

## Faith Community Nursing

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The Australian Faith Community Nurses Association (AFCNA) is 10 years old this year. Begun in 1996 it has maintained a steady course, supporting faith community nurses in their work in churches and other faith communities. Much of the work is undertaken *pro bono*, but there are some full-time FCNs employed by congregations who can see the link between faith and health and the need to promote health and compassionate care of congregation members and the wider community they serve.

Doctor Anne van Loon is Director of Development. She lives in Adelaide, and is married to Hugo and they have 3 children; Simon, 28; Edith 23; and James 16.

Our interview explores with Anne the role of the Faith Community Nurse and the AFCNA vision.



**BCW: Welcome Anne to the Fiji Daily Post.**

**AvL** Hello Bruce, Thank you for inviting me to join you today.

**BCW: Tell us about yourself.**

**AvL:** I am a Registered Nurse, currently working as a Senior Research Fellow with the Royal District Nursing Service Research Unit in South Australia. I am also adjunct faculty at Flinders University Faculty of Health Science; and the Australian Lutheran College where I teach the Graduate Diploma of Theology (Faith Community Nursing). I volunteer 10-16 hours a week as a pastoral nurse with my home church Blackwood Hills Baptist Church where I coordinate the health ministry team.



There are parish nurses in the Samoan community in Auckland and Ane Masima is employed by the Tongan Health Society in Auckland. Ane works for the Tongan Wesleyan church (Mo'unga ki he Loto) which has 28 families and a total of 158 parishioners. She has wonderful practice and is an inspiring woman." Ane Masima is second from left with Angela Andersen, a minister of the Tongan church and Wendy Scott.

**BCW: How did you become involved in starting the AFCNA?**

**AvL:** Well I have been a nurse for 32 years. As a Christian I have always had a keen interest in holistic health care and the need to incorporate spiritual care and religious support into my nursing practice. My nursing background was largely in the acute care sector as a clinical nurse in the Accident & Emergency Department of a large government-run metropolitan hospital. I noticed that many people who were acutely ill were very anxious, as were the families. I think we provided excellent body care, but

we were less effective with emotional support and provided limited spiritual support. We had virtually no capacity to help people draw strength from their religious practices and beliefs to sustain them through these anxious life experiences. So in some ways our care missed some vital health giving components. I thought it may be different in church run hospitals but I discovered that spiritual care wasn't so good there either.

**BCW: So, this led to further post-graduate research? When was this?**

**AvL:** In 1993 I undertook my Masters Degree research into the topic '*What constitutes caring of the human spirit in acute care nursing*'. During that time I came across a body of literature about parish nursing from the USA. I thought it was an interesting idea, but did not think it would work well in Australia. This was largely because our health system is different from America and so is our culture; people are much more private about their faith in Australia.

**BCW: How did that lead to your PhD research?**

**AvL:** I have always had a great interest in primary health care. I noted that many indigenous communities around the world have had very healthy communities because their communities had deeply interconnected roots that supported and sustained individuals in times of need. I know this relational connectivity has great health benefits and I think this is a taken-for-granted aspect of healthy church community life. I believed the kind of health promotion and healing activity that can occur via churches is not fully understood and I wanted to explore this more via the faith community nursing model. .

**BCW: So your experience in nursing and as a nurse educator led you to see weaknesses in the system of health care?**

**AvL:** Yes. I saw deficits in our capacity to prevent illness because the health system cannot simulate health by promoting aspects of relational living because it cannot simulate community. As a Lecturer in Nursing at the University of South Australia I saw the dominance of the biomedical model of understanding illness as an incomplete model of health promotion. This was the back drop for the commencement of my own full time doctoral studies.

**BCW: So you began exploring ways in which primary health care could be strengthened by faith communities?**

**AvL:** Yes. Recognising what connected churches could offer, a university colleague and I began to discuss the lack of a Christian presence in the primary health care aspect of the health service continuum. Marilyn asked me if I had heard about parish nursing. She had recently travelled to the USA and brought back a little paper back book by Rev. Granger Westberg called '*The Parish Nurse: Providing a Ministry of Health for your Congregation*'. She invited me to read it and consider it as a project for my doctoral research. I did that. She prayed and I read. I returned the book to her and said 'Well if this is what God wants me to do, then He will have to make the vision and capacity to achieve it very clear.'

