



Improved Outcomes for Service Users

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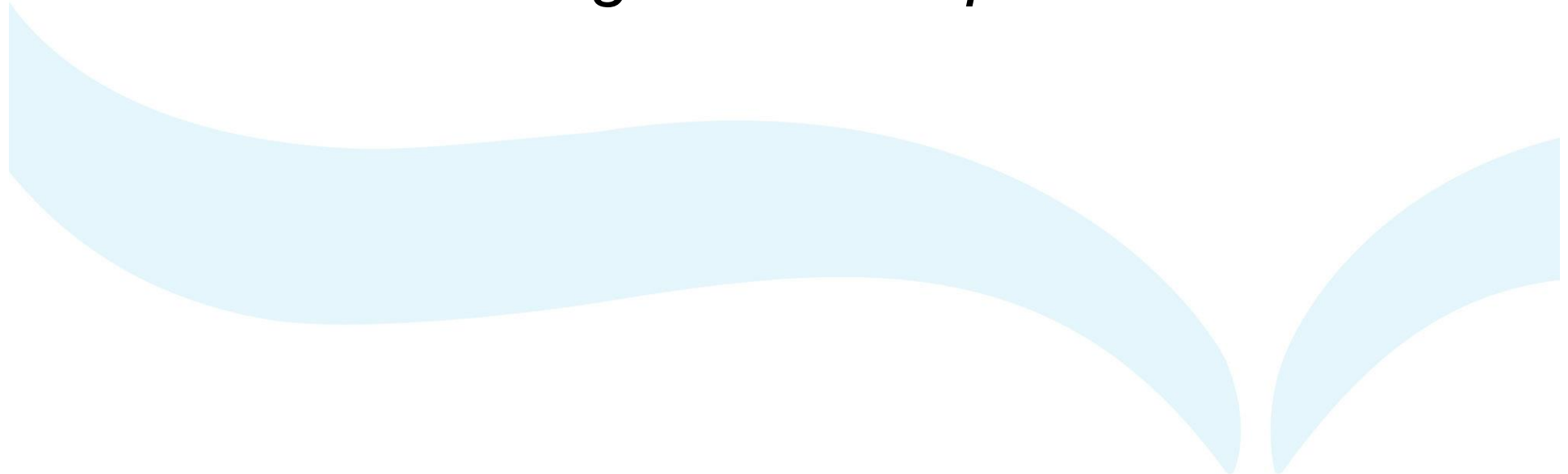
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From Church to hospital and beyond . . .

An evolving model of spiritual care



- In Scotland . . .
 - Mirrors broader UK direction of travel
 - Shift from traditional pastoral and religious model
 - “the minister in the hospital”
 - Now a broader understanding of spiritual care as “care of the human spirit” (including but not limited to religious care)
 - Focus on fostering assets and building resilience
 - Move towards professionalisation – the chaplain as “Healthcare Professional.”

Practical implications of evolving model of spiritual care

- Shift from . . .
 - Hospital focused
 - Bed to bed
 - “Holy hanging around!”
 - Focus on religious care
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Practical implications of evolving model of spiritual care

- Move towards . . .
 - A range of planned, focused and intentional services (e.g., bereavement support, staff care, listening service, reflective practice etc)
 - Proper governance for services
 - Open to audit and evaluation
 - Service delivery in a broader range of healthcare and community settings
 - Assets-based approach with focus on resilience building

Over the next five years . . .

1. What spiritual care services do we want to make available? Where? For whom?
 2. What outcomes do we expect of those services and how will we know they have been achieved?
 3. Given limited resources (chaplains, budgets) how do we prioritise? Which services and outcomes are most important?
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