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Editorial

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One of the exciting aspects of health and social care chaplaincy is all of the creative opportunities that emerge. This year I am enjoying developing a partnership between the Royal Scottish National Orchestra (RSNO) and the Good Life, Good Death, Good Grief awareness campaign. "To Absent Friends", a festival of storytelling and remembrance, is being launched across Scotland in November. As you read this I hope to be in Shenyang, China, teaching spiritual care to a nascent palliative care community. Locally I am working to ensure that Values Based Reflective Practice (VBRP) is embraced by the Ayrshire Hospice and the wider health and social care community. VBRP is a means to enhance staff experience and improve person-centred care. And in my spare time as part of my professional doctorate I am exploring "scripts of resilience and hope in end of life care", and wrestling with the fascinating world of autoethnography. Autoethnography is becoming an essential research methodology and many are inspired by Heather Walton at the University of Glasgow for leading the way.

Such opportunities inevitably bring pressures on time and capacity so this means choices and my decision to step down from the editorial team. This therefore is my last editorial for *Health and Social Care Chaplaincy*. I hope that you enjoy the articles within this issue.

Out of our own wanderings and heartfelt experiences the direction and substance of research emerges. A sense of personal vulnerability in the face of death is the motivation behind Carol Campbell's powerful opening article, The Vulnerable Self. It is a privilege to read and to see how she brings together heart and mind and faith. Throughout one glimpses "self" and "vulnerability" and the article illustrates how important it is for chaplains to be aware of standpoint, of sexuality, gender and faith perspective. Reflexivity and reflective practice are becoming core elements of a contemporary chaplaincy that can creatively engage with the dynamics and complexities of health and social care.

The focus of Campbell's research is, first, on the lived experience of families facing bereavement in a children's hospital. Using a qualitative hermeneutic phenomenological approach, the findings identify three key

issues: hope and struggle with God; a new experience of Community; and a changed relationship with the child – continuing bonds. Then, drawing on theological resources, the author outlines a response to the emerging issues, describing how a theological lens can bring a unique and appreciated contribution to the families' experiences of loss, namely Theodicy: Sustaining faith and hope; Community: Being in community with God and people; and Continuing Bonds: Facilitating expressions of remembrance, mystery and afterlife.

A key strength of Campbell's article is her strong theological viewpoint, which shares resonances with John Swinton's recent works, *Raging with Compassion*[1] and *Dementia: Living in the Memories of God*,[2] which are challenges to the dominant secular discourse of healthcare and advocate the priority of the theological lens. While this perspective is not one that every healthcare chaplain will adopt, such a well presented and considered argument allows a clear critical conversation to be initiated. This is particularly relevant as Campbell comes to consider the unique role of healthcare chaplains within the multidisciplinary team in the contemporary healthcare environment. Set against a backcloth where healthcare chaplains in Scotland are engaging with the wider multidisciplinary community through the adoption of inclusive assets – values, listening and outcome measures – Campbell appears to call out for chaplains to hold onto that which is unique, their theological perspective. The research confirms the valued and unique theological and pastoral contribution of healthcare chaplaincy within healthcare.

Cecelia Clegg and Michael Paterson offer two related articles which emerge from their recent review *Education, Training and Formation for Healthcare Chaplains in Scotland* (Paterson & Clegg 2013).[3] Both are visionary, define the new territory into which healthcare chaplains in Scotland are moving and invite a critical response. They remind healthcare chaplains of the importance of being sensitive to local culture and context. They remind healthcare chaplains of the importance of performance; of making an impact on individuals, organizations and society. And while they may describe well the unique situation in Scotland, it will be interesting to see how transferable the Scottish model is to other settings. Equally, the movers and shakers in Scotland will benefit from insights from within and beyond its bounds. So I

1. John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids, MI: Eerdmans, 2007).

2. John Swinton, *Dementia: Living in the memories of God* (Grand Rapids, MI: Eerdmans, 2012).

3. M. Paterson and C. Clegg, *Education, Training & Formation for Healthcare Chaplains: Report of an NHS Review* (Edinburgh: NES, 2013).

hope that, having wrestled with these articles, you may consider participating in a critical conversation. This, after all, is the sign of good friendship.

In the first article, Cecelia Clegg sets out in no uncertain terms the challenge that society is laying at the door of both healthcare chaplaincy and faith communities:

> society is looking at faith and belief groups and saying: you claim that beliefs have a role in promoting happiness, fulfillment and well being, so prove it on a scale beyond the acute institutions which you have traditionally served and in a mode that positively develops the capacity and resilience of those in wider society.

There is here an implicit invitation for closer collaboration between healthcare chaplains, voluntary health and social care agencies and faith communities to bridge the divide between health and social care.

If one is wondering "Why have these paradigm shifts happened now?" Clegg helpfully portrays the contours of these paradigm shifts and identifies three discreet roots of these changes. The response of healthcare chaplaincy to the gauntlet that society has laid down is the intentional re-focusing of spiritual care services in Scotland. Healthcare chaplaincy cannot afford to stand still lest their voice becomes irrelevant or redundant. Thus Clegg argues that the contemporary task of healthcare chaplains is now about delivering strategic, relevant services which promote well-being in society; first, to shift the balance of care from acute institutions towards community-based work which reaches more people, and second, from unwellness as deficit to promoting the assets of patients and their communities and so developing wellbeing and resilience.

