Humanist Chaplains Entering Traditionally Faith-Based NHS Chaplaincy Teams

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Abstract: Healthcare chaplaincy in the National Health Service (NHS) has rapidly changed in the last few years. Research shows a decline of people belonging to traditional faith frameworks, and the non-religious patient demographic in the NHS has increased swiftly. This requires a different approach to healthcare chaplaincy. Where chaplaincy has originally been a Christian profession, this has expanded to a multi-faith context. Over the last five years, humanists with non-religious beliefs have entered the profession for the first time, creating multi-faith and belief teams. As this is a very new development, this article will focus on literature about humanists entering traditionally faith-based NHS chaplaincy teams within the last five years in England. This article addresses the question “what are the developments resulting from the inclusion of humanist chaplains in healthcare chaplaincy?” Topics arising from the literature are an acknowledgement of a changing healthcare chaplaincy field, worries about changing current practices and chaplaincy funding, the use of (Christian) language excluding non-religious people and challenging assumptions about those who identify as non-religious.

Keywords: healthcare chaplaincy; National Health Service (NHS); humanist; non-religious; spiritual; pastoral

1. Introduction

This article was written by an employed humanist pastoral carer working within healthcare chaplaincy. The chaplaincy experiences that have been accumulated over the last few years has led to taking a research perspective on the developments in the field as it has changed a lot in the last several years. Healthcare chaplaincy has been part of the National Health Service (NHS) in the United Kingdom since the NHS was founded in 1948. The main healthcare contexts are hospitals with various specialisms (for instance, acute or mental health), hospices and care homes. Faigin and Pargament (2011) describe healthcare chaplaincy as a holistic care service that offers spiritual care to patients with the aim to support them in coping with crises and to help them to find meaning in their situation. Most chaplains who work in healthcare organizations are endorsed or accredited by an organization representing their religious or non-religious worldview. A healthcare chaplain is viewed as a professional person working within a healthcare setting focusing on meaning-making, purpose and existential questions of patients, family members and staff which can include religious explorations and expressions to someone who holds a faith. This person is endorsed by his or her faith or belief group and works within a chaplaincy team to support in a pastoral, spiritual and religious way.

Pastoral care is often described as emotional support and providing a listening ear. However, when relating “pastoral” to an individual, it can also relate to a person of humanist or non-religious background who is a professional person working within a healthcare setting focusing on meaning-making, purpose and existential questions of patients, family members and staff (Humanists UK 2021). For clarification, the NHS uses the term “healthcare chaplaincy” to cover pastoral, spiritual, and religious care. Individuals within a team may have different titles. The preferred title for humanists is pastoral carer;
however, in keeping with the prevailing NHS job title, healthcare chaplain will be used in this article to encompass a range of titles which includes pastoral carer, humanist chaplain and non-religious pastoral support worker.

1.1. Chaplaincy as a Practice of Spiritual Care

Due to the broad focus on worldview backgrounds, chaplaincy in general is often referred to as “spiritual care”. The definition given for spiritual care by the NHS chaplaincy guidelines incorporates any belief system a person may have: “Spiritual care is care provided in the context of illness which addresses the expressed spiritual, pastoral and religious needs of patients, staff and service users. These needs are likely to include one or more of the following: ways to support recovery, issues concerning mortality, religious convictions, rituals and practices, non-religious convictions and practices, relationships of significance, a sense of the sacred, exploration of beliefs. It is important to note that people who do not hold a particular religious affiliation may still require pastoral support in times of crisis.” (Swift 2015, pp. 5–6).

Although this definition of spiritual care is quite broad; it refers to the way in which these religious or non-religious traditions contribute to the overall well-being of a person in a holistic sense. This is best defined by Raffay et al. (2016) in their exploration of the bio-psycho-social-spiritual model. This model purports that spirituality cannot be seen separately from the biological, psychological, and social needs of a person as they collectively contribute to the overall well-being of the individual.