**BCW: And...**

**AvL:** Well God did that. He answered my prayer. He provided a scholarship to study full

time for 3 years! With some trepidation I enrolled at Flinders University and spent the next 3½ years introducing the idea of faith community nursing to South Australia and conducting a pilot demonstration project.

**BCW: Tell us more about your PhD studies.**

**AvL:** Marilyn Annells and I took a step in faith and held an open forum in October 1995 to garner support for the vision of faith community nursing. We invited Ann Solari-Twadell from the 'International Parish Nurse Resource Centre' in the USA to be key-note speaker. One hundred people from many different Christian groups gathered together to hear about this health ministry. Names gathered at the seminar formed a database of interested persons that I began to canvas for support in commencing a demonstration project.



**BCW: And what was the next step?**

**AvL:** Well, we persuaded 5 churches to agree to become pilot faith communities. There was one Anglican parish church, two Roman Catholic parish churches, one Lutheran church and one interdenominational group, Teen Challenge who were working with homeless youth in Adelaide. The FCNs commenced in August 1996 and I worked with these nurses for 3 years, meeting monthly to develop a model of faith community nursing specific to our respective settings.

**BCW: So was that when AFCNA got started? Was this the initial spark?**

**AvL:** I came to see the need of an association and I started the '*Australian Faith Community Nurses Association*' as an interdenominational network for Christian nurses ministering in the FCN role. It started at the same time as my PhD project in 1996 because I knew these nurses were working and ministering in a community setting that was unique. I wanted the nurses to maintain a professional standard and to have credibility with their professional peers.

**BCW: So AFCNA was set up to support the FCNs?**

**AvL:** Yes, they also needed more background in working within a faith community and needed to deepen their appreciation for the unique aspects of the religious support that the FCN role required and enabled. They would need a network. They would need support, education and resources. So an association was imperative. I recognised the need for specific faith based education which was not available in any other course.

**BCW: What about membership? Where do FCNs come from? What are their churches?**

**AvL:** I am unsure of our exact membership but we have had about 150 people through the AFCNA introductory courses. Some of these are practicing FCNs and others have chosen not to continue with the role and do other things. The members come from all Christian faiths, such as Anglican, Baptist, Lutheran, Uniting Church, Churches of Christ, Roman Catholic, Charismatic Churches, Adventists, Salvation Army, Christian Reformed... so you can see we work together well. The greatest interest is in the Anglican, Baptist, Lutheran, Roman Catholic and Adventist denominations, but we certainly have interest from other denominations regarding faith community nursing.

**BCW: As a national organisation, tell us about the programs that the AFCNA runs.**

**AvL:** We hold an introductory course at least once every year. Our first course was in 1998 in Adelaide, and since then AFCNA has provided many 4/5 day introductory courses across Australia. This course covers the Christian basis for the FCN role. It looks at the history of faith community nursing. It develops a theology of health and healing, and explore models that work. We look at the context of the nurse's practice, namely the faith community, and how to work in that environment.

**BCW: There must be many sides to the work of an FCN.**

**AvL:** We address health promotion, care coordination and advocacy activities that are required by this role. We help FCNs develop a repertoire of health practices necessary for the FCN functions of health educator, counsellor, resource and referral person, facilitator of groups and manager of volunteers. We look at team work and how to ensure the maintenance of professional, legal and ethical standards in FCN practice. Finally we briefly address issues that can create spiritual distress in clients and challenges for the FCN such as grief, loss, dying & death, family violence, mental health and taking care of yourself in the FCN role.

**BCW: Is the programme going along well?**

**AvL:** Our course is quite broad and provides a good foundation upon which to commence a health ministry. The next Australian course is in Brisbane 15-18 November 2006. Enrolment forms are available at our web-site [www.afcna.org.au](http://www.afcna.org.au). There is also a course undertaken in Victoria, Australia by Lighthouse Interchurch Health Ministries who work predominantly within the Roman Catholic church but their course is open to all. Leonie Rastas is the contact person.

**BCW: There are international contacts aren't there? Parish nursing was rejuvenated in the USA.**

**AvL:** Faith Community Nursing is a movement of over 10,000 registered nurses, primarily in the United States and Canada, but growing in numbers in the United Kingdom, Korea, Australia, New Zealand, Swaziland, Zimbabwe, Israel and South Africa. There are centres such as the International Parish Nurse Resource Centre in St Louis USA, that provides educational services. There are many denominational networks worldwide. You can type in 'parish nursing' in Google and see just how many there are!

