

# Australian Faith Community Nurses Association

faith in action  
love in expression  
hope in motion



## **Whole Health**

Volume 22 No 2 August 2017

*I can't wait to tell you about...*

our 21st birthday!

AFCNA started in 1996 and was incorporated in 1997. In 21 years, we have experienced periods of great growth, stagnation, even decline, but also a slow maturing of faith community nursing as a profession and a ministry. Your Board has spent a lot of time reflecting on the vision and direction that God wants to take AFCNA so we can develop our nursing practice to be as Christ-like as possible, and discern how to open new doors to the future that God has prepared for us.

This got me thinking about the significance of the 21<sup>st</sup> birthday. It commemorates a young person's transition into adult life and adult responsibilities. Its origins are said to come from the preparation of men as medieval knights. There were three stages to becoming a knight—each 7 years apart. At age seven, a boy began training as a page (a knight's servant), where he learnt what the knight required, and served as his messenger while undertaking servant duties. At 14 years the boy became a squire with apprenticeship tasks such as carrying the knight's armour and shield, and tending his armoury and horses. The squire would go into battle with the knight, usually as a flagbearer, but he was given opportunity to prove himself in battle. After succeeding as a page and squire, at 21 years the boy was officially dubbed a knight. He became a trusted agent of the King/Queen with excellent skills, bound by strong values outlined in a code of conduct.

This description can be used as an analogy for AFCNA's development. We spent around seven years developing a Biblical, professional, culturally-competent model of faith community nursing, that fits Australia's multicultural society with its small churches, diverse religious practices, universal health care, large city-based populations, small but widely dispersed rural, remote and Indigenous communities. We piloted our FCN model and researched its outcomes as we sought to serve our local communities and our King (Jesus).

Our next seven years were spent as apprenticeship where we consolidated our ability to train FCNs and others involved in health and pastoral care ministries, assisted denominations to get FCN programs grounded in their own denominational/cultural understanding, and sought to 'carry the flag' for Christian nursing by becoming members of the Council of National Nursing and Midwifery Organisations and forging solid professional relationships. Occasionally we have had struggles and insecurities that led us to become more dependent of Jesus as we sought to reflect biblical Christian values in our interactions. Whilst not enjoyable these battles provided organisational and



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scriptural learning, refining of faith and vision, and personal and communal growth. We learnt that the armour of Christ was essential to stand our ground firmly in any battle, especially the spiritual ones [see Ephesians 6:13-17]. The importance of knowing God's truth, seeking to do what is right and just, living in and seeking peace, and basing decisions on God's word were this 'armour'. When the struggles came, knowing decisions had to be prayerful, based on God's word, and Spirit-led, always enabled us to stand firm as a mature organisation, because we do not stand in our own strength.

The 21<sup>st</sup> 'key' is given to young adults to symbolise adult freedom and independence to come and go as they like, taking on all the responsibilities that freedom entails. The key to AFCNA's 'adult' future, lies in discerning which new doors God wants us to open, which old doors God wants us to keep open, and discerning which doors God requires us to keep firmly shut.

Anne van Loon RN PhD  
Chairperson AFCNA 2017



We're holding a brief AGM from 5.30-6.30 pm followed by dinner (6.30-9.30 pm). Dinner will include an informal chat with our special international guest, Rev. Dr Helen Wordsworth. Helen is a Registered Nurse, Baptist Minister and Founding Director of *Parish Nursing Ministries UK* which began the FCN role in 2001. She was recently appointed the *International Faith Community Nursing Specialist* for the Westberg Institute (Memphis, USA). After dinner Helen will share her insights on the FCN role in 2017 and the processes she has witnessed around the globe to facilitate and sustain FCN ministries in Christian churches. Everyone's welcome so please come and join us. Pay for their own meal/drinks and AFCNA will bring the cake!

RSVP to Anne van Loon on 0409 921 337 or email [afcna@afcna.org.au](mailto:afcna@afcna.org.au) before 10 September 2017

# Churches can support community health

Australians enjoy one of the highest life expectancies in the world. We are living an average of 25 years longer than Australians did last century. However, many of those years are being lived with chronic conditions, some of which are uncomplicated and simply a part of the ageing process, for example, long sightedness and hearing issues. Other conditions can be problematic if they are not well managed.

