

Editorial

Meg Burton

Health and Social Care Chaplaincy has undergone major change in the last few years, not least because its birth came through the merger of two established chaplaincy journals in the UK. We have bid farewell to Ian Stirling, one of the founding editors and thank him for his contribution to the journal. Now we are pleased to welcome his successor, John Swinton, as the new editor from Scotland. John has a wealth of knowledge and experience and we look forward to working with him for many years. John Wood has served us well as book reviews editor for over a decade and has decided that the time has come to retire from this position. We thank him for all he has done and welcome Mark Newitt, who has taken over the reins.

It isn't every day that a Chaplaincy team is approached by a television broadcaster and asked if they may make a series of films about their work, but that is what happened to the team at Birmingham Children's Hospital. The result was a series of six programmes that aired in the UK last autumn. The work of chaplains is often hidden and much of what we do unknown by all except those for whom we care, so it was good that an audience of millions was able to eavesdrop on some very intimate and sensitive encounters and learn how broad and wide reaching is our role. For this issue the Birmingham team have reflected on their experience of being filmed, how it affected them, but more particularly how the patients and their families were affected. Mostly it was a positive experience, but they conclude by offering some recommendations about the sorts of things that need to be considered if ever our teams are approached to be part of a similar project.

In the first part of his series on Chaplaincy Support to Bereaved Parents, Mark Newitt explored the spiritual needs expressed by bereaved parents, where the implications of death led to multiple manifestations of loss (*HSCC 2.2*: 179–94). In this final part he considers the balance that must be achieved between knowing when it is more appropriate to decide authoritatively what is an appropriate ritual for the parents, and being able to encourage them to co-create a liturgy with the chaplain that is meaningful for them and helps them come to terms with their loss.

It has been good to have a series of three articles from Michael Paterson and here we publish the final one. He has been reflecting on the changing face of chaplaincy in Scotland. In the first article he explored the impact of shifting paradigms on healthcare chaplains using Ricoeur's typology of orientation, disorientation and reorientation. In the second he treated the paradigm shift with a hermeneutic of suspicion and explored inherent issues of need, ability, value and power. In this final article he proposes a way through disorientation (article one) and imbalances of power (article two) to a future in which patients offer a leading role in shaping chaplains' spirituality (ontology) and formation (epistemology).

Our final two articles are both research-based. Howard Capelin is a Buddhist chaplain. He began as a volunteer and so is acutely aware of how difficult it is for volunteer visitors, who will often only be in a hospital for one morning or afternoon a week, to find time for reflective practice. So he devised a protocol for a 10 minute reflection that was used, in this study, by the chaplaincy visitors in his Trust. This was well received, seems to capture the essence of reflective practice and chaplaincy visitors wanted to keep using it after the end of the study. You are invited to use the protocol yourselves and add to the evidence base.

Lastly, David Savage, a humanist chaplain, analysed the records of nearly 10,000 visits made by members of the Department of Spiritual Health Care to patients at the St Thomas' and the Evelina London Children's Hospitals. He found that less than one percent of patients proactively sought support from the Department but that Department initiated visits raised this to over three percent, with each patient being visited nearly three times on average. He also found that increasing the availability and awareness of Muslim and Buddhist care providers resulted in a higher proportion of visits to patients with these religious beliefs. Nearly a quarter to half of all patients had not indicated that they were religious and only four percent of visits were to these patients. Savage concludes that this indicates that the pastoral and spiritual needs of many patients who were not religious were not being met and that this is a serious cause for concern.

The editorial team are looking ahead and planning future issues of *Health and Social Care Chaplaincy*. The May issue (HSCC 4.1), guest edited by Andrew Todd of the Cardiff Centre for Chaplaincy Studies in Wales, UK (Andrew.Todd@stmichaels.ac.uk), will have as its theme, "Chaplaincy Perspectives on Health and Healthcare". Andrew invites articles covering such areas as: chaplaincy's distinctive contribution to health, or healthcare; chaplaincy as healthcare; chaplaincy casting light on understandings of health; chaplaincy informing models of, or approaches to, healthcare.

The November issue (HSCC 4.2) will be edited by John Swinton (j.swinton@abdn.ac.uk) and will focus on dementia. Articles for both these issues should be submitted through the Equinox website (www.equinoxpub.com) although both editors will be pleased to comment on abstracts you may wish to send them in advance of a full article.

Finally, HSCC editors have become aware that half the members of the CHCC in the UK have not registered to receive their copy as part of their subscription. When you receive your copy, please enquire of your colleagues if they have received theirs. If they have not, they have probably not registered. Please encourage them to do so through the CHCC website as they are missing out on an increasingly valuable source of knowledge from an international authorship.