



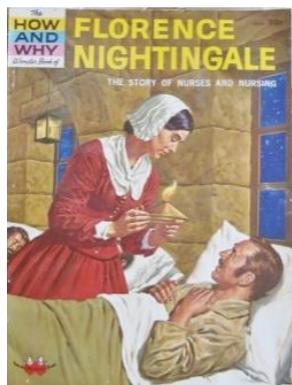
Whole Health

Volume 24 Number 1 April 2019

I can't wait to tell you that...

2020 will be the Year of the Nurse and Midwife

2020 is an important year for the nursing profession. The World Health Organisation are about to request the World Health Assembly to declare 2020 the 'Year of the Nurse and Midwife'. As a response Nursing Now in the UK are organising the Nightingale Challenge 2020.¹ They want every large employer of nurses globally to provide leadership and development training for 20 young nurses and midwives next year. Why 2020? Well it is significant because it marks the 200th birthday of Florence Nightingale, the woman the world considers the founder of modern nursing.



When I was 10 years old, I received a *How and Why* book on Florence Nightingale. I remember being inspired by her life at that early age. Perhaps God was laying the seeds for my vocation even then. Her faith, perseverance and devotion to God continue to inspire me. I see her as the founder of modern nursing and the instigator of the Faith Community Nurse role. You can read my brief article 'Florence Nightingale—inspiration for Faith Community Nursing' in this issue.

Her anniversary got me thinking about how we could celebrate this occasion and we would love your ideas. Perhaps we could: train 20 new FCNs in 2020; encourage every AFCNA member to have a personal goal of getting one nursing colleague to become a member; aim to share the vision of FCN in 20 new churches. What's your idea? The AFCNA Board would love to hear from you afcna@outlook.com so we can start planning!

¹ Nursing Now, Introducing the Nightingale Challenge 2020, viewed 01 April 2019, <https://www.nursingnow.org/introducing-the-nightingale-challenge-2020/>



Anne van Loon
AFCNA Chairperson 2019

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Florence Nightingale—inspiration for FCNs



Florence Nightingale, born in 1807, is arguably one of the world's most famous contemporary nurses. I also consider her one of the world's first faith community nurses. A devout Christian, she was intelligent, fluent in many languages and able to read the New Testament in its original Greek!¹ Born of wealthy British parents she had a broad international experience from her privileged social position. However, Florence felt life was missing something important. "I craved for some regular occupation... something worth doing, instead of frittering time away on useless trifles..." she says in her diary.²

At the age of 17 she felt God's call into nursing. She first visited the Deaconess Institute in Kaiserwerth Germany, set up by Lutheran pastor Theodore Fliedner in 1841, where she was inspired by the simple lives of these faithful and devoted women working with the sick and needy. She was greatly impacted and found her mission.³ In 1850 Florence went to study in Kaiserwerth where she was trained in community nursing and theology.

The deacon role of the early Christian church was held by men (deacons) and women (deaconesses) and is mentioned in the Bible (Romans 16:1-3; 1Tim 3:8-13; Acts 6:1-15). The word 'Diakonia' is Greek for 'service' and this ministry continues today as the serving, caregiving and healing ministry of the Christian church with a focus on care of the whole person. Graduates from the Deaconess Institute in Kaiserwerth were called 'Gemente Schwestern' (literally community nurses) and travelled all over the world. You could say they were the first Christian Faith Community Nurses!

The deaconess nurses provided holistic care, providing their patients with physical, emotional and spiritual care. Jesus' teaching was woven into their mission, living as Christ did they "sold what they possessed and gave to the poor"⁴ She stressed the need for health promotion and disease prevention believing the foundation for optimal health was appropriate housing, quality water and air, good sanitation, healthy nutrition, safe childbirth, good child care and no child labour—all aspects that continue to be essential for good public health today.⁵ Nightingale changed the care and quality of hospitals throughout UK and then in war zones, notably Crimea, and became a major international influence in nursing and health care.

If I could give you information of my life it would be to show how a woman of very ordinary ability has been led by God in strange and unaccustomed paths to do in His service what He has done in her. And if I could tell you all, you would see how God has done all, and I nothing. I have worked hard, very hard, that is all; and I have never refused God anything.

