The Charitable Chaplaincy Campaign

The Wales-wide, cross-party campaign for a charitable hospital chaplaincy.

Charitable Trusts

The usual test used today was laid down by their Lordships in *IRC v Pemsel* [1].
To be charitable, a trust must serve one of the following purposes:

1) The relief of Poverty [Public benefit test does not apply]
2) The Advancement of Education
3) The Advancement of Religion[2]
4) Any other purpose beneficial to the Community not falling within the other categories.

[A revision in 2011 added nine other purposes - none relevant to our case.]

It is likely that a Wales Hospital Chaplaincy Fund (HCF) for publicly financed hospitals (profit-making private hospitals must be excluded) would be an acceptable proposal to the Charities Commission under either 3 or 4 of the list above. The terms of reference of the Hospital Chaplaincy Service (HCS) would determine which of the listed purposes was appropriate. The HCF would be established for the exclusive purpose of funding the HCS.

Definitions of religious and spiritual care.

The set of "Guidance" documents for Spiritual Support in the Wales NHS contains a serious ambiguity which makes discussion of this matter difficult.

The document *Guidance on Capabilities and Competences for Healthcare Chaplains/Spiritual Care Givers* provides two definitions on page 4 (quoting from *Service Development for Spiritual Care in the NHS Wales 2010*):

Spiritual Care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation.

Religious Care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

It then goes on to claim that –
"Spiritual care is often used as the overall term and is relevant for all"

This is bound to produce confusion. If the two forms of care are to be conflated then a separate term is required to remove this ambiguity.

An example of the consequence of this ambiguity occurs on the same page of the document. At one point it states "Spiritual care can be provided by all health care staff, by carers, families and other patients." This must imply the separate definition above. It then goes on to make the unjustified claim "Chaplains are the specialist spiritual care providers". If, in this sentence, the word "spiritual" is replaced by the word "religious" the claim might be acceptable, since the chaplain is usually a cleric, but only if the recipient of such care is of the same faith as the chaplain. Of course the

chaplain should offer spiritual care as defined by the separate definition above - that would seem to be the duty of all NHS staff in contact with patients and their families. The nursing profession might rightly claim that its members are the specialist spiritual care (as defined above) providers by virtue of their selection for employment and their professional training. It seems to me that being capable of offering spiritual care (as defined above) is as essential for an NHS employee in contact with patients and their loved ones as honesty is for a bank employee or courage and loyalty for a member of the armed services. In truth the term "spiritual care" is imprecise, ambiguous and confusing. It would be better to replace it with the three well defined terms:-
Religious care – The pastoral care provided by clerics to those who require it.
Empathetic care – The ethos by which all hospital care is delivered
Holistic care – The model of hospital care which recognises the mind-body nexus and delivers care guided by evidence of medical efficacy within an empathetic ethos.

The cost figures given below were obtained in reply to the question:-
For the previous financial year, what was the total cost to your Board for the provision of Chaplaincy Services?
It is reasonable to assume that the costs relating to training nursing staff in correct spiritual care (as defined above) and the allowance for such care in calculating work load were **not** included. The costs given are therefore in respect of Religious Care.

Stakeholder analysis

For each stakeholder it is possible to compare their interests in the choice between tax-payer funding and charitable funding of the Hospital Chaplaincy Service.

Patients: The same service is delivered by the same people and the individual patient should be entirely unaffected by the means of funding.

NHS Staff: Charitable trust funding may mean that a number of staff would retain their jobs in spite of future financial stringencies whilst the chaplaincy service received is the same in both cases.

The Wales NHS: The NHS will be able to deliver more than one million pounds worth of additional medical and/or nursing and/or ambulance services every year in perpetuity if chaplaincy is funded by a charitable trust.

The Minister: It may be felt that making the change from using NHS monies to Trust monies involves some political risk. This can be minimised by considerate transition arrangements and it would be understood by the tax-payer in a time of funding constraint.