In Australia one in four (23% or 5.3 million) of us have two or more of eight common chronic diseases. These diseases accounted for “7 in 10 (73%) deaths in 2013, and were associated with 61% of the total burden of disease in 2011, and 39% of potentially preventable hospitalisations in 2013–14” (AIHW, 2016, p 10).

Eleven million Australians (50%) who undertook the National Health Survey in 2014-15 had “arthritis; asthma; back pain and problems; cancer; cardiovascular disease; chronic obstructive pulmonary disease; diabetes; and mental health conditions. The most prevalent diseases are cardiovascular disease (18%) and mental health conditions (18%), followed by back pain and back problems (16%)” (AIHW, 2016, p 11).

The diseases contributing the greatest burden in Australia in 2011 include cancers (19%); cardiovascular disease; mental and substance-use disorders; musculoskeletal disorders; and injuries. This is two-thirds of the total disease burden (69% for males, 62% for females) (AIHW, 2016, p 8). This data highlights how helping people to effectively manage their health conditions is likely to ameliorate adverse impacts from these diseases and assist our health system to manage costs.

“The health system alone is incapable of addressing the impact of chronic disease for people, their family and environment” (Kubina and Kelly, 2007, p 11).

People achieve optimal wellbeing within the context of family and community where they can obtain the support, resources and preventative interventions (Glasgow et al, 2003). The World Health

Organization’s framework Innovative Care for Chronic Conditions (ICCC) note alongside the health care team, and the family are community partners who make up the triad of client support (WHO, 2002, p 46). These community partners mobilise and coordinate services that supplement and complement hospital services (WHO, 2002, p 46).

The most effective engagement with clients in self-management models occurs in a supportive community network (Francis et al, 2007). Ensuring quality community-based education and support programs that address lifestyle issues and promote personal and community health helps prevent disease and injury and nurtures wellness and health (Harvey, 2003, pp 106-107). Our churches should be addressing these situations as an issue of Biblical justice and responsible stewardship. We need to be an effective source of healing within our community. We can do this well by preparing church members to be active in their church and broader community, providing compassionate and empowering support (God’s love in word and in deed), commencing with our most vulnerable members. This will require some intentional preparation so they provide effective strength-based support that encourages people and develops their personal capacity.

Social networks are critical to health because people with chronic conditions who have few/no social links have a decline in positive health behaviour over time (Reeves et al, 2014, p 8). A review of Australian coordinated care demonstration projects noted the most effective engagement with people involved with self-management occurs when there is a supportive community network (Francis et al, 2007). This finding is echoed by Harvey (2003, pp 106-107) who notes more action is needed to provide community based education and support to address the lifestyle issues that can prevent chronic conditions, because such community based programs are a key solution to rising health costs. Reeves et al (2014, p 11) concurs saying “social involvement with community groups and resources is an important means of achieving more cost-effective support for long term illness management.”



WHO (2013) suggests that the best policy and value for money programs implemented in primary care settings are those that promote public awareness about diet and physical activity, medication management and coaching of individuals regarding self-management to reduce high risk complications. Self-management has been shown to be effective in managing chronic health conditions. Self-management is not optional because clinicians are only present for a fraction of the person's life, yet nearly all positive health outcomes are mediated by the person's health behaviours (Glasgow et al, 2003). Self-management is different from disease education because it motivates and builds the person's self-confidence to manage their condition and make choices about their health (Coleman & Newton, 2005). The best self-management approaches are integral to primary care and use an ongoing iterative process that is person-centred, where goals, decisions and problems are worked through collaboratively with support and systematic follow-up (Glasgow et al, 2003).

Faith community nurses are well placed to do this CCSM goal setting as they have a holistic, person centred approach to care. They are primary health care focused and used to educating the person about their health options and self-management. They have a good knowledge of community resources and are experts in helping the person navigate the health system (van Loon, 2012; Cooper & McCarter, 2013). They can work with volunteers in the Health and Care Ministry programs of churches to help the person achieve their self-management plans using targeted encouragement and structured coaching. Coaching is an efficient means of achieving improvements in self-management behaviours (Kelly 2003, p 186). A variety of chronic disease self-management programs use home visits, telephone follow up and education material in the coaching process to achieve the long term benefits of sustained behaviour change. Coaching provides an ongoing collaborative relationship that provides the person with regular contact and long term support (Kelly 2003, p 186).

