NHS England Hospital Websites and Literature
A review of integration of all different faiths and beliefs

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Introduction

Imagine that you need to find some transport. You may have some ideas in mind but want impartial expert advice. Moving with the times, the local garage, previously a Jaguar specialist, is now under new management and the new owners advertise that it is open to all, with a wide range of products including cars, vans, motorcycles, cycles or walking boots. Their new slogan is 'Wherever, and however you travel, we are here for you' so decide to have a quick look at the website.

The first thing you notice is a headline saying 'For all executive car owners, and those who don't have one.' Beneath that is a picture of someone that you recognise as the former manager. They are still wearing a Jaguar tie and a blazer with a Jaguar badge on the pocket. On the wall behind them is an abstract painting of a Jaguar in a motor race, on the desk in front, a model E-Type. Perhaps there are other members of staff in the background wearing Jaguar pendants; maybe one has a Mercedes brooch instead.

Reading down the page, you see details of Jaguar Club meetings, books for Jaguar owners and details about how to contact local Jaguar, and other sports car clubs and societies. There are pictures and details about their Jaguar Club room, with photographs of Jaguars, Jaguar logos, and rows of seats all facing a Jaguar branded table and lectern. Do you think you may have formed an impression about this organisation, and the chances that it will be able to meet your needs?

The research

The above sums up some elements of my recent experience when reviewing NHS England hospital chaplaincy departments regarding the integration of minority faiths and beliefs[1]. Wanting a way to expand from the laws, books and guidelines saying what *should* be happening by engaging with the reality of patients seeking help and advice, I decided to include a section on what their websites say and show. Together with supporting literature, websites provide opportunities to engage with patients preparing for a stay, or those checking for a relative. With the growing ownership of smartphones, tablets and similar devices, they may provide a link to patients looking for help, but who are not sure what is available.

Websites do not happen by accident: the content, words and pictures have all been chosen. The content selected and level of effort invested in their construction can be seen as reflective of how pastoral, spiritual and religious care (PSR) teams see themselves, their obligations, and the welcome, services, and outreach provided. In particular, they can create an impression of the views of the department and their attitude to integration and inclusion of a wide range of beliefs.

Areas studied

My study evolved during the research, with the five areas eventually selected for analysis providing a framework that could be applied to all the trust sites I could identify. Time and word count constraints limited what could be included in my original findings, although some of the other issues encountered are described briefly below. For further details of the methodology and the broader study, please follow the link below.

A collegiate approach was taken; the aim was not to take pot-shots at any particular trusts, nor to provide the ammunition for others. No 'bad' examples are given. I did ask for permission to reproduce one picture I particularly liked (of a mug and unidentified book on a window sill with trees outside), as they say in the legal trade, however, 'the courtesy of a reply has not been extended'. Perhaps we could come up with a library of suggestions?

General findings

There was no uniform layout used by sites, with each trust adopting an individual style. I could not find websites for 40 hospitals, and some searches brought up sites hosted by church organisations that could have been mistaken for hospital sites (a couple did have excellent examples of inclusivity). One site found was privately hosted, perhaps put in place to cover a gap by the trust, and then forgotten about? It could still be confusing to those looking for an official PSR team website.

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[1] A Literature review exploring the integration of minority faith and belief within NHS hospital chaplaincy, 2020. Available from: https://drive.google.com/file/d/1z2IW9x8iGDilV4Ng1-757V7-O2uyBvmT/view?usp=sharing

As well as broken or missing links, some freestanding PDF files were found. Hospital sites sometimes also contained conflicting information or redundant pages. Hospital pages hosted on trust sites did not always appear directly in searches, and the generic NHS hospital 'Services' pages were sometimes the top (or only) pages identified, with no dedicated PSR team website. Although these 'Services' pages can contain a small hyperlink link at the top to a dedicated local site, this option was not always utilised or was sometimes broken. If PSR care is listed, it is in a section called 'Faith services', with tick box options for 'Prayer area' and 'On-site chapel'.

Although hardly the fault of the chaplaincy departments, a surprising number of trust sites are still hosted on HTTP rather than HTTPS sites, and warning flags on URLs popped up quite a few times.