Florence Nightingale

Rather, ten times, die in the surf, heralding the way to a new world, than stand idly on the shore.

Florence Nightingale

So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.

Florence Nightingale

Pivotal to Nightingale’s ethos of health care was the importance of in-home care because of the risks that hospitalization posed; these risks remain, even today. She promoted home visits by doctors and nurses and commenced a role similar to today’s district nursing and faith community nursing.

In 1997 I was awarded a Florence Nightingale Scholarship from the Royal College of Nursing Australia to undertake post-graduate research into Faith Community Nursing. I have often pondered about how this was no coincidence. God’s provision for the role of deaconess—faith community nurse—continues to this day. It is a fundamental Biblical role that the Christian church should embrace and continue in this day. I am wondering how in 2020 AFCNA can continue to honour Nightingale’s legacy and be true to God’s call to care and advance faith community nursing in Australia and globally. If you are interested in knowing more about faith community nursing, any Board member of AFCNA would love to share information with you, or look at our website www.afcna.org.au.

Florence Nightingale was moved by her Christian faith. After hearing God’s call at 17 years of age, she noted in her diary, “God called me in the morning and asked me would I do good for Him alone without reputation.”⁶ Then after studying at Kaiserwerth, her diary says, “I am thirty, the age at which Christ began his mission. Now no more childish things, no more vain things, no more love, no more marriage. Now Lord, let me only think of Thy will.”⁷ Florence Nightingale spent many years saying to God, “Here I am, send me” and God did! It wasn’t immediate, but God sent her. Nightingale’s deep reliance on His empowerment and direction changed the course of health care. How is God calling you today to “do good for Him alone without reputation?”

1 Florence Nightingale: The Lady with the Lamp, viewed 01 April 2019, <https://www.christianity.com/11633053/>

2 Florence Nightingale, viewed 4 April 2019, <https://www.famousscientists.org/florence-nightingale/>

3 Kohn, R Florence Nightingale, radical theologian, viewed 4 April 2019, <https://www.abc.net.au/religion/florence-nightingale-radical-theologian/10102180>

4 Dolan, JA *History of Nursing*, 1968 Philadelphia: WB Saunders

5 Florence Nightingale Faith and Work, viewed 4 April 2019, <http://www.uoguelph.ca/~cwfn/nursing/parish.htm>

6 The Collected Works of Florence Nightingale | march 1850, <http://www.uoguelph.ca/~cwfn/>

7 Following God’s Call to serve: Easter – A time to remember Florence Nightingale, viewed 4 April 2019, <https://www.commdiginews.com/history-and-holidays/gods-call-nursing-remember-florence-nightingale-100354/>

Florence Nightingale quotes, https://www.goodreads.com/author/quotes/63031.Florence_Nightingale

Anne van Loon RN PhD April 2019

*Let us never consider ourselves
finished nurses.... we must be
learning all of our lives.*

Florence Nightingale





10 tips to becoming a disability-friendly church

I want to feel accepted and included and know I belong in my church. I don't just want to be tolerated, I want to fully participate. I want opportunities to use and grow my gifts. If I am missed when I am not there, I know I belong. If I became disabled tomorrow would my desires change? I don't think so because I think they are common to most people. I would want you to keep on seeing me, not just my disability. Being able to participate fully in church life requires more than inclusion and certainly much more than simply not excluding me. I want you to allow, enable and facilitate my full participation, because that's what God would want too.

