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Away from the Ward

Parish Nursing was launched in the UK in 2006. *Christine Miles* looks at how it has developed.

It is Monday morning. Madeleine Watts is in A&E at Stepping Hill Hospital, in Stockport. "It's so busy it's untrue. On a Monday morning it's just heaving," she says.

Mrs Watts is accompanying a patient in her position as parish nurse at St Saviour's. She has a couple of hours before she is due at the hospital's endoscopy unit, where she works as a staff nurse for 25 hours a week.

Mrs Watts is one of 74 registered nurses in the UK actively running parish-nursing projects, many of whom split their week between parish nursing and a part-time NHS job.

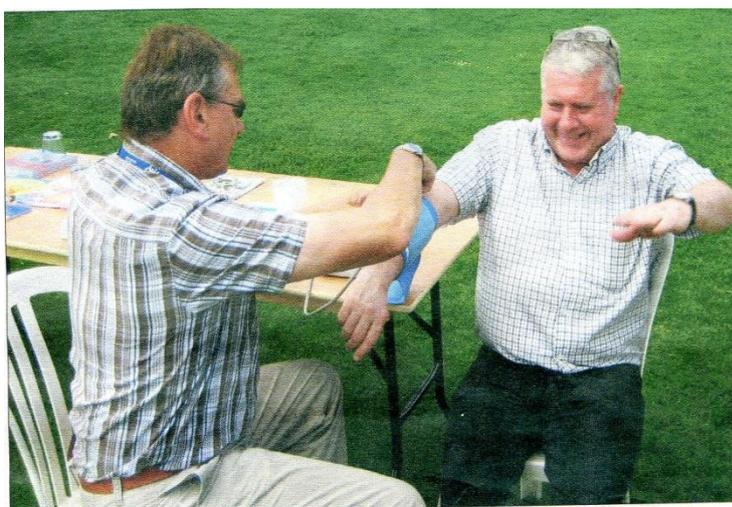
It's a good combination, Mrs Watts says. "I'm proud to work for the health service. But as a parish nurse, I have the commodity of time on my side. I am also allowed to be openly Christian, and I can pray with people if they want prayer."

PARISH nursing started in the UK in 2006, with the official launch of Parish Nursing Ministries UK. The charitable company enables registered nurses to offer practical and spiritual care as part of a holistic gospel message.

The idea originated in the United States, in 1986; so far, the ministry has been developed in 23 countries. At its launch, Parish Nursing Ministries UK had trained 30 parish nurses. Seven years on, the total is about 150, half of whom are currently running projects.

"We've grown slowly and steadily," the UK co-ordinator for Parish Nursing Ministries UK, the Revd Dr Helen Wordsworth, says. "We haven't had a lot of funding; so a lot of voluntary time has been put in by nurses, regional coordinators, and the national team to try and get to where we are now. There are more opportunities we could develop if we had the paid manpower. But we're not going backwards; we're just happy to grow steadily."

Over the years, funding has come largely from Christian trusts. The NHS provided a small grant, a few years ago, of £4000. But to apply for serious NHS funding requires an in-depth bid, which there isn't the time or resources to complete. Instead, the national team is supported by an annual payment of £375 from each church with a parish nursing project, as well as by individual donations.



Holistic gospel: Andy Powell at work, checking blood-pressure



The Revd. Dr. Helen Wordsworth

"We can exist as we are at the moment; we can train all the nurses that come to us. But we can't be proactive," Dr Wordsworth says. "And we can't provide as much support as we'd like to, because we don't have the coordinator time."

The growth to its present numbers has come largely by word of mouth. "Everybody sees the benefits that a project brings," Claire Goodman, the communications, resourcing, and development officer for Parish Nursing Ministries UK, says. This has led to uneven growth, however.

"We've got definite geographical gaps," Dr Wordsworth says. "We have a cluster in Hull, quite a lot in central England and east Midlands, quite a few in Eastern England, about three or four in Wales, and

about five in Scotland. But we haven't got many in the South West yet, or the West Midlands."

