

cnm NEWS

Issue N° 16: Autumn 2006 A.D.

Spiritual Care *and* Sharing Faith *with Patients*

By Kevin Vaughan,
CMF Associate General Secretary

How does my faith relate to my daily work? Every Christian nurse has a unique opportunity to improve both the physical and spiritual health of their patients, but many struggle to find a way of integrating their faith and clinical practice within the daily time constraints.

Is it ethical?

What are the expectations of our colleagues? There is growing recognition in medical literature of the link between spirituality and health and the former Chief Nursing Officer has said that 'Healthcare professionals need to recognize that in healthcare we join people on their life journey and for a time we travel with them. We need to understand better who they are and how we can work with them as partners on that journey. Central to this is understanding them as individuals who have many dimensions including a spiritual one.'

Why is it difficult?

Time pressure is inescapable for healthcare professionals and some feel that all they can do is fulfil their clinical responsibilities. However, while we have to be wise in our use of time, we may well find that many physical problems have spiritual or emotional roots and little progress is made until these are addressed.

Fear of pushing our beliefs on patients, or fear of what our colleagues will think of us, may inhibit us. Scripture encourages us to be prepared to give a reason for the hope that is in us, but to do it with gentleness and respect. Approaching our patients with sensitivity and respect, and asking their permission to discuss any matter, are basic tenets of healthcare. Similarly, we must maintain open working relationships with all our colleagues if healthcare teams are to function properly.

Why is it slow?

Evangelism is not an event, but a *process* of guiding an unbeliever, as the Spirit leads, in making a series of mini-decisions that result in placing his/her faith in Christ.

There are usually several barriers to be overcome. First, many have *emotional barriers* based on bad experiences with Christians or religious groups. As you take time to 'cultivate' relationships of trust, people may spot a difference in you 'the messenger' before they hear any message. This may well be the hardest and most prolonged stage of evangelism and needs the guidance of the



Holy Spirit; yet many do not even realise that it is evangelism, because the name of Jesus may not be mentioned at this stage.

Secondly, many have genuine *intellectual barriers* and are ignorant of the truth. As emotional barriers are overcome, it is time for ►

▶ us to ‘sow’ seeds of truth into peoples’ lives and weed out erroneous beliefs. This may take time, but if we are sensitive to the Spirit’s prompting, we may recognise someone whose emotional barriers are already breaking down and where there is a ‘sowing’ opportunity.

As intellectual barriers break down, we encounter the *barrier of the will*, where a person has to choose to leave his/her old life behind and place his/her faith in Christ. This ‘harvesting’ phase is primarily the work of the Holy Spirit but involves us in praying and ongoing conversation. Personal testimony may help to clarify what Jesus has done and how to respond to him.

Recognising the many barriers to be broken down in the process of evangelism, our role may be to help an unbeliever move just one step close to a relationship with God. Much of our time will be spent in ‘cultivating’ and ‘sowing’ so that a person may be prepared for the moment of ‘harvesting’, perhaps years later in a different context.

What can I do about it?

First and foremost you need to be a *competent* nurse. It is likely that for most of our patients, this is the main thing that God requires and our patients will not respect us unless they can trust our nursing skills.

Secondly we need to demonstrate Christ-like *character and compassion*. Compassion will involve how we behave, how we listen and how we speak. Compassion comes from knowing how much grace we have received from Christ ourselves. .

The combination of competence, character and compassion, gives our witness authority and at some stage will give us opportunities for *careful communication*.

How can I talk about Jesus?

In the course of ordinary conversation *identify yourself* as a member of God’s family. Anything from a casual response to the question ‘How was your weekend?’ with the words ‘After church we went for a barbeque’ to dropping in a phrase like ‘We’ve got a lot to thank God for, haven’t we?’ can help. These comments give the listeners a chance to respond, but it doesn’t matter if they don’t, and an opportunity for conversation may come later. At this stage we are not telling the gospel story, but rather identifying ourselves as people for whom God/prayer/the bible are important. As people see how we behave, they may ask further questions. Subsequently we may create a *hunger for God* by telling more of our personal story and showing what a difference God has made. For example, I have sometimes found a door opening to share how God helped in difficulty in my own family life or how he helped us prepare for my father’s death.