I work for Baptist Care SA and we are undertaking an NDIS capacity building project with churches to help them to be inclusive and offer opportunities for participation to people with disabilities. We held focus groups and interviews with people living with disability and their carers, asking them what they would want from their church. Here are 10 suggestions they offered for your consideration:

- 1. See my strengths:** I am created in the image of God (Genesis 1:27). That means God's finger prints are all over me, just as they are all over you. I have unique gifts and specific purposes that God has planned for my life (Eph2:10). I have a disability, but I also have abilities. I have life experience and a deep faith and dependence on God. I want you to focus on what I can do and allow me to do it. I may need some help with a few things, but I can do it. I don't need fixing! It is hurtful when people see me and my disability as a problem to be 'fixed'. I don't want you to pray for my healing; rather I would like you to pray for my inclusion.
- 2. My disability is not contagious:** I get a lot of stares, or people take a wide circle around me. I do look different, but I am not scary. When you pull your children away from me you are effectively saying, 'don't go near her, she's dangerous to your wellbeing'. Why not encourage your children to speak to me and say "Hello". Then on your way home you can talk to them about my disability and tell them what I am good at, not just what I can't do! It helps them to see me as having something to offer, and it normalises disability.
- 3. Is your building accessible?** Before I go out I check on the venue's access via their website, or via an app on my phone. Not many churches have this information available for their church. It helps if you add information on the front page of your church website about location of accessible parking bays, toilets, seating, ramps, hearing assistance, large print materials, etc. There are online accessibility audit tools or checklists you can use or just ask any person with disability and they will happily test things

out and give you feedback about what works best.

4. **Can everyone join in?** It is important for people to think of accessibility in every activity the church plans. Just ask yourself —how can we make it easy for everyone to participate? Then it's not my issue it's our issue, and we are more likely to think about inclusion needs of the 20% of the population who have a disability.
5. **Create opportunities:** Did you know 34% of people with disability are managers and professionals, yet it takes university graduates with disability 56.2 % longer to gain fulltime employment than other graduates. With some modifications I can work in a voluntary or paid role and be just as successful as you. Participating in community life helps me feel as if I belong. I am contributing and it builds my self-esteem, self-confidence and self-respect. I do have barriers to participation that you can assist me with. They include transport, communication difficulties, and a "you can't do that" attitude from others. Helping me reduce these barriers and creating opportunities for me to join in would be a huge help.
6. **Enable me to serve:** There are simple things any church can do to promote opportunities for me to participate. They include: being flexible with structures and processes, such as hours and rosters. Make a few simple modifications and many will benefit. Have a support person or mentor who can help me learn the ropes of a new job. When I know how I can do it, please let me try.
7. **Mind your language:** Words shape our thinking and our attitudes. That includes words we use about disability. More importantly they send a message about how God sees me. I invite you to ask yourself does your language reflect how Jesus sees me? Is it promoting a positive attitude about people with disability?

Does it position me as an equal part of the body of Christ – the church (1 Cor. 12)?

8. **Consider having an 'inclusion champion':** I heard about churches that have friends of people with disabilities who act as inclusion champions. In the UK they call them 'Roof Breakers' (referring to Matthew 9:1-8 where friends of a disabled man wanted him to meet Jesus. They couldn't get him near Jesus so they broke open the roof to lower his bed and place him in front of Jesus. That's what you call breaking down the barriers!)

The role of a church's inclusion champion is to keep a disability focus in front of the church at regular intervals. They advocate for people like me. They may challenge unhelpful attitudes and practices that stop me and other people with disabilities participating in church life. They help reduce some of the barriers to participation within the church and just help the church realise things they may not have seen because it's not their reality or experience. It's not stuff that's easy for me to do, nor for any person with disability to do, because you don't want to be seen as a challenge.

An inclusion champion regularly checks in with the person and the family to see if everything is OK. They can help me connect with other people by making introductions. They may have ideas and knowledge about services and supports I'm not aware of that they can share with me.

9. **Just ask me:** I was thankful when someone at my church sat down with me and my husband and asked us both "How can we best support you to fully join in with any of the church's activities that you want to participate in?" We made a few simple suggestions and they were followed up, and now I can join in most activities easily.
10. **I am just like you:** I have good days, I have down days and I have days where everything is difficult. I don't want to be a

victim, nor a martyr, nor your inspiration. I just want to belong to a group of people who are real. We all have our ups and downs—but we do life together. We

know and love Jesus and he loves us, forgives us, sustains us and empowers us to get up and do it better tomorrow.

As faith community nurses and pastoral care workers promoting the health and wellbeing of every person in our churches and the broader community, we often deal with people living with chronic conditions and disabilities. Having your church become disability friendly benefits many others as well, and that's what we want. Every person has an important part to play in the body of Christ so let's make it easier for them to play their part and use their gifts for the benefit of the whole body.