Spirituality from a non-religious viewpoint relates to existential questions. There is the absence of relating to a higher power or God, but also puzzlement by the questions of life. Examples could be “Why me, why him/her? Who am I now”? These questions are often rhetorical, as chaplains do not have any answers to them, be that faith-based or non-faith-based. It is a difficult situation to live in. The only thing chaplains can do is to walk alongside people, listen to their story, and temporarily share their pain. Sometimes chaplains must climb down to the depths of the cave someone may find themselves in and share the darkness—purely so they are not alone. Anyone who thinks they have an answer to the “why?” question can cause more harm than good. The “why question” is personal to that individual as they go through the challenge of feeling “why”, whilst they also try to make sense of this themselves—if ever?

1.2. Professionalization of Healthcare Chaplaincy

Healthcare chaplaincy has developed a lot over the last several years. Kelly and Swinton mention that healthcare chaplaincy in the U.K. historically has been part of “[...] further ecclesial formation either in seminary and/or at theological college [...] equipping graduates with knowledge of their religious tradition [...]” (Kelly and Swinton 2019, p. 293).

At first, the role of the chaplain was not seen as a “profession” in comparison to other healthcare roles, but it was largely up to the chaplain to determine their role on a personal and individual level. The culture of healthcare chaplaincy was very different during this time and was mostly religious of nature; hence there was no need to “professionalize” chaplaincy as it was mostly operating within the confines of a religious network (Swift 2014). This model lasted until about 1990 when in England hospitals started to act as independent units due to the establishment of hospital Trusts. Along with this change came the economic questions about the value, efficiency and accountability of chaplaincy services. NHS Management treated chaplaincy services the same as any other department within the NHS. Therefore, new roles were advertised to which chaplains would be directly employed and contracted through the NHS. Chaplaincy positions which were originally held by Church of England representatives suddenly decreased, with Free Church candidates entering chaplaincy through the new job recruitment. This also led to a more ecumenical approach to chaplaincy.

Eventually, the College of Healthcare Chaplaincy (CHCC) was founded to create a voice for healthcare chaplains during these changing times. It became a member of the
Manufacturing, Science and Finance Union (MSF) in 1997. As it had a union platform, it was concerned with defending chaplains’ positions within the NHS such as scoping fair pay conditions for chaplains. Due to union work and Carol English’s endeavours, they negotiated terms and conditions for chaplaincy work in the NHS under the Agenda for Change pay system. Finally, chaplaincy was recognized as a graduate profession, classifying chaplaincy bands from five up to band eight. The CHCC later became part of Unite, a larger union. The consequence was that the Scottish healthcare chaplains went their own way and created their own Scottish Association of Chaplains in Healthcare (SACH) (Fraser 2019, pp. 118–20). The Scottish Healthcare model is very different to the rest of England, Wales, and even Northern Ireland. They embrace a more generic form of providing chaplaincy support. However, the focus in this article shall remain on chaplaincy within NHS England.

Professionalizing healthcare chaplaincy has also been demonstrated through the UK Board of Healthcare Chaplaincy (UKBHC) who in the last couple of years received approval for setting professional standards for employed healthcare professionals. Although membership of this board is not mandatory, many healthcare chaplaincy vacancies specify that the candidate should have, or seek, their accreditation through the UKBHC as a desirable criterion. The UKBHC has now also opened their register to those recognized by a mainstream belief group, including the Humanist Society.

1.3. Humanist Chaplaincy

Over the years, the emphasis on chaplaincy being a Christian profession changed and other faith-based chaplains emerged within the NHS to provide care to those of other faiths and to respond to changing demographics. These faiths included Muslim, Sikh, Hindu, Buddhist, Baha’i, Interfaith and many more. Although these were different faith backgrounds providing chaplaincy care to patients, staff, and visitors, they all had in common that they were faith-based—which meant that they related to higher powers or God(s). With humanists entering chaplaincy teams, belief services have now evolved to include non-religious beliefs. Humanists U.K. (HUK) defines humanism through the eyes of a person who:

• “trusts the scientific method when it comes to understanding how the universe works and rejects the idea of the supernatural (and is therefore an atheist or agnostic);
• makes their ethical decisions based on reason, empathy, and a concern for human beings and other sentient animals;
• believes that, in the absence of an afterlife and any discernible purpose to the universe, human beings can give their own lives meaning by seeking happiness in this life and helping others to do the same” (Humanists UK 2021).