Jesus constantly asked *questions*. In palliative care, it is considered normal to take a spiritual history, but we may have opportunity to do this in any situation. ‘Do you have a faith that helps you (in a time like this)?’ ‘Have you ever prayed about your situation?’ ‘Who gives you support?’ ‘What keeps you going?’ Questions like these, when sensitively asked, may open a door for further conversation then or later. If the patient doesn’t want to continue, it is fine to leave it. Our job is to go through the doors that the

Holy Spirit opens, not to force doors open in our own strength. I came across a doctor who on asking one of her patients the question ‘Do you have a faith that helps you?’ received a gruff answer ‘Well, I used to be a Catholic’. Wisely the doctor said nothing more then, but two weeks later the patient came back and opened the conversation by saying ‘Do you think God can help me, doctor?’ There followed a wonderful opportunity for the doctor to talk about Christ and guide the patient towards a local church. The door had been opened by the question asked two weeks previously.

‘Would you like me to pray for you?’ is a useful question. If the response is negative, we have learnt something about our patient and can leave it there, but sometimes our patients may talk wistfully about their parents’ faith, or explain why they don’t go to church but do pray at home, or respond in some way that opens a door for us to pray with them.

As we pray on our own or with patients, we may get better at recognising when God is opening a door and then ask further questions to discover what our patient believes and whether they are ready to hear more about Jesus.

Once someone is ready to know more, we need to be able to explain the gospel clearly. It may be appropriate to give a patient a gospel in a modern translation or a booklet.

I can’t do this on my own!

Happily this is true for all of us. We all need to pray about our work and those we meet. It is easier to talk to somebody about God, if we have already talked to God about somebody. Similarly it makes a big difference if we are always on the lookout for our fellow Christians and take time to pray with them. Often we may simply have an opportunity to introduce a patient to someone, perhaps a hospital chaplain, a local pastor, a drug and alcohol counsellor or an alpha course. The tiny connection that we make for a patient may actually count for eternity.

Where do I go from here?

I suggest two things:

(1) With patients and colleagues, recognise that God has gone before you and ask the question ‘*What is God doing?*’ with this patient, in this family, with my colleague, in this situation etc. As you listen to the Holy Spirit, you may get better at recognising whether this is a moment to do a job well, to listen carefully, to show compassion, to ask a question or to say something.

(2) Every day look for ways of showing God’s love practically. You can’t convert anyone – that is the Holy Spirit’s work, but you can introduce someone to Jesus and leave the outcome to Him.

The ‘*Saline Solution*’ course is designed to help Christian Healthcare Professionals live and speak for Christ effectively with patients and colleagues. There are two one-day conferences planned for nurses this autumn in Birmingham on Thurs 30th November and in Chatham on Saturday 9th December.

Conference Report:

Ethics & Spirituality

7th European Conference of NCFI Ede, Netherlands 2006

By Steve Fouch

Just outside of the small university town of Ede, near Arnhem in the Netherlands, eighty nurses and midwives from twelve European nations gathered for four days of fellowship, prayer and study this August. Hosted by the Christian University of Ede and the Christian School of Nursing in Zwolle, this was an amazing opportunity for Christian nurses from all over Europe to spend some time with God and one another. During this time we explored what a Christian ethic of nursing looks like in practice and at how Biblical spirituality shapes who we are and how we practice.

Pablo Martinez, a psychiatrist from Madrid, president of the Evangelical Alliance of Spain, and a popular speaker at events like Spring Harvest, led a series of Biblical expositions from the book of Zechariah on the themes of Truth, Justice, Peace and Care, and range of leading Christian nursing lecturers and academics (including Barbara Parfitt, Donal O'Mathuna, Åshild Slettebø, Martha Highfield and Sue Allen) led related plenaries.

