plan**

[http://www.cofequildford.org.uk/downloads/latestinfo/e\\_plan\\_06.pdf](http://www.cofequildford.org.uk/downloads/latestinfo/e_plan_06.pdf)

### **Charities Disaster Recovery Network**

<http://www.vscuk.org/Services/DisasterRecovery/tabid/60/Default.aspx>

Can help charities and voluntary groups plan for recovery from disasters and major incidents affecting their business

### **The Needs of Faith Communities in Major Emergencies (2005)**

Home Office and Office of the Deputy Prime Minister

[http://www.ukresilience.gov.uk/~/\\_media/assets/www.ukresilience.info/faith\\_communities%20pdf.ashx](http://www.ukresilience.gov.uk/~/_media/assets/www.ukresilience.info/faith_communities%20pdf.ashx)

## Agencies who can help

### **FaithAction**

A multi faith agency which is a strategic partner of the Department of Health

[www.faithaction.net](http://www.faithaction.net)

Their page of resources and tools is here <http://www.faithaction.net/work/health-and-social-care/>

### **The Inter Faith Network for the UK**

The Network produces a range of useful publications which can be downloaded from its website including *The Local Inter Faith Guide* which is published by the Network

8A Lower Grosvenor Place

London

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t 020 7931 7766

f 020 7931 7722

[www.interfaith.org.uk](http://www.interfaith.org.uk)

### **FaithWorks UK (Christian, largely Evangelical)**

An organisation designed to help faith based agencies get involved in social renewal, and help public sector agencies give them a level playing field.

[www.faithworkscampaign.org](http://www.faithworkscampaign.org)

[www.rebuild.org.uk](http://www.rebuild.org.uk)

### **Faith based Regeneration Network**

Faith Based Regeneration Network

Suite J2 / 4th Floor, Charles House

375 Kensington High Street

London

W14 8QH

t 020 7471 6792

[admin@fbrn.org.uk](mailto:admin@fbrn.org.uk)

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- <sup>2</sup> Pitts, D W (2003) *Research on Diversity, Representation and Organisational Performance*, National Public Management Conference, Georgetown
- <sup>3</sup> Brown, William A. (2005) Exploring the association between board and organizational performance in nonprofit organizations, *Nonprofit Management and Leadership* 15(3)
- <sup>4</sup> Erhardt, Niclas L. (2003) Board of Director Diversity and Firm Financial Performance, *Corporate Governance*, 11(2) 102-111
- <sup>5</sup> R. A. Guzzo, E. Salas, & Associates. (1995) *Team Effectiveness and Decision Making in Organizations*, San Francisco: Jossey-Bass
- <sup>6</sup> Giacalone, R A & Jurkiewicz, C L (Eds) (2002) *Handbook of Workplace Spirituality and Organizational Performance*, New York: M.E. Sharpe
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- <sup>8</sup> Krishnakumar, S & Neck, C P (2002) The “what”, “why” and “how” of spirituality in the workplace, *Journal of Managerial Psychology*, 17(3) 153 – 164
- <sup>9</sup> McManus, J (2006) Spirituality and Health: Applied Leadership, *Nursing Management*, 13 (6) 24 - 27