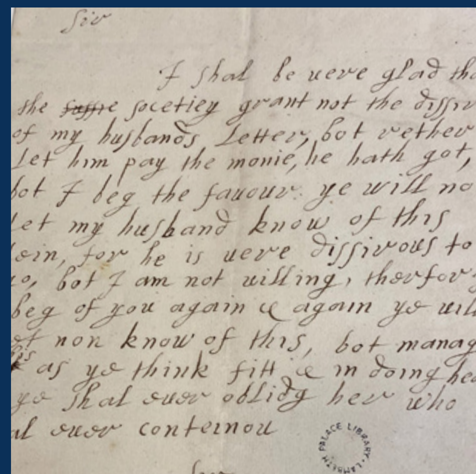
Resourcing the crisis: Pastoral care across space and time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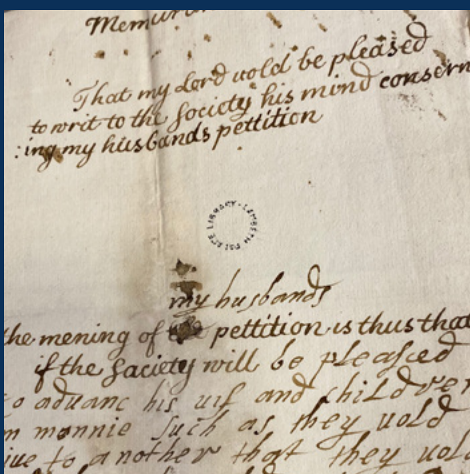
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USPG

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This document is the result of a collaboration between colleagues working on the UKRI AHRC-funded project Pastoral Care, Literary Cure and Religious Dissent: Zones of Freedom in the British Atlantic (c. 1630 – 1720) at the University of Leeds and United Society Partners in the Gospel (USPG).
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https://ahc.leeds.ac.uk/arts-humanities-cultures/dir-record/research-projects/1523/pastoral-care-literary-cure-and-religious-dissent-zones-of-freedom-in-the-british-atlantic-c-1630-1720

The quotations cited throughout this report come either from public webinars organised by USPG or from research interviews undertaken with clergy and chaplains in the UK. Quotations from the webinars are identifiable by name. Those drawn from UK research interviews have been anonymised detailing only a respondent's role and location within the UK.

Author

Dr Jo Sadgrove
Research and Learning Advisor, USPG

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Contents

4 **Pastoral care across space and time: executive summary**

8 **Introduction**

10 **Resourcing across time**

12 **Lifting the veil – Covid 19 in the UK**

15 **Resourcing from other places**

20 **From global to local – pandemic response in the UK**

- 21 The challenges of pastoral caregiving under lockdown
- 24 Ministries of presence: Chaplaincy
- 27 Touch in a virtual world of care
- 27 Prayer
- 28 Caring for carers
- 29 Deepening the contact zone

33 **Concluding reflections**

Pastoral care across space and time: executive summary

The Covid 19 pandemic intersected with the beginnings of a project on pastoral care in the early modern British Atlantic. The project draws on and analyses some of the material in USPG's extensive archival holdings to explore models of pastoral care developed in the early origins of SPG (1701 – 1720).

The Pastoral Care project was designed (in 2019) to examine the intersections between pastoral care, cross cultural understandings of disease and cure, models of public health engagement and the role of churches and church leaders in providing care for communities around the world. These intersections and the questions they raise are explored in a some of USPG's historical records and in relation to its contemporary ministry to churches around the Anglican Communion.

This project report analyses the nature of pastoral care giving in situations of crisis from different temporal and geographical contexts and draws them into dialogue so that learning and response from one context can illuminate and inform crisis response in another. Analysing pastoral care across time and space provides a diverse set of imaginative, intellectual and practical tools and offers a vital sense of connectedness and solidarity. In an era of global crisis, thinking broadly about where and how the wisdom of a community from one time or place might resource another in providing both practical responses and the hope and strength that is drawn from a sense of shared endeavour is critical for all.

The SPG of the early 1700s provided pastoral caregiving to its missionaries in the American colonies through the technology of the letter. Letters back and forth between the colonies and London carry prayers and messages of encouragement, as well as petitions and queries, across the great gulfs in space and culture that the transatlantic world encompassed. In the context of Covid 19, USPG, like other organisations, found itself having to adapt to a mode of remote working and sought new ways of relating to partner churches around the Anglican Communion. One of the methods by which USPG sought to sustain its community was through the technology of the webinar. Webinars enabled sharing and reflection on the nature of ministry and caregiving in the context of Covid 19 around the world.

The archival and contemporary focus on remote caregiving (albeit via the different technologies of the times) created a sense of legitimacy for USPG as working within the tradition that it innovated in the 1700s. In the context of Covid 19, USPG was able to foster a global dialogue of care in a time where solidarity (across time and space) was an essential support to its own self-understanding. Engagement with archival sources enabled staff and supporters to understand the tradition of Christian caregiving within which they continue to operate. As once letters had communicated care, concern and prayers across the Atlantic, so now did online gatherings. This continuity strengthened a sense of purpose, and helped staff at USPG to understand how some of the key questions that continue to preoccupy USPG as an organisation are sustained across time. These include the following research questions: Who is the object of care? How do we provide remote care? How do crises foster innovations in care? How do local care needs define what ministry is in any place?

These research questions, informed by the archival component of the project, were explored through a qualitative survey and interviews with clergy and chaplains offering pastoral care and ministering to communities under lockdown in the UK. The global webinars drew in perspectives from around the

Anglican Communion in relation to Covid 19 response and histories of caregiving in contexts of Ebola and HIV (which have informed Covid 19 response in African contexts). The UK data are analysed in dialogue with these insights.

The experiences of many African churches and communities in responding to HIV and Ebola offer a resource for churches in the global north with little, if any, experience of public health crisis or disease pandemic and where the existential interruption of Covid 19 has been profoundly unsettling for many. Those places where endemic and pandemic disease are constant challenges offer guides for envisaging and understanding what pandemics mean; their implications over the long term; the ongoing work that must be done to support communities in grief, struggling with social and economic marginalisation. All this is vital resource to those contexts where shock and grief at the existential unmooring posed by Covid 19 predominate and, all too frequently, public health illiteracy persists.

Churches in many African contexts teach that pandemics are events that can renew and galvanise understanding between those in local ministries and those within national church institutions in a shared sense of mission and common cause, as response is mobilised at all levels of scale.

Within the UK, clergy and chaplains have been critical to pandemic response providing vital material care – food, clothing and medicines – as well as tending to the pastoral and spiritual needs not only of congregations but importantly the wider communities that they serve. Our data suggest the following:

- Parish clergy have been differently placed to respond to the challenges imposed by lockdown restrictions. Those describing themselves as more ‘sacramental’ struggled more with the loss of the Eucharist and collective worship than those who described their ministries as more ‘evangelical’. All struggled with ministries to the sick and dying and were pained by the inability to be physically present at the end of life and, in particular, by the inability to care through touch.

- Those with existing projects and networks in the communities prior to Covid 19 found it easier to build partnerships with local councils and agencies to be part of local coordinated responses. Others felt frustrated by their inability to ‘host’ a local response and some talked about the anxieties that not being at the centre of local Covid 19 responses generated in congregations.

- Clergy ministering locally feel a growing disconnect from the institution of the Church of England which has been perceived as more concerned with ‘health and safety management’ than spiritual leadership in the context of Covid 19. There was felt to be very little support offered by the institution to those working in front line response ministries. There is frustration at ‘internal tribalism’ and the resourcing of processes and conversations felt to be of little immediate relevance to communities placed under dire pressures as a result of the economic fallout of Covid 19.

