



# NZFCNA Newsletter

September 2011

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## ***Report of conversations with Parish Nurses in England and Canada; July 2011***

*Article by Hilary Black*

### ***Canada:***

Although Parish nursing is established in some parts of Canada it was an unknown quantity to two Anglican clergy resident in Vancouver with whom I spoke. I expanded on the concept of Parish nursing, in which nurses seek to integrate body, mind and spirit, and nurture the growth towards wholeness in and through Jesus Christ the Source of healing.

Anecdotally, access to hospital is more difficult, short stay is the norm and more people are discharged home, often at night, and without the opportunity to set up immediate support. Delays in notifying GP's and accessing home care can result in needy people being left without attention for hours or days. It is this situation that the Parish nurse can often address and manage effectively. As the pastoral worker the nurse will usually know those who are in need, when they are admitted to hospital what the home situation is and what may be needed in the way of support. A good relationship with the local GP, Practice doctors and nurses is invaluable. The Parish nurse can often provide useful information about a patient's domestic situation which will enable understanding and smooth the way to providing the most useful help.

As a result of my conversations in Canada and information about accessing the local Parish Nurse website, my colleagues were stimulated by the possibilities and determined to explore the feasibility of appointing Parish nurses in their own Parishes.

### ***England:***

In the absence of a Conference in England I made arrangements to meet with the U.K. Co coordinator of Parish Nursing Ministries the Reverend Helen Wordsworth. Helen is an ordained Baptist Minister and Registered nurse managing both Baptist clergy and parish nurses in her area.

Helen had arranged meetings with three nurses: Julie Barry in Edenbridge, Kent, Margaret Wilkins in Bell Green, near Catford, Surrey and Elizabeth Welch in Westbourne Park near Notting Hill, London

Julie explained that she was 'employed' by the coalition of five local churches so her area of responsibility was large. Julie was involved in or had access to the Children's Centre, the local Community Cafe, the Town Warden, similar to our Maori Warden, local nursery schools, Social Workers, Parent Support Advisor to the local Primary school, the local Leisure Centre, Citizens Advice Bureau, Mental health initiatives, Alcohol and Drug Addiction centre and had initiated a furniture 'bank' which provided furniture, bedding etc to people in need. I was so impressed by her energy and commitment to her unpaid!! (by choice) work in the Community but did express my concern to her that her workload was huge. Of the nurses I spoke to Julie's area of work was closest to mine. The concept of the Community Cafe appealed to me as a friendly drop-in venue for the Nurse to be available on a casual basis for an informal chat, advice and referral.

We met with Margaret Wilkins in Bell Green. Margaret and her helpers were running the last day of their 5 day 'Holiday at Home' programme for 35 elderly local people. The day began at 0930 with morning tea and offered various activities from hand work, model making, jigsaws and card-making to charades, suitable exercises, computer skills, singing and opportunity to simply socialise. Food was produced every day by volunteers. Taking the opportunity to sit with different people I was interested to hear their stories.

[www.faithnursing.co.nz](http://www.faithnursing.co.nz)

**New Zealand Faith Community Nurses Association**

A local practice nurse who was a qualified therapeutic masseur was available for neck and shoulder massage, the local minister wandered in from time to time between other duties to be available to the participants for spiritual care, and various health education slots were offered. Blood pressure, weight and BMI checks, healthy activity videos and health advice were all available offered by Margaret whose speciality is in Health Visiting. The day ended with afternoon tea and the cost per person was £4 per day.

The church also offers an Autumn mini-break for 2 days. I was struck by the atmosphere of enjoyment and laughter. This was a good example of the church at one level offering simple nurturing support to the local people but at another 'caring for the widows and orphans' even though some of them were in their 90's.

Our next call was to Westbourne Park near Notting Hill, London to meet Elizabeth Welch. Elizabeth is an Assistant pastor and Parish nurse for her church but also she works 1 or 2 duties at a local hospital each week. This area has a great ethnic mix and as it is very hard to find a general practice, Elizabeth is involved in providing health promotion services such as B.P. checks, nutrition advice, women's health checks, and mental health advice in the local homeless people's hostel. A large part of her work involves pastoral support, health advocacy and access to care available through the National Health Service. Post-abortion care, grief counselling, end stage of life care, healthy eating, 'Fit for Life' education and so on.

An initiative in five local schools involves a weekly wholesale fruit and vegetable stall, using local unemployed people to set up and sell produce, along with teaching in the schools regarding healthy eating and how to use the local produce which may be foreign to new immigrants. As the area is socio economically deprived, obesity is a problem along with associated issues , so in a recent Health Fair, an emphasis on changing behaviour emphasising exercise, diet, attention to the physical, mental and social environment and practical skills such as CPR and basic first aid were offered.

A light touch was provided by a local man who converted an old bike into a stationary exercycle fitted with an attachment that could whip up a fruit smoothie. A double advantage producing a healthy treat while exercising.!