Resources

This is a shortlist of our favourite sites for resources for your church:

Attitude Foundation: Australian site with useful resources www.attitude.org.au

CBM: excellent Australian resources 'Luke 14' gives videos, studies and guides www.cbm.org.au

Churches for all: UK site with great resources. www.churchesforall.uk especially blog called keynotes

Church is for Everyone: Accessibility Checklist, <https://exeter.anglican.org/wp-content/uploads/2014/10/Church-is-for-everyone-guidance-on-disability.pdf>

Key Ministry: excellent blog re special needs parenting, <http://www.keyministry.org/>

Liveability: excellent UK site with Bible studies & resources, www.livability.org.uk

Mark Arnold blog: inclusion champions <https://theadditionalneedsblogfather.com/>

Video about **Inclusion Champions**, www.youtube.com/watch?v=7VxFmim5ySY

Resourcing Inclusive Communities: Australian site with useful resources, www.ric.org.au

Through the roof: UK site excellent resources, great links, roof breakers (inclusion champions), www.throughtheroof.org

WA Government: Accessibility Checklist

<https://www.google.com/search?q=accessibility+checklist+for+buildings&ie=utf-8&oe=utf-8&client=firefox-b-ab>

Anne van Loon, RN PhD

Host a workshop

One in five Australians lives with disability (ABS 2015). Many of these people want to be connected into community and have equal opportunity to actively join in church and community life.

Over the next 18 months Baptist Care SA will host 20 '**Building Inclusive Communities**' workshops in churches across South Australia. A 'Connections' workshop covers:

- attitudes and assumptions
- helpful language
- being accessible is 'win-win'
- inclusion feels genuine
- ideas, strategies and networks that promote inclusion.

We use a range of speakers including people living with disability. We share easy wins and success stories you can work with and provide tools for inclusion.

Any church in South Australia can register their interest in hosting a workshop with our Church. To enquire: churchsupport-team@baptistcaresa.org.au

Project Coordinator: Sophie Laguna 0418 359 225

Project Manager: Anne van Loon 0409 921 337

Have your say

The National Board of AHPRA undertakes consultation on proposals that affect the professions. They release consultation papers periodically asking stakeholders to provide input that will help shape registration standards, codes and guidelines, and policies. There is a list of consultations open at the moment and they can be found at <https://www.ahpra.gov.au/News/Consultations.aspx>

Of note, is the consultation about seeking a working definition for nursing in future nursing codes of conduct and regulation on cultural safety. AFCNA Board made the decision to support and sign the joint statement 'Cultural safety: Nurses and midwives leading the way for safer healthcare'. We have now been invited to make a submission about the definition. If you have any particular feedback that you want AFCNA to present on your behalf in our submission, please speak to a Board member soon because submissions close on 15 May 2019. You can also give an independent submission to the consultation paper and have your say via a survey response at the website.

<https://www.nursingmidwiferyboard.gov.au/News/Current-Consultations.aspx>

National Action Plan—health of children and young people

"The Action Plan will build on COAG's Safe and thriving: National strategic framework for child and youth health, and cover 0-24 years by identifying short, medium and long-term actions to implement the five strategic priorities outlined in Healthy, Safe and Thriving, and take into account the policy environment, identified gaps and emerging issues, so that health system resources at the national and jurisdictional levels can be efficiently directed at addressing the health issues that most affect children and young people." For further details go

to: <https://consultations.health.gov.au/population-health-and-sport-division-1/establishing-a-national-action-plan-for-the-health/>



The Royal Commission into aged care quality and safety

This Royal Commission was established in October 2018 by the Governor-General of the Commonwealth of Australia. His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd) is calling for submissions about Australian aged care. You can submit a form with this information:

- Your name, contact details, whether you identify as being from a particular group
- Your submission (e.g. what is it about, what type of care services does it address, is it about your own experiences or on behalf of someone else)
- Any substandard aged care services delivery that you are aware of (including mistreatment and any abuse)
- Which of the Royal Commission's Terms of Reference your submission is about. Any other comments including your views on what changes you would like the Royal Commission to recommend.