Employing a salaried or voluntary faith community nurse in your church can help people to understand their condition and look at the modifiable risk factors. It can help them navigate the health system

to locate organisations such as community health services, support groups and not-for-profit organisations that offer programs to help the person learn how to take charge of their health and become actively involved in effectively managing their chronic condition.

Self-management programs help people to cope with their condition, understanding its symptoms to prevent complications by modifying lifestyle factors that potentially mitigate their risk of further complications (Lorig et al, 2001). FCNs can help people tailor self-care plans that set health related goals and then coach the person through the various health activities that they need to undertake to achieve those goals. FCNs can offer knowledge, skills and strategies that the person can practice until they achieve mastery in these new lifestyle skills (van Loon, 2012).

Having an FCN to support the self-care plan enables the emotional and spiritual support the person will need, as they face the many issues that accompany serious chronic conditions. These include issues such as loss and grief, fear for their future, despondency over the consequences of the chronic condition, changes in roles, identity and close relationships. The FCN can discuss the impact on the person's daily life and help them with strategies and personal priorities they can use to manage common issues such as fatigue, pain, energy, and activities of daily living, and difficult decision making about future options. FCNs provide more than personal and family education. They support the problem-solving, decision-making, relationship building, change management, and they understand many ways to support the person and their family to cope with the significant changes that accompany serious chronic illness. FCNs can mobilise others in the faith community's pastoral health and care ministry to walk alongside the person and the family to provide additional support, and encouragement.

Having a vibrant health and pastoral care ministry that utilises faith community nurses provides a significant opportunity for churches to be actively engaged in helping people steward their health, enabling them to maintain their capacity and reduce their suffering as they live life with serious chronic illness.

## References

- AIHW, 2016, *Australia's health 2016: in brief*, Cat. No. AUS 201, Canberra: Australian Institute of Health and Welfare  
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557059>
- Coleman, MT, & Newton, KS, 2005, Supporting Self-Management in Patients with Chronic Illness, *American Family Physician*, 72 (8), pp 1503-1510
- Cooper, J, McCarter, K, 2013, The development of a community and home based chronic care management program for older adults, *Public Health Nursing*, 31(1), pp 36-43
- Francis, CF, Feyer, AM & Smith, BJ, 2007, Implementing chronic disease self-management in community settings: Lessons from Australian demonstration projects, *Australian Health Review*, 31, pp 99-509
- Glasgow, RE, Davis CL, Funnel MM, Beck A, 2003, Implementing practical interventions to support chronic illness self-management, *Joint Commission Journal on Quality and Patient Safety*, 29(11), pp 563-574
- Harvey, P, 2003, Managing health care in Australia: steps on the health care roundabout? *Australian Journal of Primary Health*, Vol 9 (2&3), pp 105-108
- Kelly, J, Menzies, D & Taylor, S, 2003, The Good Life Club: Methodology and study design—a discussion, *Australian Journal of Primary Health*, 9 (2&3), pp 186-191
- Kubina, N & Kelly, J, 2007, *Navigating Self-Management: A practical approach to implementation for Australian health care agencies*, Melbourne, Whitehorse Division of General Practice  
[http://www.flinders.edu.au/medicine/fms/sites/FHBHRU/documents/publications/Navigating\\_self\\_management%20March%202008.pdf](http://www.flinders.edu.au/medicine/fms/sites/FHBHRU/documents/publications/Navigating_self_management%20March%202008.pdf)
- Lorig, KR, Sobel, DS, Ritter PL, Laurent, D, Hobbs, M, 2001, Effect of a self-management program for patients with chronic disease, *Effective Clinical Practice*, 4, 2001, pp 256-262
- Reeves, D, Blickem, C, Vassilev, I, Brooks, H, Kennedy, A, Richardson, G & Rogers, A, 2014, The contribution of social networks to the health and self-management of patients with long-term conditions: A longitudinal study, *PLOS ONE*, Vol 9, Issue 6 e98340
- Van Loon, AM, 2012, Faith Community (Parish) Nursing, In Puchalski C, Cobbs M, Rumbold B, 2012, Spirituality and Health, Oxford UK: Oxford University Press
- WHO, 2002, Care for Chronic Conditions: Building Blocks for Action, Geneva: WHO,  
[http://www.improvingchroniccare.org/downloads/who\\_innovative\\_care\\_for\\_chronic\\_conditions.pdf](http://www.improvingchroniccare.org/downloads/who_innovative_care_for_chronic_conditions.pdf) accessed 29th October 2016, World Health Organization
- WHO, 2013, Global action plan for the prevention and control of non-communicable diseases 2013–2020, Geneva: World Health Organization

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Board Members AFCNA

## Rediscovering Christian Community Health and Care Ministry

Is God calling you to exercise your Christian faith and combine it with your professional practice? This information evening will look at health and pastoral care ministry as a wonderful outreach opportunity for your church. We will look at nurses in particular to see how the role of faith community nursing provides an exciting opportunity for both the nurse and the church.

