

## SPIRITUAL CARE IN NHSSCOTLAND

### RESPONSE OF A PART TIME CHAPLAIN

**Ken Coulter**

*Abstract: While welcoming some of the provisions of 'Spiritual Care in NHSScotland' the author regards part time chaplains as being 'conspicuously absent' from the guidelines, despite the implication that their numbers might increase if more faith communities decide to appoint. Concern is expressed that the lack of attention to the development of part time chaplaincy might seriously undermine what has hitherto been considered to be an important aspect of the chaplaincy service..*

#### Queen of the South

At the time of writing, the news is that the Scottish Cup Football match replay between Aberdeen FC and Queen of the South FC has been cancelled due to the wintry weather. Much media discussion has been about the contrast between a Premier Division side, with many resources and full time players, and a team of part-timers from Dumfries with few resources who have to leave their "day jobs" to play. The media obsession with the "elite" blinds them to the importance of lower league football in Scotland.

In this, I was reminded of the contrast or conflict often drawn between Full Time Chaplaincy and sessional Chaplaincy (or to use the terms of the Working Party – Whole Time (W/T) and part-time chaplains). The figure for Church of Scotland appointed W/T chaplains in Scotland is 36 with 210 part time Chaplains. This part time figure does not include Roman Catholic or Episcopal appointed Chaplains, who are a sizeable constituency.

#### Stobhill Hospital

At Stobhill in Glasgow (500+ beds plus clinics) we must be one of the few hospitals left with a team of part time chaplains. There are seven of us sharing ten sessions. Owing to a job freeze across the North Glasgow Trust we have a further two sessions vacant. While there are limitations on a part time team there are also strengths in terms of team work, sharing the load of services and responsibilities, and sheer weight of numbers at meetings. Currently we

are negotiating for a Chaplaincy slice of the promised £60m for ACAD development. (ACAD stand for Ambulatory Care And Diagnostic unit – a one stop shop hospital – now to be called ACH Ambulatory Care Hospital – but this revised title has still run into problems with some patient groups who are asking the question "does that mean everybody has to come by ambulance?")

Four years ago, prior to ACAD, we put forward a case on the then current workload and based in the 1986 Guidelines, for the hospital to be served by a full time chaplain supported by a number of part time chaplains. The case was not disputed by the management, but the development was lost in yet another re-organisation. At present, we play on with our team of part-timers, certain that we give good value for money to the Trust, staff, patients and relatives.

#### Conspicuously Absent

When we turn to the Guidelines, we feel conspicuously absent. The Guidelines as set out in NHS HDL (2002) 76 do have much to commend them. Indeed they have been useful in our discussions about the ACAD in affirming to Hospital management the distinct roles of spiritual and religious care, and what facilities and resources should be available for Chaplaincy. The recognition of the wider roles of chaplains and the many varied duties are an excel-

lent benchmark which will be referred to for years to come.

However, while the roles of W/T appointments, Chaplain's Assistants and volunteers are considered in the paper, the traditional part-time chaplain is not mentioned. Chaplains Assistants can apply for upgrading and volunteers can play a significant part, but part time chaplains are not referred to, except in passing. Given that part time chaplains outnumber whole time at present on a ratio of 6:1 (CofS appointments only) this seems a major omission.

### **End soon**

It may be the unconscious (or not so unconscious) assumption that part time arrangements will end soon. This may represent a Presbyterian bias. It is recognised in the Guidelines that the Roman Catholic and Episcopal Churches are still free to appoint part time chaplains. In Central Scotland they will then remain a significant presence. However, the Guidelines do not acknowledge this; nor set out arrangements for their inclusion in the process of development. The fact that other Faith Communities can also appoint, but so far have not, means that in theory there is a further cohort of part time Chaplaincy posts. Given all this, it would have been helpful to have had some thought about such posts, their responsibilities and accountabilities and also about their terms and conditions. This might be particularly pressing in view of European legislation on part time workers. There is also no item mentioned in the "Responsibilities" section for heading up a team ministry.

### **Career Pathways**

The demise of the part-time post may be a shot in the foot. In a parallel profession of teaching, many have tried the role of classroom assistant to see if teaching is a direction in which they would like to go. The training ground for many in W/T Chap-

laincy appointments has been their part time experience. If this bridge is withdrawn, then this places recruitment and training under a further strain and requires greater investment in these processes.

A further question is also begged of career pathways and training. Under the forward looking McCrone agreement for teaching, it is clear that there are routes for advancement and for appropriate increased remuneration depending on continuing professional development training. Such advanced thinking is absent from the Guidelines and must surely signal a missed opportunity.

### **Hidden impact**

It may be then, that the hidden impact of the Guidelines is to further undermine the role of the part time chaplain, to have part time chaplains representing other Faith Communities who are not properly tied into the system, and to have locked Chaplaincy into a pre McCrone way of thinking about career development and pathways. If this is the case then all the benefits of the review and the new Guidelines might be limited in some significant areas.

### **Adversarial or Co-operative model**

The reason that Aberdeen are still to play Queen of the South is because despite their resources they were previously held to a stalemate. I am not a Queen of the South supporter, though being brought up next to Tynecastle Park in Edinburgh where Hearts play, I do have sympathy for the underdog. But instead of the adversarial model of Scottish football, we should be perhaps looking for a co-operative model in which the gifts and strengths of all are recognised, used and utilised for the benefit of staff and patients. Who knows, we might even then win ... some kind of trophy.

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