Five main elements

The website elements I selected to evaluate the impression of inclusivity were Heading, Picture, Wording, Facilities, and Outreach. These are described below in more detail. Overall, no trust was found to be communicating inclusivity through all five elements. 2% performed inclusively in four out of five elements and 7% three out of five. The remaining 91% were considered to show inclusivity in two or below.
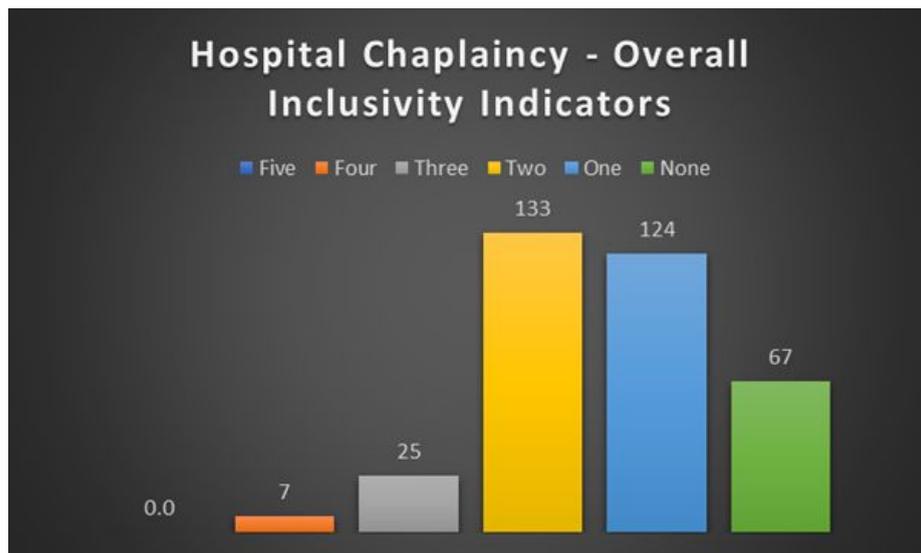

There were some excellent examples of inclusive practices. Generally, however, the language and images used suggest that chaplaincy departments often play a role that is very narrow and not inclusive of the majority of the population[2]. Looking online, the majority of patients (if they can find a web site) may well conclude that NHS PSR care remains fixed in the tradition of, and principally for the benefit of one section of the community- the Christian one. Engagement with the public is generally poor, failing to utilise the potential of websites to explain the role of chaplaincy.

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[2] British Social Attitudes Survey 36, 2019. Available from:
https://www.bsa.natcen.ac.uk/media/39287/0_bsa36_keyfindings.pdf

Heading

A headline can be the most powerful element of an advert, using the very brief initial opportunity to catch readers' attention. As the first words presented to visitors, headings can embrace the updated scope of chaplaincy by including descriptions such as pastoral care or spirituality, or with a brief overview as a subheading. Wording such as 'All faiths and none' is faith-centric, suggesting the choice between *something* and *an absence*, in the way that a travel policy based on 'All car owners and those without a car' primes a focus centred around cars. The wording 'All faiths and beliefs' is more inclusive, but 'All beliefs and faiths' more accurately reflects a position where those with a faith are in a diminishing minority.
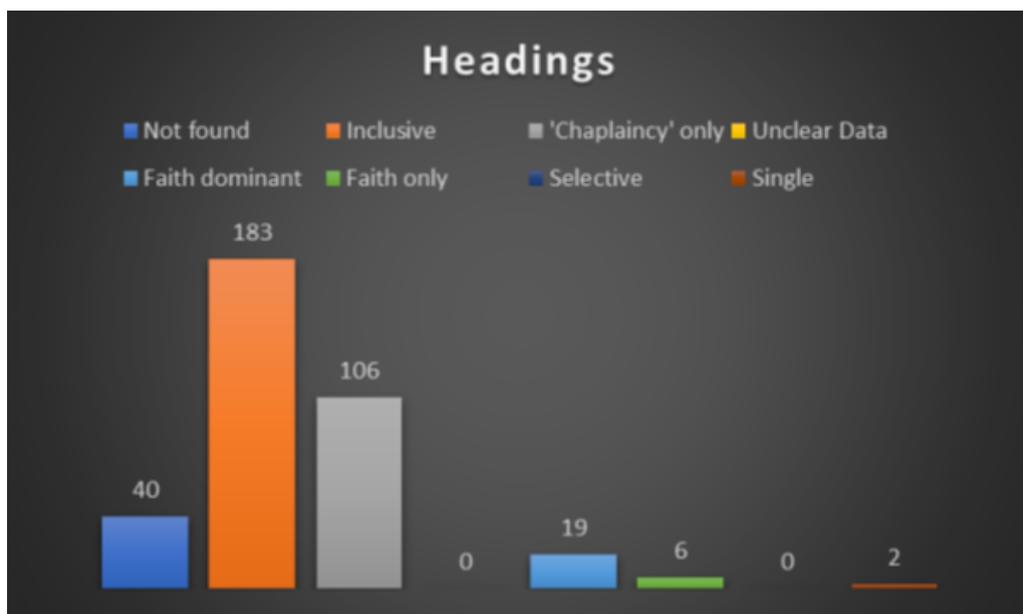
Using the single word 'Chaplaincy' may not make service users aware of the revised, broader role now required of chaplains. If this heading is also matched with a picture that represents one particular religion (nearly 30% of the images available), then those viewing the site could be forgiven for linking the term 'Chaplaincy' with that faith alone.