You are warmly invited to a **FREE** evening seminar with [Rev. Dr. Helen Wordsworth](#) sponsored by Baptist Care SA and the Australian Faith Community Nurses Association. Helen will share with us how the ministry of faith community nurses has become an important and useful adjunct to the Christian church's health and pastoral care ministries, providing rich new opportunities to reach into your community with compassionate services that inspire hope, and are embedded in the gospel of Jesus.

Thursday 14th September 7.00-9.30 pm  
Baptist Care House, 130 Rose Terrace, Wayville, South Australia  
**Registration is FREE** but please [register](#) your attendance at Eventbrite



# Ministry development

## Supporting transition in ageing seminar

Ageing involves many transitions. They can be positive and eagerly anticipated, such as retirement; or they may be challenging and unwanted, such as the diagnosis of a chronic condition with an accompanying deterioration in health and the ability to do the things you had hoped to do in your retirement.

Our health, disability and aged care sectors are also undergoing transition—from institutionally directed care models to consumer directed care models, but are older people, faith-based agencies, and churches ready for the changes, the challenges and the opportunities this transition presents?

This full day seminar will discuss a model to understand and plan for transition in ageing. We will explore the challenges and opportunities transition in service delivery is affording churches to respond with innovative community activities. We will look more closely at faith community nursing as one model that can facilitate transition in a consumer directed care environment when older people cope with the health transitions of living well with chronic conditions, the moves from hospital to home, and the changes from home to aged care.



### Program

- 8.30 Registration commences
- 9.15 Welcome and acknowledgement of Country
- 9.30 Understanding transition in ageing
- 10.15 The transition to consumer-directed care: the challenges and opportunities
- 11.00 Morning tea
- 11.30 Gleanings on transition and ageing from the UK experience with Parish Nursing Ministries
- 12.30 Lunch
- 1.30 Health & Pastoral Care Ministry and Faith Community Nursing: opportunities for churches to support people with transition
- 2.30 Q&A panel discussion on transition and consumer directed care in ageing
- 3.30 Seminar closes

Our International guest speaker will be [Rev. Dr Helen Wordsworth](#).

**Date:** Tuesday 12 September

**Time:** 9.30 am-3.30 pm

**Venue:** Trinity Baptist Church, 8A Bedford Square, Colonel Light Gardens, 5034

**Cost:** \$25 for the day includes lunch (concession card holders and AFCNA members \$20)

**Register via [Eventbrite](#):** If you cannot use the Eventbrite site then please register by contacting Anne van Loon at [avanloon@baptistcaresa.org.au](mailto:avanloon@baptistcaresa.org.au) or 0409 921 337.

Interstate members: Why not come to Adelaide for the day seminar and join us that evening for the AFCNA AGM and enjoy our celebration dinner?

# Who is my neighbour?



In 1973 psychologists Darley and Batson (1973) experimented with students from Princeton Theological Seminary asking half the students to prepare a talk on employment opportunities for divinity students after graduation, and the other half to talk about Jesus' parable of the 'Good Samaritan'. They were instructed to walk across campus to a different building to give their presentations. Half were told they were running late and half were told they didn't need to rush.

The psychologists strategically placed a man who appeared to have been assaulted on their path as they crossed the campus. Each student encountered the bashed, bloodied and groaning man clearly in need of assistance. They wanted to see who would stop, who wouldn't and why. Only 10% of students running late stopped to help the man, and 63% with some time to respond stopped to offer assistance. It shows us that although Jesus' instruction to "go and do likewise" (that is care for and support the assaulted man) are clear, but when Christians are hurried and pressured the concepts of compassion and mercy they acknowledge as the right thing to

do, don't necessarily translate into action, even when they are going to speak about the Good Samaritan! For a third of the students, even when they knew what they should do, and had time to respond they still chose not to do it. I would like to think I would have stopped, but busyness and pressure do get in the way of what I know I want to do as a Christian and I need to re-evaluate this and make sure I am walking the talk.

