

Impact case study (REF3b)

Institution: University of Glasgow
Unit of Assessment: 33 Theology and Religious Studies
Title of case study: Establishment and adoption of professional competency standards for NHS chaplains in the UK
1. Summary of the impact (indicative maximum 100 words)

A professional framework, establishing core competencies for healthcare chaplains, has been shaped by the expertise of Glasgow-based researchers in practical theology and reflective practice. The framework provides clear bench marks for the training, work and supervision of approximately 4,000 full- and part-time healthcare chaplains working in NHS hospitals and healthcare facilities throughout the UK. Reflective practice – as championed by the research findings of Walton – is one of the four key competency domains identified in the framework. This framework was adopted by the NHS Scotland in 2008, by the NHS in England in 2009 and by the Welsh Assembly in 2010.

2. Underpinning research (indicative maximum 500 words)
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Heather Walton (Senior Lecturer, Theology and Religious Studies, University of Glasgow 1998-present) has researched and experimented with theological reflection methods and their use in reflective practice. The correlation of reflection and practice is the central problematic in practical theology and Walton's distinctive academic background in theology, literary theory, ministry training and social research enabled her to make innovative links between narrative theory, ethnographic enquiry, life writing and pastoral care. Walton developed forms of reflection that were narrative in character and drew both upon the historical theological traditions of spiritual biography and the techniques of autoethnography and poetics. This particular combination of reflective techniques was innovative within her disciplinary area and proved particularly fruitful method for reflecting upon healthcare contexts. In complex and challenging situations, pastoral practitioners must wrestle with inherited beliefs and bring them into fresh and meaningful conjunction with the pastoral needs and personal questions of people in pain and enduring intense suffering. The creative and narrative approaches developed by Walton's research have enabled healthcare workers to find the resources to meet such challenges more effectively as well as enabling them to find meaningful ways of interpreting their own roles in such encounters.

Walton's early work (1993-2003) was undertaken in response to her own experience of infertility and the medical responses she encountered to this frequently neglected problem [outputs 1 and 3 below]. The experiences of women have been occluded in the literature of pastoral care and Walton found it necessary to use narrative/poetic processes in order to bring her embodied experiences into a fruitful encounter with theological thinking [outputs 1, 3 and 6]. While it was the subject matter – the emphasis upon embodiment and the healthcare environment – that initially commended her work to healthcare professionals, it quickly became apparent that Walton's reflective techniques provided a creative means for Chaplaincy workers to address important dilemmas within their own professional practice [outputs 1, 2, 4 and 5].

3. References to the research (indicative maximum of six references)

1. H. Walton, 'Passion and Pain: Conceiving Theology Out of Infertility', in *The Interdisciplinary Journal of Pastoral Studies* 130 (1999), p. 3; reprinted in D Willows and J Swinton, (eds), *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context* (London, 2000), p. 196-202. ISBN-13:9781853028922/ISBN-10:1853028924. [available from HEI]
2. H. Walton, 'Speaking in Signs: Narrative and Trauma in Practical Theology' *Scottish Journal of Healthcare Chaplaincy* 5.2 (2002), pp. 2-6. [\[PDF link\]](#)
3. H. Walton, 'Advent: Theological Reflections on IVF', *Theology and Sexuality* 9 (2003), pp. 201-209. ([doi:10.1177/135583580200900117](https://doi.org/10.1177/135583580200900117)).
4. H. Walton, E. Graham and F. Ward, *Theological Reflection: Methods* (SCM: London 2005). ISBN 9780334029762. [available from HEI]
5. H. Walton, E. Graham and F. Ward, (eds), *Theological Reflection: Sources* (SCM: London 2007). ISBN 9780334029779. [available from HEI]

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6. H. Walton, *Imagining Theology: Women Writing and God* (T and T Clark: London, 2007). ISBN 9780567031730. [available from HEI]

The reach of Walton's research can be evidenced by the combined Google Scholar academic citations for (4) and (5) number 82, which is comparatively high for works of practical theology whose readership is primarily in the practitioner community, and these citations are international in range, appearing in journals, monographs and collections published in (e.g.) North America, Africa (Ghana, Nigeria, South Africa), Europe, the Far East and Australasia. Items (4) and (5) are now standard reference-points for all researchers in the field. Item (3) appears in the leading peer-reviewed journal for its topic; item (2) was intended to have a more local impact, but it has become a standard reference-point in handbooks for hospital chaplains (e.g. Swift 2009, Kelly 2007). The reprinting, almost immediately, of item (1) in a major handbook (still in print in 2013) is another marker of the academic quality of the research.