Picture

A picture can welcome, confirm a preconception or suggest a bias. Multi-faith/belief logos can imply a preference through the selection of those chosen for inclusion. The decision to feature a single faith may suggest the exclusion of all other faiths and beliefs. Pictures of praying hands, religious symbols or rooms devoted to any particular faith can carry a less friendly message for some than those chosen to welcome everyone. Chaplaincy staff can be shown as representative of a single faith tradition, as an inclusive and representative group without any faith or belief symbols in the background or else sitting with a patient. Pictures can be used that allow the reader to add their interpretation.
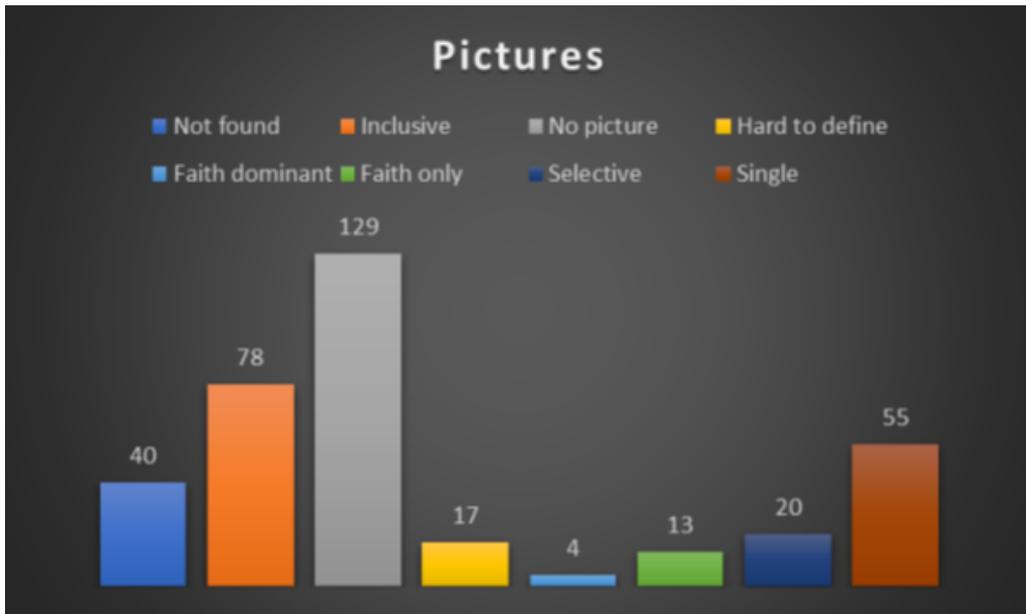
Over a quarter of hospitals seem to have chosen pictures that are representative for people with a religious belief (less than half the population), with slightly over a fifth displaying an inclusive image.

