

Helen Wordsworth

introduces an emerging enterprise offered through churches



PARISH NURSING

FILLING GAPS IN NHS CARE

key points

- The NHS has gradually relegated the spiritual dimension from its work.
- Local churches have growing opportunities to offer holistic healthcare support alongside the NHS.
- About 80 churches are involved so far and many more opportunities exist.
- Churches offering parish nursing report significant benefits to their local mission.

Churches and monasteries were foundational in the development of hospitals and healthcare. Florence Nightingale, although known for the development of nursing, was a theologian and public health specialist. In the late nineteenth century, deaconesses had to be trained as nurses before they entered theological college.

Yet the place of the church in the NHS has diminished. Prayers are no longer part of the ward routine. Discussion of spiritual matters is limited to a referral to the chaplaincy team, who, thankfully, are still doing a much needed and demanding job. Once a patient is discharged however, the likelihood of continuing spiritual care decreases, especially for those who have no history of church involvement.

The secular world view in the West is influenced by the 'Enlightenment' and the separation of spiritual things from more measurable indicators of health. The focus in churches has been to offer healing prayer and practical support, but has sometimes excluded the promotion of healthy lifestyles along with faith.

The Kingdom of God comes with physical signs as well as spiritual ones: Jesus heals people physically and mentally, but also addresses their level of faith or their need for forgiveness or thankfulness.

The mission of God to his world is outward, inclusive, wholistic, ongoing, and the church's task is to participate in it.¹

How then may churches act?

Those involved in the NHS today are on the frontline of Kingdom activity and the local church should be recognising this and providing regular prayer support. In 80 local churches from all denominations across the UK, there is even greater involvement. From these, a health ministry is developing, emanating from biblical principles. It is led by a currently registered nurse, working to Nursing and Midwifery Council (NMC) guidelines and relating to other health providers, but employed or appointed by the church as part of its ministry team. This practice, which originated in its contemporary form as 'Parish Nursing' in the Lutheran church in Chicago in 1986, is now sometimes called 'Faith Community Nursing'.

It exists in at least 25 countries. Here, although Anglican and some other denominations have ecclesiastical parishes, the word 'parish' can mean a secular geographical administration. The care is rooted in Christian faith and provided through a local church or Christian trust. Since it needs to be accessible by all in a community, not just those that adhere to a church, the term 'parish nurse' is used.

Gaps parish nursing fills

Professor Ann Solari-Twadell offers a generic definition of parish nursing derived from her research in the US, Canada, Swaziland and the UK.

‘The practice of parish nursing includes care that supports: physical and psychological functioning, protection against harm, the family as a unit, effective use of the healthcare system, the health of the congregation and community as well as facilitating lifestyle change with particular emphasis on coping assistance and spiritual care. All this is dependent upon the parish nurse being able to effectively mobilise volunteers in the congregation to support this model of health ministry.’²

Parish nurses seek to complement other health providers, and build good relationships with GPs. They may help to reduce hospital readmissions, support carers, show people how to make better use of the health service, signpost to other voluntary or statutory services, providing time, hospitality and a sense of belonging for people of all ages, all faiths and none.

They link with groups that use church buildings: parent-toddlers, asylum seekers, homeless people who sleep near the church buildings, the youth club, and the over-sixties groups. Through these they may promote health, reduce risk, encourage exercise and monitor weight gain or loss. They can follow up on someone who is not attending for treatment or who appears to be deteriorating; perhaps go with them to an appointment. They may offer prayer with or for them, or refer to an alternative source of spiritual care if they prefer. Confidentiality, documentation and the interest of the patient are all in line with the NMC code of practice.

How does it work?

The service that can be offered by the church varies according to the needs of the community; the hours available, competency and experience of the nurse, existence of other health professionals in the church who can support this ministry and the number of volunteers that come forward for training. Some parish nurses are mental health trained and will focus on helping people with addictions or dementia. Others are paediatric nurses and work with children and parents. Some spend more time with seniors, while those trained in cancer care may work principally with people undergoing treatment. All do some home visiting and most hold a clinic session, usually alongside another church activity like a community coffee shop.

All parish nurses are part-time and many still work for the rest of the week in the NHS. They access study days through the local practice or community health facilities, or through Parish Nursing Ministries UK (PNMUK). The hours they do for the church may count as NMC practice hours. The church is the ‘employer’, and provides line management, expenses, and pay, though most nurses offer voluntary time. Each nurse has a locally chosen spiritual mentor, and a professional mentor (who may in future assist with

the new revalidation procedure). In addition both church and nurse have a regional coordinator provided by PNMUK. This, along with the initial training week, resources for practice and professional networking is paid for through church contributions to the national organisation.

How parish nurses relate to GPs

Some GP practices have chaplaincy services that offer spiritual care. Referral to a parish nurse can provide a link to the local church, where practical resources to help in times of crisis can be found, where volunteers can be trained and coordinated. Thus a patient can find hospitality, a sense of belonging and purpose in life, forgiveness and the strength to forgive, an opportunity to serve as well as to be served, someone to listen, someone to be friends with. This kind of care both supports the NHS and fulfils the mission of God.

One GP surgery in rural Cambridgeshire gave some feedback:

‘We have very much appreciated the work of our parish nurse. She has become a source of comfort and support to some of our most vulnerable patients and her combination of care, competence and humanity have been of immense value to patients at some of the hardest times in their lives.’

Making a difference to the mission of the church

A study of how parish nursing enhances local mission was completed in 2011. Some 15 parish nurse churches were compared with 77 similar churches without a parish nurse. The range of missional interventions was increased in all four categories: spiritual, physical, mental and community health; more time was spent with people outside of the church; the number of volunteers trained and coordinated increased, and the profile of the church in the community was heightened. All 15 ministers agreed the mission of the church had been enhanced through parish nursing, and most of them strongly agreed. Case stories told of people who had come to faith, returned to faith, or prayed for the first time. Some were now involved in volunteering themselves.³

Our vision

PNMUK has a vision that eventually people in all parts of the UK will be able to access a parish nurse if they wish. There are 40,000 churches and around 60,000 currently registered Christian nurses, so maybe that’s attainable, at least in the longer term. To do it we need supporters and advocates. We currently have just one part time PA and finance officer alongside a volunteer CEO. Regional coordinators work just a few hours each week, depending on how many projects they cover. If you are excited by our vision and would like to partner with us, please visit our website and register your interest: www.parnursing.org.uk

Helen Wordsworth is a Baptist minister with a nursing and community health background. She was a founder of Parish Nursing UK and is now its Chief Executive Officer.



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references

1. As demonstrated in Jesus’ command to the 72, Luke 10:9.
2. From a presentation at the Parish Nursing Ministries UK, 10th Annual Symposium, Hothorpe Hall, November 2013.
3. Wordsworth H. How far does Parish nursing make a difference to the mission of English churches? Doctor of Ministry thesis, University of Trinity St David, Wales 2011