Submission will be taken until late 2019 (date to be confirmed).

Independent review of nursing education



This national review is led by Emeritus Professor Steven Schwartz AM and seeks to be future focussed. It will consider how the education and preparation of nurses in Australia will ensure the nursing workforce is well placed to meet the future needs of Australian communities and our health system. It is expected Emeritus Professor Schwartz will provide a final report to Government in August of this year.

Submissions based on the Terms of Reference can be made by emailing them to nursingreview@health.gov.au prior to the closing date 21 June 2019.

You can attend a public consultation across Australia (places and dates are at this site). <https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/educating-the-nurse-of-the-future-independent-revi-1/>

Framework for dealing with trauma and mental health

The Power Threat Meaning Framework Overview



The Power Threat Meaning Framework was developed by psychologists and service users as a conceptual alternative to a psychiatric diagnosis for the effects of trauma and provides a new approach to understanding the psychological and emotional distress of unusual experiences.

The framework uses evidence about the role of different types of power in a person's life and the kinds of threat that misuse of power can pose to our personhood and health. It looks at the ways a person responds to threats based on former threat

responses, social norms and assumptions about the threat, and how the person makes sense of their responses to threat from their meaning making of past experiences. It is aimed at helping people create hopeful narratives about their lives and difficulties, while fostering respect for the many ways in which distress is experienced, expressed and healed across the globe.

The work was published in 2018 by the Division of Clinical Psychology of the British Psychological Society, and expands existing trauma-informed and non-diagnostic approaches moving them away from the current pathologising medical paradigm of care. The framework can be used for people with mental health conditions but also applies to all of us as individuals, families and communities.

Blue Knot Foundation provide excellent workshops on the framework and for a limited time you can download the Power Threat Meaning Framework Overview (138 Pages) from their site for free www.blueknot.org.au

Measles vaccination



Are you up to date with Measles vaccinations?

Australia has seen a number of notifications of measles in the last few months, mostly from overseas travel, but some secondary cases have been reported. If travelling you should consider having a Measles vaccine if you are susceptible before your overseas travel. Measles is returning to countries due to a drop in people being vaccinated. In the first six months of 2018 Europe had 41,000 cases of measles, nearly double the total number reported in the previous year. It has led to the World Health Organisation listing vaccination reduction as one of the top ten threats to global health in 2019.

“Measles is transmitted via respiratory aerosols that remain a risk to others for up to 30 minutes after the person has left the area. The incubation period is about 10 days (range 7 to 18 days) to the onset of prodromal symptoms and about 14 days to rash appearance. The illness is characterized by cough, coryza, conjunctivitis, a descending morbilliform rash, and fever present at the time of rash onset. The infectious period is from 24 hours prior to onset of the prodrome until 4 days after the onset of the rash.”

Why is it so dangerous?

Measles is highly infectious and causes fever, cough and a rash starting around the hairline and spreading over the body. It causes otitis media, pneumonia and diarrhea but more serious is the potential for encephalitis which occur 1:1,000 cases and leads to brain damage and sometimes death. In 2017, 110,000 people died from measles worldwide. Measles can cause a devastating fatal complication called subacute sclerosing panencephalitis years later.

If you are under 50 you may need a second vaccination

Two doses of measles-mumps-rubella (MMR) vaccine are highly effective at preventing measles. Children in Australia routinely get this vaccine at 12 and 18 years. Most people born in Australia before 1966 have had measles in childhood but those born in the late 1960s to mid-1980s may only have been given one measles vaccine. It's important to have two doses of MMR vaccine and this is important for people who haven't reached their mid-50s. People born from 1966-1994 are most likely to have only had one dose of MMR vaccine. Some catch up programs occurred but not everyone got a second MMR dose. Check with your GP or immunization nurse. They will check your records or do a blood test to see if you have proof of immunization. It's safe to have an extra vaccine and it's free for those who need a catch-up dose.