Wording

Building on the initial impact created by the heading and picture chosen, the extent to which different faiths and beliefs are included can be reinforced, contradicted, extended or qualified in the wording of the site. The support offered can be restricted by words that imply it is for specific faiths only, all faiths only, or with a term such as 'all faiths and none' which frames the alternative to faith as an absence.
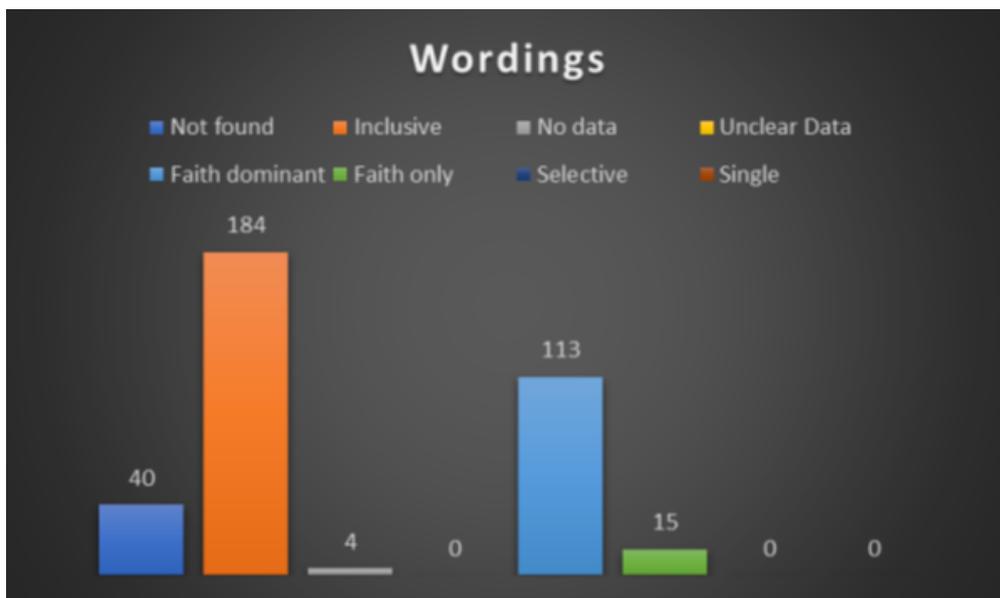
Over half of the hospitals used the body copy of their web pages to clarify their role, reinforcing a message of inclusion for all. Variations exist where a different terminology is used on separate pages, or between websites and the information given in PDF downloads. Chaplaincy departments may not be aware of all the documentation still publicly available in this way, but misleading impressions of the service currently provided may be formed by links to out of date PDF files.

One interesting finding from my research was that although the term 'spiritual' can be used to be inclusive or to represent an alternative to a formal religion, this is not a view shared mainly by the public. Just under half of the British population choose an identity that rejects being labelled as either spiritual or religious[3] (see graph below). If nearly half of the British public back in 2013 objected to the terms 'spiritual' and 'religious', what is the current picture, and what is the most relevant and relatable title for a Pastoral, Spiritual and Religious Care department?
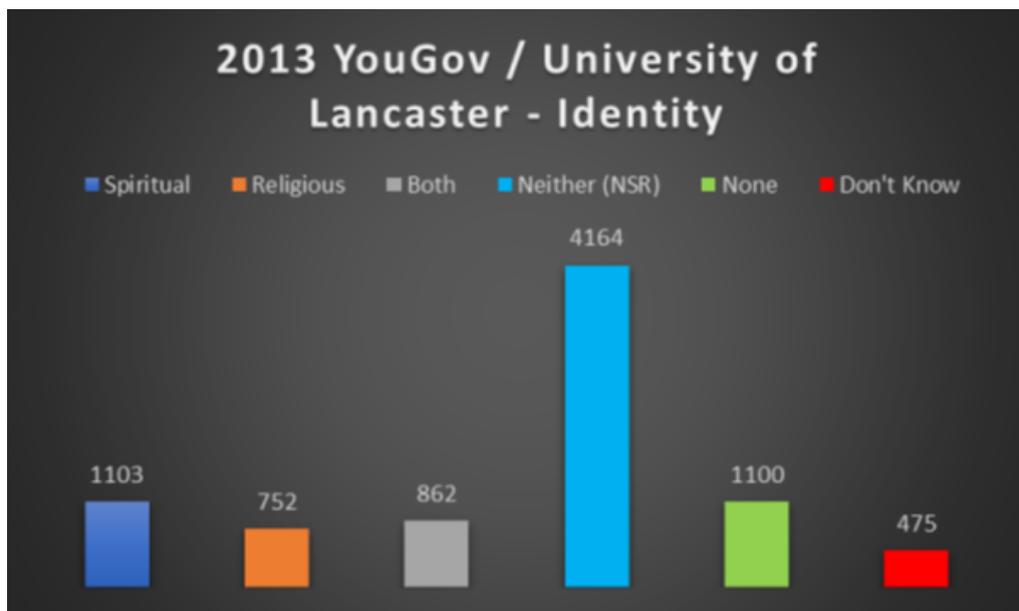
Facilities

While the first three sections above concern the impression presented through words and pictures, this covers how physical space appears to be allocated according to the website. Those visiting or working in a hospital may need a quiet, safe space in which to reflect or come to terms with a physical or emotional challenge. Many chapels are now described as 'multi-faith rooms' or 'centres' while retaining existing religious symbols and sometimes with areas or times of the day reserved for the exclusive use of a particular group. Without being able to view the facilities, these results can only reflect an impression drawn from the information provided on the website.