The parable of the Good Samaritan is radical in so many ways and shines a light on to the way we are to live. A religious expert of the day wanted to know how he could obtain eternal life. Jesus asked him to tell him how he interpreted the Scriptures, and the man responded with the two great commandments God expects of his followers: to "love the Lord your God with all your heart, soul, strength, and mind, and love your neighbour as much as you love yourself." Then trying a bit of intellectual one-upmanship the leader asks Jesus, "who is my neighbour?" Jesus responds with this parable of the Good Samaritan.



Jesus replied: As a man was going down from Jerusalem to Jericho, robbers attacked him and grabbed everything he had. They beat him up and ran off, leaving him half dead. A priest happened to be going down the same road. But when he saw the man, he walked by on the other side.

Later a temple helper came to the same place. But when he saw the man who had been beaten up, he also went by on the other side.

A man from Samaria then came traveling along that road. When he saw the man, he felt sorry for him and went over to him. He treated his wounds with olive oil and wine and bandaged them. Then he put him on his own donkey and took him to an inn, where he took care of him. The next morning, he gave the innkeeper two silver coins and said, "Please take care of the man. If you spend more than this on him, I will pay you when I return."

Then Jesus asked, "Which one of these three people was a real neighbour to the man who was beaten up by robbers?" The teacher answered, "The one who showed pity." Jesus said, "Go and do the same!" (Luke 10:30-37, CEV)

Samaritans of the day were despised as low-lives and half-breeds, yet Jesus makes the Samaritan the hero of the story because he is the one who helps the assaulted man. The first two people who see the man were religious leaders and they walk by on the other side of the road. There were probably Jewish rule and customs around cleanliness that stopped them getting near him, but the point of the parable is that the religious rules and rituals are getting in the way of these men doing the Godly thing.

Finally, the Samaritan comes and extends compassion to the man. He sees him as a person; he treats his wounds and meets his physical needs. He transports him to a safe place and tends him further. Realising the man will be in need of shelter and care for quite a while to recover completely, the Samaritan pays for his board, lodging and ongoing care for as long as it takes for the man to get on his feet again. It's an impressive commitment from a person most Jewish people would treat as scum. Then the kicker comes when Jesus say to the religious people listening to him "You go and do likewise" (Luke 10:37).

We don't have to look far to see people in need in the world around us—the disabled, the frail elderly, the mentally ill, the refugee, the homeless, the person living with alcohol or drug addiction, the trauma survivor, the prisoner, the immigrant, the

aboriginal, the unemployed, the pregnant teen, the person with a personality disorder, the kid with challenging behaviour, the orphan... we can go on. It's easy to ignore them because you are busy in all kinds of churchy activities, often aimed at our own people. We don't have much spare time for people who are perceived as 'hard work' who require a lot of time and energy. What Jesus is saying to us is make time and then give it your all. Acknowledge, welcome and include these people into your life and your church. Restore them by caring for them physically as well as spiritually. Do the hard yards with them and then hang in there until they are well again. You may need to get additional people in to ensure they have their needs fully met until they can take care of themselves again. It takes time for all of us to heal, and the Christ-follower makes sure the whole recovery period is taken care of, not just the acute phase of one's struggles.

Let's not get so caught up in church programs and religious practice that we have no time to acknowledge and support the people around us in genuine need. Anyone in need is my neighbour. It can get overwhelming but God doesn't ask me to do it all alone. He does ask me to do something.

However, some years ago I realized there is a whole other dimension to this parable that I had missed. It's not just 'do something' that Jesus expects from me. It's do that something with love. It's God's love shown in our actions that heals. It's not always easy to do the activity with love.

In 1996, I had the privilege of working for a week with nun in the Roman Catholic Church in Logan Chicago. Each morning she got up at 5 am and knelt, prayed, read her Bible, and lit a candle for those we would care for in that day. She was easily in her seventies and her day commenced at 6 am cooking breakfast for three people on mattresses in the passage of her small house. These people were homeless and dying from HIV/AIDS. She fed them and bathed them. The she went out at 8 am with a few aged volunteers to provide breakfast to around 100 people. They waited patiently for the food van to arrive in the freezing Chicago wind and then we doled out 100 brekkies. Our day moved back and forward between the house guests and other homeless people living with mental illness and addictions on the streets of Chicago. I saw gang members with knives and switchblades strapped to their legs. I can tell you I was scared, but Sister J was not. We did this ministry until it was dark and



came home and tended her house guests again. I dropped into bed exhausted. I recall ringing my husband in Australia and telling him I had worked with Jesus that day.