Source: www.sahealth.sa.gov.au/InfectiousDiseaseControl



Resilience in ageing study

A recent research project¹ undertaken by the Flinders Centre for Ageing Studies with the support of the South Australian Office for the Ageing, gives us an insight into resilience factors among older South Australians. Resilience is a process that influence how well individuals cope with adversity. Given older age is often associated with transitions and challenges this research sought to identify specific life contexts and resources that contribute to, or undermine coping.

Risk factors

- Experiencing a higher number of negative life events was related to higher levels of psychological distress which had direct correlation with poorer physical functioning.

Personal resources

- Good physical health was identified as the resource most likely to help people cope effectively with challenges, highlighting the importance of keeping active and staying healthy.
- People who have a higher sense of purpose in life and an optimistic perspective were buffered against psychological distress of negative life events.
- People with flexible coping styles who are able to persist with attainable goals and redefine or replace unattainable goals had lower levels of psychological distress irrespective of the number of negative life events they reported.

Social resources

- People with higher levels of social engagement and more social support had lower levels of psychological distress.

Socio-economic resources

- Neighbourhood characteristics were most directly implicated in resilience. Negative life events had a stronger association with psychological distress for older adults living in socially disadvantaged areas.

Older adults' perceptions of resources

- Participants were asked to identify the resources that would help them to cope better with challenges and better health, better access to transport, and more independence were commonly endorsed by those aged 85 and older.

Religion

- Spirituality is an important contributor to well-being for many older adults. Religion provides a sense of meaning and control in people's lives. People attribute gaining comfort and support in times of adversity in spite of limited social support.² Religion provides a sense of connectedness and experience with the past aiding identity construction and a strong sense of self. People with religious beliefs have better psychological well-being when faced with illness and disability.³
- Religious participation fosters social support through engagement with a faith community. Older adults "see a profound connection between their ability to cope with personal losses and the resources they have been given, and the contributions they have made, as members of spiritual communities".⁴
- Volunteering is known to be a resilience factor and interestingly 43.8% of volunteers identify as having a religion giving an average of 146 hours annually per person, compared to volunteers identifying as non-religious being 34.5% giving 107 hours of volunteering annually.⁵ Thus religion may not only provide a source of coping and meaning for older adults, but it may also be a source of social support and social reciprocity.

- 1 Windsor, TD, Hunter, ML, & Browne-Yung, K, 2015, *Ageing well: Building resilience in individuals and communities*, Bedford Park: Flinders University
- 2 Rybarczyk, B, Emery, EE, Guequierre, LL, Shamaskin, A & Behel, J, 2012, 'The role of resilience in chronic illness and disability in older adults', *Annual Review of Gerontology and Geriatrics*, 32(1), 173-187.
- 3 Levin, J & Chatters, LM, 2008, 'Religion, aging, and health: Historical perspectives, current trends, and future directions: Public health', *Journal of Religion, Spirituality & Aging*, 20(1-2), 153-172.
- 4 Ramsey, JL, 2012, 'Spirituality and aging: Cognitive, affective, and relational pathways to resiliency', *Annual Review of Gerontology and Geriatrics*, 32(1), 131-150
- 5 Australian Bureau of Statistics, 2011, General Social Survey, Australia, Australian Bureau of Statistics, Canberra.

Professional development opportunities

Nurses Christian Fellowship Australia (NCFA) Conference

Theme: Faith at Work

Date: Saturday September 7, 2019 from 9am-4 pm

Where: Sydney Missionary & Bible College, 45 Badminton Road, Croydon, Sydney

Come and be blessed by quality speakers such as:

Janine Mohamed, CEO Indigenous Christian Nurses and Midwives;

Rev. Dr Andrew Sloane, Director of Post-graduate Studies at Morling College,

Kara Martin, author *Workshop 1 & 2*, finalist for Best Christian Book for 2018

Jo Rich and Vicky Legge, AFCNA Board members presenting on the opportunities of living out your faith through faith community nursing.