The clear message from Pablo's Bible exposition was that our professional calling is a call from God to transformation of ourselves, our patients, our colleagues and our communities.

Some other very strong themes came out for me – the fact that in Western healthcare we have split up the ideas of “caring” and “curing”, yet in the Bible and indeed most Western thought until the 19th Century, there was no such division. I was also reminded that the spiritual is as much a part of care as the physical/scientific and the social/psychological. Fundamentally, I was made aware that how we are with our colleagues, our families and our patients (not just what we say and do) are as much a part of professional ethics as how we deal with what are normally seen as ethical issues, such as patient confidentiality,

*Pablo Martinez*

abortion, euthanasia, etc, etc.

But more than all of these was the wonderful sense of fellowship we had as nurses and midwives from across not only Europe, but also from Asia, Africa and America (we had four South African, three Japanese, three Filipino and two North American nurses with us as well).

It struck me, as we sat down together over meals of traditionally filling Dutch food and copious cups of coffee, that it is amazing how God pulls together people of such different backgrounds, cultures, languages, and styles of church, and enables us to find not only common ground, but a real sense of fellowship and togetherness.

Future Direction of NCFI Europe
NCFI itself is going through many changes, not least of which is that there is no Director at the centre anymore, only an

administrative office in Scotland. The International Board of NCFI has begun to devolve more and more of the key work of the Fellowship down to the regional committees, and the European region is already one of the more active of these groups.

These changes are also reflecting wider changes in nursing and the Christian faith in Europe. The main aim of NCFI in today's world is to bring the message of Christ to nurses, but what does this mean in practice? It is no longer the case that nurses are confined to institutions, often unmarried and without the support of a local church, as was the case when NCFI and the original NCF in England were set up. Rather our students are increasingly educated in a university environment, they are more often than not mature students, married with families, committed to their local church or religious community ▶

▶ and very aware of the ethical and professional challenges they face in meeting the health needs of their community. They are challenged by the need to contribute effectively in the maintenance of Christian values in professional nursing practice. How can NCFI and CNM respond to these issues? One of the challenges for the European committee of NCFI will be to find out from member bodies what the situations are for Christian nurses across the nations of Europe, and how they are responding to them.

As a result, the national nursing fellowships like CNM will be more involved in helping the European Committee set the agenda for its future work across the continent. NCFI are looking at various ways of doing this, including regular training for the leaders of national and local groups, and having regular meetings with the committees of member bodies.

NCFI are also keen to see member bodies sharing ideas around the Fellowship – training resources, newsletters, conferences, etc, etc. The European Committee is also keen to offer more professional support to Christian nursing groups in European countries that are either linked to other networks, or not currently linked with any network. Where Christian nursing groups are already linked to other networks (such as the Healthcare Christian Fellowship International - HCFI), NCFI's aim would be to provide access to the professional resources and training opportunities offered by NCFI member groups, rather than seeking to take over from the existing network, and NCFI will seek to work ever more closely in partnership with networks like HCFI and the International Christian Medical and Dental Association (ICMDA).

Meanwhile in parts of Eastern and Central Europe (especially the former Communist Block nations) there are new Christian nursing groups emerging, but they are often isolated and fragmented. NCFI wants to look at ways that we can support these groups to grow into national movements and support Christian nurses working in very secular environments, and where the notions of “whole person healthcare” are at best poorly understood, but often not understood at all.