There is currently little research into humanists entering traditionally faith-based NHS chaplaincy teams as most healthcare chaplaincy research in the U.K. refers to the Christian perspective of the healthcare chaplaincy field. Therefore, this article explores literature about humanist chaplaincy within the NHS. The literature search was solely focused on the U.K. due to its NHS nature and the recent developments of humanists entering NHS chaplaincy teams. As humanists entering faith-based chaplaincy teams is a recent development in the U.K., this article shall discuss the question “what are the developments resulting from the inclusion of humanist chaplains in healthcare chaplaincy?”

This article addresses three topics emerging from current literature with regards to humanists entering healthcare chaplaincy teams, namely:

• Topic 1: Acknowledgement of a changing healthcare chaplaincy field. This topic describes how a changing society influences the healthcare chaplaincy field due to a decline in traditional faith frameworks. Linked to this societal change, it addresses the emergence and development of humanist pastoral care in the last several years.
• Topic 2: Worries about chaplaincy funding. This topic touches upon the funding of chaplaincy services and certain challenges around it emerging from literature.
• Topic 3: The use of (Christian) language and other challenges excluding non-religious people. This topic shall touch upon the use of language and challenges around inclusivity. Furthermore, it will describe other challenges with regard to including those of non-religious beliefs in chaplaincy teams along with certain presumptions of faith-based colleagues.

The topics following from the literature search shall be expanded on further throughout this article in separate headings leading to the concluding remarks.

2. Topics Explored
2.1. Topic 1. Acknowledgement of a Changing Healthcare Chaplaincy Field

Healthcare chaplaincy has traditionally been of a Christian nature—more specifically, the Church of England. The Church of England chaplains were there at the very start of when the NHS took its first breath in 1984, and it has therefore traditionally been seen as a Christian service.

Over the years, the emphasis on chaplaincy being a Christian profession changed and other faith-based chaplains emerged within the NHS in order to provide care to those of other faiths and to respond to the changing demographics. These faiths included Muslim, Sikh, Hindu, Buddhist, Baha’i, Interfaith and many more. Although these were different faith backgrounds for which to provide chaplaincy care to patients, staff and visitors, they all had in common that they were faith-based—which meant that they related to a higher power or a God.

Although historically chaplaincy has been viewed as a service relating to a higher power or God, a societal change occurred. An increasing number of people steer away from traditional faith frameworks and the old framework of chaplaincy care had to adapt to the societal changes. Orton (2008, p. 114) states that changes in demographics mean that “pastoral care needs to have an emphasis on spiritual support if it is to respond to patients or other faith traditions or with secular beliefs”. Orton specifically addresses the need of including pastoral care within holistic healthcare settings. She goes on by stating that “the traditional systems for the provision of pastoral care in health care settings reflected the historical contexts within which they were located. In England, with an established church and a centralized health care system, chaplaincy has traditionally been dominated by a formal relationship between the NHS and the Church of England” (Orton 2008, p. 115). In this model chaplaincy was solely seen as a faith-based role. Orton (2008) describes the shift from a faith-based chaplaincy role to becoming a more inclusive service: “In the same way that the service model has moved from a religion-focused, clergy-dominated model to a multi-faith, spiritual approach, so pastoral care has moved from a predominantly religious and sacramental role to a broader role responding to the diverse spiritual needs of individual patients, their families and staff as well as meeting religious needs” (Orton 2008, p. 116).

Hay (2013) confirms that since the mid-twentieth century, there has been an increasing embrace of individual expression of spirituality, whether religious or non-religious, and a move away from worldview affiliation. This comes to the foreground not only in scholarship, but also in journalist studies and in governmental reports.