Cost: \$60pp. Registration is essential details on NCFA website <http://www.ncfansw.org>

Professional development opportunities

NZFCNA Conference

Theme: Who are our vulnerable? The call to compassion

When: 22-24 August 2019

Where: Wellington Cathedral of St Paul, 2 Hill St, Thordon, Wellington New Zealand

Registrations and information: <https://www.faithcommunitynursing.nz/>

LifeWell Conference

Theme: Deeper

Where: Rostrevor Baptist Church

When: 1-2 August 2019

Keynote speaker: Jo Saxton—author, speaker, leadership coach, church planter and visionary, who challenges societal stereotypes and helps people discover who they truly are, by seeing themselves the way God sees them. Born to Nigerian parents and raised in London, Jo brings a multi-cultural and international perspective to leadership.

She has served on staff in multiple churches in the United Kingdom and the United States. Jo is currently the Chair of the Board for 3DM, a non-profit organization that equips churches in discipleship and mission, on the advisory board for *Today's Christian Woman*, and co-hosts the popular podcast *Lead Stories: Tales of Leadership in Life* with Steph O'Brien.

Registrations and information: www.lifewellconference.com.au



Are you interested in being a voluntary Disaster and Recovery Chaplain?

Disaster and Recovery Ministries SA is an ecumenical ministry coordinated by the Uniting Church in SA. They train and coordinate teams of people from all denominations to provide pastoral and spiritual support to people in the community during times of disaster and subsequent recovery. This ministry of presence, care and comfort can help people in times of great need. They are providing training to be a chaplain on:

Wed 1 & Thurs 2 May at Dernancourt Uniting Church, SA (9.30 am – 4.30 pm both days)

Thurs 22 & Fri 23 August at The Corner Uniting Church, Warradale, SA

Tues 22 & Wed 23 October at Sunset Rock Uniting Church, Stirling, SA

There is no cost and all refreshments are provided.

Further information from Wendy Perkins Disaster and Recovery Ministries SA Co-ordinator

Email: wperkins@sa.uca.org.au Phone: 8236 4284 / 0408 896 220

Register at: <https://sa.uca.org.au/disaster-and-recovery-ministries/>

Health Care Homes

Health Care Homes are intended to improve health care for people with chronic and complex conditions to keep them out of hospital and living healthier lives in their homes. This Federal primary health initiative offers GP practices and Aboriginal and Torres Strait Islander health services funding to provide innovative care for people in ways that the current Medicare fee-for-service model does not support.



One in four Australians have one long-term health condition such as heart disease, diabetes, cancer, a mental health issue, eye disease, respiratory problems or arthritis. One hundred and seventy Health Care Homes have been set up across Australia to provide one team that can coordinate the care of an eligible person with chronic and complex conditions. Instead of paying a Medicare benefit for every GP and doctor visit, the Government provides a monthly payment to the Health Care Home to keep the person healthy. The team can use that money in any way that best suits the person's needs. This allows the HCH to be flexible and innovative in the way they provide shared care. They work with allied health providers who are still salaried via Medicare payments.

To become a HCH client, you must have a Medicare card and be assessed as benefitting and eligible for the HCH model of care. You may then enroll as their patient and commence the shared care plan. The full list of participating HCH are available at the DOH website listed below:

Source: The Department of Health viewed March 2019,
<http://www.health.gov.au/internet/main/publishing.nsf/content/health-care-homes#two>

New Hope Medical Centre

5222 Middleborough Road, Blackburn North, Victoria

An opportunity arose for the New Hope Baptist Church in Victoria to use an appropriately zoned building next door to their church to commence a GP practice that sought to “practice good medicine and provide good spiritual care”. The dream was realized in 2018 and the New Hope Medical Centre is open. You can see the video of how the practice was birthed here <https://vimeo.com/205153928>

The HCH initiative may enable more of this type of community outreach by churches into poorer and underserved areas. Imagine if a team of faith community nurses and health and care ministry workers were part of such a practice. They could pick up some of the care management activities; provide support, health education, counselling and navigation services that are so needed for people living with complex health and social conditions. People could then receive true whole person care. That vision gets me really excited!

Influential Australian Christians

If you want to be encouraged by the many Australian Christians who have been influential in Australian life, then take a scroll down the list on this website and read some of their stories.