- Health and social care chaplains faced a number of challenges. For the many who were not able to enact their ministry of presence due to infection risk, feelings of guilt and helplessness were a

considerable burden. Those who were able to be in the workplace found themselves ministering to new constituencies. These included NHS and social care staff under unimaginable pressures as the rationing of care and inability to protect against high mortality rates caused moral injury. Chaplains also became much more involved in supporting and liaising with the families of residents and patients in care homes and hospitals who were unable to visit their loved ones. Chaplains in hospitals and care homes reported being asked to offer prayers and 'thought for the day' style reflections in what would normally have been strictly secular staff meetings as the crisis precipitated the weakening of boundaries between the 'secular' and the 'religious'.

- Prayer has been central as a method of self-care for clergy and chaplains and in the extension of care for others. Prayer has been a critical resource for the churched and the unchurched, particularly during the acute stage of the crisis where record numbers of online searches about 'prayer' were reported and those who had never prayed before sought prayer resources.

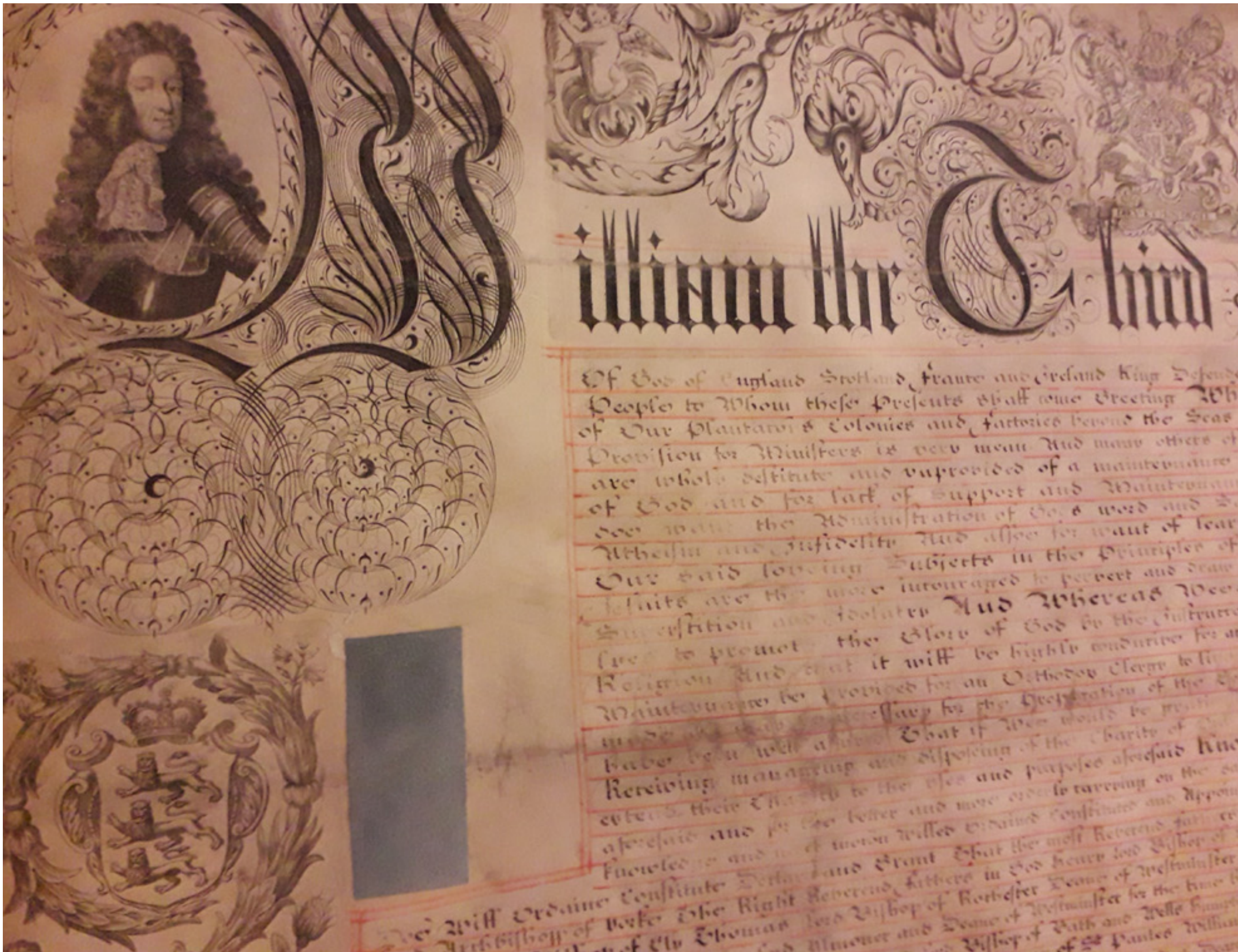
- One of the most striking aspects of the pandemic and its impact on churches, chaplains and clergy has been the ways in which the constituencies receiving care have changed and new groups have been drawn to pastoral care givers in institutional and parish life. The pandemic has shaken up the relationships between churches, parish clergy and the communities that they serve. It has engendered new forms of cross sectoral partnership, new understandings of the context in which churches are ministering and, for some, new languages for thinking about the relationships between the 'church', the 'community' and what belonging to the parish and the Body of Christ might mean. That these new forms of church community are recognised, explored and understood by the institutional centre is an urgent task.

The positive experiences of the encounter between Christians and non-Christians and new opportunities for engagement for the common good have galvanised and encouraged clergy in their community work and their sense of mission and hope. The parish church has been a key locus for such encounters. At a time when discussions about the meaning and the future of the parish indicate that it is under threat, it is vital to recognise the potential that the Covid 19 pandemic has generated in fostering parish outreach ministries that draw the churched and the unchurched into community for the common good.

illiam the Third

Introduction

The Covid 19 pandemic intersected with the beginnings of a project on Pastoral Care in the early modern British Atlantic, which draws on and analyses some of the material in USPG's extensive archival holdings. The project explores models of pastoral care developed in the early origins of SPG (1701 – 1720), as Anglican missionaries sought to minister to congregations in the American colonies. This collaboration with Dr Alison Searle, based in the School of English at the University of Leeds, explores aspects of pastoral care provision across time. An online exhibition makes a very small number of key manuscripts and printed documents from the first twenty years of the Society's history accessible and approaches this archival material through a focus on pastoral care and transatlantic communication via the technology of the letter.



William the Third

The Pastoral Care project was designed (in 2019) to examine the intersections between pastoral care, cross cultural understandings of disease and cure, models of public health engagement and the role of non-state actors in providing care for communities around the world. These intersections and the questions they raise have been explored in USPG's historical records and in relation to its contemporary praxis. The result has been a trans-historical dialogue which has resourced thinking about both the past and present within the life of USPG and some of its partners.

USPG's highly complex and challenging history is drawn on to think about how early models of transatlantic community caregiving operated. SPG (one of USPG's antecedents) was formed in 1701 to build and extend networks of care in the American colonies. This innovative model of community was not bound by territory or geography but reached across the Atlantic and sought to minister to different kinds of people (settlers, the indigenous, the enslaved) with very different needs in diverse contexts. Negotiating colonial presence, denominational competition in the colonies and the conflicting needs of different groups engaging with the Society was a highly complex operation. Shoring up the economic resources to facilitate such a complex vision led to the acceptance of two sugar plantations in Barbados bequeathed by Christopher Codrington in 1710. Becoming a slave owning organisation enshrined spiritual and physical violence at the heart of SPG's caregiving, generating tensions which continue to impact the work and relationships of USPG. Exploring, understanding and analysing the legacies of these tensions in the contemporary life of the organisation are at the centre of the ongoing collaboration between USPG and the University of Leeds[1].

