

SPIRITUAL CARE IN NHSSCOTLAND

SCOTTISH ASSOCIATION OF CHAPLAINS IN HEALTHCARE

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Abstract: The author welcomes 'Spiritual Care in NHS Scotland' as evidence that spiritual care provision has been acknowledged as a vital part of NHS healthcare. The establishment of spiritual care committees will enable a strategic overview of spiritual care services, and will give chaplains themselves the opportunity to influence the direction and future shape of chaplaincy. Welcome too is the emphasis upon the support, training and development of chaplains. However, concern is expressed over the issue of funding the proposed changes, in the absence of any pledge of new money from the Scottish Executive.

Introduction

My granny said it and no doubt yours did too. "What's for you won't go past you." You can interpret that fatalistically and say that you are simply powerless to change events, or you could say that the time is right and the opportunity must be seized with both hands. Thankfully my granny tended to the latter!

The question facing chaplaincy in Scotland at this juncture is to what extent the new Guidelines are 'for us' and what impact they might have in the delivery of spiritual care in the NHS.

Writing from the perspective of the Scottish Association of Chaplains in Healthcare (SACH), whose remit is to represent the interests of chaplains, there can be little doubt that the appearance of the Guidelines, albeit after a prolonged gestation period, is to be welcomed with enthusiasm. Chief Executives of Boards and Trusts are being required to develop and implement a policy based on the long awaited document. It is no surprise, however, to find that chaplains are being charged with taking the policy forward since most things with a spiritual label end up on the chaplain's desk. What's different about this process is that there has to be an outcome which satisfies the criteria laid down. Consequently chaplaincy as a whole is in a position to greatly influence its own future.

The issues raised

The Guidelines raise a number of questions both in what they say and in what they leave unsaid. The devil, they say, is in the detail and in how that detail is interpreted by Boards and Trusts throughout the country. The comments I have fall into the following:

Funding

A cursory glance at the Guidelines will suggest that Health Boards will need to find a significant sum of money in order to meet the recommendations about the provision of spiritual care. As I understand things the Executive has not ring fenced funds or pledged new money to fund any new developments. The recent advert for the Head of Department of Spiritual Care at Tayside met with a degree of hostility because in some quarters it was felt that the sums of money involved could be better spent elsewhere.

There is always going to be a problem with resources and the prioritisation of those resources. The advent of the Guidelines should enable chaplaincies to make a very strong case for a larger share than we currently enjoy. We have made do for long enough.

Structure

The Guidelines envisage a radical shake up of the way in which spiritual care is planned and delivered. The establishment of a Spiritual Care committee will pool representatives of local denominations and faith groups along with NHS staff to give a strategic overview of spiritual care services.

Speaking as a chaplain who has, for the past 15 years, served on a committee broadly similar to the one promoted, I can only feel pleased that in the Highlands we have been ahead of the game all this time! We have found that the link with Trusts and Health Board which have developed over time have proved invaluable in advising and supporting chaplains on the ground.

The requirement for each Health Board to establish such a committee can only give more weight to the spiritual care agenda. If it is linked to the appointment of the spiritual care manager at Board level this can only be enhanced. Up to this point chaplaincy has been managed by many different departments which has not always led to a uniformity of support.

Converting 'shoulds' to 'musts'

It is somewhat disappointing to note at several points (e.g. paragraphs 23, 26, 32, 41) that the guidelines are not as directive as in other places (e.g. paragraphs 8, 9, 10). This is also true of the appendix which lays out the criteria for assessing the sessions required to provide care. It would have been better to work from one set of figures rather than the range that has been suggested. However it is encouraging to see that provision has been made for sessions under the Working Time Directive. This ought to alleviate the position of many sole and part time chaplains who are almost permanently on call.

However in many small rural locations it may prove difficult to achieve this without some major changes to the way spiritual care is delivered. The guidelines certainly seem to spell the end of the arrangement

where the parish minister is automatically appointed chaplain to the local hospital.

Qualities and Qualifications

In its present form this paragraph (29) is also a bit woolly. The phrases 'right personal qualities' and 'required professional skills' are not defined beyond a few broad brushstrokes. Understandably the Guidelines cannot be expected to do other than what they are meant to do, that is to guide policy. Having said that, professional bodies representing chaplains, such as SACH, must be aware of what standards are being applied throughout the system. This will enable us to ensure that those we serve receive the best care from those best qualified to deliver that care.

Specialism versus Holism

Chaplains have, along with many others, argued for the recognition of the holistic care of the patient. My caveat is that now that spiritual care is becoming more and more a specialist service we should not forget from whence we came.

Conclusion

The Guidelines contain much that is positive. The provision of spiritual care has been acknowledged as a vital part of the provision of care in NHS Scotland by integrating it into the fabric of the system. A framework has been provided to greatly enhance the level of care that chaplaincies can provide along with a commitment to support chaplains through training and development.

There are undoubtedly challenges ahead in interpretation and implementation of the Guidelines but all in all I'm inclined to agree with my granny.

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