Interfaith Relations

Here we look at the relationship between the 2013 Census results for faith communities and the current chaplaincy staffing with respect to the hospital population (as far as it is known).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Denomination / Faith** | **Hours per week** | **% of total chaplaincy sessions** | **Census 2013****Kirklees** | **Census 2013** **Calderdale** | **% HRI inpatients** | **% CRH inpatients** |
| Christian – R.C. | 10.75 | 9.04 | ) total Christian  | ) total Christian  |  6 |  6 |
| Christian – C of E and Free Church | 93.05 | 78.3 | )Total 67.2 | )Total 69.6 | 31Total Christian 37 | 38Total Christian 44 |
| Muslim | 15 | 12.6 |  10.1 |  5.3 |  2 |  3 |
| None |  |  | ) |  |  3 ) |  4 ) |
| Not Known |  |  | ) 21.3 | 24.3 | 56 ) 59 | 46) 50 |

Notes: The 2013 Census records a single category of Christian and combines religion ‘not stated’ and ‘no religion’ together.

It can be seen that the hospital populations of those professing Christianity is markedly lower than the Census figure and the “unknowns” correspondingly higher, suggesting incomplete data collection within CHFT. In patient lists show a large number of those whose denomination is “not known”.

12.6% of chaplaincy sessions are allocated to Muslim chaplaincy for a community which constitutes 10.1% (Kirklees) and 5.3% (Calderdale) of the population at large or 2% (HRI) and 3% (CRH) of the hospital in-patient population. The ‘not-known’ caveat applies here too. What might be seen as over-resourcing is not an issue if it is remembered that the patients whose faith standpoint is not known or stated as “none” come within the remit of our service too. The wider, developmental issues relating to a minority faith as highlighted above and detailed in the Evaluation are also significant.

The same reasoning applies to the fact that 78.3 of chaplaincy resources is allocated to Free Church and Anglican ministry when the census shows percentages of 67.2 in Kirklees and 69.6 in Calderdale respectively: our task is to seek to address the needs of all patients.

Please see the discussion in the “We work together to get results section” about the advantages of using a chaplaincy service rather than secular healthcare staff to head up addressing spiritual care.