Covid 19 necessitated a reimagining of the project's contemporary research aspects and offered a fascinating context in which to explore the nature and dimensions of caregiving. In March 2020, in dialogue with USPG's early archive (1701 – 1720) the project team became engaged in a highly relevant conversation informed by the exploration of forms of pastoral care in the early modern organisation. The archives comprise hundreds of letters between the bureaucratic centre in London and missionaries often isolated, anxious and uncertain in the colonies of Britain's emerging empire. These letters – 'technologies' or methods for pastoral caregiving - detail the challenges and queries of a group of people negotiating identity and care across distances, and raise fundamental questions which USPG as an organisation is still navigating. These include how do global communities, scattered by geography, care for each other? Key questions being worked out in the archival material resonate in striking ways with the Covid 19 era. *Whom are we caring for? How do we provide remote care? How do crises foster innovations in care? How do local care needs transform and define what ministry is in any place? How does the local church understand and minister to the diverse range of contexts and needs of new congregations and communities? How do local, national and global churches interrelate? How is care paid for?*

These research questions were explored with Church of England clergy and chaplains through a qualitative survey in summer 2020 (n 56), interviews with clergy and chaplains (n 15), and virtual participant observation at social care and hospital chaplaincy meetings. They were also explored through a series of global webinars facilitated by USPG as part of its own engagement with supporters and partners. The qualitative data are drawn mainly from the first year of the pandemic, so reflect on the most acute stage of response. The work of our global partners who shared with us their experiences of pandemics over time indicate the specificity of this early stage, and the changing societal responses and needs over the longer term. Drawing on these different sources, this report maps the critical themes that emerged within these conversations and draws out key implications. The report seeks to analyse material emerging out of different temporal and geographical contexts and draw them into dialogue, to indicate how learning and response from one context can illuminate crisis response in another. Doing so not only provides a diverse set of imaginative, intellectual and practical tools with which to envisage new forms of response, but it also offers a vital sense of connectedness and solidarity. In an era of global crisis, thinking broadly about where and how one time or place might resource another is critical for all.

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1 *Interrogating the tensions between caregiving and the violence of enslavement is an ongoing project at USPG, in dialogue with the University of Leeds. More about the project, the archival exhibition and work on the legacies of enslavement can be found on the project website here* http://emlo-portal.bodleian.ox.ac.uk/exhibition/uspg/

Resourcing across time

As an Anglican mission agency with early modern origins, founded in 1701, USPG occupies a rather strange position – facing both the UK and the churches of the Anglican Communion but 'belonging' to neither. The quest for identity and role for an organisation like UPSG in a post-colonial context has been an ongoing challenge.

Working historically has helped to think in different ways about what USPG is as an organisation, and what its core mandate might be, particularly in a situation of global crisis.

Covid 19 has transformed the methods through which a global community can be brought into dialogue. In 2020, a series of online webinars was initiated by USPG to engage UK-based supporters, donors and volunteers who would normally attend several face-to-face regional and national conferences. The fortnightly webinars involved speakers from around the Anglican Communion who shared stories of local responses to disease pandemics, international chaplaincy in the context of Covid 19 and innovations in care amongst other issues, offering both plenary and small group discussion spaces. Over time, as participants grew to trust the small group spaces that the webinar technology invited them into, the webinars themselves became places through which pastoral care was offered to an increasingly global community. The technology of the webinar proved to be very effective at creating an environment through which solidarity could be fostered both within and between distinct groups across the Anglican Communion. As lockdowns restricted people to their localities, webinars offered a wider vision and alternative forms of communion. Participants noted how the webinars provided much needed opportunities for theological reflection and processing in relation to the pandemic; this was felt by many participants to be lacking from national church institutions. Webinars created a remote space to articulate pandemic experiences within a theological framework that was perceived to be a critical component of spiritual care.

Drawing archival documents into dialogue with contemporary webinars about the nature of remote care in a global public-health crisis created a sense of legitimacy for USPG as continuing to foster a global dialogue of care in a time where solidarity (across time and space) was an essential support. Engagement with archival sources enabled staff and supporters to understand the tradition of Christian caregiving within which they continue to operate. As once letters had communicated care, concern and prayers across the Atlantic, so now did online gatherings. This continuity strengthened a sense of purpose, and helped staff at USPG to understand how some of the key questions that continue to preoccupy USPG as an organisation are sustained across time. These include the research questions noted above: *Who is the object of care? How do we provide remote care? How do crises foster innovations in care? How do local care needs define what ministry is in any place?*

They also include other issues around how caregiving incorporates power dynamics; how forms of bodily and spiritual care interact; how care can and cannot be extended and translated across context and worldview. In a sense then, the letters and exchanges of the early archive became thinking and talking partners with which to think through the work of USPG as it sought to understand its mission and role in a pandemic health crisis. Historical context and a focus on methods, media and technologies of caregiving ensured an intentional and conscious analysis of what was happening within the online spaces that USPG continues to host.

> *The thing that I have learned is that there is huge generosity of spirit amongst the people who volunteer [for the foodbank] and those who stand in the queue and those who are donors. There is a huge amount of community spirit out there and we are in this together. At the same time there is anger at politicians. A massive disconnect between community spirit and generosity at community level and anger at politicians and sleaze.*
>
> Urban parish priest, Yorkshire, June 2021

Lifting the veil – Covid 19 in the UK

The Covid 19 pandemic has exposed in new ways the strengths and weaknesses of British society. Pandemic response has been a fascinating mixture of different stories: communities reaching out to each other and adapting to support the vulnerable; health and social care workers sacrificing themselves and their family lives in seeking to protect the lives of those for whom they care professionally.

Local churches around the world have been at the forefront of such a response – sustaining struggling community members by nourishing the body and the soul; by extending pastoral care and support; by offering spiritual and practical models to help both congregants and those beyond the gathered church manage the profound grief and loss that they are coping with.

The issues haven't changed actually…they've perhaps become more visible.

Urban parish priest, North West England, May 2020

Novel diseases reveal all kinds of things about people and societies that are either not expected, or that were perhaps veiled but which suddenly surface with force. One of the most visible and striking aspects of the Covid 19 pandemic is the stark illumination of what it means to live in an unequal world, as health and social inequality are writ large in mortality rates, access to healthcare and access to vaccines. In the UK the high disease burden and excessive mortality rates borne by ethnic minorities and those with learning disabilities has been shocking to many, although less surprising to those health professionals who have worked tirelessly for years to lobby for better parity of care. The unequal access to high quality health care for many communities in the UK has concerned health workers for a generation, exacerbated by the austerity policies of the past decade. But prior to Covid 19, this has been a problem which has been relegated primarily to one of 'groups on the margins'.

Pandemics demonstrate how health and wellbeing are collective concerns and highly complex states. The preparedness of the body to respond to a virus relies on good nutrition, on favourable working conditions, on a stable income, on low stress, on an absence of underlying conditions that keep the immune system under pressure and therefore less capable of responding to new pathogens. Perhaps one of the lasting legacies of the Covid 19 pandemic in the UK might be a greater public understanding of the interaction of the physical body, the material conditions of life (diet, housing, access to green spaces, access to good healthcare) and social environments in the protection of health. The need to lobby collectively around the multiple concerns that foster bad health outcomes and render already marginalised communities particularly vulnerable to disease outbreaks remains urgent.