Once again I was impressed by the sheer scope of the work by a Parish nurse. The value of Elizabeth's liaison with the community, her personal skills and experience are invaluable to the local people who would be even more deprived were it not for her availability as advocate for them.

As we travelled we discussed about Helen Wordsworth's role as Founder of parish nursing in the UK and her ongoing work with the structure of the Organisation such as defining the scope and standards of parish nursing , accountability, quality assurance , clinical governance, education and contextualisation. There are 81 Parish nurses in UK across all denominations although the Baptist church has more nurses than any other. Helen remarked that research by Anne Solari- Twaddell, author of 'Parish Nursing- Promoting Whole Person Health Within Faith Communities', has shown that the five most common interventions by parish nurses are; Active Listening, Promoting Physical Exercise, Bereavement care, Nutrition and Spiritual care. In a society pressed for time these attributes are invaluable.

I was fortunate to stay within the grounds of Canterbury Cathedral while my husband attended an international Anglican Church conference there. In the course of casual conversations during meal times and social encounters I had many opportunities to raise the subject of parish nursing discovering that few of the conference participants knew about it and there was great interest in the possibilities for improved pastoral care through the promotion and development of the concept.

#### **Reflection:**

In the New Zealand setting much importance is placed on health and spirituality from the Maori perspective. We have become accustomed to karakia at significant moments in hospitals and hospices but there is still some antipathy and discomfort experienced by Pakeha in the face of overt acknowledgement of spirituality. Parish nurses are comfortable in the role of spiritual supporter and ideally are able to discern when to offer such help. Although a person may not heal physically the importance of their spiritual and mental health must be acknowledged as part of their wholeness.

Parish nurses are ideally placed in their communities to liaise with other community health workers to enable the greatest health benefits for their clients. The crucial point is the parish nurse's acceptance by the other workers as a suitably qualified, educated and professional team worker.

Funding cuts will reduce care in both community and hospital admissions. More will be expected of the community to support people at home. Wellington is fortunate in the services available, the problem can be with the single elderly person living alone and possibly unvisited who 'disappears' from view. Parish networks are invaluable in maintaining those links and monitoring such situations.

My observation is that parish nurses grow out of that community and respond to it's particular needs so that no two nurses will necessarily be doing the same work. However there will be needs common to all areas such as emphasis on diet and exercise

There is a concern that insufficient weight is given to support and supervision. It is very easy to get so involved without taking care of oneself that burn out can occur. I have a pastoral care support team whose role is to share the care load but also ensure I do not take on too much. All nurses also need professional supervision particularly when one is working alone but with responsibility to their church governing body.

*Hilary Black, NZRN, Parish Nurse, Parish of Onslow Anglicans, Wellington*

## Regional Reports

### Auckland

The Auckland region is planning another regional day. November 19<sup>th</sup> at Selwyn Village in Pt. Chevalier. See flyer on back of newsletter for more information.

Our last meeting was largely around organising the day.

We have several more nurses working within their churches in Auckland.

A report from Jo Little.

At Windsor Park Baptist Church, we are very blessed to have a café open to the public but attached and run by the church. Because of this, two of us who are nurses have gifted one morning each, per week to offer our services to the public and church members.

More specifically

Tuesdays – Joanne- part time practice nurse, is on site at the church from 9am to about 4pm, 9am Devotions with the church care team.

9.30am MOPs (Mothers of Pre Schoolers) from 9.30 to 11am assisting with child care

11am to 1pm Nurse Clinic in café. Available for general health advice, queries, blood pressure checks, prayer. We have a large number of young mothers and preschoolers as well as grandparents, etc. The café is very child and baby friendly.

2pm onwards home visits and phone calls.

Wednesdays – Shirley- part time Plunket nurse, is available in café from 10am to 12pm for child health advice. Very popular as it coincides with Mainly Music.

We have been running since February. Our service has been well received and gradually being recognized more widely through newsletters and bulletins.

Our local PHO has taken an interest and will offer advice when we are able to extend to offer more formal health education clinics.

It is wonderful to have them as part of the Auckland FCN group.

### Hawkes Bay / Manawatu

#### Hawkes Bay:

Shirley Pope (Napier) continues to be very busy between home and hospital visiting and is well supported and encouraged in her role by Dean Helen Jacobi.

Karen Marshall, Anne Scollay & Kathy Tait (Taradale) are slowly and successfully establishing the FCN Ministry in their Parish. They are working well together with regular meetings held. They now have their own data base set up through the Parish office and funds received recently from the Holchim and Foster Trusts will certainly assist and support them in their work. Health advice consultations continue on a low key basis, mostly after Sunday church services with the occasional home visit. In April a health education survey was conducted at Sunday services and was well supported. Speakers have been invited to address parishioners on health subjects that have been requested. In June a First Aid course was offered in conjunction with a community Preschool and attended by church members. A health screening day is planned for November. This was very popular last year with 80 people taking advantage of a free health assessment

#### Manawatu:

The numbers of FCNs currently practising in the Manawatu have declined over 2011, mainly due to personal circumstances and health. I am very sorry that we have lost Helen Boorman (Otaki) and Lynda Williams (Fielding) and Val Southcombe (Wanganui). A special thank you to these nurses for their hard work and perseverance, as I know at times it has meant working at times in isolation.