<https://atributetoaustralianchristians.wordpress.com/the-list/>

Here are a few influential nurses whose stories are truly inspiring:

Anne Daly (Mother M Berchmans) 1860-1924, Founder of hospitals

Mary Duncombe 1899-1980, Sister of Mercy

Anne Greene 1884-1965, missionary and nurse

Mary Healy 1865-1952, hospital administrator

Ethel Helyar 1913-2005, Methodist bush nurse

Eileen O'Connor 1892-1928, co-founder of the Brown Nurses

Sulina Sutherland 1839-1909, nurse and child welfare worker

Marjorie Wilkinson 1920-, Methodist bush nurse

Snippets

Rachel Sutton is a New Zealand Parish Nurse at St Andrews Anglican parish in St Helens New Zealand and says “Part of my role is to provide outreach support to Asylum Seekers and Refugees in St Helens with spiritual care, health advice, help to access NHS services, psychological and emotional support. I also provide health advice and support to the church congregations and the wider community...” You can read Rachel’s story at <http://www.liverpool.anglican.org/index.php?p=2954>

Angela Uhrhane is Parish Nurse Coordinator for the Lutheran Church of Australia and works in aged care as a Pastoral Care Nurse in Wodonga NSW. Angela highlighted some new resources from Meaningful Ageing Australia called ‘See Me Know Me’ which was launched in February 2019. The aim of the resources is to assist older people in selection of an aged-care provider that understands and provides whole person care. They are available from www.seemeknowme.org.au.

(Editor’s note: Imagine what care could be provided if that whole person care could be provided in the person’s home and within their faith community context by faith community nurses—paid and voluntary—who worked under the auspices of the aged care facility.)

Glenda Butler has been serving as Pastoral Care Nurse in Yorketown since March 2015, with the Lutheran Church and is part of the St Andrew’s congregation in Minlaton. She completed her studies via the distance education modules of the Lutheran Church of Australia. AFCNA wishes Glenda every blessing in her important ministry on the Yorke Peninsula.

Lutheran Parish Nurses International annual study tour still has places available for this year’s tour to Singapore in October 2019. Their July 2020 tour will be in Australia to Alice Springs. An itinerary and registration form for the tours are available from robert.wiebusch@lca.org.au

AFCNA Membership is due

It's 2019 and we would love you to renew your membership or join AFCNA. Currently it's only \$30 and your membership allows AFCNA to keep you networked with newsletters, conferences, resources, access to the online education portal, and our website members only content www.afcna.org.au. Your fees also 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.

You can sign up and pay via the net at <http://afcna.org.au/members-options/> or complete and send us the form below, paying with a cheque or via internet transfer.

Australian Faith Community Nurses Association MEMBERSHIP 2019

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: 704-874;
Account No. 100009636 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

- Pray for FCN roles within Indigenous communities in Australia and for our Christian Indigenous nurses. Ask God to raise up more so they can help to close the gap in health inequality for our first nation brothers and sisters.
- Pray for FCNs across Australia, for impact of their ministry, and for growth in new FCNs, and new churches considering an FCN ministry.
- Pray for AFCNA's future promotional plans, education and on-line resource development.
- Pray for the AFCNA Board as they seek to represent a Christian voice in nursing in Australia. Pray for improved health and wellbeing of the Board members several of whom have had serious and ongoing illness and life changes in the past year.
- Pray about our AFCNA's 2020 'Nightingale Challenge' planning.
- Pray for Lynette Wiebsuch (former AFCNA Board member and one of the first FCNs in Australia, former LCA Parish Nursing Coordinator) as her health is frail and uphold her husband Robert in his support and care of his much-loved wife.
- Pray for upcoming conferences for NCFA, NZFCNA, Westberg Symposium plans for 2020 in New Mexico.
- Pray for an outpouring of Christ-like love, forgiveness and peace after the Mosque shootings in New Zealand and the killing of Christians in Nigeria.

"Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid."

John 14:27, Holy Bible (NIV)

Please submit your photos and stories for *WholeHealth* to afcna@outlook.com or send to annevanloon@internode.on.net. Ph 08 8278 8274.

Deadline for next issue: 30 June 2019

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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