

The MFGHC project on  
Authorisation and  
Regulation

## **REPORT OF THE CHAPLAINS' SURVEY 2011**

December 2011

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## EXECUTIVE SUMMARY

- The survey of healthcare chaplains was undertaken as part of the Multi-Faith Group for Healthcare Chaplaincy's (MFGHC) project on authorisation and regulation. The need for the survey was identified in advice given by the Project's independent Reference Group. This stated that the process of public consultation towards which the project was moving should be delayed to give time for chaplains' understanding about regulation to be gauged. The advice also stated that more time would enable the MFGHC and the chaplains' professional associations represented by the UK Board for Healthcare Chaplaincy (UKBHC) to consider how best to work together on regulatory issues.
- The survey was distributed during August to 962 healthcare chaplains and, by the end of September, 220 had responded – a return rate of 23%. This return rate was considered sufficient to enable general conclusions to be reached about the views of all healthcare chaplains. There were fewer responses from world faith chaplains than might be expected leaving a slight disproportion of responses from Christian chaplains. There were roughly as many responses from full-time chaplains as there were from part-time chaplains.
- The responses to the part of the survey concerned with regulation issues demonstrated that chaplains considered the introduction of regulation as an important way to ensure good quality spiritual healthcare. There was not a consensus as to how best regulation should be carried out. The involvement of all stakeholders including lay people, faith communities, NHS management and users was welcomed. Over 90% of respondents considered that the MFGHC and the UKBHC should work together on a single regulatory framework.
- The responses to the part of the survey concerned with consultation issues gave almost equal prominence to all the elements listed as part of a regulatory framework, with the lowest "score" being 30%. Various other issues were raised including the importance of the involvement of all chaplaincy interests and views about a UK-wide regulatory framework. More than half of respondents considered that the public would be reassured at the introduction of regulation for healthcare chaplains
- The final chapter sets out conclusions about the survey and makes recommendations for publishing and follow-up action.
- The annex contains the record of the comments made by the project Reference Group in discussion at the meeting in November 2011.

## I - BACKGROUND AND INTRODUCTION

### Introduction

1. This report sets out the results of the survey of healthcare chaplains (The chaplaincy survey 2011) commissioned by the Multi-Faith Group for Healthcare Chaplaincy (MFGHC) in August 2011. The survey form is attached to this report.
2. The survey is divided into parts concerned with regulation issues and consultation issues and the report follows that structure. Other issues raised have been highlighted in the appropriate chapters. Finally, the various issues have been brought together in a section of conclusions with recommendations for action.

### Background

3. In 2009, the Multi-Faith Group for Healthcare Chaplaincy (MFGHC) was successful in obtaining funds from the Department of Health Third Sector grant funding for a project concerned with authorisation and regulation of healthcare chaplains. The grant was over three years and intended to finalise and publicise the MFGHC's work on authorisation bodies and to identify the component parts of a regulatory framework for healthcare chaplains.
4. In the same timescale, the UK Board for Healthcare Chaplaincy (UKBHC) was undertaking work towards regulation of healthcare chaplains. The MFGHC and UKBHC had different approaches to regulatory issues and in early 2011 agreed to work together on these issues.
5. In the third year of the MFGHC project (2011-12), the Project Board received advice from the project Reference Group that progress towards the public consultation planned for the autumn of 2011 should be paused for further discussions. The Reference Group indicated that it had concerns that there was not sufficient knowledge about regulation within the community of healthcare chaplains for the proposed consultation to be effective and that the way in which the public consultation was planned would serve to widen the gap between the efforts of the MFGHC and the UKBHC to work together.

6. The Project Board determined that the pause should be sufficient to enable joint discussions between the MFGHC and UKBHC to be facilitated. It therefore cancelled the consultation meetings and processes including the five open meetings planned for September 2011. In their place, the MFGHC put the chaplains' survey 2011 and a strengthened team<sup>1</sup> to take forward discussion with UKBHC.

### **Survey methodology**

7. Advice was sought from researchers who had assisted the project's work previously about survey methodology. Survey Monkey was selected as being an effective and readily managed software tool with wide usage amongst surveyors.
8. Questions were drafted about regulation and consultation. These were tested with several groups including reference group members; the multi-faith group council; and the NHS Chaplaincy Collaboratives discussion group<sup>2</sup>. Changes were made as necessary and additional explanation was added where appropriate.
9. The survey was launched via MFGHC Bulletin 25 in early August 2011. The Bulletin was distributed to 962 chaplains<sup>3</sup> across the UK and was also sent to chaplains associated with the Authorisation Bodies<sup>4</sup>. Access was available to the survey form on line or using a hard copy which could be sent to the project officer.
10. One or two chaplains had difficulties accessing the survey and one or two had difficulty downloading it. Where these issues were raised, solutions were provided. Despite this, there were one or two spoiled papers.
11. One respondent raised an issue of understanding about the wording used in questions asking for graded responses. The survey indicated that the grading was irrelevant/ not important/ important/ quite important/ very important. The point was made that this sequence might not be always understood with confusion possible between the priority given to 'quite important' and 'important'. Accordingly, care has been taken to avoid too much emphasis being placed on the distinction between these two terms.