It has been established that currently, 53% of the general population in the United Kingdom identifies itself as “non-religious”, and an even higher figure amongst the British youth: 71% of 18–25-year-olds (Humanists UK 2017). However, this does not mean that young people do not seek pastoral or spiritual guidance. The NSPCC (UK child line) has demonstrated that the younger generation is engaged in existential questions of life when they try to make sense of their situation. A survey of three hundred General Practitioners in the United Kingdom indicates that 78% of youngsters between 11–18 years old experience more mental health problems than five years ago (Campbell and Doward 2016). The NSPCC (child line within the United Kingdom) confirmed that one in three phone calls made by children and young adolescents concern specific mental health conditions. Phone calls used to be trending around pregnancy, bullying and physical or sexual abuse, however, the focus
Religions has now shifted towards struggling with loneliness, suicidal thoughts, depression, anxiety, and self-harm; according to Peter Wanless, NSPCC chief (Campbell and Doward 2016). These topics are more of an existential nature which relates to young people making sense of their situation. Responding from an existential–spiritual perspective could therefore be helpful for these youngsters identifying as non-religious.

Due to the people steering away from traditional religious frameworks, chaplaincy services had to revisit their practices. This led to the introduction of the NHS chaplaincy guidelines in 2015. This document refers to and incorporates societal changes with regard to chaplaincy work. The NHS guidelines underline that the term “chaplaincy” is no longer “affiliated to any one religion or belief system” (Swift 2015, p. 6). The guidelines explain that “healthcare chaplaincy is a service and a profession working within the NHS that is focused on ensuring that all people, be they religious or not have the opportunity to access pastoral, spiritual or religious support when they need it” (ibid.). This was the first time that chaplaincy resources referred specifically to the inclusion of the non-religious and therefore responding to the societal changes. This then supported the development of humanist pastoral care to function as an alternative option for providing equal care to those who do not have a religious faith or the opportunity to speak confidentially about their worldview, values, and morals. Although faith-based chaplaincy has in the past provided care to people who do not hold a faith, the alternative of providing like-minded care from someone holding a similar worldview was introduced.

Humanists Entering Chaplaincy Teams

The start of humanists entering chaplaincy teams resulted from a scoping exercise held in 2011 by HUK where they posed the question: “Is there a need for a non-religious pastoral care service that operates in a way like religious chaplaincy?” (O’Donoghue 2017, pp. 56–57). After conducting interviews, surveys, focus groups and even a pilot project, non-religious people described that they felt that they did not receive the same support as those that were religious. Additionally, non-religious people mentioned that they did not want to receive pastoral and spiritual support from someone with a religious view, even more so in end-of-life situations. They therefore welcomed the idea of having support from a likeminded person with an aligned (non-religious) worldview (ibid.).

A training consultant worked over a two-year period to establish a systematic approach to provide a high standard of pastoral care. Furthermore, the role of a pastoral carer was researched, and this led to creating a job description which in turn contributed to the person specification of the role. The person specification led in its turn to a competency model which needed to be met by individuals who wanted to join the accreditation course. The competency model was used as assessment criteria and was demonstrated throughout the training.

For each program, applicants are screened to see if they can support their teams in the institutions they work for and if they are willing to support the developing network of non-religious pastoral carers whilst being happy and capable to work with colleagues and service-users of other belief systems. In addition, a systematic approach is in place to support new members from beginning to end.

The Non-Religious Pastoral Support Network (NRPSN) was created in 2016 to receive recognition and acceptance as the chief provider of non-religious pastoral care. HUK provided funding and support to set up this initiative and HUK staff and volunteers helped to establish it. The program however was aimed to provide pastoral support to the non-religious and not only to people who identified themselves as humanists.

Humanists UK then polled on the perception of the public about what a chaplain was to them. The public opinion of chaplaincy remains primarily tied to a Christian image: while 83% of the public think that a chaplain could be a Christian, only 6% feel that they could be Jewish, 5% Muslim, 4% Buddhist, 5% Hindu 4% Sikh and 5% non-religious. 75% of non-religious respondents felt unlikely to want or require support from a religious chaplain, and 45% expected that they would wish to receive non-religious pastoral support
Furthermore, according to Hurst (2020), there was a survey that studied the inclusivity of faiths and beliefs chaplaincy websites and about 91% scored very poorly on inclusivity. Hurst (2020) describes this outcome as “Anglican dominated, faith-centric, resistant to change and no longer fit for purpose” (Hurst 2020, p. 18).