Angela and Steve with Judith van Voortbuijsen of Ede University

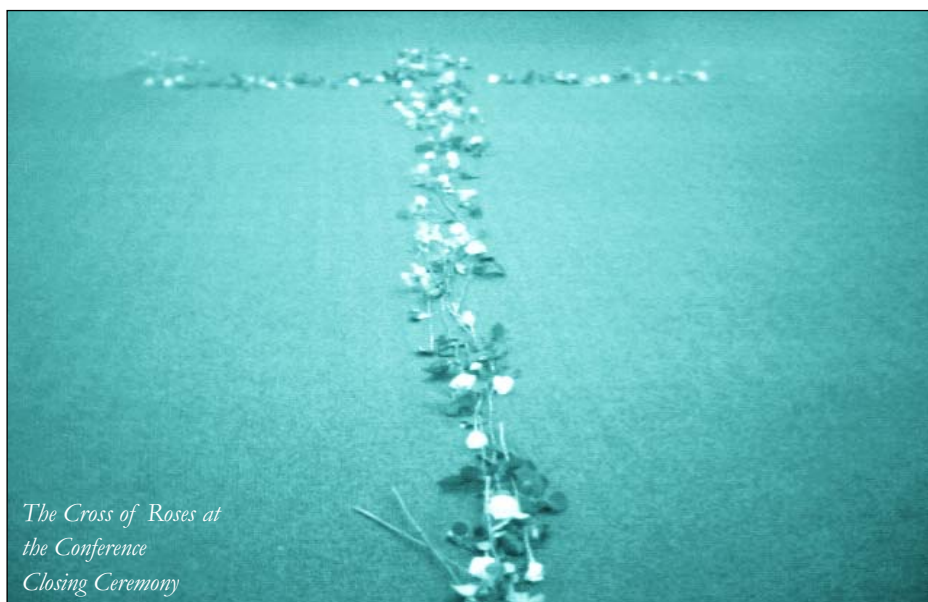
NCFI is also looking at a Europe wide programme to support migrant nurses, who are forming an increasingly large part of the workforce in Western Europe.

CNM has two members on the European committee this year (Steve Fouch and Sue Allen) – please pray for us as we seek God's guidance to help us support Christian nurses across Europe to be salt and light in their workplaces, health systems and nations.

There were eight members of CNM at the conference, and we enjoyed good

fellowship with the contingent from the Nurses Christian Fellowship Scotland. We were greatly encouraged that so many members were able to make it. Plans are afoot for the next conference, hopefully in Eastern Europe in 2010, and the next World Conference - hopefully in Nigeria in 2008. Watch this space for more details.

More information about the conference in Ede, and future plans will be going up on the NCFI Europe website - www.ncfiueurope.org in the coming weeks and months. ■



The Cross of Roses at the Conference Closing Ceremony

Editorial

What does it mean to be a Christian Nurse? What do we bring to our work by being Christians that is uniquely Christian? After all, most non-Christian nurses are motivated by compassion for their patients, are professional and thorough in their work, and seek to work to a high ethical standard. These are not unique to us as Christians. So what is the Christian Distinctive in nursing?

You may have your own thoughts and experiences on this question, and there is probably more than one answer. However, one thing that we do have uniquely as Christians is Jesus. Our relationship with him and our experience of salvation affects who we are, our motivations and hopes and fears. It is also a reality that we do not just keep to ourselves.

In Kevin Vaughan's article we see some simple ways in which we can share the reality of Jesus to our patients and colleagues in a gentle, non-coercive and Christ-like manner. The report on the NCFI European Conference and the plans of the new NCFI

European Committee explores how we can help one another across Europe to explore what it means to be a Christian nurse, and work this out in our day-to-day nursing practice.

However, above all we learn to answer this question when we meet and talk and pray together. We all need talk and travel together to discover who we are in Christ, and who we are as nurses in Christ. That is what CNM aims to do – to create a space and an opportunity for us to meet and share – whether that is through a local group, a national conference, or just keeping in contact through CNM News. If you are not linked in to a local group, you can find out about some of the ones that currently exist on pages seven and eight.

We hope that you find this edition full of useful thoughts and ideas, and do get in touch if you want to add anything by ways of reviews, articles or comments.