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<sup>1</sup> Those representing the MFGHC in these discussions included the Chief Officer (Revd Debbie Hodge), the Vice Chair (Revd Fr. Paul Mason), and two past Chairs (Mr Manhar Mehta and Hon Barney Leith OBE)

<sup>2</sup> The NHS Chaplaincy Collaboratives website is at <http://nhs-chaplaincy-collaboratives.com/> and the related discussion group is at <https://www.mailtalk.ac.uk/cgi-bin/webadmin?A0=HEALTHCARE-CHAPLAIN>

<sup>3</sup> Figures from the MFGHC/ HCC distribution list

<sup>4</sup> These bodies were formalised during public consultation in 2010 and details of their contact arrangements distributed to the NHS in December of that year. The contact details are available at <http://www.mfghc.com/authorisation.htm>

12. The survey was closed at the end of September and copies of the data were made available in their raw state to four chaplains who had agreed to validate the survey findings. A report was prepared in draft form and circulated for their comments on two occasions. The final version was prepared in early November.
13. The final report was submitted for comment by the Reference Group at their meeting in end November, prior to discussion by the Project Board in December.

### **The chaplains who took part**

14. When the survey was closed, 221 responses had been received. One of these was a partial entry which duplicated another and the partial entry was deleted. 220 responses were analysed for the purposes of this report giving a return of 23%. This return rate was considered adequate for conclusions to be drawn on this data.
15. The first section about personal detail was compulsory and was completed by 100% of responders, albeit with some disguised entries.
16. The responders were almost equally divided between those employed whole-time (55.5%) and those part-time (44.5%). No effort has been made to analyse differences between the responses of whole-time and part-time chaplains as this was not thought to be material to their understanding of regulatory or consultation issues.
17. The great majority of respondents were Christian chaplains (85%) with a small number of Jewish chaplains (6.8%), Bahá'í chaplains (3.2%), Muslim chaplains (1.8%) and a range of other chaplains from other faith and belief communities. Although more representation of world faith chaplains would have been ideal, the views expressed are still useful.

## II - ISSUES ABOUT REGULATION

### **The importance of regulation for the future of healthcare chaplaincy**

18. Nearly 40% of those who responded to this question (Q5) indicated that the introduction of regulation was very important to the future of healthcare chaplaincy. A further 54.8% thought this was important/ quite important.
19. Only 5.8% of respondents thought that the introduction of regulation was unimportant.

### **Important reasons for introducing regulation**

20. The main reasons given for introducing regulation of healthcare chaplains (Q6) were to protect patients and other users from poor quality spiritual care (84.7%); to set standards which provide assurance to users and providers (80.4%); and to assist the development of chaplaincy as a healthcare profession (72.0%). Some supported it for job security (9.0%) and others as ensuring value for money (22.2%).
21. In the free-text comments for this question, regulation was thought to help in defining a framework for education and training for those interested in healthcare chaplaincy. It would also enable the establishment of personal development (planning) for chaplains.
22. Against these supportive comments was one respondent who was wary about the regulatory framework being a further manifestation of state control over religious expression. Another respondent suggested that a reason for the introduction of regulation was to encourage all the chaplaincy bodies to work together.

### **Approaches to regulation**

23. There was strong support (57.8%) for an approach to regulation based on peer-led regulation. The other suggested approaches (Q7) were all equally supported at about 21% for lay-led regulation, stakeholder-led regulation and user-led regulation. Several respondents supported more than one approach (total votes 208 from 166 respondents).

24. The free-text expression did not clarify the issue further but demonstrated (28 comments) that there was no clear consensus. These are best summed up by the comment “in reality, I think a mixture of all these approaches is necessary to ensure good regulation”. There was one comment saying “none of the above” and another saying “cannot have ..... a body related to the Union” (repeated again in response to Q13).
25. There were various comments about the involvement of lay people – asking for definition/ not wanting a majority/ generally unsure. The involvement of lay people is quite extensive in some faith communities but their activities (and status) vary and this aspect of regulatory practice may need further discussion.

#### **Involving other stakeholders in regulation (Q8, 9, 10)**

26. Most respondents considered that the involvement of lay people in regulation was important with only 13.6% saying it was not.
27. Most respondents considered that the involvement of faith/ belief group representatives in regulation was important with only 9.1% saying it was not.
28. Most respondents considered that the involvement of NHS management in regulation was important with only 17.8% saying it was not.