Pandemics not only reveal inequalities, but they foster and sustain them due to ongoing economic crisis, unemployment, the burden of new caring responsibilities and the costs of treatment and drugs. In such contexts, caregiving on the part of the churches must incorporate advocacy to influence structural change in relation to racial, social and intergenerational justice for the protection of the vulnerable. Caregiving must be both local and it must be scaled up to the national level to challenge the systems that condemn so many to ill health. The relationship between the

different levels of scale has perhaps been most clearly modelled by the substantial role that churches, church leaders and Christian health facilities have played in mitigating the impact of the HIV pandemic in Africa. It has been a source of considerable frustration to many at USPG that this expertise has not been more widely articulated, promoted or drawn on by national institutions in Britain, particularly where they have flailed in their own management of Covid 19. This apparent reluctance publicly to engage international expertise in public health campaigning, communication and management indicates the persistence of a western mindset which imagines itself as holding knowledge capable of 'enlightening' those in other places with different ways of thinking about the world. Such trends remain a damaging legacy of imperialism with, amongst other things, negative implications for public health.

Over the course of the project, thousands of enquiries have been made to Church House, seeking spiritual and pastoral guidance in the crisis. Dr Anne Richards, the Church of England's National advisor on mission theology, new religious movements and alternative spiritualities, has described the questions that British people, coming to the state church for guidance, commonly asked her in online chat rooms during the Covid 19 pandemic's early stage. She talked about the shock and denial that she was hearing from British people in response to the arrival and impact of Covid 19. These responses indicate the role that other places play in shoring up western identity based around a kind of existential certainty: pandemics are imagined as events that happen in other countries – HIV, Ebola, SARS, MERS, these are not primarily western concerns:

Surely this can't happen to us? This happens in other countries'. So [we] blame others – 'this is the China virus – this can't happen here. We are too advanced'. So instead of saying 'what can we learn [from others]?', it was 'who can we blame?' This is privilege in action. 'This cannot happen to us. It is Impossible'. So, It either isn't happening – it's a 'plandemic' – or someone is attacking us and we are being invaded.
Dr Anne Richards, Church House, July 2021

The UK has had, within its recent history, very limited experience of disease epidemics and their consequences. Many of the challenges that the UK has experienced in its response to Covid 19 are well rehearsed by USPG's partner churches around the Anglican Communion. The lessons and cautionary tales indicated by pandemics in other parts of the world – particularly the experiences of HIV and Ebola in African contexts - have become increasingly visible in Britain, Europe and America. It is in dialogue with this expertise that the churches in the UK might reimagine their role and remit as providers of care and reenvisage the relationship between mission and service.

Catch fish, not Corona

The early, pro-active public health campaigns of many African countries to the threat of Covid 19 stood in stark contrast to many countries in Europe and America which appeared to sleep-walk into the pandemic.

Designed by fourthway for the Center for Disease Dynamics, Economics & Policy in collaboration with Kenya's Ministry of Health (originals in Kiswahili). More info at https://fourthway.co.uk/

Resourcing from other places

In February 2020, Senegal developed rapid testing for Covid 19 and began training health care staff in neighbouring countries to test for Coronavirus. Senegalese and Ugandan pop stars recorded songs in vernaculars to warn local people about the dangers of Covid 19 and the importance of masks and handwashing; Rwanda installed wash basins in taxi parks.

From the beginning of 2020 it was apparent to USPG that to improve the health literacy and public health response of people, churches and communities in the UK, there needed to be a deeper engagement with and learning from leaders in those places whose frequent and recent experiences of deadly endemic disease and the long-term social, health and economic implications offered a wisdom and shape to community action within a pandemic. The experiences of many African churches and communities in responding to HIV and Ebola offer a resource for many in churches in the UK with little, if any, experience of public health crisis or disease pandemic.

Perhaps most importantly, the experience of managing HIV, now a 40 year endeavour, teaches that pandemics are long term events. They have contours and phases that can be recognised and mapped. They require and foster a particular type of fortitude, learning and responsiveness at community level, particularly amongst those communities chronically affected. Their implications touch every aspect of society and continue to require response across sectors and disciplines – scientific, social, economic, cultural, religious. Pandemics reshape societies whilst also acting as lenses for understanding their nature. In contexts like the UK, where there is little living memory of pandemic disease, the existential interruption of Covid 19 has been profoundly unsettling for many. Many have struggled to grasp the long term nature of the changes that Covid 19 has wrought; most have felt unable to anticipate the shape of the pandemic - the duration of restrictions and lockdowns; the appearance of new variants; the shift from the acute stage of crisis response to the chronic stage; the subtle reshaping of sociality and society. Those places where endemic and pandemic disease are constant challenges offer guides for envisaging and understanding what pandemics mean; their implications over the long term; the ongoing work that must be done to support communities in grief, struggling with social and economic marginalisation. All this is a vital resource to those contexts where shock and grief at the existential unmooring posed by Covid 19 predominate and, all too frequently, public health illiteracy persists.

The HIV pandemic emerged as many African countries were negotiating and struggling with the economic reforms imposed by Structural Adjustment Programmes (SAPs) – loans from the IMF which were conditional on states pursuing economic reforms along neoliberal lines (free trade, privatisation, financial deregulation). The subsequent limitations on government spending severely undermined institutional life across the continent and inflicted considerable damage on health care provision. Health systems struggling with the economic impact of changing government policy were not well primed to meet the challenges that the HIV pandemic posed. In ways that very much mirror the relationship between a decade of government austerity in the UK and the impact of Covid 19 on an already struggling NHS and welfare state, the advent of the AIDS crisis in the context of SAPs required that non-state actors step into the gaps in health and social care that the formal health care infrastructure could no longer provide:

The presence of the Church in the most remote communities was critical in supporting public health because [through the churches] even the state had access to remote communities. And also remote communities had access to care and treatment which was initiated and spearheaded by churches mainly through donor funding. And also use of church members as voluntary community caregivers also relieved the burden from the state which were limited [socially] as well.
Bishop Erick Ruwona, Zimbabwe, October 2020

For the Anglican churches across Africa, often initially slow to meet the challenges of responding to a sexually transmitted disease which was shrouded in stigma, shame, and moralising, HIV in a context of western imposed economic limitation meant a new mission, requiring new theologies and new knowledges. These included information about public health, the prevention and transmission of HIV, how to support nutrition and how to communicate often complex health messaging to a frightened public. Churches and church leaders had to understand the increasingly acute needs of those whom they served who were now impacted by chronic disease, stigma, multiple bereavements, unemployment, newly found caring responsibilities and rising economic challenges.

There is a growing understanding that Covid 19 is not a short-term problem. It is a challenge that will impact a generation and requires systemic and structural change across all sectors of society.

They needed to ensure the development of new skills and new models of care for individuals, families and communities negotiating unfathomable pain and loss. Churches and church leaders found themselves at the front line of the provision of material, psychosocial and spiritual care. In rural communities, they were often the only source of support and resource.