Book Reviews

By Steve Fouch

Book: Sent to Heal: Emergence and Development of Medical Missions

Author: Christopher H. Grundmann

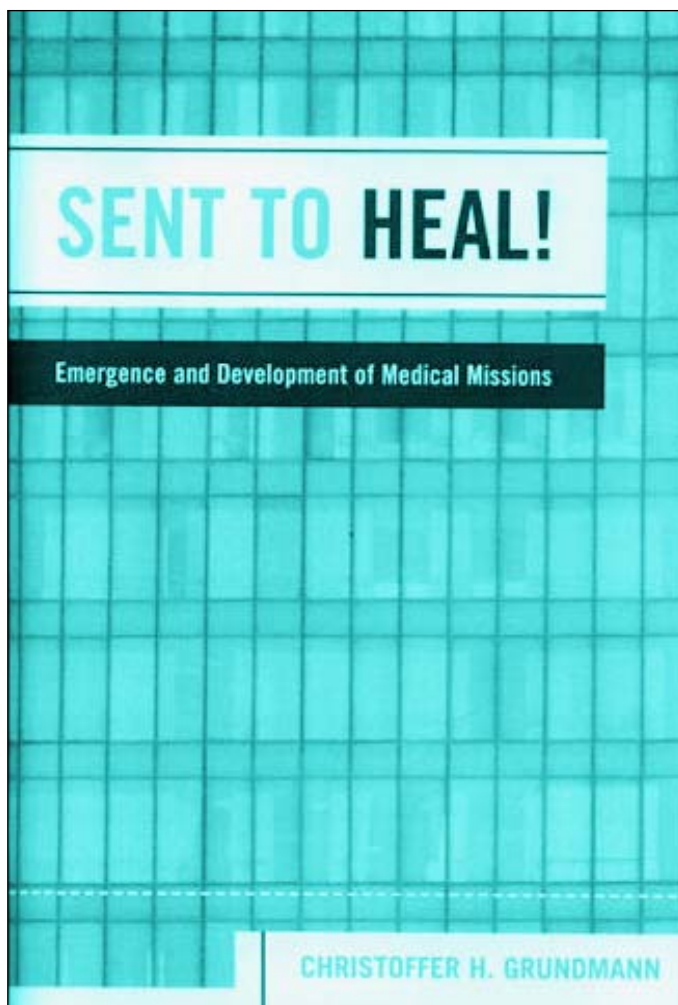
Publisher: University Press of America 2005

Price: £30 Pb, £45 Hb 375 pp

ISBN: 0 7618 3320 X

Midway through the nineteenth century, a new force emerged in Western mission to Africa and Asia – the medical missionary. Prior to that time, doctors, nurses and others with training in the healing and caring arts had travelled with missions to the far flung parts of the world, but only as an adjunct to the primary task of “winning souls for Christ”. But a seismic shift in missionary thinking and practice occurred as mission societies were set up with the express aim of providing medical services to the world's poor as a primary missionary activity.

Grundmann's scholarly work looks at the sources of this movement – from the nursing and medical monastic orders of the Dark and Middle Ages to the early medical missionary work of the Spanish and Portuguese Jesuits of the sixteenth century, through to the Catholic nursing and missionary orders of the seventeenth and eighteenth centuries. But it was with Peter Parker and the Medical Missionary Society in China in



Guangzhou (Canton) that the modern, protestant/evangelical medical missionary movement began. Forced by the Chinese authorities into the small Euro American enclave of Canton, with limited access to the Chinese population, the small number

► of missionaries found that provision of medical service offered the one opportunity to reach out to the local population. Parker became an enthusiastic advocate for this strategy, and soon medical missions began to grow up either as separate societies, or as part of existing missionary societies.

This book looks at the other key figures in the development of nineteenth century medical mission, particularly from the UK and the USA, but also at Dutch, German and Danish medical missionaries, at their achievements and wider impact. And he asks probing questions about medical missions – did they succeed in the missionary task? What was the view of medical mission and medical missionaries held by the wider mission and Christian communities? Not all the answers he comes to are comforting, yet despite his strong critique, Grundmann is undoubtedly an enthusiastic advocate for medical mission himself.