[3] YouGov/University of Lancaster survey results, 2013. Available from: https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/mm7go89rhi/YouGov-University%20of%20Lancaster-Survey-Results-Faith-Matters-130130.pdf and https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/4vs1srt1h1/YG-Archive-University-of-Lancaster-Faith-Matters-Debate-full-results-180613-website.pdf

Facilities

Legend: Not found, Inclusive, No data, Unclear data, Faith dominant, Faith only, Selective, Single
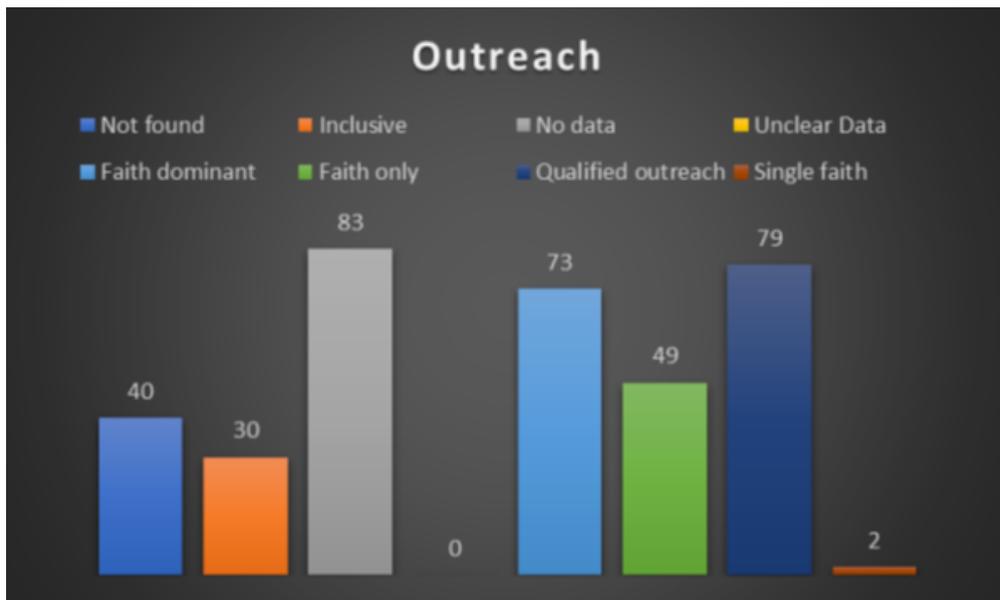
Values: 40, 24, 71, 113, 33, 51, 18, 6

Rather than make a false assumption, where the details are unclear, this has been recorded. Facilities rated as 'Inclusive' imply that there is a dedicated 'quiet room' or similar space without religious symbols which is available for all, at all times and without public prayers, services or other events taking priority. Less than a fifteenth of hospital sites describe a room meeting these criteria.

Outreach

Chaplaincy departments are required under the 2015 NHS guidelines[4] to provide 'for the care of patients and service users whatever their religion or belief'. While chaplaincy staff may feel confident that they can meet the spiritual, pastoral and religious needs of all, those receiving the care may disagree and require pastoral support beyond that available 'in house'. Given the range of formal and personal faiths and beliefs now found in society and the potential for spiritual and pastoral support now being possible through culture and tradition, chaplaincy teams will probably need to reach out at times to find appropriate care for some patients, relatives and staff.

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[4] NHS Chaplaincy guidelines 2015: promoting excellence in pastoral, spiritual and religious care. Available from:
https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf

Outreach chart showing: Not found 40, Inclusive 30, No data 83, Unclear Data 0, Faith dominant 73, Faith only 49, Qualified outreach 79, Single faith 2.

Where no information is given on hospital websites regarding the extent to which chaplaincy departments will reach out for external support (23%), patients and visitors may have concerns regarding the availability of help appropriate to them. When outreach is mentioned online, for 57% of the time it is implicitly or explicitly in terms relating to faith, or qualified by reference to the locality or the nature of the faiths who can/will be approached.