The religious denominations: It would seem best that the tax-payer through the NHS Wales pays the bill for the chaplaincy service. But the establishment of a charitable trust would be an admirable ecumenical activity which enhances their reputation and involves their adherents in supporting fellow believers in times and situations of great challenge. This stakeholder might believe funding for chaplaincy is more secure if it comes from the public purse. This is much less likely to be true in future. Indeed, with sufficient voluntary effort, the funds raised by such a charity might even exceed those at present provided by the Wales NHS enabling a broader range of sects to be represented in chaplaincy.

The cost of chaplaincy

	2007/8	2008/9
North Wales NHS Trust	£ 159,289	£ 170,144
Velindre NHS Trust	£ 18,934	£ 19,514
Cwm Taf NHS Trust	£ 46,093	£ 97,809
Abertawe bro Morgannwg	£ 218,299	£ 216,642
Hywel Dda NHS Trust	£ 63,185	£ 115,774
Gwent Healthcare NHS Trust	£ 240,596	£ 251,483
North West Wales NHS Trust	£ 95,429	£ 103,877
Cardiff & Vale NHS Trust	£ 312,000	£ 300,845
Powys Local Health Board	£ 35,228	£ 38,119
	=======	=======
	£1,189,013	**£1,314,207**

	2009/10	2010/11
Betsi Cadwladr NHS Trust*	£ 259,042	£ 221,619
Velindre NHS Trust	£ 57,162	£ 30,857
Cwm Taf NHS Trust	£ 117,990	£ 111,974
Abertawe bro Morgannwg	£ 214,000	£ 231,842
Hywel Dda NHS Trust	£ 124,556	£ 157,793
Aneurin Bevan NHS Trust	£ 259,910	£ 260,589
Cardiff & Vale NHS Trust	£ 293,158	£ 293,351
Powys Local Health Trust	£ 46,603	£ 45,389
	========	========
	£1,372,421	**£1,353,414**

	2011/12
Betsi Cadwaladr NHS Trust	£ 225,815
Velindre NHS Trust	£ 30,856
Cwm Taf NHS Trust	£ 132,102
Abertawe bro Morgannwg	£ 237,426
Hywel Dda NHS Trust	£ 171,133
Aneurin Bevan NHS Trust	£ 255,173
Cardiff & Vale NHS Trust	£ 238,425
Powys Local Health Trust	£ 34,543
	==========
TOTAL	**£1,325,473**

* Combined North Wales and North West Wales Trusts

Total expenditure since figures first collected. **£6,554,528**

Conclusion

The provision of a hospital chaplaincy service is not a statutory obligation for the NHS. It is probably best described as a traditional provision by the NHS.

The funds available to the Wales NHS will never be so generous that a contribution from the voluntary sector may be rejected without good reason. Even if current funding (indexed against inflation) is maintained, an aging population, advances in medical and pharmaceutical science, developments in medical and nursing techniques and the rising expectations of the population will always place ever greater demands on NHS budgets. A million and a quarter pounds each and every year into the future may be seen as a small contribution but only by obtaining many such small contributions may these increasing demands be met.

The creation of a Hospital Chaplaincy Fund to cover the cost of religious care by hospital chaplains will be good for the churches, chapels, mosques, kingdom halls, temples and synagogues. The humanist movement might also join this enterprise. It would be an ecumenical enterprise that builds bridges between faiths.

The proposed charity would need to raise about £1.5 million per year to maintain the present service. This is entirely achievable. While the present fiscal arrangements are in place, a portion of this amount would be met by "gift aid" tax which is returned by the Treasury.

It would, of course, be for the NHS Wales and the proposed Hospital Chaplaincy Fund (HCF) to agree the appointment and employment arrangements for HCF funded chaplains. Since this issue has been raised during the Charitable Chaplaincy Campaign, we offer the view that hospital chaplains should be properly regulated, CRB checked, representative of the local population and trained to a high standard which must include awareness that proselytism and evangelism in an NHS setting is unacceptable. The HCF fund-raising target should be to finance the current level of establishment. If the HCF raises more money than is required to support this staffing level, additional appointments might be discussed with the Health Boards. If there is a shortfall, staffing levels would correspondingly be reduced.