The upskilling of the churches and communities in many Anglican provinces in areas of public health literacy and pastoral and spiritual care developed over many years of managing and responding to the needs of communities stricken by HIV and, more recently, Ebola. As Canon Gideon Byamugisha, a pioneer of HIV AIDS activism, shared, the response to HIV in Uganda had three distinct phases that emerged over decades:

From 1981 to 1990, we nearly did nothing. I usually call it the lost decade. There was lots of denial, there was a lot of stigma [...] people were even not sure what to do. [...] The second decade, 1990 to 2000, was a better decade. A period when the churches began learning what HIV is, how they can respond. We see the next decade – the third decade from 2001 to – to 2010 being a – a period of active response and that is [when] we see a lot of support [from external donors].
Canon Gideon Byamugisha, Uganda, October 2020

This account holds a number of important lessons. First, it is a reminder that pandemics and the challenges to which they give rise unfold over long periods of time. Whilst at the beginning of the Covid 19 crisis in the UK, Boris Johnson himself said that Covid 19 would be 'sent packing' in 12 weeks and many imagined remote working and lockdowns would be 'over by Christmas', there is a growing understanding that Covid 19 is not a short-term problem[2]. It is a challenge that will impact a generation and requires systemic and structural change across all sectors of society. Secondly, there is a considerable amount of learning to be done by the churches and wider society, particularly in the area of public health literacy and, in the case of Covid 19, around vaccine scepticism and how to engage and work with people who have radically different ways of understanding the present. The third point raised here

is that it is only with proper resourcing that care and response to crisis can be extended and deepened. How to resource care in the context of Covid 19 in Britain and around the world, remains a key political and economic question.

The HIV and Ebola crises, as USPG's partners have shared, required the development of new models of care which operated at both local and national levels of which, in many contexts across Africa, the churches became innovators and exemplars. Canon Byamugisha described the way that AIDS acted as a lens, exposing new fault lines in society that required comprehensive response:

The integrated model combin[es] the holistic approach for the mind, the body and the spirit. That was crucial because we discovered that AIDS was not just a disease, it was also a symptom of things that were going wrong in various sectors at different levels and within the dimensions of life. So [...] if you have a multi-sectional problem, a multilevel problem and a multidimensional problem then also the response should be multi-sectional – bring in all the sectors. It should be multilevel, starting from the individual to the family to the community to the nation and then to the global. And then should be multidimensional at raising the issues of the spirit, issues of the body, issues of the mind.
Canon Gideon Byamugisha, Uganda, October 2020

Church leaders, and others across African contexts, have developed their own integrated models for bodily and spiritual care, opening up their spaces for health delivery, testing, vaccination and information sharing. They have also, in some instances, become powerful lobbyists – pressing governments for the protection of the marginalised, representing the needs of their communities to the highest authorities, and fighting the structures that condemn so many to ill health. Importantly, leaders frequently communicate information about their communities back to public health actors, to improve cross sectoral literacy and understanding. Church leaders have stressed the importance of working as part of a multi-sectoral response and the absolute necessity of working alongside local councils, communities and government:

The key institutions [...] are three. Government, because it is responsible for providing a legal framework and create an enabling legal environment. Then our cultures, they must create a sense of [acceptability] that they are able to – to welcome and accept people because that's what culture does. And then the Church, providing an environment of healing. So it seems to me that if those three institutions work together and play their respective roles, then you start to make progress in terms of response.
Canon Grace Kaiso, Uganda, October 2020

As a result of their experiences with HIV and Ebola, Church leaders and organisations across Africa are impressively health-literate and have, in many places, worked as first responders in resourcing people with the information they need to protect themselves and their families from Covid 19. They have repurposed networks which were built to respond to HIV and Ebola to promote messages about hand hygiene, social distancing, the treatment of dead bodies and the evaluation of risk. Church leaders have innovated pastoral care and counselling services that continue to support those bereaved by Covid 19; they have built communities to care for those orphaned by HIV and those suffering the economic shocks imposed by lockdowns. Perhaps most importantly, the care extended by churches to those impacted by HIV has fostered hope, agency and new forms of community and purpose, the lessons of which will continue to inform responses to Covid 19.

The actions and the efforts by a global community to engage with and meet the profound challenges of the African AIDS pandemic changed the global landscape for thinking and talking about faith in relation to public health. The impact of AIDS in reshaping interdisciplinary collaboration and cooperation in the pursuit of the protection of health and extension of care cannot be underplayed. This work exposed, amongst other things, the fallacy of western philosophical distinctions between body and soul, between doctor and priest. The context of Covid 19 illuminates afresh

the falseness of these separations, particularly in Europe and America, as doctors hold the hands of dying patients in ICU wards, and priests tend to the needs of bodies in the provision of food, clothes and sometimes medications. Such stories indicate developments in care that Covid 19 has forced within the UK, but there remain gaps, particularly in relation to churches and church leaders. Often these concern leading and communicating public health campaigns to congregations and interpreting and translating the blending of 'spiritual' and biomedical narratives in thinking about disease and cure.

Enquiries received at Church House about the nature and meaning of the pandemic in 2020 reflected feelings of powerlessness and fear: *'Is this the end of the world? Am I going to die? Do I deserve it?'* questions soon gave way to more positive, pragmatic searches for prophylaxis or cure. *'How can I protect myself?', 'What can I do?'*. A range of sometimes harmful spiritual prophylaxis were reported - from crystals, amulets and shaman blessings to ingestions of mercury and toad venom; cutting and bleeding. More recently, enquiries have concerned issues around Covid 19 vaccination – concerns that the vaccine is dangerous, that those who are vaccinated are dangerous; that whatever is in the vaccine must be protected against and not allowed into the body; that people must protect themselves from this dangerous contaminant. Dr Richards reflected on the significance of culture, context and media for public health communication:

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The story that keeps coming back to me is Nigel Barley's book about Cameroon. People came into the village with a public health information film about malaria. They all watched and when it was over they were asked 'what do you think about that? What will you do?' The locals responded: 'no we won't do anything at all – we looked at the film and the mosquitos were enormous and ours are not'. The villagers couldn't make the connection [between their context and] a western film. I kind of think that this sort of disconnect and cognitive dissonance has occurred with Covid [in the UK]. 'We don't get this sort of thing – it can't apply to us.

Dr Anne Richards, Church House, July 2021

The pandemic demands that clergy recognise the rationality in both 'supernatural' and denialist responses and protect the wellbeing of those who find recourse in them. Church leaders must develop their skills as translators and public health practitioners, offering what must be scientifically sound, culturally sensitive, intelligible, accessible health advice. This is not to say that clergy must become expert epidemiologists. Rather, they occupy the borderlands between doctor and priest.

Seeking out ordinary methods of coping through ritualisation or spiritual prophylaxis may help people to feel less overwhelmed, but this can also serve to fracture a public discourse of causality and cure, meaning people are less receptive to health orthodoxy and scientific expertise. Management of the African HIV pandemic was challenged by rational recourse to alternative models of disease causality, even as knowledge about viruses remained high. The popularity of locally produced cures for HIV, a rise in witchcraft

accusations and the popularity of faith healing all operated alongside high levels of knowledge about the bio-medical causes of HIV[3]. One explanatory framework for disease and cure does not exclude others, even where they may appear completely contradictory. These experiences caution all that church and society must listen carefully and understand the discourses and narratives attached to, for example, anti-vaxxer positions. Clerics and church leaders must think about how anti-vaxxer narratives relate to the erosion of trust in institutions and government after over a decade of austerity. They must recognise for some groups the predominance of spiritual over medicalised narratives of affliction and be cognisant of forms of dissonance and disbelief that work against public health. Once understood, responses must be developed to reassure sceptics of the value of vaccines and treatments. This requires intentional theological engagement in domains which may not be perceived to be the primary concern of clergy:

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One of the issues that we have focused on around messaging related to er Covid 19. How do we find the right vocabulary, the right theology so that we do not sensationalise? One of the issues around most of the Pentecostal and prophetic preachers, they have been convening vigorously against vaccines. Knowing most diseases, the best way to deal with them is through vaccination. We have sought to demystify and support vaccine development [...] to prepare people that, in the event that vaccines are coming, we must be ready because this is one way out of – to deal with the – with the virus.
Bishop Erick Ruwona, Zimbabwe, October 2020

The decades of work understanding social behaviour in the face of HIV in the global south can and should inform and illuminate engagement in the UK and other places.

