Developing a chaplaincy ministry
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I was in the last cohort to train for reader ministry in the diocese and was licensed in 2013. Early in 2016, I heard that the chaplain in my local hospital had put out a plea for people to join the bank chaplains as they needed help to cover the out of hours work. As a trained nurse, I immediately welcomed the opportunity to combine caring for the sick and ministry.

Later that year, during a pan-London meeting of Chaplains I learned of the growth of chaplaincy in community health care, something I previously hadn’t heard of. As I was working in the community as a nurse, I was aware that there wasn’t a community chaplaincy service locally. Following discussion with the hospital lead chaplain we put together a proposal to introduce a chaplaincy service into community healthcare & approached the provider with the idea. Through their charity, the community healthcare organisation agreed to fund chaplaincy in their rehabilitation unit for 1 year as a project, with their maximum grant covering 1 afternoon a week of paid chaplaincy from the hospital service, and this began in July 2017.

Initially as part of setting up the service, it involved helping the provider to recognise chaplaincy as a unique profession and ministry in its own right, and all that entails with regard to confidentiality and protecting adults at risk. I’m very grateful for both being part of the hospital chaplaincy team and for the enormous support and hard work by the lead chaplains that has led to where we’ve got the service to, but there is more work to do to ensure the chaplaincy service continues after the end of the year.

In the rehabilitation unit, many conversations involve reflecting with the patient about their current situation, they want to talk about their progress and look forward to being rehabilitated. However with this comes the realisation that being older, recovery can be slower than they would like and often patients say they are very pleased to have
had a chaplaincy visit and with it the opportunity to tell someone they are fed up &/or to talk through their worries. Others use a chaplaincy visit to look back over their life, maybe to times when they have been ashamed or frightened or had a significant bereavement. Of course there is the opportunity to provide religious care to those who would like it.

Very occasionally a patient is expecting a vicar, but no one has declined a visit because I’m not one. Additionally a few patients have remarked that they thought they could only talk about religion with a chaplain and have been pleasantly surprised that they found they could talk about whatever they wished.

I continue to enjoy Reader ministry in the parish setting, being involved with pastoral care as well as other commitments and I am also still working as a nurse although very part time. I really do see God at work in this story, the way I have been able to bring chaplaincy to community health care through the opportunities He placed before me in my journey in Reader ministry.