The Church in Wales, the Catholic Church (Wales) and the Free Church Council have been asked to consider this matter. The reaction has been, "the NHS has taken responsibility for religious care, so the churches need not act". Regrettably there appears to be a lack of leadership from the faith communities in this matter.
As a consequence, a strong political lead is required; perhaps amounting to a declaration of a time period for the transition to charitable funding.

Notes

[1] http://www.charity-commission.gov.uk/publications/rr1a.aspx

[2] This term seems to have been revised very recently to:-
Public Benefit and the Advancement of Moral or Ethical Belief Systems

Alan Rogers October 2012

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Campaign Principles

Things we are **not** saying about NHS chaplaincy services.

1. We are **not saying** that they should be abolished.
   If the religious make arrangements for the funding of chaplaincy services and these services are delivered in a way which does not offend, disturb or inconvenience hospital patients and staff then we can see no objection to their provision.

2. We are **not saying** that we know they are worthless.
   We know of no substantive evidence that proves that there is a *clinical* value to chaplaincy services. If there is we would be pleased to receive references to any published peer review studies or research which proponents can provide. This is exactly the kind of evidence (if it exists) which might justify NHS expenditure. We quite understand that many people may find chaplaincy services comforting and reassuring - hence **Point 1** above.

Things we **are** saying about NHS chaplaincy services.

1. There is **no statutory requirement** for the NHS to fund a chaplaincy service.
   There is a tradition to provide such a service but this could be honoured by facilitating a service which is funded by charitable donation.

2. The cost of chaplaincy services is **not insignificant**.
   The NHS expenditure on chaplaincy services although small relative to total NHS expenditure is large enough to be of use to an NHS whose work is, and always will be, confined by its budget. Every million pounds that the Wales NHS spends should be carefully targeted for maximum benefit. Chaplaincy costs are in excess of one million pounds per annum.

3. Charitable funding is **financially feasible**.
   The costs are such that a charitable trust could raise the required revenue by voluntary donations. For example, in Wales 25,000 donors giving £1 per week would fully fund the chaplaincy services. Many people in Wales donate £52 p.a. to support the Welsh Air Ambulance Service which is charitably funded and raises £5 million p.a.. If proponents of tax-payer funding are correct about how valued the chaplaincy service is, one might expect this target to be achieved with ease.

4. Charitable funding would **benefit hospital chaplaincy**, the Wales NHS and Wales.
   It is difficult to imagine a more worth-while ecumenical project than the formation of a charitable Hospital Chaplaincy Fund organised by the Catholic Church, the Church in Wales, the many Non-Conformist denominations, Mosques, Temples and Synagogues in order to provide these services which bring comfort and support to adherents in times of great difficulty and stress. This would contribute to social cohesion. The NHS Wales would be relieved of the financial burden of this service.
   That would seem to be a win-win strategy.

5. There are **already in place** the necessary organisations on which to build a charity.
   In Wales there are established ecumenical organisations which are quite capable of initiating and managing a charitable Hospital Chaplaincy Fund. Probably the most appropriate of these is Cytûn (Churches Together in Wales). This is a Christian organisation and it would need to make contact with and secure the assistance of non-Christian religious communities, possibly through the Inter Faith Council of Wales, in order to be fully ecumenical.

Alan Rogers September 2012

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The campaign submitted Freedom of Information Act requests to obtain data on the use of NHS budget assigned to chaplaincy services. This reveals that the funds so allocated were used exclusively for the employment of theologically trained clerics.