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2 https://www.theguardian.com/world/2020/mar/19/boris-johnson-uk-can-turn-tide-of-coronavirus-in-12-weeks *accessed 10.09.21*

3 *For examples see Doran, M.C., 2007. Reconstructing mchape'95: AIDS, Billy Chisupe, and the politics of persuasion. Journal of Eastern African Studies, 1(3), pp.397-416; Yamba, C.B., 1997. Cosmologies in turmoil: Witchfinding and AIDS in Chiawa, Zambia. Africa, 67(2), pp.200-223.*

From global to local – pandemic response in the UK

Whilst there is much to be learned from the African churches' long experiences of innovating care in response to pandemic and epidemic disease, many of the themes mentioned above that pertain to the acute stage of the HIV crisis are evident in the caregiving that clergy, chaplains and parish churches have offered since March 2020.

The work of the churches around the Anglican Communion and within the UK in response to the social, material and spiritual challenges posed by Covid 19 has been invaluable. Churches have continued to open up their spaces – both physical and virtual - to feed, clothe and offer spiritual care for those already marginalised who have lost their income due to lockdowns; who have had to shield and had limited access to social and pastoral care; who have been bereaved and unable to grieve supported by family and friends. Churches have developed new partnerships with local authorities and community organisations; they have sometimes stepped forward and become council hubs for food distribution and sometimes stepped back to allow bigger agencies to coordinate their resources.

The nature and provision of forms of pastoral care offered by clergy and chaplains have assumed critical importance in the context of Covid 19. Social isolation, already a huge problem in many societies, has been exacerbated by lockdowns which stopped many of the community practices and expressions, including public worship, that hold people together and sustain their emotional, physical and spiritual wellbeing. Lockdowns separated families and cut people off from systems of support with devastating implications for mental and physical health. The fear and sense of existential interruption generated by the pandemic - fear of sickness, fear of isolation, fear of not being able to feed and clothe one's children or pay one's rent - have exacerbated stress, anxiety, depression and rates of suicide. High mortality rates and the inability to grieve and lament collectively through public ritual and liturgy left many suspended and alone in their pain. These factors, exacerbated by distancing and the need to offer care remotely, placed particular pressures on those offering pastoral and spiritual care who speak directly into the crisis of uncertainty, hardship and isolation that many continue to endure. Whilst lockdown might be over for now, the fallout from the traumas and trials of living through the acute stages of the pandemic is only beginning to emerge. The challenges of caring in the context of Covid 19 have required (and will continue to) high levels of creativity and practical and theological innovation as chaplains and clergy find new roles in the midst of the crisis:

Pastoral ministry is becoming more and more intentionally covenantal if that's the right word. Covenant in terms of the promises that we're having to make to folk, that we can hold their pain, perhaps their grief, for quite a considerable time. And we'll express that grief corporately and publicly at a later date. So, we're making promises to people, and asking them to trust us with these key challenging moments in their lives in a way that is very different to how we have provided care before.

Canon Mal Rogers, Liverpool, June 2020

The challenges of pastoral caregiving under lockdown

Under the first lockdown, all of the clergy whose experiences have informed this project tended to the pastoral needs of their communities by setting up online, WhatsApp and telephone groups as well as undertaking doorstep visits and the sending of printed prayer and worship resources. Online worship provision varied, with some clergy having found it easier than others to adapt. One interesting difference in the speed of adaptation appeared between those who described their ministries as 'sacramental' and who mourned more deeply the immediate loss of the Eucharist and access to their church buildings and those clergy who described their ministries as more 'evangelical' and felt that they 'just got out there to keep proclaiming the gospel'. That a few clergy had to 'hold' the Eucharist on behalf of an absent minority was strongly felt by many, as was the absence of the congregation to participate, witness and respond. One parish priest, who was struggling with the loss of collective worship stated:

I hold the Eucharist twice a week, on behalf of the congregation, but with no congregation present. That is tough, and humbling, spiritually challenging, and a huge privilege to hold for so many.