Risks to hospital chaplaincy departments

As well as the obligation to provide an equal service to all, chaplaincy departments have at least three reasons to integrate all beliefs and faiths to protect themselves:

Lack of use
If the majority of the public perceive chaplaincy departments to be incompatible, irrelevant or ill-suited to their needs, then it seems probable they will not draw on their services. Similarly, service users may be unaware of the existence of PSR departments and facilities. Hospital trusts, always seeking to maximise limited resources, may feel it appropriate to divert funds to other departments.

Competition
An alternative model for pastoral care, perhaps along the lines of the Marie Curie model[5], may evolve that is focused on meeting the needs of all service users, regardless of belief or faith. If given a choice, hospital trusts may decide to adopt a format designed around the needs of all the public, and incorporating modern technology, rather than relying on one adapted from a traditional model.

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[5] Improving access to palliative care for people with dementia, learning disabilities and people with different or no religious beliefs, 2018. Available from: https://www.mariecurie.org.uk/globalassets/media/documents/how-we-can-help/hospice-care/our-hospices/cardiff-and-the-vale/improving-access-project-full-report-english.pdf

ECHR

Equality legislation[6] has already been used to highlight and challenge inequalities in the recruitment of staff; it seems probable that the practice of reserving facilities expressly, or primarily for the use of those with a particular religion only would be viewed as discriminatory.

Future research

Due to time and financial constraints, my initial research was not peer-reviewed. It also can only present an impression formed from a distance at a set point in time. Are you able to help improve the methodology, add your suggestions based on personal experience and generally help to create a more accurate picture? In particular, it was quite challenging to gain an impression of the facilities and outreach available.

The grid below shows the headings used, the spectrum of inclusive and non-inclusive practice, and examples for the different areas studied.

	Heading	Picture	Wording	Facilities	Outreach
Inclusive	Pastoral and spiritual care - chaplaincy	Secular design, sculpture, etc.	Inclusive of all backgrounds, beliefs, etc	Spiritual space for any belief	Other faith, belief representatives
Insufficient or conflicting	Chaplaincy	Picture unrelated to chaplaincy	Unclear from wording	Faith room available for all	Unclear from wording
Faith-centric	Chaplaincy for all faiths and none	'All faiths and none' logo	All faiths, people of no faith	Room for all faiths and none	Your local faith leader
Faith only	Faith centre	Montage of faith-themed images	Working across faith boundaries	All faiths prayer room	Local faith communities
Selected faiths or beliefs	Chapel and mosque	Multi-faith logo	We are here for all (*specified faiths*)	Chapel and prayer room	Main World religions
Single faith or belief	Chapel	Single faith, belief represented	We are here for all (*single faith*)s	Chapel	Specified faith contactable

For those interested in reviewing their own trust or hospital PSR team website, some tips are included on the next few pages of what to consider. There are also recommendations that can be made to managing chaplains about how to adapt websites and leaflets to communicate a more inclusive service.

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[6] European Convention on Human Rights, 2010. Available from:
https://www.echr.coe.int/Documents/Convention_ENG.pdf

Pastoral, spiritual and religious care team websites and leaflets: Top tips for inclusivity

1. To find out how the public will form an impression of your department, do a **web search** on your hospital by name, using relevant terms such as 'chaplaincy', 'pastoral care', 'bereavement support'. (Searching under the trust name may not accurately represent how the public will be looking for information, so a search by hospital name is best.) Ideally, the department will come up using a lot of relevant search terms and not just 'chaplaincy'. Check for any old and out of date PDF documents that may have been forgotten or replaced, but which still show up in a Google search.

2. Ensure that the website that the public are likely to find first in an online search is **hosted** by the trust or hospital itself, rather than a private individual, church or other organisation. Any pages that collect sensitive personal data should ensure they are HTTPS sites, rather than HTTP. Sites still hosted in HTTP format may be marked with a warning that they are 'Not secure', which could cause concern to some viewers. Google was reported to have begun down-ranking unencrypted sites in 2015, which may affect how easily such sites can be found, especially over time.

3. Ensure someone in the team is responsible for keeping the page and other materials **up to date**, to avoid misleading impressions of the service currently provided. This includes removing broken links, updating and checking information on the pages, checking PDF downloads, removing old leaflets and public notices, etc. It also includes checking and updating the generic NHS facilities page for services at your hospital (which begins https://www.nhs.uk/Services/hospitals/Facilities/).