Each day we soldiered on; I could barely keep up with her. The needs were never ending and I felt emotionally drained. We even went to court where Sister J advocated for the homeless people squatting in an unoccupied tenement in her area. This woman was inspirational. I asked her one evening how she could keep being so loving, so gentle, (yet she was firm) with so many people each day. Her answer has stayed with me.

"How can I not? Jesus rescued me. He loved me unconditionally, and he has told me to go and do the same."

That night I read the story of the Good Samaritan hanging on the wall of my sparse bedroom and I noticed for the first time that I am the assaulted person. Yes, I can learn from the priest and the Levite walking along the road. But I am not the Samaritan... I am, in fact, the beaten and bloodied person on the road. Jesus has shown compassion to me. Jesus compassionately paid the price for my healing, my restoration, my salvation and my eternal life. I now realise that it's out of experiencing Jesus love first that I am compelled to go and do likewise.

### References

Darley, JM, & Batson, CD, 1973, "From Jerusalem to Jericho": A study of situational and dispositional variables in helping behaviour, *Journal of Personality and Social Psychology*, 27(1), 100-108  
[https://faculty.washington.edu/jdb/345/345%20Articles/Darley%20&%20Batson%20\(1973\).pdf](https://faculty.washington.edu/jdb/345/345%20Articles/Darley%20&%20Batson%20(1973).pdf)

Anne van Loon  
August 2017

## Stop the traffik

Throughout November 2017 and January 2018, STOP THE TRAFFIK will be running [trafficking awareness trips](#) to India, Cambodia and Thailand. These trips offer an incredibly unique opportunity to gain exposure to the issues of slavery and trafficking.

- India Fashion Field Trip (November)—what really goes on behind the scenes in the global fashion industry
- India Insight Trip (January)—exposure to the world's epicentre of human trafficking and modern slavery
- Eyes Wide Open Trip to Cambodia and Thailand (January) will take you to the Mekong region a hotspot for trafficking.



You'll meet victims and survivors, interact with those on the front lines of preventing trafficking, and gain insights into the reality of exploitation around the world.

**Find out more:** [stopthetraffik.com.au/awareness-trips](http://stopthetraffik.com.au/awareness-trips)

## Language matters

"*Sticks and stones may break my bones, but names will never hurt me!*" It was a saying I heard a lot in my childhood, but it's not true. The way we are spoken to has a huge impact on our health. The Bible has a lot to say about how we use our language reminding us that words have the power to heal or hurt.

"Death and life are in the power of the tongue" (Proverbs 18:21) and we are warned that we will experience the consequence of our words. In fact, our religion is worthless if we cannot control our tongue (James 1:26) because language shapes lives, building them up or destroying them.

Language enables communication between people of all cultures. Through it we gain a sense of identity and belonging. However, the finer nuances can be lost in translation because language is mediated and appropriated

through our culture. During NAIDOC week this year I was reminded just how important language is to Indigenous Australians. It links them to their kin, culture, country, history, spirituality, rites, lore, story and song. National NAIDOC Committee Co-Chair, Ms Martin (2016) said... "Aboriginal and Torres Strait languages are not just a means of communication, they express knowledge about everything: law, geography, history, family and human relationships, philosophy, religion, anatomy, childcare, health, caring for country, astronomy, biology and food. Each language is associated with an area of land and has a deep spiritual significance and it is through their own languages that Indigenous nations maintain their connection with their ancestors, land and law,"<sup>1</sup>. It is important that we enable Indigenous people to learn and use their language, so their culture can flourish and for their spiritual healing.

We know from the creation accounts in Genesis that God spoke words and creation emerged. Humans as co-creators also use language to bring things into being, to create and shape our relationships and our culture. When people lose their ability to speak, they lose a really important way to shape their world, their identity and to control their environment. How would we express our faith and shared it if we were unable to hear it, speak about it, read about it, or celebrate it? I think it would be devastating, and that's what the reality is for so many of Australia's First People. It's got me thinking that an important aspect of reconciliation has to be about empowering Indigenous people to reclaim and relearn their languages. Additionally, it is critical that my language builds up, heals, and flourishes my Indigenous sisters and brothers. Reconciliation starts with me and with you and the way we use our tongue because "gracious words are like a honeycomb, sweetness to the soul and health to the body" (Proverbs 16:24).