4. Details of the impact (indicative maximum 750 words)
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- Reach: The practices of the 3-4,000 full- and part-time healthcare chaplains in the UK and chaplaincy services and patients and staff in NHS hospitals in the UK have been impacted by the policies informed by Walton's research.
- Significance: Walton's research has led to the establishment of the first competency framework governing healthcare chaplains in the UK, their core skillsets, training and supervision (adopted and implemented by NHS Scotland, England and Wales, and the UK Board of Healthcare Chaplaincy) and directly shaping inclusion and content of one of the four key domains within the framework.

There are 187 NHS health care trusts in the UK, running over 2300 hospitals and other care facilities. Since the establishment of the National Health Service in 1948, there have been chaplaincy services available throughout the institution, primarily based on the assumption of a broadly shared religious belief system. Since the late 1990s, however, in line with views emanating from the World Health Organisation, the NHS has acknowledged a wider definition of spiritual care and the importance of its role in the 'full-person' healing and care of patients.

Today's healthcare chaplains work in an environment where they are answerable to three different and at times seemingly incompatible groups. Chaplains seek to offer care, compassion and understanding to **individuals** – patients, staff and others -- who often have no religious commitment and struggle to express their spiritual concerns. Chaplains of all faiths are employed by an **institution** – the National Health Service – which is secular in character. And most chaplains belong to a **faith community** to which they have strong personal allegiances and which may feel that the faith organisation and not the NHS has first claim on overseeing their work. Additionally, healthcare chaplaincy work is stressful and frequently involves assisting people who are confronting traumatic situations that can be difficult to accommodate within a traditional theological framework.

Walton's work has focused the sector's attention on the particular effectiveness in these complex circumstances of narrative and poetic techniques in:

- providing a capacious and flexible way of acknowledging the diverse challenges facing healthcare chaplains and creating meaningful links between these areas as a guide to practice;
- generating effective pastoral communication and responses in contexts in which there is no shared framework of belief; and
- enabling chaplains to become aware of their personal and professional responses to difficult challenges, thus becoming more effective reflective practitioners.

The link between Walton's particular research insights and the influence on the competency framework for chaplains in the UK healthcare system was her earlier work (pre-2008) at major Chaplaincy conferences where she presented practitioners with a methodological base for theological reflection but also enabled them to engage in these reflective processes through creative writing exercises. Examples of influential events include the Irish Healthcare Chaplains

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Conference (2003): 'Narrative Methods in Theological Reflection'; the National College of Healthcare Chaplains Conference (2004): 'Beyond Storytelling in Practical Theology) and her consultancy to the National College of Healthcare Chaplains beginning in 2005.

Walton's high-profile espousal of reflective practice led to the invitation to join the working group sponsored by NHS Education Scotland which in 2008 produced the [Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains](#). This framework, which serves as the basis for healthcare chaplains' training, professional development and supervision, detailed core competencies in four key domains:

- knowledge and skills for professional practice;
- spiritual and religious assessment and intervention;
- institutional practice; and
- reflective practice.

The identification of Reflective Practice as a core competency domain drew directly on Walton's expertise as the only academic working group member with this specialism. Walton was one of only two theologians on the 17-strong committee and her particular influence is seen not only in the emphasis upon reflective practice and theological reflection methods but more specifically in the recognition of the importance of creative skills and imaginative resources as a professional resource for Chaplains. Reflective practice within the framework focuses specifically on understanding the various models of reflective practice and utilising these to address case-related issues and therapeutic relationships. Reflection is seen as a key element of a chaplain's professional development and ability to e.g. understand how belief systems and practice inter-relate; how to reconcile personal beliefs with those of others, particularly how one's own belief system may affect the attitudes and behaviour of people using the chaplaincy service; and how to build professional relationships with vulnerable people in traumatic circumstances.