Savage (2015) conducted a study at his own Trust to record how many non-religious patients were visited by the multi-chaplaincy team. The outcome was that only 4.1% of non-religious patients were visited. This differentiated tremendously from those of faith that were visited regularly. A rough estimation by Savage (2015) was that about 45% of patients in his Trust would have held non-religious beliefs. Therefore, it appeared that non-religious patients did not have equal opportunities to receive pastoral and spiritual support. He states that it was not the case that chaplains did not want to visit non-religious people, but that it could be the case that they wanted to talk to someone likeminded. “For example, a patient with Christian beliefs may sometimes want to talk to a Christian chaplain or a patient with Hindu beliefs to a Hindu carer. It is not unreasonable to suppose that a patient who is not religious may sometimes want to talk to a carer who is not religious” (Savage 2015, pp. 67–68).

One article by the BMJ stated that “recent research by YouGov for Humanists UK found high demand among the public for someone to talk to about pastoral or spiritual matters in times of crisis. Almost 90% of those asked, however, said that they perceived chaplaincy as offering only Christian support. Many people who might benefit think it is not for them” (Hurley 2018). The article additionally identified, with the help of previous stats from faith-based colleagues over the years, that “Chaplaincy” is still very much seen as Christian terminology, but last year about 80% of our conversations were of an existential nature, pastoral. About 20% were tied to specific rituals or services such as Holy Communion. “Most are about making sense of the situation in hospital. Why is this happening to me? What have I done wrong? How am I going to cope with this life altering illness or injury?” (Hurley 2018).

It was hard getting a paid role as a humanist chaplain, since there appeared to be an old trend that most paid vacancies for chaplaincy required a bachelor’s or master’s degree level in theology. HUK was striving to promote equality and diversity in recruitment, to make vacancies more inclusive for minority faith groups and for those with non-religious worldviews. Training students to BA and MA level helped towards creating a professional route that would eventually lead to more inclusive chaplaincy teams and opportunities for paid employment. There are now roughly 10+ employed Humanist chaplains working within healthcare and prisons in the U.K.

2.2. Topic 2: Worries about Chaplaincy Funding

The changing chaplaincy context leads to concerns about funding. Since 2015, HUK has challenged chaplaincy vacancies that are solely advertised to attract a Christian chaplain. Letters had been sent out to potentially take legal action on grounds of equality and diversity if they would not reconsider diversity of religion and beliefs of the local population. The Chief Executive of HUK wrote: “We are committed to ensuring that all people with non-religious beliefs have access to pastoral support, just as religious people have access to such support, and look forward to expanding our own contribution as part of our growing community services work” (BHA 2015) (Kyriakides-Yeldham 2017, pp. 19–22). Humanists would be entering chaplaincy teams to provide an alternative to faith-based support. Due to the action letters sent out by HUK, some NHS Trusts suspended appointing chaplains, or others worked hard to implement an Equality Impact Analysis to reflect their local faith and belief demographic. As Kyriakides-Yeldham (2017) also rightfully points out, HUK’s agenda was very different to the National Secular Society (NSS), HUK wanted to provide pastoral and spiritual care to non-religious people rather than defunding chaplaincy services altogether. Even now, chaplains commonly mistake the NSS for HUK which has caused tension for humanists entering chaplaincy teams. However, humanists stand for the universal declaration of human rights of which one
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tenet is that everyone shall have the right to freedom of thought, conscience, and religion. Hence, humanists are not here to antagonize or replace, but instead to help support those with non-religious worldviews who would like to speak to someone like-minded. There are some statements on chaplaincy funds that are aimed at humanist groups. Ross and McSherry (2020) state that humanist groups compare “spiritual care and infrastructural conditions in financial terms and aim them at one another. Humanists present spiritual care providers and hospital infrastructure as competing for financial resources. As if both were a straight contrast, a zero-sum game” (Ross and McSherry 2020, p. 114).