### Reference

Australian Government, 2016, 2017 National NAIDOC Theme—Our Languages Matter, <http://www.naidoc.org.au/2017-national-naidoc-theme>

There are worship resources for churches on Indigenous topics at [www.natsicc.org.au](http://www.natsicc.org.au) and <https://uaicc.org.au/wp-content/uploads/2016/06/NAIDOC-WEEK-Worship-Resources.pdf>

## Indigenous Lord's Prayer

*Great Spirit, Creator of all,  
From the stars to all the earth,  
Loved and respected be your name,  
May it happen that all should live your way,  
Following your purpose for all creation.  
Enable us to find what we need for today's journey.  
Forgive us when we go wrong  
As we forgive those who wrong us.  
Have compassion on us when we are being tested,  
Do not abandon us to fear and evil.  
Our hope is in your new community.  
You are the one who can transform all creation,  
Making everything new, now and for all eternity.*

AMEN

Written by Rev Tim Matton-Johnson, an Aboriginal man from Tasmania

<https://uaicc.org.au/wp-content/uploads/2016/06/NAIDOC-WEEK-Worship-Resources.pdf>

# AFCNA snippets

## New digital continuing education platform



AFCNA recognises today's nurses need/want to learn in a flexible learning mode, and some aspects of our foundational

training can be readily taught to a diverse audience via digital platforms. To that end we have commissioned a digital continuing education platform from World Continuing Education Alliance (WCEA). WCEA launched a charitable project sponsored by the International Council of Nurses (ICN) and funded by Google Ads charitable budget, to prepare education platforms for nursing charitable associations. The Board agreed that AFCNA should make an application and that application was successful.

The digital portal is ready to launch and will come online with instructions in September 2017. AFCNA members will gain free access to the portal. AFCNA will provide FCN/HCM courses to people across Australia and internationally. Stay tuned for access information in future news updates.

## AFCNA website



Vicky Legge has been working on the website content and format changes with Matt Ralph our web host and designer. AFCNA Board has committed to stage

the website development and upgrade, aiming to improve our members' experience and provide better future-focused communication. We hope to launch a You Tube channel soon so we can broadcast more multimedia clips for our members. You can access a articles, past *WholeHealth* newsletters, and resources at [www.afcna.org.au](http://www.afcna.org.au) with many more to come.

## Partnership with 'Nurses Christian Fellowship Australia' (NCFA)

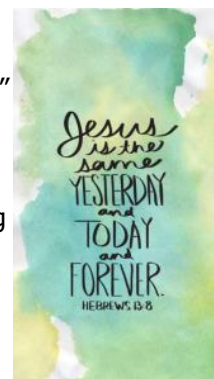
NCFA has the same Christ-centred focus and motivation for ministry as AFCNA so there is a lot of scope for us to work together. NCFA is over 100 years old with a wonderful history of nurturing faith among nurses. NCFA was at its peak in the years when nurses had to live on the hospital grounds, losing connection from their home church they found Christian fellowship in NCFA groups. Today NCF's role is being redefined to assist Christian nurses to use their faith and develop quality, moral, ethical and caring practice that reflects Jesus. AFCNA has kept its focus as a professional association grounded in the Christian faith for nurses working in the Christian faith community. There is significant synergy in us working together to strengthen our mutual goals and complement and supplement both ministry foci.



We look forward to more combined initiatives. We hope to offer the 'Saline' course on integrating faith in health care in 2018, and perhaps 'Spirituality in Nursing' courses in the future. Please pray for our joint ventures and stay tuned for further developments in you upcoming news.

## NZFCNA Conference: Auckland New Zealand 8-9 September 2017

Helen Wordsworth will speak about "Jesus is the same yesterday and today and forever" HEB 13:8. She will present her doctoral research published in her book "Rediscovering a Ministry of Health: Parish nursing as a mission of the local church" which provides a compelling argument for churches considering the value of a Faith Community Nurse.



Elizabeth Niven will consider current research and thinking on spiritual care in dementia. For more information go to FCN NZ [website](http://www.fcnnz.org.au).

# Resources

## Older people



### 7th International Conference on Ageing and Spirituality

#### Transition & Transcendence: Transforming aging through spirituality

There are many helpful resources about ministering to older people at this site.  
<https://www.7thinternationalconference.org/copy-of-plenary-speakers>

In South Australia people wanting free advice about aged care options can get this in person from  
<http://www.agedcarealternatives.net.au/>.