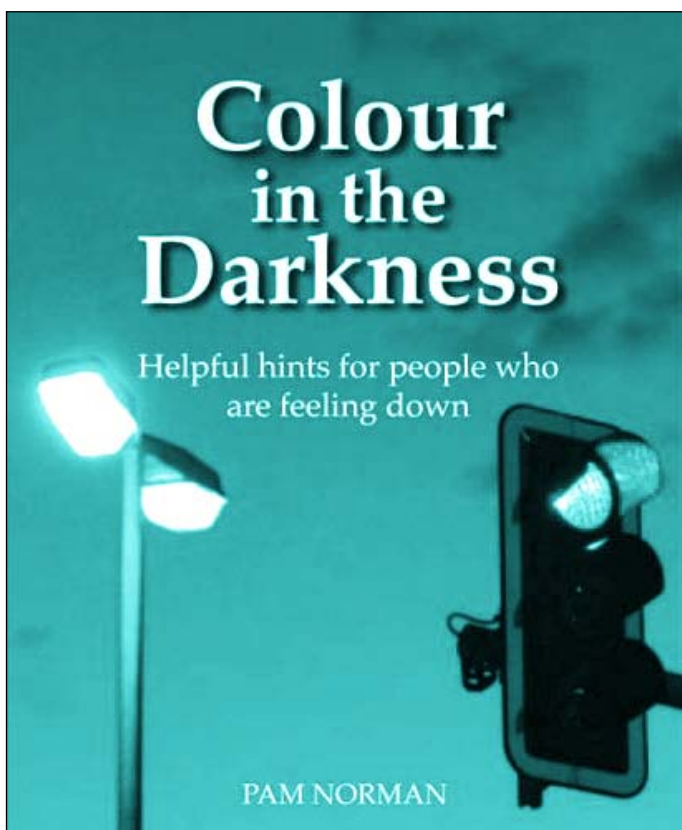
Book: Colour in the Darkness

Author(s): Pam Norman

Publisher: Comfort Books, 2006

Price: £5.00 Pb,

ISBN: 0-9551874-0-0



This is a small, pithy book of short thoughts, ideas and suggestions for people grappling with depression or generally feeling low. It is not a “self-help” book in the traditional sense, nor is it textbook for dealing with clinical depression. As the author herself puts it, "Having suffered from depression after the birth

One criticism of this book is that it is very light on the role of nurses in the history of medical mission – a deficit that some scholars, such as Sonya Grympa of the University of British Columbia, are beginning to redress. A comprehensive book on the history of missionary nurses is sorely needed. But, although not light reading, for the serious student of medical mission, and for those wishing to grapple with the roots of the twentieth/twenty-first century wave of healthcare mission, this book forms an extremely valuable source of detailed background information, and reveals how many of the strategies, questions and struggles still being faced today by those using nursing and medical skills in the mission field are echoed in the experiences of the past.

of my fourth child, suddenly I noticed how many others were going through the same thing as I was. It was a horrible experience that I would not wish on anyone. My family, friends and faith helped me through and after 18 months on medication I was okay. I wrote this book to share ideas and give reassurance to people who are feeling depressed, whatever their circumstances."

And as the sort of book that you can carry in a pocket or handbag, it is useful thing to pull out and dip into whenever you feel the need. Some of the ideas are very commonsensical, while others show the sort of insight that only someone who has been through depression themselves could provide. If you, or someone you know is struggling with depression this would be the sort of resource you might well find invaluable to keep to hand.

There is also a useful website to go with the book at www.colourinthedarkness.co.uk, which also includes some useful links to other websites, also listed in the back of the book, plus help line numbers and other useful information.

A useful book to pick up if you are feeling down yourself or know someone else who is depressed.

cnm *Around the Regions*

This edition we include more news from the local CNM groups around the country. Do get in touch if you want to share news and prayer requests about your local group, or if you are interested in joining one or setting one up.

① Swindon

So far we have had an encouraging year here in Swindon. We have had ten or more people regularly at our monthly meetings. We have enjoyed our series on "Where I come from" taken by our members from around the world who spoke about their cultural background, the religious traditions of their country of origin and their personal journey of faith in Christ.

Other highlights have been the Easter Celebration we held for some of our elderly patients, which was also attended by some of their relatives and was really appreciated, and a visit by Mr & Mrs A Penrose from Mission Romania to talk about the trips they have made to Hospitals, Orphanages and Churches in Romania.