Billings (2015) additionally points to critics who might use the decline of religion to reduce public spending to serve their own case. The NSS calculated exactly how much money could be distributed to other professionals if chaplaincy was axed: “The national Secular Society, for example, pointed out how much could be saved by axing chaplaincies in the NHS (estimated 40 million) and what that might equate in nursing (1300) or cleaners (2645). The British Humanist Association argued strongly that the state had no business supporting something that was harmful to people’s welfare” (Billings 2015, p. 38). Although HUK is mentioned by Billings in the same paragraph as the NSS, it is important to point out that HUK does not have plans to defund chaplaincy, but wants to ensure equality, diversity, and inclusion to provide chaplaincy support to all faiths and beliefs by diversifying its chaplains and representing its patient demographic. The NSS however kept campaigning to end funding for chaplains as they believed that state institutions should not have a religious role (Savage 2019, pp. 96–97).

Funding concerns started with challenging vacancies to be inclusive and open to not just those who held a faith which led to suspending some recruitment in NHS Trusts. Understandably, this led to some emotional reactions of those wanting to recruit, especially when there were assumptions made that HUK was of a similar stance to the NSS regarding defunding chaplaincy services. Further concerns then came to light with regards to recruiting those who were non-religious and how this development could detract from Christian sessions.

Kyriakides-Yeldham (2017) discusses in his doctoral research that if HUK is successful “to fund non-religious carers in chaplaincy departments, this is likely to reduce the number of Christian chaplaincy sessions and affect the Christian ethos of chaplaincy departments” (Kyriakides-Yeldham 2017, pp. 19–22). Surely it should not be one or the other? And it may be rather short-sighted from a faith-based point of view to believe that if chaplaincy were to be made more inclusive to accommodate all faiths and beliefs that this should draw away from the Christian colleagues. This signals the problem chaplaincy services are facing; that chaplaincy is still perceived as a mostly Christian service even by some chaplaincy practitioners such as Kyriakides-Yeldham (2017).

Hurst (2020) tries to address funding challenges from a different viewpoint. He believes that a qualitative survey could help justify the use of public money and establish the demand for pastoral, spiritual and religious care. In addition, this could give information about what the service should look like and how to name such a service to make it inclusive. He continues with his argument to say that “a robust system of care could also include a check, such as BACP’s Certificate of Proficiency, to ensure that staff are working to a patient’s needs” (Hurst 2020, p. 18).

Funding for chaplaincy services is still rather tight throughout the NHS, although perhaps with new non-religious practitioners entering the service it could give a new boost to chaplaincy services and refocus its practices; making chaplaincy visible in organizations again to attract additional funding avenues.

2.3. Topic 3: The Use of (Christian) Language and Other Challenges Excluding Non-Religious People

As chaplaincy traditionally stems from Christian roots, this faith is still quite entangled with the use of language and practices within healthcare chaplaincy.
2.3.1. Chaplaincy as Department Name

As previously noted, the word “chaplaincy” appears to be problematic when referring to other faiths and the non-religious population. To make the service more inclusive reflection should be encouraged on alternative titles for departments; without losing sight of communicating the religious care component of the care service (Savage 2019, p. 105). When looking closer at the definition of “chaplaincy”, the Oxford English Dictionary (1989) describes a chaplain solely in religious terms. It appears to refer to clergy who conduct religious services in a prison, regiment, college, or other institution (Savage 2019, pp. 103–4). As seen earlier, YouGov polls showed that most of the public views a chaplain as a Christian, and specifically a religious person. Due to this view, a non-religious person can hardly be called a chaplain. This also counts for other faith traditions that do not have a historical concept of chaplaincy: “For example, it is not really a Muslim concept. When Muslim pioneers were striving to provide Islamic religious care in institutions, Christian chaplains acted as “gate keepers” who largely determined the terms under which these Muslims could be members of their departments’ teams. These terms included adopting the title of “chaplain”. The use of “chaplain” as a Muslim title has continued. Understanding Muslim Chaplaincy notes that some Muslim chaplains have changed their identity badge to include the title “Imam” next to “Muslim Chaplain” to help those Muslims who do not understand the term “chaplain” (Savage 2019, pp. 103–4).