As a conclusion to her article, but as an introduction to Michael Paterson's, she outlines "A New Model of Healthcare Chaplaincy" which requires *reflective, flexible* practitioners who first, in their own lives, are exploring how their values, beliefs, and experience influence their practice, so they become safer and more effective; second, help to strategically shape policy and systems to make sure that spiritual care is understood and integrated across Health and Social Services; and third, carry specific leadership in connecting the drive to wellness and co-production in both primary and acute healthcare settings.

In the first of a series of three articles for the journal, Michael Paterson briefly revisits the paradigm shifts described by Cecelia Clegg and reminds readers of the four key strategic initiatives within Scotland: Community Chaplaincy listening (CCL), a therapeutic listening service for outpatients in GP surgeries and community centres; Values Based Reflective Practice (VBRP), which facilitates reflection among staff on the values which

underpin healthcare practice in A & E, maternity, forensic psychiatry and high dependency units; Patient Related Outcome Measures (PROMS), which allows healthcare chaplains to engage in quantitative and qualitative research to gather evidence of the impact of spiritual care; and Asset-based Community Spiritual Care, which is creating spaces for people with mental health issues, or affected by dementia, to meet together to find meaning in their experience and offer peer support. All of these strands have been described in detail in volume 16 of the *Scottish Journal of Healthcare Chaplaincy* 2013.[4]

The originality of his article is first the way he draws upon Ricoeur's typology of "orientation, disorientation, reorientation" to interpret the responses of serving chaplains to the paradigm shifts and changes in practice outlined above. Paterson writes, "all transitions begin with an ending…endings and losses are the currency of chaplaincy". Some chaplains are adapting, thriving and welcoming the changes, while others seem derailed and dispirited by the pace of change and some are excited by the new emerging identity.

Look forward to the forthcoming articles, in which he explores the Review findings through the lens of liberation theology and ask: Whose needs are currently being met and whose are being neglected? What will new paradigm ways of working require in terms of chaplains' abilities and capabilities? What does resistance or embrace say about chaplains' self-identity? And, where ultimately is value being placed?

I am delighted that there are two articles within this issue which capture research conducted within Master level programmes across the UK. This confirms and reiterates the hope of the editorial team that *Health and Social Care Chaplaincy* will be a launch pad for new and dynamic authors.

Connell and Beardsley employ an action research strategy. This research methodology is being widely adopted within spiritual care research (Swinton and Mowat 2006)[5] and practical theology (Graham 2013)[6]

4. S. Bunniss, H. Mowat and A. Snowden, "Community Chaplaincy Listening: Practical Theology in Action", *Scottish Journal of Healthcare Chaplaincy* 16 (2013): 47–56; H. Mowat, *et al.*, "Listening as Health Care", *Scottish Journal of Healthcare Chaplaincy* 16 (2013): 35–41; A. Snowden *et al.*, "The construction of the Lothian PROM", *Scottish Journal of Healthcare Chaplaincy* 16 (2013): 3–13; E. Kelly, "Policy, Practice and Strategic: Priorities and Healthcare Chaplaincy", *Scottish Journal of Healthcare Chaplaincy* 16 (2013): 53–59; J. Kennedy and I. Stirling "Innovation in Spiritual Care", *Scottish Journal of Healthcare Chaplaincy* 16 (2013): 60–67. See also M. Paterson and E. Kelly, "Reflective Practice: A Method Developed for Healthcare Chaplains in Scotland", *Practical Theology* 6(1) (2013): 51–68.

5. J. Swinton and H. Mowat, *Practical Theology and Qualitative Research* (London: SCM Press, 2006).

6. E. Graham, "Is Practical Theology a Form of 'Action Research'?", *International Journal of Practical Theology* 17(1) (2013): 148–78.

and enjoys the particular strengths of impact and transformation of practice. They chose Ballard and Pritchard's pastoral cycle as a framework which emphasizes the link between reflection-on experience and renewed action.

Set within the multi-faith chaplaincy team at Chelsea and Westminster Hospital in London, the research was triggered by Connell's observation that spiritual care is delivered in a variety of environments. "In what kind of spaces does spiritual care take place and how do chaplain's discover, create and offer such spaces?" The theme of hospitality was identified as an essential aspect of the chaplain's role, which is both to give and to receive. Hospitality deserves further theological and philosophical consideration for two reasons. First, with the recent shift towards the use of "self" as the key therapeutic tool for healthcare chaplains, what does it mean for a chaplain to be host and guest, to give and receive? The dividing lines between self and other are blurring. A powerful energy is taking people towards collaboration, co-production, shared stories, and mutuality. And secondly, with hospitality being such an inclusive concept which can be embraced by the whole health and social care team, similar to compassion and dignity, I wonder whether this is another core theme that healthcare chaplains can bring to the wider health and social care community?