It rained for our annual BBQ but we still enjoyed the Food and Fellowship. We had been considering a change of venue when we were told that we could no longer use the present Conference Room, so God is good and has answered our prayer to open up the opportunity for us to meet in the Academy in the main Great Western Hospital in Swindon, which is much more accessible and should encourage a lot more of the Hospital Staff to join us.

For our Autumn Programme we are having a new theme "My Faith and my job". Other highlights were a TRAIIDCRAFT Evening and Harvest Supper on Monday October 9th as well as the usual Christmas activities.

Our main Prayer request is that more of our Christian Colleagues would have the desire to stand with us and witness that having a personal Faith really makes a difference in such a busy and stressful environment. **Ruth**

② London

The London prayer group has taken a break from meeting during the summer months. The numbers at the last few meetings has been disappointing low. However, this may be an opportunity to re-evaluate how frequently the meetings are held and preferences for a venue. If you live or work in and around London, please contact Angela [*details on the Notice Board on the back page*] for details on the next meeting. We would value your prayers for the future direction of this group.

Please pray for us. The number of committed regular attendees is dwindling and decisions need to be made on the frequency of meetings and venues. Please pray for opportunities to raise the profile of this group among Christian Nurses in London. As elsewhere in the country, the shortage of nurses is taking its toll on the energy and enthusiasm of those in roles of leadership. Please pray especially for ward managers and all those supervising junior staff and students. **Angela**

③ Birmingham

We now have 16 people on our contact list and have had at least one meeting with ten people attending. We aim to meet every six weeks from 7:30pm for an evening of chatting and praying (coffee and muffins). We had a summer barbecue for members and partners and around 12 people came.

On November 30 we are running a Saline Solution for nurses and midwives training day [*see Kevin Vaughan's article in this edition and Notice Board for details*] – please pray that we get a good turnout. **Hannah**

④ Shrewsbury

The last meeting in June was also the last that I will be attending along with the other two in my year as we are on our electives, and graduate shortly

thereafter – we are all moving to other parts of the country to work. That will leave just two of the original group. However, a member of staff has just started coming to the meetings and I know of one Christian who is joining in September, and there may be others who I have not met. In the meantime, Duncan Logan has taken over coordinating the group. **John**

⑤ Kent

The Kent group is not currently functioning, but we are running a Nurses Saline Solution day [*see Notice Board*] on December 9 in Chatham, and hope that nurses and midwives in the area who are interested in forming a local group will come along. **Steve**

⑥ Cardiff

We are struggling in the Cardiff group, partly because Liz (who leads the group) had to be away for some dates and attendance has always been erratic. We have made some new contacts however, so hopefully it will pick up again over the course of the autumn. Please pray that we can get back in to the rhythm of meeting together regularly. **Liz**



noticeboard

Upcoming Events

CNM Regional Day Conferences (Saline Solution training Days)

November 30 Birmingham
(At City Evangelical Church, 1 Greenfield Crescent, Edgbaston)

December 9 Chatham (Kent)
At St. Phillips & St. James' Church Hall, King George Road, Walderslade, Kent ME5 0TZ
(see www.pipnjims.co.uk for directions)

Joint National Nurses and Therapists Conference

February 2 – 4, Hebron Hall, Cardiff

This year's conference sees a change of venue to South Wales, at an excellent venue well linked to motorways and public transport.

We will be focussing this year on the wisdom of the book of Proverbs and its relevance our work and lives in the 21st Century. Hugh Thompson will be the main speaker, talking on "Working Wisdom". As ever there will be wide range of seminars and social events over the course of the weekend for all – nurses and therapists, students and qualified.

CNM AGM

The next Annual General Meeting of Christian Nurses & Midwives will be on February 4 2007 at Hebron Hall, Cardiff. Agendas and further information will be circulated in January 2007

Advance Notice

3rd International European Christian Nursing & Midwifery Students' Conference

Malta October 2007

Watch this space for more details in the New Year

Urgent Overseas Opportunities

1. Kisiizi Hospital in Southwest Uganda are urgently seeking Nurse Tutors or experienced nurses who would like to help teach at their school of School of Nursing. Paediatric and community specialities particularly welcome.