Kyriakides-Yeldham (2017) highlights that the former Healthcare Chaplaincy Faith and Belief Group (HCFBG) changed its name in 2016 to accommodate the representation of all faiths and beliefs. The way Kyriakides describes how they came to this name change—which was un-coerced and agreed amongst all faiths and beliefs in that network—seems to imply that the word “chaplaincy” had to be removed because the NRPSN would object, as they paid the head of humanist pastoral care Simon O’Donoghue’s salary: “The NRPSN stipulated that its membership of the HCFBC was dependent on its change of name. The word “chaplaincy” has been removed, predictably so given the NRPSN’s objection to pay the salary of Simon O’Donoghue, who acts as the NRPSN operations coordinator” (Kyriakides-Yeldham 2017, pp. 19–22). However, although Mr. O’Donoghue was employed by HUK, the reason for removing the word “chaplaincy” was to include all faiths and beliefs. The network is now called the network of pastoral, spiritual and religious care in health. All the pillars as set out by the 2015 chaplaincy guidelines; pastoral, spiritual and religious care, still subscribe to the field of chaplaincy. In this case, it was supported by various chaplains of diverse faith and belief backgrounds that eliminating the word “chaplain” would support inclusivity to all. Kyriakides shows through his choice of words his judgement of HUK’s headway in changing current chaplaincy practices: “The strategies that the BHA has adopted, to force through a fundamental reorientation of chaplaincy services in the NHS in England, have been remarkably successful” (Kyriakides-Yeldham 2017, pp. 19–22). The word “force” appears to be specifically chosen—potentially to display dismay in how HUK had to fight for inclusivity. Whilst avoiding assumptions, it does demonstrate that language is key in how chaplaincy colleagues relate to each other. To make headway within NHS England as chaplains, colleagues need to start working together and unite rather than argue what chaplaincy should be. It is hoped that everyone, regardless of faith and belief, would agree that chaplaincy and how we refer to the service should be inclusive to all service users.

2.3.2. The Practices and Resources within Chaplaincy

In addition to the word “chaplain” there are also other factors to consider such as other faith-related language and titles we use—including wardrobe signs and symbols. Additionally, the use of multi-faith rooms could exclude those of other faiths and beliefs. According to Hurst (2020) “a “multifaith” sign alone does not automatically turn a chapel into a mosque or synagogue” (Hurst 2020, p. 18).

Savage (2019) comments by stating that wearing a clerical collar clearly states someone is Christian and that it could be perceived that they may have a Christian agenda. The
use of leaflets to promote chaplaincy teams is another challenge, where the use of religious symbols, or wording, can imply a solely religious service; excluding those (without intention perhaps) who do not consider themselves religious. Furthermore, chaplaincy departments often refer to providing care to all faiths and none. This however is framed in negative terms, rather than describing supporting people of all faiths and beliefs or worldviews. Stating that someone is a “none” can come across as a group of people lacking something—in this instance a faith or religious belief (Savage 2019, pp. 103–4). Reflecting on the language that is currently used will help pave the way for a more inclusive chaplaincy service.

As well as the use of language within chaplaincy, religious dress, signs, titles, symbols and multi-faith spaces also need to be addressed. According to Savage (2015), these structural changes need to be addressed on various levels: “Government, NHS England, NHS Wales, NHS Trusts, chaplaincy bodies, managers and individuals will all need to respond. A desire to ensure that all patients receive appropriate pastoral and spiritual care and to ensure greater equality in pastoral and spiritual healthcare outcomes should be a great motivation to take up that challenge” (Savage 2015, p. 68).

2.3.3. Including Non-Religious Views on Spirituality

Hurst describes different models of chaplaincy to create further inclusivity: “Local feedback, surveys, panels and other forms of engagement would help to continually inform an equitable use of staffing, spaces and other resources. Alternative models of chaplaincy may be more appropriate, such as that of the spiritual care coordinator liaising with local spiritual and religious communities, while also providing pastoral support and spiritual care where necessary. An alternative, generic chaplaincy system has already been implemented by NHS Scotland, with NHS boards working with local communities” (Hurst 2020, p. 18). He however also argues for a new Universal Pastoral Care model which is centred on counselling ethics, rather than faith-based foundations (Hurst 2020, p. 17). Chaplaincy has three different pillars to which it refers, which was also stipulated within the 2015 guidelines. The word spirituality however still poses a challenge. The humanist tradition tends to approach it from an existential view; however, some people may relate spirituality to religious beliefs. Watson (2016) discovered that very little was published about spirituality in relation to atheism and humanism. In her article she cites Nolan’s (2011) description of spirituality: “Spirituality is a way of being and experiencing that comes through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the list Ultimate” (Elkins et al. 1988, p. 56).