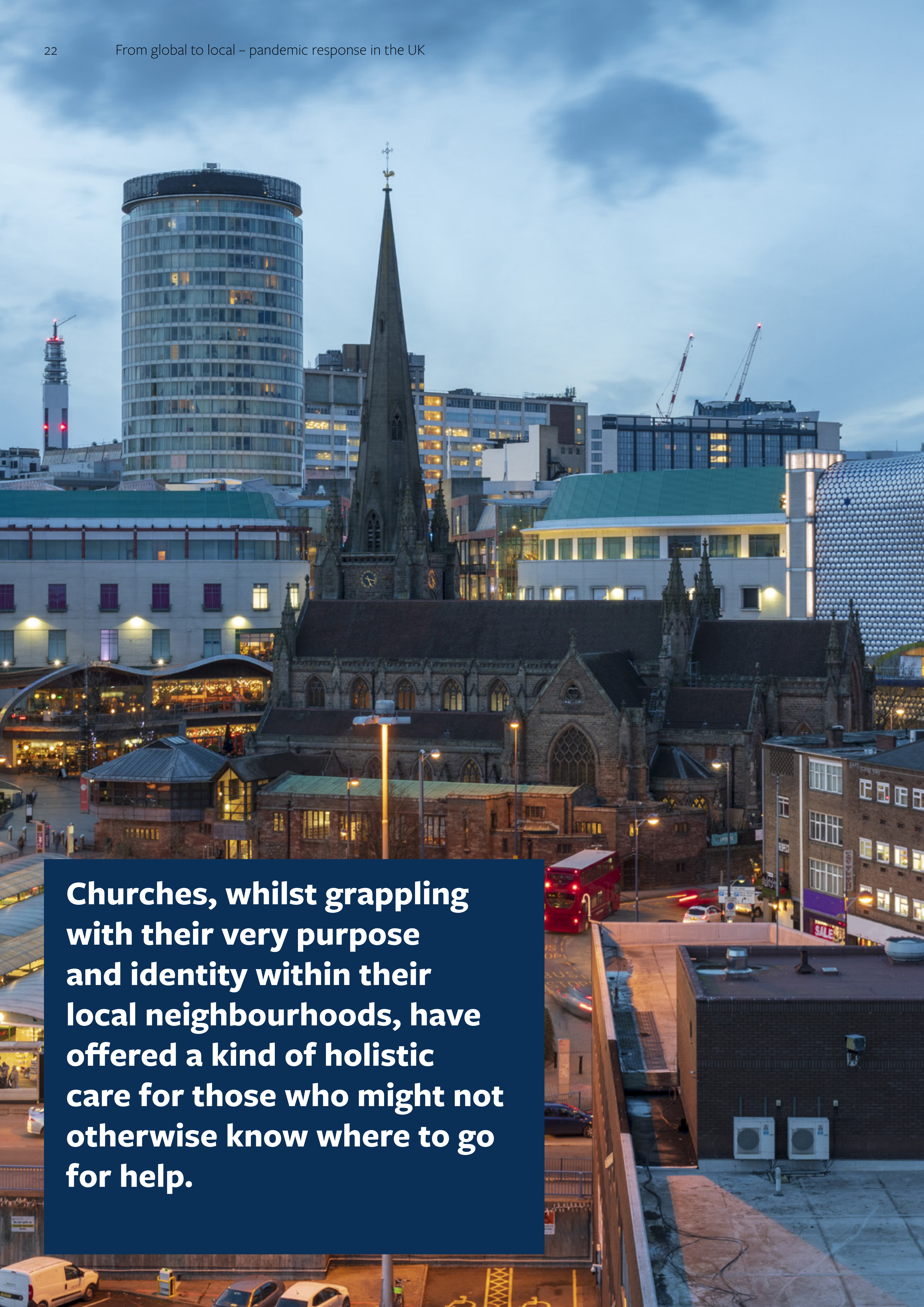
Anonymous survey response, June 2020

The challenges of ministries to the sick and bereaved were also felt by half of the respondents surveyed or interviewed in the first 6 months of the pandemic. Clergy reflected on the challenges of remote ministry to the sick. This was particularly difficult when people were very ill, unable to respond to words and in the absence of touch and handholding. Clergy spoke of the frustrations of not being able to anoint the sick, to hold their hands or to offer last rites. Many clergy spoke of a growing reliance on chaplains in hospitals and care home settings to undertake sick visiting and anointing of parish members in their absence. The arbitrary nature with which some chaplains were able to be present at the bedside in hospitals and care home settings to minister whilst others were not was noted. Undertaking funeral preparations with grieving families using video conferencing software was very difficult as family members wept and clergy were not able to comfort them either physically or, some felt, by appropriately managing the group feelings virtually. Clergy spoke of the challenges of witnessing and extending a pastoral ministry at funerals, where mourners, including the newly widowed, were physically isolated from each other and hugs and physical comfort could not be extended. How publicly to ritualise and memorialise under lockdown restrictions was an acute and sometimes distressing challenge:

Covid ministry has been particularly hard regarding the dying. One of my home communicants is going straight to the cremation in a week or so, as no-one would be able to attend a funeral. I will therefore have to stand in the street and say the prayer of commendation as she passes, before saying a Requiem Mass in church. Not being able to take her funeral is something I find very upsetting.

Anonymous survey response, June 2020

In March 2020, many churches set up volunteer networks to help with shopping and delivering food parcels. The ability to foster partnerships with city councils and other voluntary organisations as part of coordinated local responses differed between those parishes which were already working with communities in refugee and asylum seeker support work and to mitigate food poverty, and those who had to build new networks from scratch. Whilst those parishes without established networks often sought to develop them early in the pandemic, the need for an urgent response on the part of local authorities meant that where they did work with churches, they tended to work with those with whom they had existing working relationships. In many places, the church had to be comfortable with stepping back and allowing others to take the lead in supporting their parish residents. This led to frustration on the part of some clergy. On being asked about changes to ministry in April 2020, one priest expressed that he was:



Churches, whilst grappling with their very purpose and identity within their local neighbourhoods, have offered a kind of holistic care for those who might not otherwise know where to go for help.

Frustrated - the church can serve a need in the community; it can become a centre for coordination and tending the vulnerable. I contacted 8 councillors of which only 4 have replied and they said what do you want me to do? I wanted to coordinate a meeting with other community leaders; to put it out there that the church is willing to respond to need. I have had no request from outside the congregation.

Urban parish priest, South East England, April 2020

This priest recognised that finding a distinct role for the church in responding to local needs exacerbated by lockdown might be more of a 'slow burn' situation and that collaboration with local agencies or becoming part of a coordinated response might emerge as time went on. Another priest illuminated some of the interesting assumptions and tensions that churches might have had and grappled with in understanding their place within their local communities. They reflected on the surprising nature of the anxiety felt by the congregation at not being at the centre of a local response to the material needs of the crisis:

I didn't go into pandemic thinking that the church not being in charge of things would cause a sense of anxiety for the congregation – what does that say about us? We need a sense of humility – just having the oldest building in the town doesn't give us the right to be the host.

Parish priest, West Midlands, September 2021

Churches, whilst grappling with their very purpose and identity within their local neighbourhoods, have offered a kind of holistic care for those who might not otherwise know where to go for help. Clergy around the country have reported the changing constituencies they are encountering as new people are drawn to them for support; they have reported the changing nature of conversations that they are having with those in their parishes who would not normally come to the church; they have reported an increase in the number of people wanting to know how to pray and seeking answers to the problem of suffering. Covid 19, at least in its acute stage, brought a range of new people and needs to the attention of those in parish ministry. The visibility and presence of the parish church in every community has been critical to the church's ability to minister in the crisis. Congregational responses have, in many cases, been extraordinary, and the care offered has taken a heavy toll on many clergy, lay Christians and chaplains who have sought to meet the complex needs of their communities.

Part of the toll that caregiving has taken on those in parish ministry has emerged out of a profound sense of disconnect from the central institution of the Church of England. Critiques of the failure of the institution to offer spiritual leadership, rather than health and safety management have been common across the data. 'Plenty of ad clerums; no pastoral letters' as one told us. The criticism of the institution in relation to church closures and an obsession with health and safety was a consistent theme:

Church closures [have] been the church at its worst: timid, frightened. I had just managed to get the churchwardens to open the church during the day and then we had to close completely. We could have managed but no, the bishops became health and safety obsessed.

Anonymous survey response, May 2020

There has also been much criticism of internal tribalism, of bickering and arguing in the institution and the resourcing of processes – including conversations about sexuality - that are simply irrelevant to the situations in which clergy find themselves ministering. As one cleric reflected:

When people come together determined to break down barriers, determined to name challenges and to deal with them, much can happen and so it makes me frustrated when the Church often many, many years into having issues named, is still having those kinds of internal discussions.

Urban Parish Priest, North West England, June 2021

Those clergy who have been on the front line of parish ministry, particularly in deprived, urban contexts where the levels of deprivation and need have been shocking, felt great weariness and frustration with the central institution, whose impulses, it was felt, had very little to offer to their own situation or their understanding of ministry. Whilst they were keen to talk about diocesan support, where that had been helpful, many clergy relied heavily on friends and family and felt alienated and unaided by the conversations and guidance coming from Church House.

Ministries of presence: Chaplaincy

In the context of Covid 19, chaplains from a number of institutional and geographical contexts have revealed the skills that they hold in spanning sectoral, cultural and national divides. They have shown themselves as natural translators of spirituality, negotiating and delivering Christian care within a range of institutional and secular cultures including hospitals, care homes and maritime settings. Chaplains have also demonstrated their skills in extending care across cultural worldviews through ministries to diaspora communities in the UK and beyond. These expert bridge builders, able to understand and speak a number of different institutional, cultural and national languages continue to minister to communities that are particularly vulnerable to Covid 19 and to the wider social forces that marginalise them. These include refugees, cultural minorities, the sick, the elderly, people locked down on ships or in foreign countries, their inability to see families and loved ones due to geography, passports, and finances exacerbated by the Covid 19 crisis and its implications for global movement.

I see chaplaincy as an exercise of the theology of presence, of being there [...] Chaplains also are agents of social change, because we are, we are and should be one with those struggling [...] for justice, dignity and humanity.

The Rev'd Canon Dwight dela Torre, Hong Kong, October 2020

Social care chaplains and healthcare chaplains within the UK have faced a particular set of constraints. The impact of Covid 19 on their places of employment and the risk of infection has had a number of implications. At the start of the pandemic and the first lockdown, health and social care chaplains talked about the complexities of negotiating with employers about whether it was possible for them to minister in person within their workplaces. Access varied from setting to setting and depended on a chaplain's age, health status, underlying conditions and the policies of the organisation. Because many chaplains within the health and social care sectors are retired volunteers, considerable numbers were older and therefore at increased risk from Covid 19 so had to take decisions to stay out of hospital and care home settings. The ramifications of these decisions have been intense and many chaplains, all of whom described their ministry as a ministry of presence, spoke of the struggles of working out how to enact this ministry of presence remotely. Social care chaplains talked about the guilt of missing deaths that they otherwise would have been present for. Many reported the struggle with feelings of helplessness as they were unable to support colleagues in care homes that were undergoing the ordeal of the first wave with its often brutal consequences for staff and residents.