This is a key aspect of the work of Kisiizi and helps to ensure good quality care on the wards, as well as being an investment in the next generation of Christian nurses in Uganda.

Please contact Hazel in the UK on tutorhazel@yahoo.co.uk or the Medical Superintendent at Kisiizi on email at kisiizihospital@yahoo.com to obtain more details.

Further information about Kisiizi Hospital visit www.kisiizi.supanet.com

2. Osani Clinic in Southeast Kenya – a small church linked initiative to provide essential healthcare in a remote rural region of Kenya. A Christian nurse/midwife, preferably with experience in primary healthcare in the developing world is urgently needed to run this facility. Please contact Elizabeth Sayer on liz@dw-perspective.org.uk

Resources

CNM Pens & Posters

If you are looking for resources to draw in new members to a hospital or local prayer group, contact the CNM office and we can send you pens and posters for publicity purposes. Pens normally sell at 4 for £1.

HealthServe

If you are thinking of taking an elective placement overseas as part of your training, or are considering short-term overseas mission work, contact the HealthServe team at the Christian Medical Fellowship who have a range of resources for nurses and midwives interested in healthcare mission overseas.

Email: healthserve@cmf.org.uk or visit www.healthserve.org

Contacts

Nurses Christian Fellowship Scotland

11 Newton Place, Glasgow, Scotland, G3 7PR,
Telephone: 0141 333 0546;
secretary@NCFScotland.org.uk
www.ncfscotland.org.uk

Nurses Christian Fellowship International

UK contact address: 11A, Kirkintilloch Road, LENZIE, Glasgow G66 4RW.
ncfi-admin@ntlworld.com
www.ncfi.org

Journal of Christian Nursing (USA)

www.ncf-jcn.org

Christians in Caring Professions

(multidisciplinary)
PO Box 2828, Reading, RG30 2GE
Phone/Fax(0118) 959 5838
office@cicp.org.uk
www.cicp.org.uk

Healthcare Christian Fellowship

(multidisciplinary)
Jeff Dyas: hcfwales@hotmail.com
Anne Sylvester: ann@iccjni.totalserve.co.uk
www.hcfbi.org.uk

Christian Therapists Network (CTN)

6 Lambourne House,
Mallow Road, Hedge End,
Southampton, Hampshire, SO30 4TQ
Telephone: 07986 433493
info@ctn.org.uk
www.ctn.org.uk

Christian Medical Fellowship (CMF)

157 Waterloo Road, London SE1 8XN
Telephone: 020 7928 4694, Email:
info@cmf.org.uk
www.cmf.org.uk

CNM Local Groups

London – Angela Thavaraj
020 8325 8585
angela.thavaraj@ntlworld.com

Bristol – Lisca Meijer
01275 544343
lisca@blueyonder.co.uk

Birmingham – Hannah Patient
0121 443 2144
Hannah@patient.me.uk

Swindon – Ruth Paddon
01793 882912
B.paddon1@ntlworld.com

Cardiff – Liz Capper
0292 061 0669
liz.capper@tiscali.co.uk

Northwest Kent – Steven Fouch
07958 608466
steve.fouch@yahoo.co.uk

Shrewsbury – Duncan Logan
duncan.logan1@ntl.com

Southampton (Students) - Anna Brooks
07903 026166
anna_brooks@hotmail.com

CNM News

Issue 17 due out in the New Year.

CNM News is published four times a year in winter, spring, summer and autumn.

Please send any articles, letter or news items to CNM at the address below. We reserve the right to edit any items we receive.

Feedback

If you want to contact us about anything in this newsletter or with feedback, enquiries or ideas for CNM in general, please contact us:

Tel: 07941 800637
Email: info@cnm.org.uk

Write: CNM, c/o CMF, Partnership House, 157 Waterloo Road, London SE1 8XN