#### **Emphasising MFGHC and UKBHC working together (Q11)**

29. Over 90% of respondents considered that the MFGHC and the UKBHC should work together on a single regulatory framework. The majority of respondents rated this as very important with only 11 respondents (5.8%) indicating it was not.

### III - ISSUES ABOUT CONSULTATION

#### Components of the regulatory framework

30. Only the code of practice (65.8%), the common standards for registration (57.4%) and the capabilities and competences (51.0%) were considered to require public consultation (Q12). The proposed regulatory council received only 43% of responses and the costs of regulation contained in the element of staffing, costs etc. only 30%. At the same time, the spread was wide and every element received support from at least 30% of respondents.
31. Approximately 30% of respondents skipped the question about regulatory components and that which followed about issues which needed further discussion. The combination of the equal scores for the various regulatory components and the apparent lack of interest in the detail may make future acceptance of these issues more difficult.

#### Other issues for discussion

32. Question 13 (“from your reading of these papers ..... are there other issues for discussion”) was intended as a catch-all in case issues had been missed. Although a third of respondents to this question (143) had no other issues to raise, this question attracted 44 comments. These were mostly about the involvement of bodies in regulation (18) with one or two concerned with other issues including generic chaplaincy and chaplaincy values.
33. Comments about involvement ranged from the need for the “co-operation and involvement of all stakeholders” to “MFGHC should not be the regulatory body and should make more effort to liaise with UKBHC”. The lack of awareness about the status of discussions between MFGHC and UKBHC was the subject of another respondent’s comment that he was “puzzled at the continuing low level of awareness of the issue of registration and/ or regulation from many individual chaplains and a worrying number of team leaders”.
34. Comments were also made about whether regulation should be UK-wide or based in each Country. One comment indicated that “regulation ..... must be done by a body that is representative of the whole country and not just England” whilst another said “chaplains do not operate across the UK in a like for like manner ..... and this needs to be taken into account when any public consultation is held”.
35. One respondent raised the issue of a generic chaplaincy service suggesting that this needed to be addressed alongside personal spiritual integrity and identity. Others raised concerns about the impact of faith and belief groups on regulation practice which might detract from individual views.

### **What might the public think?**

36. It may be significant that 29% of respondents (63 out of 220) failed to answer Q14 about 'how members of the public will view the development of regulatory provision for healthcare chaplaincy'. 160 (85%) of respondents had thought that the introduction of regulation was important in order to protect patients and users from poor quality spiritual care (Q6) but many fewer had a view about what the public might think of this.
37. One respondent reported that they had asked members of the public ("they are concerned about interference") whilst another responded "I don't see the relevance of this question".
38. Overall, the majority of respondents (52.2%) thought that members of the public would be reassured that such measures were in place.

## IV – DISCUSSION ISSUES, CONCLUSIONS AND RECOMMENDATIONS

### Discussion issues

39. There have been few surveys of healthcare chaplains other than those undertaken by Orchard<sup>5</sup> and by the *Caring for the Spirit* NHS Project<sup>6</sup>. It is not the purpose of this survey to assess the findings between all three but there is some degree of imbalance between the various faiths whose members responded on this occasion. Such variation may require further examination.
40. Several respondents raised concerns about the involvement of lay people in regulation. There were worries about the definition of a lay person and also a lack of clarity about why these people should be involved in regulation. Since the White Paper in 2007<sup>7</sup> raised the issue that “the councils that regulate health professionals (should) have as a minimum parity of membership between lay and professional members, to ensure that purely professional concerns are not thought to dominate their work”, this has been accepted practice. The comments of chaplain respondents in the survey suggest that this issue might need reinforcement.
41. The suggested involvement of the faith and belief bodies in regulating healthcare chaplaincy caused some respondents to be concerned. The view that faith bodies only deal with religious issues and not their application is old-fashioned but still prevalent. These worries need to be set against the expectation of those who follow a faith community’s teaching and expect their faith community’s involvement in its application.
42. With the advent of devolved government throughout the United Kingdom has come a wish to ensure that healthcare systems are matched to the particular circumstances, style and custom of the Country concerned. Several respondents to the survey suggested that all regulation must be “UK-wide” and such an approach may need wider discussion in the context of devolution.
43. The survey responses gave only a small insight into how chaplains considered the public would respond to regulatory issues. According to some, regulation was necessary to protect the public (Q6), whilst others (Q14) considered that the public would not be very interested in such protection. There is a contradiction here which may need further discussion.