**BCW: And do you have strong links with the South Pacific islands and New Zealand?**

**AvL:** AFCNA is eager to spread the access and availability of these courses throughout our region. We helped the *New Zealand Faith Community Nurses Association* commence in 2001 with Elaine Tyrell their first FCN in the Anglican Cathedral in Nelson. Their site is <http://www.faithnursing.co.nz/> with many nurses in both the North and South Islands. It's been great to be invited back to help them with their conferences and courses. They are a beaut bunch of nurses and I love working with them.

**BCW: You mentioned earlier about communities around the world supporting FCNs. Auckland has many large Polynesian communities...**

**AvL:** There are parish nurses in the Samoan community in Auckland and Ane Masima is employed by the Tongan Health Society in Auckland. Ane works for the Tongan Wesleyan church (Mo'unga ki he Loto) which has 28 families and a total of 158 parishioners. She has wonderful practice and is an inspiring woman.

**BCW: So how can a local FCN association get started?**

**AvL:** If an organisation or a faith community anywhere in the region wants to sponsor a course, AFCNA would be very pleased to teach the course. All we need is a venue, and help with local advertising. It is helpful to have support such as lunch each day and transport and accommodation for the facilitator, but not essential. AFCNA can help in any location including Fiji or any South Pacific community. Just make contact with me and we can go from there ([annevanloon@internode.on.net](mailto:annevanloon@internode.on.net)).

**BCW: Let's explore for a bit the FCN philosophy. Why is it necessary to have FCNs?**

**AvL:** For centuries Christian churches have been involved with sponsoring hospitals, health care facilities, social welfare agencies, and nursing programs. They have always embraced the relationship between spirituality and health. Now there is the opportunity for churches to become actively involved in Primary Health Care by supporting health promotion and illness prevention programs emanating from the congregation through the health ministry of the faith community nurse.

**BCW: In a nutshell describe the FCN task for us.**

**AvL:** Community Nurses - parish nurses, pastoral nurses, congregational nurses - intentionally seek to integrate the practice of faith with the practice of nursing so that people can achieve health, healing and higher levels of wellness. They do this with, and through, the faith community in which they serve.

**BCW: And having the praying community supporting the FCN means that health care is being strengthened?**

**AvL:** Too often we see that the health care system is over-burdened and under strain with shrinking resources and increasing demand as our population ages. The fragmentation of the extended family, and in some cases the immediate family, has created gaps leaving many single parents, the elderly and fragile individuals unsupported and alone. The faith

community is enriched by the expertise of FCNs who can help to care for these groups of people as well as those who are disadvantaged and marginalised.

**BCW: So behind the FCN worker, we might say, is a movement to encourage the faith community to take its role in support health promotion seriously.**

**AvL:** More than ever the focus on treatment and cure needs to change to illness prevention and health promotion in order to utilise our dwindling resources appropriately. The FCN's ministry focuses on nurturing healthy relationships between the individual, other people, the natural environment (creation) and God, to promote health and wellbeing. Individuals with existing diseases are empowered to take responsibility for their health and self-manage their condition using the FCN as a support person, a resource person and an advocate. This care occurs within the context of a supportive faith community who assist in providing tangible resources, care and encouragement.

**BCW: What does an FCN do?**

**AvL:** The FCN's work is not just about managing sickness and disease it is also about promoting community health! Churches are perhaps the only places in our society where people of all ages congregate regularly and voluntarily, forging long-term relationships across the life span. These relationships are very good for our health. Faith communities allow people to be connected, to serve, and to be served. They provide a common history and destiny for life's journey.

**BCW: So the FCN vision grows out of respect for what God has given us in our faith communities?**

**AvL:** Yes. They allow us to accompany each other along the journey, providing us with companions, energy and resources to continue our life walk. The faith community is a safe place for us to grow and become; to bless and to be blessed, to pray and bring each other before God's throne of grace. A loving faith community is a healing place and these relationships create the basis for true community health, which the FCN seeks to promote and nurture.