Mark Trebilcock, the manager of this service, will be speaking at our seminar on transition on 12<sup>th</sup> September.

## Domestic violence



There has been considerable discussion about the responses of Christian churches regarding Domestic and Family Violence, particularly regarding the use/misuse of biblical

texts regarding submission and authority and some teaching which is in effect disabling women from leaving violent relationships.

Here are a few good resources to read and download on this important issue:

A guide for churches in responding to domestic violence is available on

<https://nswactbaptists.org.au/public-engagement/domestic-violence/>

SA Council of Churches *Domestic Violence Handbook for Clergy and Pastoral Workers*

[http://www.sacc.asn.au/\\_data/DV\\_Handbook.pdf](http://www.sacc.asn.au/_data/DV_Handbook.pdf)

Kezelman, C & Stavropoulos, P, 2012, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Blue Knot Foundation

[http://www.blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines\\_WEB\\_Final.pdf](http://www.blueknot.org.au/Portals/2/Practice%20Guidelines/Blue%20Knot%20Foundation%20Guidelines_WEB_Final.pdf)

Blog articles (Common Grace & Marg Mowczko) on the church's teaching on submission and authority:

[http://www.commongrace.org.au/what\\_i\\_wish\\_christians\\_knew\\_about\\_domestic\\_and\\_family\\_violence](http://www.commongrace.org.au/what_i_wish_christians_knew_about_domestic_and_family_violence)  
<http://margmowczko.com/beautiful-picture-male-headship-female-submission/>



## Membership reminder

### AFCNA MEMBERSHIP 1 JULY 2017 – 30 JUNE 2018

Your 2017/18 AFCNA membership was due 1 July 2017, but it's not too late to renew or to join. It's only \$30 again this year and your membership allows AFCNA to keep you networked with newsletters, conferences, develop resources including our new website which was recently upgraded [www.afcna.org.au](http://www.afcna.org.au). Your fees enable us to provide scholarships to support FCNs, and keep an ecumenical Christian presence in the profession of nursing via CoNNMO membership.

Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry via faith community nurses. Your membership is vital.

#### Australian Faith Community Nurses Association MEMBERSHIP 2017/18

Name ..... Address .....

..... Postcode ..... Phone (.....).....

Mobile..... Email .....

1. I am happy to be included in AFCNA networking via the AFCNA data base Yes ☐ No ☐ (privacy assured)
2. Practising FCN/Health Ministry Yes ☐ No ☐
3. Current AHPRA Registration Yes ☐ No ☐
4. I consent to my details being shared with AFCNA members' prayer network. Yes ☐ No ☐
5. Newsletter: email or Australia Post (please circle preference)

Signed: \_\_\_\_\_

**Full membership** (\$30.00/year) ☐    **Concession** (\$20.00/year) ☐    **Donation:** AFCNA General Fund ☐

**Electronic transfer:** Australian Faith Community Nurses Association Incorporated BSB: 704 - 922; Account No. 100012768    Please insert your name as the reference code

**Make cheques payable to:** Australian Faith Community Nurses Association

**Mail to:** Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071

## Prayer points

Please pray for:

- the Board of AFCNA as we continue to plan how to move the FCN role forward
- churches to respond to the needs of vulnerable community members with the health/care ministry of FCNs
- Rev Dr Helen Wordsworth's visit to Australia and New Zealand to attract new AFCNA members and new churches considering this ministry
- the progress of plans and the provision of finances to provide a Christ-centred undergraduate nursing course to be provided through Tabor Adelaide
- our networks supporting FCNs in Australia and New Zealand: AFCNA, NZFCNA, Lutheran Nurses Network Australia, APNRC (Roman Catholic Parish Nurses)
- Christian FNCs across the globe to bring a new lease of life to the ministry of churches.

Please submit your photos and stories for *WholeHealth* to [afcna@afcna.org.au](mailto:afcna@afcna.org.au) or send to chairperson [annevanloon@internode.on.net](mailto:annevanloon@internode.on.net). Ph 08 8278 8274.

Deadline for next issue: 1 November 2017

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

**Disclaimer:** In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

## OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

## CONTACT US

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Association Inc.**

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Facebook: [Australian and New Zealand Faith  
Community Nurses Associations](#)