Valma Bycroft (Dannevirke) continues to be very busy with many in her church and wider community benefitting from her knowledge and expertise. She is supported in her FCN work by a local medical centre. As part of her FCN role, Valma is a member of the Primary Health Care Team and recently has been invited to become involved within the health service provided by the Rangitani Iwi, She will meet with them monthly.

#### Wairapa:

Beryl Knights (Pahiatua) continues to be actively involved as an FCN in her Parish being available for home visiting and advice. Recent extensive surgery has not deterred her enthusiasm.

Kathryn Kaiser (Pahiatua) continues to maintain a monthly foot clinic at the church and is available for blood pressure monitoring after Sunday Services.

I would like to take the opportunity to thank all these nurses for the generosity of their time and commitment to FCN, especially as they all have busy lives, with many committed in paid employment.

I regret that I am no longer able to continue as coordinator for regions outside of Hawkes Bay. I trust and ask for someone to consider and kindly offer to take over this role?

*Anne Simonsen*

**Wellington**

A Regional Workshop day is planned for 5<sup>th</sup> November, to be held near the airport. Flyer and programme to come.

**Canterbury / Westland**

Canterbury recently held their workshop on the theme of "Rebuilding Community, post earthquake"  
Report to follow in next newsletter.

***From The International Parish Nurse Resource Center*****IPNRC's Transition to Church Health Center**

On Friday, September 16, 2011 at the 25th Annual Westberg Parish Nurse Symposium, Rev. Dr. Deborah Patterson, former Executive Director of the IPNRC, speaking on behalf of the Board of Managers of Deaconess Parish Nurse Ministries, LLC, announced that the assets, programs, and services of the International Parish Nurse Resource Center (IPNRC) will be moved to the Church Health Center (CHC) in Memphis, Tennessee, beginning October 1st, 2011. This will position the IPNRC, which has had a decade of strong national and international growth, within a new setting which is uniquely poised to continue the faith and health work of Faith Community Nursing through web-based and other resources.

Rev. Scott Morris, M.D., a Methodist clergyperson who had met Rev. Dr. Granger Westberg and visited his Church Health Center in Hinsdale, Illinois before the founding of the specialty practice of parish nursing, is the Founder and Executive Director of the Church Health Center, and was on hand at the Symposium to pledge his support for this transition. The Church Health Center in Memphis serves 55,000 working uninsured individuals per year, and also publishes the on-line website and print publication, Church Health Reader. For more information visit their website: [www.churchhealthcenter.org](http://www.churchhealthcenter.org).

The Board of Managers of Deaconess Parish Nurse Ministries, LLC, and the Board of Trustees and staff of the Deaconess Foundation, thanks the dedicated staff of the IPNRC for their dedicated commitment over the past decade

***Education:***

For those who are finding it difficult to keep up with their education hours there are some online sites available.

**CPD+nurses** - CPD4 nurses provides professional development learning activities for nurses. The activities are undertaken partially online and partially in conjunction with articles published in NZNO's Kai Tiaki Nursing New Zealand journal. They are designed to meet Nursing Council requirements. On completion of the activity you will be emailed a certificate and a copy of your answers to include in your portfolio. There are a number of topics available, some of which may be suitable for your FCN practice.

There is a cost associated with each article.

For more information see [www.cpd4nurses.co.nz](http://www.cpd4nurses.co.nz) or refer to your Kaitiaki magazine.

**The Goodfellow Club**

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New Zealand Faith Community Nurses Assoc.  
**Auckland Regional Day**  
**19<sup>th</sup> November 2011**



### How can a Chaplain guide the Faith Community Nurse's Practice?

Venue: Lichfield Lounge  
 Selwyn Village  
 Target Rd.  
 Pt. Chevalier

When: Saturday 19<sup>th</sup> September  
 10 AM – 3 PM

Cost: \$20 – AM tea & Lunch included.

Contact: Isabel Mordecai  
 mordecai@orcon.net.nz

New Zealand Faith Community Nurses Assoc.

**Wellington Regional Day**  
**Saturday 5<sup>th</sup> November 2011**

*Flyer and programme to follow*

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*So if you faithfully obey the commands I am giving you today—to love the LORD your God and to serve him with all your heart and with all your soul— then I will send rain on your land in its season, both autumn and spring rains, so that you may gather in your grain, new wine and olive oil. I will provide grass in the fields for your cattle, and you will eat and be satisfied.*

Deuteronomy 11:13-15 (N