

Reform chaplaincy

We want to ensure equal access to healthcare and associated NHS services for all patients and NHS staff irrespective of their religious beliefs. It makes little sense to organise patients' pastoral care around religious identities, especially in a diverse and increasingly irreligious society such as ours. We therefore challenge the unfairness of the current approach to hospital chaplaincy, which funds religious mission, fails to meet the needs of all patients and staff, and leads to a discriminatory service.

Hospital pastoral care must move from a religious service to one fit for – and equally welcoming to – all members of the public. The appointment of NHS chaplains or pastoral care workers must become separate from the faith group or religious affiliation of the applicant.

What's the problem?

The present system of hospital chaplaincy services leads to unequal care; many patients do not share the particular religion of the appointed chaplain. Whether or not chaplains offer their services to all, this is not an acceptable compromise for a large proportion of our diverse society who rightly expect and deserve the state to fund non-discriminatory services. Nowhere is this more important than where people are at their most vulnerable; in a hospital environment.

A chaplaincy service exclusively for religious workers is a religious service, and can never be truly inclusive. Whilst chaplaincy remains a paid job exclusively for applicants from religion/belief groups, then any mention of the inclusion of the needs of non-religious patients remains a lip-service, and the justification for public funding is seriously undermined.

Figures obtained under Freedom of Information legislation reveal that the annual cost of chaplaincy services to the NHS in Great Britain is upward of £23million. The vast majority of chaplains represent the various denominations of the Christian church. It is unacceptable that any NHS employee should have their appointment subject to a religious test. Such a system clearly leads to problems of discrimination and inequity.

We are also concerned at the lack of formal training afforded to chaplains. Nearly all hospital chaplains are appointed for their religious affiliation rather than for their counselling skills or knowledge of hospital procedure. Chaplains can be called on both by distressed relatives and by highly trained medical and nursing staff following traumatic events. At the very least, their training should be equal to that of the people requiring their services. Unskilled workers can cause harm by involving themselves in situations for which they lack the necessary expertise, however good their intentions.

The major religious bodies in the UK are some of the wealthiest organisations in the country. We contend that if churches, mosques and temples wish to have specific representation in hospitals to visit those patients who want some religious support whilst in hospital, this should be funded by the religious organisations themselves. The role of a non-denominational pastoral care worker might reasonably include signposting patients or relatives at their request to the local faith communities.

Whilst there is little doubt that some patients and relatives receive comfort from visits from clerics,

this is not a sufficient condition for NHS funding. There is a wide range of other services which provide support and comfort to patients but lie outside the protected NHS budget. For example, the services provided by Macmillan cancer care nurses, by the Air Ambulance Service and by the Alzheimer's Trust are all funded by charity, not by the NHS. The decision as to which services should be funded by the NHS and which by charities is one for society and the NHS management to make. However, all services deemed suitable for NHS funding should be non-discriminatory both in terms of employment and service provision.

Alternatively, if patients and hospital trusts feel that the pastoral support provided by chaplains is indispensable, we would support the development of secular pastoral support or hospital visiting schemes. Some trusts already provide "Bereavement Centres". These centres can help families with the practicalities of dealing with the death of a relative, can offer a certain amount of emotional support, and may usefully signpost people to other sources of appropriate support outside the hospital.

While seem as an interim measure by some, the creation of one or two humanist or non-religious chaplains is not a solution. It would legitimise the current system of religious discrimination and privilege.

There is no more reason for an atheist/humanist organisation to be involved in the appointment of NHS staff, than religious organisations. There is nothing to stop atheist/humanist organisations voluntarily supporting pastoral care, while opposing a religion/belief based NHS chaplaincy. There is no more reason that a non-religious person (who is unlikely to identify as 'humanist') would need pastoral care to be delivered by a specifically humanist/non-religious chaplain, any more than a person of faith.

What are we doing?