In 2009, the framework was adopted by NHS England, and the UK Board of Healthcare Chaplaincy (UKBHC) released a statement saying that they "recognised the vision, experience and expertise of NHS Education for Scotland (NES) in the preparation and publication of a capability and competency framework and is grateful for their permission to adopt and reprint this document as a framework for healthcare chaplaincy throughout the UK." In 2010, the Welsh Assembly adopted the same framework: "These competences and capabilities have been adapted from the 'Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains' (NHS Education Scotland, 2007). The Welsh Assembly Government acknowledges with thanks the support and permission of NHS Education Scotland to use and adapt these competences and capabilities."

Implementation of the framework on the ground continues to be supported by Walton's presentations and training sessions at key sectoral events. For example, she presented a session on 'Narrative, Trauma and Identity' at the 2009 National Conference of Healthcare Chaplains, introducing methods of reflection that provide a basis for chaplains to respond to traumatic events and begin to use these through reflective exercises. She ran a similar training day in Bristol in 2010 on 'Narrative Methods of Theological Reflection'. In relation to the 2009 conference, the Chaplaincy Team Leader of the NHS Dudley Group of Hospitals and then President of the College of Healthcare Chaplains gave the following feedback:

What you were able to do was go beyond the (prosaic) narrative theology to the idea of poesis. This paradigm leap in to poetry was to me revelatory. It hits its mark because of the constant encounter that I face with life shattering trauma, which often escapes meaning. At least the search for meaning is never satisfied except by through the encounter of a caring self-possessed other through which meaning can be experienced. When you said, "Trauma shatters narrative" and replaced it with poesis it opened up many dimensions....I am able to introduce others to narrative and poetic methods as I lead development days for NHS staff called 'Caring Heart and Soul: A Refresher day to recover the path to the heart.' It introduces our chaplaincy volunteers (as well as an increasing number of Queens Foundation and post-ordination trainees) to the principle of such theological reflection methods.

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The NHS Scotland Manager for Education Projects in Spiritual Care created a three-year programme of ministerial training (pre-2008) that was ‘deeply influenced’ by Walton’s research, particularly ‘Passion and pain: conceiving theology out of infertility’ [1]. In 2013, he still finds that *many chaplains struggle to get beyond applied theology. In teaching theological reflection and in supervising I often refer chaplains to your article and encourage them to ‘hear’ the theology that is present in the raw human experiences they encounter daily and then, akin to what you did, attempt to write a first person account which could end ‘this is how theology is done’. The results are not surprisingly variable in terms of end product but the process provokes transformative learning as stuck practice is interrupted with first person insertion and the divine presence is disclosed in hints and guesses.*

The impact of Walton’s focused work on reflective practice can also be seen in the incidences of healthcare professionals choosing to do their PhDs under her supervision at Glasgow (5 since 2000).

5. Sources to corroborate the impact (indicative maximum of 10 references)

Evidencing membership of working groups and contribution to framework (see Domain 4: Reflective Practice):

- *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*, published by the UK Board of Healthcare Chaplaincy (2009). [[link](#)] [Also available from HEI]
- *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*, published by NHS Education for Scotland (2008). [[link](#)] [Also available from HEI]
- Guidance on Capabilities and Competences for Healthcare Chaplains / Spiritual Care Givers in Wales 2010 (see ‘Acknowledgements, pg1) [[link](#)] [Also available from HEI]
- Programme Director for Healthcare Chaplaincy and Spiritual Care, NHS Education Scotland [contact details provided]

Evidencing impact of reflective practice presentations/training on personal practice and wider training:

- Chaplaincy Team Leader, Dudley Group of Hospitals (NHS), Birmingham [contact details provided]

Evidencing of impact of theological reflection research on personal practice and wider training:

- Trainer in Value Based Reflective Practice for NHS Spiritual Care Scotland [contact details provided]