**BCW: Anne, can you list for us the kinds of functions performed by in the FCN role.**

**AvL:** The functions of the faith community nurse include:

- **Health Educator** – FCNs provide or facilitate health education individually or in groups.
- **Health Counsellor** – FCNs are available to discuss health concerns, emphasizing early response to small problems and encouraging healthy lifestyles and helping people understand illness and the choices they have



- when navigating the health system.
- **Resource and Referral Advice**– FCNs provide referrals to health care and social services within the community upon request.
  - **Health Advocacy**– FCNs may help clients source needed services and ensure providers are delivering the promised care.
  - **Developer of Support Groups** – FCNs can facilitate development of support groups within the faith community for specific issues eg I have set up a group for people in recovery, families of clients with mental health needs
  - **Care Management** – FCNs can help people living with chronic diseases such as diabetes, arthritis, cancer etc to self-manage their health. This can be done through care planning and monitoring etc.
  - **Volunteer Coordinator** – FCNs recruit, prepares and oversee congregational volunteers who help deliver specific care to people in need.

**BCW: Are any of these functions more important or more prominent than the others?**

**AvL:** There is a lot of health education and health counselling but I think the functions are often intertwined. For example: I recently had an elderly man speak to me about some dizziness that he had experienced. He had not had his blood pressure checked for a long time. I suggested we could do that then and there. I took his BP and it was extremely high. I suggested a referral to his doctor (*resource/referral*). We then discussed some lifestyle issues and he had many very stressful life issues with which he was dealing (*health counselor*). We spoke about what hypertension was and what could happen if he did not get some interventions under way (*health educator*). He went to his doctor, had more tests and was found to have had a small stroke. He requested some help in addressing his stress, which was largely around his relationships with his adult children and the care of his frail dependent wife. I was able to advocate for him to obtain support services and domiciliary care (*advocacy*). He joined a small group where he is getting some support (*support groups*). I have initiated some home help from our health ministry volunteers to help him at home (*volunteer coordinator*). We meet for a regular chat/check to see how everything is going (*care management*). We always pray together at these meetings. We talk about faith issues so we bring the healing power of Jesus Christ into our relationship. So you see there are aspects of all the functions in one case. That is so for most of what FCNs do.

**BCW: How does AFCNA relate to nurses who are not Christian? There's more to it than just wanting to serve Christians in your nursing, isn't there?**

**AvL:** AFCNA has worked with other faith groups to help them commence the role (eg the Jewish community). As for the individual nurses, all the FCN activities whether its care related, a seminar program, or a support group, are open to any person in the wider community. In Christian churches we view this as part of the mission and ministry of the church; to go and preach the gospel not just in word but also in our actions. In Christian churches the FCN health ministry is modelled on the example of Jesus, who came to preach, teach and heal.

**BCW: There's also a prophetic side to AFCNA isn't there? FCNs are spiritually**

**concerned nurses who see the connection between health and lifestyle and want to offer their service to assist people face up to the realities of their life.**

**AvL:** The FCNs health ministry is a practical response to Christ's invitation to serve our fellow human beings, as Jesus did. The principles and foundations of our practice are Biblical, demonstrating connections between faith and health. Many of the pre-conditions for health are present in a life lived in positive relationships with other people, the created environment, and with God. Health ministry seeks to nurture these conditions.

**BCW: So the emphasis is not just on a nursing service by someone who may also happen to be a Christian, but on the kind of Christian care that is basic to nursing?**

**AvL:** In times of illness, crisis, grief and loss people have many issues regarding their faith. They may feel God has left them in their time of need. They need support for their faith as an aspect of their healing. We have the opportunity to pray with people to speak about spiritual issues and help them to find hope, meaning and purpose in their current experience.

**BCW: And by linking the nurse to the faith community and its work, the spiritual character of nursing is evident.**

**AvL:** We bring with us the power of the God the Father, the healing love of Jesus Christ, and the fellowship of the Holy Spirit to bring comfort and healing. It is wonderful privilege to serve in my professional role and use my faith to make my health care holistic. I view the FCN role as a vocational call to the ministry of Jesus Christ. In fact I see that God still calls people into nursing for this purpose. We are just bringing nursing back to its roots in the Christian church.

**BCW: Tell us some more about the way you understand the work of AFCNA in relation to the health-care system.**

**AvL:** The work we do complements and supplements the health system. We ground the faith community in the primary health end of the health care/service continuum. We meet the needs of a growing number of people who are falling through the gaps within our health system. These clients do not come from within our faith community. They are usually referred by local doctors, health/social care agencies, hospital discharge planning groups and other council workers.