4. Make clear in the **heading** and **first paragraph** on the first page that the service is for everyone. Avoid wording that is faith-centric, such as 'all faiths and none' - which suggests a choice between *something* and *an absence*. Wording such as 'all faiths and beliefs', 'all beliefs and faiths', or 'all faiths and philosophical traditions' is much more inclusive.

5. Additionally, it will be helpful to say simply and clearly that the service is also there for **non-religious people** somewhere on the first page. This is because many non-religious people will not identify with phrases around belief or philosophical tradition. A phrase like 'You do not have to be religious to use our service' summarises this but should be reinforced by the other elements of the page or leaflet.

6. For departments with a **non-religious pastoral carer** available, this should be made clear so that non-religious people know there is someone like-minded that could visit them. Many non-religious people will not want to receive a visit from a

religious chaplain, even if the site makes clear that they would be welcome to have one.

7. The **pictures** used should not represent one particular faith or belief. An image of different faith and belief logos, or praying hands, or purely religious symbols can also imply that the service is there only for religious people. Ideally, pictures should be used that allow the viewer to form their own interpretation.

8. The **wording** on every page should reinforce the impression of inclusivity created by the heading and pictures. Avoid any wording that suggests the service is only (or primarily) for religious people. Again, the term 'all faiths and beliefs' is a useful one. Avoid prayers being written on the page - perhaps there could be links to relevant prayer sites for different religions and reflections for those with no religion.

9. Be clear about **what the service is for** - to support people at times of emotional need, and to help them explore deep concerns, important questions, and other things they are experiencing. The role of 'chaplaincy' has changed dramatically over recent years and it will be important to convey this via the website and other materials, otherwise people might make assumptions based on the role of chaplains in the past. Avoid anything that suggests the role of the team is primarily to provide religious prayer, rites, or other observance. This doesn't mean there shouldn't be reference to regular services or activities for different religious and non-religious groups - such as a regular Sunday mass, Friday prayers, or a weekly mindfulness group.

10. Discuss with your lead chaplain if they have considered **renaming** 'chaplaincy' teams to something more inclusive, such as 'Pastoral and Spiritual Care' or 'Pastoral, Spiritual, and Religious Care' teams. This is usually a topic of great debate, but the term 'chaplaincy' is likely to exclude many people from connecting with the service. A poll in 2017 found that less than 10% of people think that the word 'chaplain' could refer to a non-Christian.[7] There can also be confusion as the term 'chaplaincy' is used outside the NHS by groups who have different aims and codes of practice. Patients who have encountered organisations may have formed a view of chaplaincy as being provided principally by and for Christians, or with the aim of recruiting new members[8]. Using a more detailed description may help dispel any concerns over the nature

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[7] YouGov polling for Humanists UK, 2017. Available from: https://humanism.org.uk/2017/08/21/nrpsn/

[8] A Literature review exploring the integration of minority faith and belief within NHS hospital chaplaincy, 2020. Available from: https://drive.google.com/file/d/1z2IW9x8iGDilV4Ng1-757V7-02uyBvmT/view?usp=sharing

and scope of the care available in hospitals. The word 'spiritual' has also been found to alienate many.[9]

11. Any references to available **facilities** (and, indeed, the facilities themselves) should convey that they are inclusive and open to all for quiet time, reflection, or prayer. Instead of 'chapels' or 'faith rooms', terms like 'multi-faith and belief rooms' or 'quiet rooms' are preferred. Within the rooms themselves, and in any website pictures of them, care should be taken to avoid a focus on particular religious symbology (such as having several crosses dotted around) to ensure anyone who wants to use the room will feel this is a space for them.

12. Be clear about any capacity for **outreach** to other faith and belief group representatives. A statement such as: 'We understand that people have a wide range of beliefs and you may want to speak to someone who shares yours. If we don't already have a member of the team from your religion or belief community, please let us know if you would like us to contact someone to ask them to visit you.'

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[9] YouGov/University of Lancaster survey results, 2013. Available from: https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/mm7go89rhi/YouGov-University%20of%20Lancaster-Survey-Results-Faith-Matters-130130.pdf and https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/4vs1srt1h1/YG-Archive-University-of-Lancaster-Faith-Matters-Debate-full-results-180613-website.pdf