- We are seeking to persuade those responsible for managing local NHS budgets to reconsider their provision and funding of religious chaplaincy. NSS research in 2009 first highlighted the £32 million cost of religious chaplaincy to the NHS. Since then such spending appears to have [decreased](#). In 2011 we published research which revealed that [many of the country's best hospitals spent the lowest proportion of their expenditure on chaplaincy services](#) and concluded that the NHS wastes millions every year on services that have no clinical benefit.
- In 2014 we [responded to draft NHS chaplaincy guidelines](#), criticising them for failing to adequately recognise the needs of patients who do not identify with a religious faith. At his invitation, SMF members subsequently met with the author of the guidance and had a constructive discussion about equality and pastoral care service provision to meet the needs of all patients. The subsequently published [revised guidance](#) required hospitals in England to consider the needs of non-religious patients by ensuring they have access to appropriate pastoral care.

What you can do:

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Problems caused by hospital chaplaincy/pastoral care being arranged around religion.

We recognise the contribution of chaplains in hospitals, but we do not support the state funding this activity. In today's pluralistic and multi-faith society, the provision and funding of chaplaincy/pastoral care services within a specifically religious framework needs urgent review. There are two main problems with the current model, 1) the needs of patients in modern Britain, 2) equality.

We favour chaplaincy services being provided by religious bodies directly and/or any funding being provided through charitable trusts

The present system of hospital chaplaincy services leads to unequal care depending on faith (or lack of it); the majority of patients are unlikely to share the particular religion of the available chaplain and will not wish to avail themselves of their services.

Even where chaplains are prepared to offer their services to all, and feel they can do so satisfactorily to those of other denominations, different faiths and none, many of the patients would prefer a non-religious counsellor or someone of their own denomination or faith. Having only religious chaplains is not an acceptable compromise for a large proportion of our diverse society who rightly expect and deserve the state to fund non-discriminatory services. Nowhere is this more important than where people are at their most vulnerable, in a hospital environment.

It should be the responsibility of religious groups, rather than the NHS, to fund religious care for those who wish it. NHS funding is under unprecedented strain and this is a further powerful reason for funds not to be diverted from front line services to provide religious chaplaincy that should be funded by religious bodies or charities, such as those that provide air ambulances.

Whilst chaplaincy remains a paid job exclusively for religious applicants, care for the non-religious is implicitly downgraded. This further undermines any justification for public funding.

There also serious equality concerns: A hospital chaplain is the only job in the entire NHS for which applicants are discriminated against on the grounds of religion or belief, and normally the jobs are only offered if the applicant is endorsed by the relevant religious authorities.

Publicly funded jobs within the NHS should not be restricted to applicants on the grounds of faith, and services should not discriminate based on religion.

This is a taxpayer-funded role, and yet the required endorsement to take such a role has been withheld on grounds of an applicant being married to someone of the same sex. In other words, the taxpayer is being asked to fund discrimination.

In the current system, applicants are discriminated against for their religion or lack of it, for their sexual orientation, and the vast majority of patients are not being catered for.

Chaplains play a crucial role, but reform is overdue.

Religious care should not be funded through NHS budgets, and no NHS post should be conditional on the patronage of religious authorities or subject to discrimination.

We believe there are viable alternative sources of funding for explicitly religious chaplaincy, and in the meantime hospitals wishing to employ staff to provide pastoral or spiritual care for patients should do so in a secular way, with posts open to all. There is no reason why a vicar, for instance, could not apply for such a secular role, provided their chaplaincy catered for all equally.

- [Hospital Chaplaincy Briefing](#) (PDF, 250 Kb)

Our briefing paper on NHS chaplaincy/pastoral care services

- [NSS Chaplaincy Report 2011](#) (PDF, 612 Kb)

Costing the heavens: Chaplaincy services in English NHS provider Trusts.

- [Charitable Chaplaincy Cymru](#)

Our volunteer run campaign in Wales for religious chaplaincy to be charity funded.

[Read More](#)

Videos

A video on chaplaincy by QualiaSoup for the National Secular Society.

Hospital Chaplaincy - BBC April 2009 Evan Harris and Elspeth Desmond

While you're here

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