**BCW: And some of this nursing occurs randomly and voluntarily I suppose?**

**AvL:** Yes, for example, recently I was asked to provide care to a woman who has multiple sclerosis. She needed an anti-embolic elastic stocking applied every morning and it had to be taken off each night. She did not have sufficient strength or mobility to do this for herself. This activity was not eligible to be provided by home/district nurses as it was not under their payout mandates. This woman had a daughter but she too had MS and did not have the strength to apply the stocking. I went and did this for her each day for 15 minutes twice a day. Similarly, an elderly woman living locally needed analgesic cream applied to the shingles on her back, which were very painful. She could not reach her back and the care was deemed too minor for the organised services, yet she could not do it for herself. I was happy to oblige.

**BCW: I suppose in such cases this means that you as a nurse are on a list somewhere in your wider community and your church as someone who is available to provide this service.**

**AvL:** Each nurse makes her/himself available to the local services in her/his region as they are able and available. I am listed with the asthma foundation and the carer's association and the local council and several local general practitioners.

**BCW: Even in a voluntary capacity this is a position of great trust. One needs to have clear accountability structures to ensure that those served are kept safe.**

**AvL:** Indeed. The church as an employing agency (even if this is a voluntary role) must screen the FCN as someone who is appropriate for the role. The nurse needs to have accountability structures in place within the faith community as should be the case for all ministries. Additionally, nurses are accountable to the laws of that local State/Territory jurisdiction and Federal laws that govern nursing practice. This is in many ways an excellent public safeguard and something for which the church can be very grateful.

**BCW: Tell us some more about the way you understand the work of AFCNA in relation to the life of Christian congregations.**

**AvL:** AFCNA aims to help individual churches and larger denominations to commence this health ministry. We are seeking to grow networks for the bigger denominational groups so they can gain support across their particular denomination eg Catholic, Adventist, Lutheran, Anglican, Uniting. We are also aiming to help those independent churches that do not have a broader denominational network to get started.

**BCW: And caring for the sick and healing is part of the work Jesus gave to his disciples.**

**AvL:** We see this ministry as fundamental to the mission of the Christian church and something that provides wonderful outreach opportunities as well as pastoral care for the members of the church.

**BCW: Could the courses that AFCNA provides, find a place in the curriculum of theological colleges?**

**AvL:** Yes indeed. AFCNA sought the assistance of a theological college to develop specific post graduate qualifications in this nursing specialty. Australian Lutheran College agreed to support the course. I coordinate the two topics 'Principles of Faith Community Nursing' and 'Practice of Faith Community Nursing' of the Graduate Diploma of Theology in Faith Community Nursing [GradDipTh(FCN)]. The course is open to any registered nurse.

**BCW: So it is also seeking to develop the nurses understanding of the faith?**

**AvL:** We aim to develop nurse's theological knowledge and their nursing knowledge and the skills that they need in the unique independent setting of a faith community. Students can study the entire course via flexible delivery from anywhere in the world. It has received very exciting and positive feedback from students who have completed it. (<http://www.alc.edu.au/academicCourses/view.asp?ID=23>)

The Avondale College run by the Adventist Church in Sydney also has a parish nurse

course which AFCNA assisted them to commence. AFCNA is happy to conduct the short 1 week introductory course for any theological college on request. Please make contact with us if you are interested.

**BCW: When Christians work together they need to maintain the professional standards that apply in any workplace. How does AFCNA operate as a professional community of nurses?**

**AvL:** Nursing world wide is regulated by specific laws, codes of ethical conduct and professional standards that are provided by the organisations sanctioned to authorise practice in that jurisdiction. The aim of this authorization is to keep the public safe. The specialty disciplines within the nursing profession are organized via various peak nursing bodies. In Australia AFCNA is the peak body for FCNs. As such AFCNA has developed a resource manual that will help any nurse to get her/his practice started. It contains simple documentation proformas that nurses can use to meet the legal documentation standards of our country.

**BCW: And AFCNA seeks to uphold highest professional standards**

**AvL:** AFCNA developed standards of practice that are based on the Australian Nursing and Midwifery Council standards, but with performance criteria that are directly relevant to the faith community nursing context. Nursing is a regulated profession and therefore we are obligated by law to ensure our practice is of the highest standard.