Further reflection highlighted actions which changed, enhanced and renewed the provision of spiritual care provided by the multi-faith chaplaincy team, particularly on the Trust's neo-natal unit. The exciting aspect of this research is how it makes a difference to the quality of spiritual care being delivered at the coal face.

Mark Evans and David Mitchell, from the University of Glasgow, present a refined, rigorous and highly reflective article. It explores midwives' understanding of spiritual care and the role of the healthcare chaplain within a maternity unit, and is a "must read" type of article. Mark Evans and David Mitchell embrace the intellectual challenge of engaging with spiritual care that is beyond the familiar walls of healthcare chaplaincy, a spiritual care that is already well rooted in other professional experiences. It is only recently that healthcare chaplaincy is recognizing the need to speak across disciplines as well as within their own, just as the Systematic Review of Spiritual Care in End of Life Care (Holloway, Adamson, McSherry & Swinton 2011)[7] illustrated, with reference to nursing and social work, in addition to chaplaincy. Very often there is a sacredness, a joy, a sorrow, a spirituality that is there before a chaplain ever arrives on the scene.

7. M. Holloway, S. Adamson, W. McSherry and J. Swinton, *Spiritual Care at the End of Life: A Systematic Review of the Literature* (London: Department of Health, 2011).

The findings demonstrate that spiritual care is an integral part of midwifery care and is rooted in the personal. Whilst recognizing that historically spiritual care and religious care were one and the same, there is a clear understanding that within midwifery spiritual care is very separate from religiosity and the religious. Drawing on feminist theology and a spirituality of birth, the relationship between a midwife and the woman they care for is described as a key manifestation of spiritual care. Midwives are "guardians of the sacred". There was a clear understanding of the chaplain's role; staff valued their presence and support, and here was recognition that the chaplain had an important and unique role in relation to the provision of religious rituals and symbolic rites.

In an interesting article Chris Swift and Stephen Sayers tentatively explore extra-ordinary experiences. Experiences, they argue which are familiar to many but which leave many healthcare staff less than confident about dealing with such events. They outline a narrative model which enables staff not only to value such extra-ordinary experiences but to integrate them into the ordinary care. Being a path-finding exercise, where the ideas outlined are intended to open up lines of inquiry that might lead to some practicable ways of addressing the problem they are keen to hear from readers who are interested in this arena.

Finally, Derek Fraser welcomes the National Secular Society (NSS) campaign against chaplaincy as an excellent opportunity for health and social care chaplaincy to step up to the mark and articulate its worth and ongoing validity. He illustrates how by not accurately understanding the role and identity of contemporary health and social care chaplains the NSS is missing the mark. Indeed they are arguing against an out of date model of chaplaincy. Throughout the article he builds a persuasive picture of a profession which is discovering a new rigour, confidence and conviction about its identity. Chaplains are trusted companions, preservers of personhood, and marketers of compassionate care. I would add that the new strategy for health and social chaplains is to deliver at three levels: on a one to one person-centred level which acknowledges that everyone has spiritual care needs irrespective of their religious affiliation or world view; at an organizational level embedding values and a spiritual ethos into all structures, decisions and processes; and within the new health and social care agenda where spiritual care includes community settings in a diversity of contexts.

Fraser astutely observes that this shift to a new way of being is being supported by current research which embraces a range of methodologies such as the action research oft used within the Scottish scene, case studies by George Fitchett and Steve Nolan, and watch this space for the emerging research which I anticipate will come from chaplains pursuing Professional

Doctorates across the UK which in my case involves consideration of auto-ethnography.

So now it is time to say farewell. It has been a blast! After many years of involvement in the journal and over five years in an editorial role, too long for any sane individual, it's time for me to let go of the strings and to move on. I hope that the change will allow me a time of personal creativity, exploration and research within spiritual care.

Looking back over the last decade and more, I appreciate how much the characters that created the *Scottish Journal of Healthcare Chaplaincy*, those whose vision ensured its growth and the eclectic mix of contributors who gave it its substance, have shaped and moulded my chaplaincy. Indeed, the story of that journal has reflected the story of not only my own chaplaincy but that of the delivery of spiritual care in Scotland and beyond. I am grateful for these invaluable people and influences.

I am also grateful for the vision that has led to the recent merger of journals and the creation of *Health and Social Care Chaplaincy* and to have been able to play a small part in the merger. This has enjoyed the stimulation of new faces, fresh ideas and lively debate within the editorial team of Meg, Chris and myself. Looking into the future the journal is in a good place.

A final thought: Dumfries and Galloway, "where I hail from", is now, I believe, the first place in the UK to appoint a "health and social care chaplain", reflecting the future direction of travel and the influential contribution that spiritual care makes to the integration of health and social care.

I hope that *Health and Social Care Chaplaincy* continues to be a crucible of lively debate, a forum to encourage first time authors and reflective practitioners and a source of quality and innovation to support the delivery of spiritual care, in health and social care, not just in the UK but across the world.

Regards
Ian