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<sup>5</sup> Hospital Chaplaincy: Modern, Dependable? Helen Orchard; Sheffield Academic Press; 2000

<sup>6</sup> Survey of Chaplaincy – Spiritual Healthcare Issues; South Yorkshire Workforce Development Confederation; 2002

<sup>7</sup> Trust, Assurance and Safety: The regulation of health professionals in the 21st century; Department of Health; February 2007

## Conclusions

44. The conclusions drawn on the questions relating to regulation are as follows:
- Chaplains consider that the introduction of regulation is important to the future of healthcare chaplaincy.
  - Chaplains consider that regulation would protect the patients and other users from poor quality spiritual care.
  - Chaplains were unclear about a particular approach to regulation. They support the involvement of lay people, NHS management, faith and belief community representatives, and users with professional staff.
  - Chaplains consider strongly that MFGHC and UKBHC should work together to develop a single regulatory framework.
45. The conclusions drawn on the questions relating to consultation are as follows:
- Chaplains were unclear about what were the components of the regulatory framework requiring consultation.
  - Chaplains were sometimes unaware of the detail of regulatory issues (as had been suggested was the case by the Reference Group).
  - Chaplains would like all stakeholders and chaplaincy bodies to be involved in regulatory activities.
  - Chaplains considered that members of the public would be reassured that they were subject to regulation.
46. The conclusions drawn on the other issues raised by the survey are not germane to this survey but are relevant to chaplaincy care in general. Comment about the involvement of lay people and of faith and belief communities in chaplaincy regulation; about the regulatory approach across all the devolved countries; and about user involvement in chaplaincy are set out in paragraphs 39-43.

## Recommendations

47. It is recommended that:
- MFGHC should publish this report so that it is in the public domain.
  - MFGHC should share the report with other chaplaincy bodies and, in particular, should discuss the findings with UKBHC as part of their joint work on a regulatory framework.
  - MFGHC should share the report with officials at the Department of Health for consideration of regulatory issues.

Project Office  
December 2011

**Comment by the project Reference Group - November 2011****35 Report of the Chaplains Survey 2011**

The Reference Group received the report of the Chaplains Survey 2011 prepared by the project officer with the involvement of the independent chaplain members. Tim Battle introduced the main points of the report and referred also to written comments from Edward Colgan and Julia Head.

In discussion, the following points were made:

- It was of concern if the world faith chaplains had not responded in the same proportion as other faiths. Obviously, this might be dependent on the origin of the distribution lists and Tim Battle would explore this further. At the same time, there was also a need to build on every opportunity for communicating with those who were or who were interested in being healthcare chaplains.
- There was some surprise that so many chaplains thought that regulation was important, particularly as there was some confusion or lack of understanding about the subject generally. It was agreed that the confusion would merit a longer discussion about regulatory issues but this discussion itself was likely to be a useful opportunity for the chaplaincy profession to publicise and explain the work of chaplains amongst the wider chaplaincy community, and other healthcare professionals and members of the public.
- Some tension was noted between the aspiration of the professional to deliver excellent chaplaincy standards and the requirement of the organisation in which they worked to achieve increased performance and quality standards. In these circumstances, the availability of professional standards and a regulatory oversight of professional standards could be of advantage to the chaplaincy professional both as a guide for quality assurance and also as a way to alter standards with agreement and legitimacy.
- An agreed set of professional chaplaincy standards needed also to be matched by measuring the achievement of these standards routinely and objectively. Such measurement would assist with aspects of professional development and with the need both to develop a competent business plan and also to assess patient views and feedback. An updating of the chaplaincy minimal dataset was overdue as was the need for agreement on simple measures of patient experience of chaplaincy.
- The regulatory framework should also be made applicable to non-NHS bodies in light of the number of health-related social enterprises being established.

- The introduction of chaplaincy regulatory processes was thought likely to be similar to the introduction of health and safety processes. There would be a need to convince employers that care would be improved by the introduction of these processes in that professionals were able to give more support within a regulated framework. It would also be necessary for consideration to be given to regulatory issues arising from the grass roots and from the senior echelons of organisations.
- Clear support was stated for the professional being in charge of the process of setting standards and seeking regulation. It was they who should seek to convince other professionals of the worth of chaplaincy-spiritual care and of the value which chaplains brought and the system they needed.
- Concerns about measuring the worth and impact of chaplaincy were important and needed effort from the profession. At the same time, the current NHS concern with compassion of care; with standards generally; and with improving the patient experience were all strands of activity in which chaplaincy could stand out.
- There was no doubt that the profession itself should assert the value it brought to patient care whether physical, mental or in other categorisation. Such assertion should start with what the patient thought of the care and seek to take that good message to the wider population. The profession itself should seek to build and consolidate a message about good standards and good regulation working together.
- The Group considered that the issue of UK-wide regulation should be seen as less important than individual Country support for regulation within their borders. Many professionals had different arrangements in different parts of the UK but, in practice, the changes were small and few and were related to service-giving not governance issues.

In conclusion, the Reference Group expressed their support for the development of the chaplaincy professional and for regulation of chaplains as the appropriate route for the development of chaplaincy-spiritual care within the UK. The Group welcomed the survey and commended it to the Project Board.