

## 'We have to provide hope'

Parish nurses walk alongside those who are struggling in the communities they serve. How has the pandemic impacted their ministry, and what needs do they perceive as we move forward? *Baptists Together Magazine* spoke to Ali Cherry and Barbara Griffiths, two parish nurses in Baptist churches



“Parish nursing is all about learning what a community needs and providing for that”, Ali Cherry says. Ali was appointed by Aldeburgh Baptist Church as its parish nurse in 2012. A picturesque small seaside town on the Suffolk coast, with a sizeable elderly population, Aldeburgh has very different needs to an urban setting. Over the years Ali has focused on the isolation she’s encountered among residents by bringing people together in different ways.

One of the first things she started up was a Holiday at Home, after discovering how daunted many residents feel about venturing out in the summer months when the town receives lots of visitors. The Holiday at Home featured three days of entertainment, lunch, afternoon tea and a thought for the day. “It has been a really good way of bringing everyone together,” says Ali. 2020 was the first year they weren’t able to do it ‘and it was much missed’.

Other activities have involved taking on an Age UK support/ activity group for people with dementia and their carers; and setting up a Friends on Friday group using the local library, a group open to all who want to get out, meet people and chat “and a really lovely group to invite people to.”

Much of her role has been as an advocate: helping people who are nervous or unsure about speaking to doctors and social workers.

Some of the residents served by Ali have no relatives, or relatives living in different parts of the country.

Ali says “the great thing about parish nursing is that you can offer people more time in a way that pressured NHS workers might struggle to. Sit with them, hold their hands, spend time so they feel able to open up.”

The way she works has naturally been affected during the pandemic, with the restrictions preventing Ali from carrying out her usual home visits as well as hosting the clubs. Instead she has spent one of her two days contacting people by phone; the other day doing in-person visiting that complied with the restrictions, such as doorstep chats, socially distanced walks for those who don’t feel confident going out on their own, and delivering supplies.

“I’ve just been trying to think of things that are useful,” she explains, adding that many of the people she sees are over 80 and not on the internet. “One thing I’ve tried to do is a newsletter with news, crossword and quizzes - and that’s been well received.”

She says many have struggled with isolation, missing the lunch clubs and other informal chats. Unfortunately many who have dementia have gone ‘really downhill’ without their daily routines.

“I’m one of the few people they see. One gentleman goes out shopping once a week, and that’s the only contact he has.

“You don’t really know the impact of this contact, especially for people with dementia.”

“But then I’ll get a message, like last week a lady said: “I feel so much better that you’ve come. Thank you so much for coming every week. I was feeling really down before that.”

“Looking ahead, it’s going to be difficult to encourage some people out again. There has been so much fear”, Ali says.

“We could help by encouraging people to keep fit by going out and keep their mental health up by meeting people.”

“We maybe need to adapt what we do – meet in smaller groups for example, just to start getting people out and socialising.”

“And being available to those who need to talk about the effects the last year has had on them – being able to provide time.”

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**B**arbara Griffiths has worked as the parish nurse at Christchurch Baptist Church, Welwyn Garden City for nine years. She describes herself as ‘a resource for the congregation and for all the groups which run in the church’. Unlike some parish nurses who are working on their own, Barbara works closely with the pastoral care team. People are referred to her by the minister, pastoral care team or another church member, always with consent. Others come to a drop-in.

There’s a breadth to the role. One day Barbara could be supporting someone who has had a baby; another day someone needing end of life care. Like Ali, part of her role is being an advocate, going with people to appointments. Other needs are often around mental health. Though she is not mental health trained she is able to listen and to signpost to appropriate services.

“It’s a mix of helping people in times of crisis and others in an ongoing way,” she explains.

In the early days of the pandemic, Barbara used her experience and knowledge from nursing and of infection control to help the church make sense of the guidance and understand what it could and couldn’t do. Beyond that, the needs and nature of the job haven’t changed – “just how I go about it”.

“It’s being prepared to think differently and all about finding a way that works for each individual client. Writing, texting, emailing, WhatsApping, Zooming, Facebook messages when we would normally run a group. Praying in the street with people, and over the phone; being aware of people who want to be prayed for.

“There has still been lots of signposting, and helping people access the medical services they needed – people were reluctant to use them for fear of catching the virus.

“In some ways it’s all different – but in other ways it’s the same. With nursing, you prepare a bed – and then adapt according to the patient’s needs.”

Looking ahead, Barbara says churches are uniquely placed to be there for the community.

“We need to recognise that we don’t always need to have an answer, but we can be good listeners – we can just sit and be there. We need to allow people to grieve for what they’ve lost – people who have lost loved ones in the pandemic; the things they’ve missed.”

She points out there are many people on waiting lists who will be suffering with long term conditions, and adds that health inequalities have been exacerbated.

She adds: “Moving forward we have to provide hope. Parish nursing talks about *whole person healthcare* – caring for the person’s whole well-being, incorporating body, mind and spirit. That’s going to be part of the way forward – maybe parish nurses can be a role model.”

**F**or more on Parish Nursing, visit [parishnursing.org.uk](http://parishnursing.org.uk)