Watson (2016) agrees that spirituality attends to the whole person, yet she refutes that spirituality does not concern meaning making and additionally that a meaningful personal narrative is not derived from a belief system (Watson 2016, p. 56). She also expresses her discomfort of Nolan’s (2011) psychospiritual care, because she feels that it seeks to intervene in an individual’s spiritual being (Watson 2016, p. 57). This does not tally up with a non-religious belief system as they would not agree that they have a spiritual being. “[...] it would be crucial, in my view, that the practitioner did not see themself as a spiritual healer but instead listened and supported the individual in developing their own meanings” (Watson 2016, p. 57). Watson (2016) relates spirituality to religious and non-religious beliefs where it involves relationships, meaning and purpose and promoting certain behaviors and practices (Watson 2016, p. 63). She pleads for further research on the inclusivity of the non-religious to also understand the non-religious better.

Watson (2016) furthermore identified in her research that several authors referred to deep prejudice towards atheists. She only found two articles that were aimed at supporting atheism and atheists; however subtle prejudice seemed more apparent. She also links the prejudice towards excluding non-religious views on spirituality. She states that the role of the practitioner should be to “understand and work with the unique spirituality of the individual” (Watson 2016, p. 57).
In addition, training about spirituality for other healthcare professionals (such as nurses) is often of a religious nature. They are uncertain what spirituality means and find it therefore hard to address any spiritual needs. When they do, spirituality is often closely linked to religion.

“While the chaplaincy service recognizes that patients are people of all faiths and none (Threlfall-Holmes and Newitt 2011), and a small proportion of salaried chaplains in the health service are now from faiths other than Christianity, there are no salaried Humanist or non-religious chaplains, and only a handful of Humanist volunteers” (Watson 2016, p. 62).

3. Concluding Remarks

The question posed throughout the article was “what are the developments resulting from the inclusion of humanist chaplains in healthcare chaplaincy?” Although plenty of information can be found around the changes within the healthcare chaplaincy field, there is little literature with regards to humanists entering originally faith-based chaplaincy teams.

What has resulted from the literature search is that there seem to be misconceptions around the NSS and HUK and how HUK does not want to defund chaplaincy work, but wants equality, diversity, and inclusion within chaplaincy teams by bringing in humanists to bring like-minded support to those who are non-religious, as demonstrated through previously stated polls and surveys.

The real challenge is the use of language within current chaplaincy practices, because most of the language is aimed at Christian faith practices, excluding minority faiths and the non-religious. Additionally, there is the issue of faith-related language, titles we use (including religious dress and symbols and the use of multi-faith rooms) which are not yet fully inclusive.

There is still little acknowledgement of non-religious worldviews. Currently, humanists in chaplaincy teams are actively providing pastoral and spiritual care to service-users. Through research, we have seen that non-religious people still have pastoral and spiritual needs, even when these are different from those who are religious. It also highlighted that there are challenging assumptions and prejudices towards those with non-religious worldviews, and we saw some strong language towards HUK with regards to challenging current faith-based chaplaincy practices.

The headline conclusion is that there is still a long road to walk for the field healthcare chaplaincy to demonstrate equality, diversity, and inclusion and a true embracing of all religious faiths, and, in this particular case, non-religious beliefs. Chaplaincy needs to clearly redefine its identity and do this with optimism rather than a fear of changing the status quo.

What is identified through this article is that there is plenty of research from the perspective of the faith-based chaplain, in particular Christian. There is, however, very little knowledge about the humanist practitioner. Only two authors referred to in this article were practising humanist chaplains within the U.K. It is therefore proposed to conduct further research into the lived experiences of humanists entering traditionally faith-based chaplaincy teams within the NHS. This research could be a valuable addition to current healthcare chaplaincy research, and furthermore, an insight into the lived experience of humanists along with their practices as professional healthcare chaplains. Hopefully, this will contribute to a wider understanding of non-religious beliefs to propel chaplaincy further along the path to true equality, diversity, and inclusion.

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