**BCW: So it is a significant development within the nursing profession.**

**AvL:** AFCNA has provided the benchmarks for FCNs to demonstrate that they are providing the community with quality nursing. It also provides the faith community with a set of benchmarks that they can use to monitor the ministry of their FCN. We have worked hard to keep this material simple, legal and applicable.

**BCW: In setting up the AFCNA you explicitly refer to the ancient practise of the church to support healing ministry. What would you like to see emerge from Christian people with respect to our “duty of care” for the health of our communities and all our neighbours?**

**AvL:** Very simply I would like to see the Christian church reclaim its ministry of health and healing. I would like to see churches become the places of healing love that God means them to be. I want to see people maintaining their personal and community health and sustaining one another in times of illness. This will enable the person and the community to complete the purpose God has set before them.

**BCW: So you see nursing taking its part in offering the gospel to the world?**

**AvL:** In Luke 9:2, Jesus sent his followers out *“to preach the kingdom of God and heal the sick.”* The Christian Church has been called to follow Jesus’ lead and go out to love and serve each other, and the people of the world. *“For I have given you an example that you should do as I have done to you”* This is John 13:15 and it is clear enough. Faith community nursing is one tangible way we can follow these commands.

**BCW: Are there psychiatric nurses among FCNs?**

**AvL:** There may be individuals who have mental health nursing qualifications, but it is

not a prerequisite. Personally, in my church we have many people living with mental health needs of ranging severity. These needs include: depression, bipolar disorder, eating disorders, anxiety disorders, Aspergers syndrome, schizophrenia, addictions to name a few. We have had a series of seminars to debunk myths around mental illness. We aim to normalise these illnesses so they are not stigmatised in the community. Our health team is supporting these people and their families.

**BCW: So AFCNA is also an educative and praying body.**

**AvL:** We have had seminars to promote understanding, insight and skills so others in the faith community can provide more appropriate support. We have a small support network for each person with a few key people that sustain each person and their family for the long haul. Additionally, we are about to commence a support group in the near future. We pray for/with these people as well as providing encouragement and care in whatever way is needed at the time.

**BCW: Recently some Christian pregnancy advice agencies have been targeted for not referring young women who seek their advice to places that perform abortions. How does AFCNA steer a firm course when there is often great public tension about “body politics”?**

**AvL:** Each nurse is accountable to the faith community that employs her/him, even as a volunteer. The faith community may stipulate certain terms of engagement when working on their behalf. The nurse must consider the position of that faith community because that is who they represent in their practice. This is no different from working for any other organisation.

**BCW: Yes, and so the ethical demands are considerable, requiring great wisdom.**

**AvL:** Additionally, no nurse is ever permitted to compromise her/his professional duty of care. There are many ethical decisions that FCNs have to make and they need to be aware of how to prayerfully consider their position. In most cases this requires open and candid information provision to the client, making available all the options, with a full discussion about the pros and cons of each choice. You can certainly engage with the client regarding the position of your faith community on such issues and explore what scripture has to say on a topic. I would always offer prayer to a client. I have never had anyone refuse this assistance in making difficult decisions. In my opinion withholding information would be less helpful than having a full and frank discussion of the pros and cons. This enables the person to make the decision that they are able to live with, which is within the laws of the land and takes into consideration their faith.

**BCW: Anne. Thankyou so much for this insight into the work of faith community nursing. You’ve reminded us of our Christian responsibility to care and to promote healthy communities.**

**AvL:** You are most welcome. It is my pleasure. AFCNA would love to help any group to get started so if we can assist please don’t hesitate to make contact via email or phone or via our website.

What strikes me with what Anne has told us is that AFCNA is committed to “getting on with the work.” They are nurses. They are Christian nurses. And there’s lots of work to be done. They have joined together to strengthen Christian discipleship in nursing practice, promote community health and encourage the Christian church to maintain its God-given calling to be fully immersed in the healing ministry of Jesus Christ to all nations.



Those wanting to know more can visit the AFCNA web-site [www.afcna.org.au](http://www.afcna.org.au) or write to Anne at [annevanloon@internode.on.net](mailto:annevanloon@internode.on.net)

In the UK the equivalent body is the Parish Nursing Ministries <http://www.parishnursing.co.uk/> and the contact email is:

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