Whole Time Equivalent Hospital Chaplains by Sect and Trust [FY 2011/2012]

	Cardiff &Vale*	Abertawe	Hywel Dda	Betsi Cadw'dr	Aneurin Bevan	Cwm Taf	Powys	TOTAL
Anglican	2.25	2.30	2.82	3.06	3.30	1.90	0.18	15.81 (52.08%)
Buddhist	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.10 (0.33%)
Catholic	0.25	0.80	0.62	0.61	0.00	0.12	0.00	2.40 (7.91%)
Hindu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 (0.00%)
Jewish	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.25 (0.82%)
Moslem	0.25	0.00	0.00	0.00	0.17	0.00	0.00	0.42 (1.38%)
Non-conf. **.	3.25	1.90	1.86	1.92	1.50	0.30	0.65	11.38 (37.48%)
Other/No faith/ Humanist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 (0.00%)
TOTAL	6.25	5.10	5.30	5.59	4.97	2.32	0.83	**30.36**

* Includes Velindre

** Christian N.C.- Includes Baptist, Methodist,Prebyterian, Independent, Free Church, Salvation Army and possibly others unrecorded.

NOTES

Christian denominations account for 97.47% of expenditure Moslem 1.38%. All the rest 1.15%

Only two trusts employ Moslem chaplains.
Only one trust employs a Buddhist chaplain.
Only one trust employs a Jewish chaplain.
No trust recorded expenditure on Hindu chaplains.
No trust recorded expenditure on Humanist chaplains.
Four trusts employ Christian chaplains exclusively – but may have contact lists.

The Charitable Chaplaincy Campaign Petition - a personal statement

This statement has not been seen by supporters of the campaign so it would be understandable if it were considered inadmissible in support of the petition.

I believe that the state funding of religious care in NHS hospitals raises an important issue of political theory in respect of the rights of the citizen and the obligations of the state.
These two matters are conflated, one might say confused, in current Welsh Government policy on hospital chaplaincy. My view is that they can and should be discussed separately.

I entirely support the proposition that the citizen, confined to hospital, should have the right to religious care. Such a right is strongly related to the right to receive visitors. The hospital patient is not (except in the most unusual cases) incarcerated by the state. The patient in hospital is receiving medical treatment of her/his own free will or if unable to or incapable of expressing permission then with the permission of the patient's next of kin.

[As an aside, I was so incarcerated in an isolation hospital when five years old (1945).
I was suffering from the highly contagious disease scarlet fever. The authorities had a right in law to incarcerate me. I was allowed no visitors until I recovered. Such situations may occur today in the case of very rare highly infectious and virulent disease or severe mental illness.]

The political question which our campaign confronts is this:-

*The hospital patient has a **right** to visits from a religious carer* but does the state have an **obligation** to provide this at a cost to the public purse?*

A couple of "thought experiments" may be used to test this issue.

(1) The hospital patient has a **right** to visits from family and friends – does the state have an **obligation** to meet the cost of the travel involved in such visits and to refund loss of income?

This may become a real rather than hypothetical question as specialist services (e.g. high dependency neonatal care) are concentrated in a very small number of locations.
I think the Welsh Government would answer "no" to such a question.

(2) A couple of families living in a small town in rural Wales belong to a minority religious sect. These four adults and four children cannot afford to acquire or build a temple/ church/ mosque/ synagogue/ etc neither can they afford to pay the salary of a pujari or archaka/ priest/ imam/ rabbi/ etc. The families have a **right** to freedom of worship – does the state have an **obligation** to meet the cost of creating a place of worship and to pay the salary of the religious leader required so that these families may enjoy that right?
Again I think the Welsh Government would answer "no" to such a question.

If the Welsh Government does decide that it has an obligation to fund religious care from the public purse it should be able provide a closely argued defence of that position. A defence which is at least as complete as the position our campaign presents in the *Principles* and *Proposal* documents.

This, I believe, **is an obligation** on a responsible, open, democratic government.

Alan Rogers

1st February 2013

***** The right to receive religious care should not diminish the rights of other patients to be treated and for hospital staff to work in an environment conducive to medical and nursing care. For example the burning of incense, ringing of bells or the chanting of religious invocations might be unacceptable.