AS WELL as growing in size, the scope of projects has widened. "We're still doing a lot of core work, supporting the elderly and dementia cases, being advocates and educators, health and blood pressure checks," Ms Goodman says. "But we're also addressing some of the critical issues coming into our lives, with food banks, furniture banks, women in refuge, drug homelessness."

Current projects range from providing health advice to teenagers to outreach work with prostitute and providing end-of-life care to people who choose to die at home.

"Parish nurses often end up saying that they didn't realise it was going to be quite as exciting or innovative, as it turns out to be. Potentially, if the nurse has the time and the need is there in a community, they can develop any number of things," Dr Wordsworth says.

AS WELL as being registered with the Nursing and Midwifery Council and abiding by its code of practice, prospective parish nurses need to be committed Christians, and to have had some community experience, although this need not be in nursing.

Most parish nurses work voluntarily, although some posts are funded. A few are full-time; most are part-time.

"It could be that a nurse gets interested, and feels that they may be called into this kind of work, and then they go and talk to their vicar, or their minister," Dr Wordsworth says. "Another way is that a church will decide that they want to do it, find some funding, and advertise the post; so the parish nurse may not be part of their congregation.

"Or there may be a situation where a church doesn't have a nurse in its congregation, and doesn't have any funding, where we could match them up with any nurse who contacts us from their area. It's the same for nurses — if their church doesn't want to do it, we can match them to a post."

CURRENTLY, 40 per cent of parish nurse projects are run by Baptist churches, and 40 per cent by Anglicans. Methodists, independents, and Elim Pentecostal churches make up the remaining 20 per cent, but several parish nursing posts operate ecumenically.

Andy Powell, a retired general nurse, is a member of Trent Vineyard Church, in Nottingham. He works two days a week as a parish nurse for the Lenton Health and Wholeness Project, jointly employed by Thomas Helwys Baptist Church, and Lenton Methodist Church, in the city centre.

"It works really well," Mr Powell says. "They're both small churches with a real heart for the community. The management group comprises people from both churches, they work well together".

Most of his work incorporates health and dietary advice, weight and blood-pressure checks at drop-ins, toddler groups, and cafe's run by the two churches. But he also runs a monthly healing and wholeness service, and undertakes home visits, offering Bible readings, prayer, and company. He also offers health checks at a local sports centre, and responds to referrals for home visits from the community matron and district nurses.

**'The church
cares for their
body, as well as
their spirit'**



Health promotion: left: Madeleine Watts (left in photo) at an event with a colleague; above: Barbara MacFarlane; below: Julie Barry



Julie Barry works as a parish nurse for a Baptist church in Eden-bridge, in Kent. But she has an ecumenical remit. "I'm employed [voluntarily] by the Eden Church, but I'm owned ecumenically, because the churches in Edenbridge work through the Edenbridge Churches in Covenant.

"Edenbridge is a small town, and all the ministers know each other and meet regularly. The Roman Catholic church often gives me ASDA vouchers for the food bank, or the Anglican church might refer someone to me who's fallen on hard times, who needs a listening ear. It's a close-knit community, it's a great network, and we don't work in isolation."

Having decided to start small in September 2010, Mrs Barry's current work includes running a mother-and-toddler group, setting up a mental-health drop-in run by Mind, health promotion at a youth club, home visits, welcoming new shops and businesses to the area on behalf of the churches, and dealing with referrals from health visitors and social services for families in need.

"We do a food bank and a furniture bank; so I'm alongside people in a crisis. Often, people will ask me to pray for them, and with them; and I might invite families to Messy Church, which we hold once a month, with a free lunch and a free breakfast."

She also runs a teddy bears clinic for nursery- and reception-age children, to familiarise them with the hospital environment at Edenbridge War Memorial Hospital — where she worked until 2010, and until recently had combined one day a fortnight alongside her parish-nursing. "That role I did wearing my minor-injuries practitioner uniform, but I now do it as a parish nurse, as a service to the community; so that was a real joint effort,

"The beauty of parish nursing is that you do what you are led by God to do, so long as

you've got the skills and the experience, and it's something that your community needs."

