

Can chaplaincy ever be fit for the 21st century?

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A report highlighting the institutional bias towards Christianity in NHS chaplaincy services should prompt us to ask whether taxpayers should fund chaplaincy in the health service at all, says Dr Antony Lempert.

There are plenty of things to praise about the new report by the Network for Pastoral, Spiritual, and Religious Care in Health (NPSRCH) on chaplaincy in healthcare.

On one level, [Fit for the Twenty-First Century?](#) is a robust and damning indictment of the institutional bias towards Christianity at all levels of chaplaincy operating in the NHS. Although chaplaincy has seen some change and diversification over the past three years, the report makes it clear that 'pastoral, spiritual and religious care' (PRC) continues to suffer systemic tax-funded inequity both in terms of service delivery and employment.

The report highlights the "unfair advantages" enjoyed by Christian chaplains, and the barriers faced by would-be chaplains who are not Christian, including job specifications that use Christian criteria including ordination and endorsement from a "Christian authorising body". As a result, the vast majority of chaplains (including 93% of full time chaplains) are Christian. And naturally, non-Christian patients who might otherwise welcome some pastoral support also suffer a disadvantage.

In addition to highlighting this disparity, the report includes a good discussion about the ways in which the current Christian bias in the system may likely breach the public sector equality duty and the European Convention on Human Rights.

It would be easy, therefore, to read this report and conclude that if only the non-Christian religions and the non-religious could somehow be shoehorned into the existing set-up all would be well. But that would be to miss the much bigger picture. Because there is something else quite fundamental missing from this report, within which there is no discussion about the actual value of a chaplaincy service – or if, indeed, it has a place within the NHS at all.

Instead, the report is based on an underlying assumption that chaplaincy belongs in the NHS. It says there is a "growing recognition that many, if not most people" using the NHS "are likely to benefit from some sort of pastoral, spiritual or religious intervention".

This comment is curious considering that elsewhere, the report highlights the paucity of good evidence in chaplaincy. As the Executive Summary states, the exclusion of minority faith and non-religious groups from the research has "resulted in conclusions that lack validity for many current and potential service users". According to the report there's also an extremely poor uptake of PRC services, with three quarters of non-religious people saying they would be unlikely to use a chaplain.

In any analysis of whether healthcare chaplaincy is fit for the 21st century, questioning the basic need for chaplaincy in today's NHS would seem a necessary starting point - particularly when the NHS is already under terrific strain, and when other healthcare services such as children's

hospices and air ambulances are privately funded.

And the expense of chaplaincy is not insignificant. According to the report, an NHS-employed chaplain starts with a salary of £24,214 and can rise to over £44,606. In contrast, the [starting salary](#) for an occupational therapy worker or an emergency care assistant is £18,813.

What's more, the report's recommendations would require considerable additional expenditure. It calls for funding for places on courses for prospective chaplains, financial assistance for minority faith groups, and research to support minority faith communities to develop their own PRC models. If any of this funding is to come from the taxpayer, the fundamental question of whether chaplaincy is truly worth it must be properly addressed.

It is telling that the only faith or belief group that has rejected the report is the group that is by far the most privileged in chaplaincy: the Church of England. In contrast to positive comments from other members of the NPSRCH warmly welcoming the report's findings and recommendations, the C of E called the report a "missed opportunity" and "fundamentally flawed". The church's response speaks volumes about its sense of entitlement in the field of chaplaincy and its unwillingness to concede any ground in what the church behaves as if it is its own territory.

Two key messages arise from *Fit for the Twenty-First Century*. The first is the growing recognition that the existing chaplaincy service is institutionally discriminatory and unfit for purpose.

The second is what a seemingly impossible task it is to transform a service, tailored specifically for religious people (and Christians in particular) into a more equitable and inclusive service, particularly when the people controlling the employment, training and service provision seem largely resistant to change.

Before embarking on more attempts to make that change, we must first question the basic premise that a stand-alone chaplaincy service, or whatever we may call it and whatever form it takes, is such a valuable and necessary provision that it should be taxpayer-funded in an increasingly over-burdened health service.

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Dr Antony Lempert

Dr Antony Lempert is chair of the NSS's Secular Medical Forum. The views expressed in our blogs are those of the author and may not necessarily represent the views of the NSS. You can follow him on Twitter [@seculant](#)

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