BARBARA MACFARLANE worked as an NHS nurse for more than 30 years. She left in 1997 to take up a post as a lecturer in nursing at Dundee University. In 2008, she went part-time, and tentatively started the Steeple Church Parish Nursing project, at a Church of Scotland church in Dundee.

She started by offering health checks to city-centre workers; but began to feel a challenge to work with the city's homeless community.

"I didn't really feel that I wanted to work with people like that," Mrs MacFarlane says. But she found that God changed her views after a *Big Issue* seller she knew died of pneumonia associated with drug abuse and sleeping rough.

"The night of her funeral, I was doing my Bible reading, and it was Matthew 25. I couldn't escape the call any longer. So one cold, wet, rainy, horrible February day I got my Gore-Tex on, and went out on the streets praying to God for help."

Mrs MacFarlane, who is 62, spent months asking homeless people in the city what she could do to support them; she then opened a drop-in clinic in the church hall, in conjunction with NHS Tayside's health and homeless outreach team. The drop-in was initially once a week. "We gave them lunch and just listened to their needs, and tried to address them. A lot of the time it's about helping people to use health services more effectively. They're not good at keeping appointments, or even making them when they need them. Most of them have issues with drugs, and alcohol, gambling — a real mixture of addictions — and their health is appalling."

Now that the drop-in runs twice a week, a second parish nurse has been employed, and the project has helped form a city-centre network called DDI, the postcode for central Dundee.

THE benefits of parish nursing — to the church, the community, and to individuals — are widespread, Dr Wordsworth says.

Mrs Watts, at St Saviour's, Stockport, says that the whole church has embraced the work. "It's gone from the team to the whole congregation; so they are the health promoters now. We even have household people ask me for leaflets to give to their carers.

"The community know that the church cares for their body as well as their spirit. We're not just interested in whether they come to church on a Sunday."

Mrs Watts says that parish nursing has also provided an approachable way for people outside the church to ask about faith, or for prayer. For them, she says, talking to a parish nurse is less stressful than talking to a vicar, "where they think they've got to know all the answers about God.

"Our mission statement at St Saviour's is: 'Passion for Christ, compassion for all.' What I do as a parish nurse embraces our mission four-fold; I'm part of a very busy ministry team of the church."

If people come to faith, it's a "by-product," Dr Wordsworth says. "If, through the caring, people find faith, that's great; but they'll get the caring whether or not they move towards faith." Research into the outcomes of parish nursing in the US is widespread; in the UK, it is embryonic. But work undertaken over the past four years by Dr Wordsworth suggests that churches employing a parish nurse become more engaged with other agencies in their community; the amount of volunteering by church members increases; the amount of time spent with people outside the church increases; and the kind of activities that churches do in their communities gets broader.

THE fact that parish nurses work strictly within the protocol of the Nursing and Midwifery Council, undertake study days to keep up to date on current practice, are assigned a spiritual supervisor and a clinical supervisor, and are audited annually, means that parish nurses are generally respected by NHS colleagues.

"There is a huge future for parish nursing," Mrs MacFarlane believes. "The NHS recognises the need for spiritual care, but doesn't really have the resources to let nurses develop that very fully, not at the moment."

Dr Wordsworth says: "We are currently seeking funding partners who see the huge potential of this ministry, and are willing to work with us to make it happen."

Mrs Barry, in Kent, would encourage churches or health professionals "to go down the avenue of exploring if it's for them", even if it is only for a few hours a week.

"If you're a busy NHS nurse, and have only two hours a week, you could still do a lot. If you offer the skills and the time that you have, there will always be something you can do that will have a very positive effect in your community,"

The Revd Dr Helen Wordsworth is one of the key speakers at the Faith in Health and Healing Conference, taking place in Birmingham, 24-5 April

www.anglicanhealth.org/ConferenceHome.aspx www.parishnursing.org.uk/