Those who were able to be present, both in the hospital and social care sectors, talked about the changing nature of their constituencies. There was a strong theme from both social care and health care chaplains of being present to support fellow staff in hospitals and care homes who were under incredible pressures - afraid for themselves, their families, their colleagues and traumatised by the high death rates that they were witnessing. Sometimes, chaplains were supporting staff teams in dealing with the deaths of their own colleagues, which induced a particular type of trauma and fear. These challenges were exacerbated by a public discourse of NHS workers as 'heroes', a fact which was reported by chaplains to be placing a further pressure on frightened and stressed staff who were concerned mainly with doing their job and protecting vulnerable loved ones. Chaplains reported being involved in institutional conversations about ethics and care in the context of Covid 19 and there was concern about staff in both care homes and hospital settings who were suffering 'moral injury'.

Moral injury refers to the trauma that is imposed when a person is unable to adhere to their own ethical code of conduct[4]. Clinical and social care staff found themselves unable to protect and save their residents and patients due to the nature of Covid 19, the inaccessibility of PPE and the rationing of treatment in the first and second waves. The challenge of moral injury placed a distinct set of pressures on chaplains seeking to care for clinical and care home staff in contexts of high mortality.

Almost all of the health and social care chaplains who shared their experiences spoke of the challenges of managing their own personal fears to protect the communities to which they were ministering:

> *During the initial stages of that lockdown with the staff, the key thing that I had to, to keep in mind was just to keep everyone's spirits up and not to let this impending gloom or this anxiety or this fear that was from everywhere in the media, just outside the door, at home, we just couldn't let that penetrate into the home. Everyday I had to put away all of the rigmarole of stuff that I would do normally and just put that all aside and every day was just listening. That was what was key during the pandemic to get everyone through was just to listen to them, listen to the staff, listen to the residents and that was, that was what we did.*
> Social care chaplain, South of England, October 2020

For those social care chaplains who were able to minister in residential care homes, many spoke of the privilege of being present to elderly residents when family and friends were not able to visit. Chaplains became important bridges between residents and relatives, spending time on the telephone to families to update them on how their relatives were and this resulted, for many, in a deepening relationship with the families. Chaplains from other sectors, including a maritime chaplain and chaplains to migrants in different parts of the world, echoed this responsiblity under Covid 19 to connect isolated people to their relatives and communities from which they were separated by geography and lockdowns.

Chaplains in health and social care shared the unique pressures of ministering in contexts of high mortality. Supporting staff who were often dealing with rapidly successive deaths at rates that would normally only be experienced in acute settings. The pressures on chaplains to innovate, to find creative ways of bringing people into communion and 'covenentally' holding the loss and grief that could not be processed at the time through proper ritual or funeral is something that chaplains are continuing to process on behalf of and alongside their communities. Disenfranchised mourning has been a key challenge and creativity around ritualising and creating liturgical ways to lament what has been lost and seek out ways to process grief now that people can finally come together remains an ongoing task.

Touch in a virtual world of care

The enforcement of social distancing, remote working and infection risk have reshaped and accelerated landscapes of care provision within care settings and for parish clergy. Chaplains in hospital and care home settings in particular have shared the dramatic turn towards remote methods of care that Covid 19 and its infectiousness have necessitated. Particularly during periods where PPE was hard to find, chaplains in hospitals and care home settings were forced to find new ways to extend care, without being in the room. Whilst much has been made of the role and absence of touch in care provision, it has been clear that whilst bodily contact has been minimised, touch has not disappeared. Many clergy and chaplains who shared with us the ways that they were innovating care early on in the pandemic indicated that they had returned to 'hard copy' resourcing of congregations. Whilst many clergy and chaplains were extending tele-chaplaincy or remote care through computer screens and were offering online or conference-call-based worship and prayer sessions, they were simultaneously sending physical copies of pastoral letters, prayer and hymn sheets and finding ways to keep touch and physical sensation within care.

One parish priest ministering in a coastal area had encouraged her congregation to go down to the beach and pick up two stones to take home as a focus for meditation and reflection. Another group of chaplains told us of increased use of holding crosses in hospital ministry and care home settings. Social care chaplains talked about the revival and re-purposing of older format information sheets with prayers on them that could be recited collectively within the care home under the supervision of care home staff whilst chaplains were unable to come in and lead acts of worship. These sheets were retained for individual private use. Clergy talked about the 'mixed economy of communication' that parish ministry now required:

A lot of people are not online. So we have to produce something that everyone can access; something in the post for those without internet, something that they can hold onto and read again and again.

Rural parish priest, Scotland, July 2020

Prayer

Prayer has been central to the extension of care in the context of Covid 19. Prayer has resourced communities and individuals and has been critical as a method of self-care for those chaplains and clergy supporting others. Online prayer has been a way of fostering connection and collective presence in times of isolation. Prayer has appealed to many around the world who would not consider themselves to be religious. Google analytics data from March 2020 revealed a record number of searches about prayer globally[5]. The Church of England's Daily Hope prayer line, launched whilst church doors were closed in April 2020 received over 6000 calls in its first 48 hours[6]. Queries about how to pray and requests for prayer resources have been something that almost all clergy reported receiving in the early stages of the pandemic. Coronavirus prayer resources were written for those who had never prayed before and prayer began to happen in 'secular' hospital and care home settings where previously it would not have been deemed acceptable. Hospital chaplains reported being invited to share words of comfort in staff meetings that would, in ordinary times, have been avowedly secular spaces. One care home manager who is also a chaplain talked about how she was able to resource herself and her staff through prayer:

It was prayer in the morning and prayer at night, during the day in, in the care home, actually having moments of prayer in the home … I'm very lucky in the sense that my home is a very small care home [...] *So, we were able to during, between meetings, open up team meetings with prayer, close … I can't express it, just that was huge, huge.*

Ms Averil Pooten Watan, London, October 2020

Church House received a number of queries about prayer and prayer resources. There was a strong preference and request for formulaic prayer, rhythmic forms such as hymns or songs that rhymed and were easy to remember and recite and prayers which calmed people through repetition. People requested

older linguistic forms – thee and thou – which were deemed to cut through the chaos of the present and connect people more deeply to an ancient and timeless God:

Older and younger people were asking for the 'older' way of saying the Lord's prayer. This gave a kind of spiritual serenity. It carved out this space to connect with those who have prayed in this way for a long time – a connection to those who have lived and died in the faith.
Dr Anne Richards, Church House, August 2021

Caring for carers

The provision of care for carers has been a critical concern throughout the pandemic and the care needs of clergy and chaplains have shifted as the pandemic has gone on. In the early stages of the pandemic, the lockdown offered, for some, a pause in the ordinary activities that brought with it space for spiritual and physical rest and reflection. Many clergy reported having more time to read and to enjoy more restful pastimes. Whilst the adaptations to new ways of ministering took a toll, there were benefits to a slower pace:

The lack of human contact is the most difficult from a ministerial point of view. It's not the same doing pastoral work on the phone. But my time is used much more efficiently. I stop every day at a sensible time and make sure I cook supper every day.
Parish priest, South of England, April 2020

Having moved through the acute stage of the Covid 19 crisis, adrenaline has now dropped and reports of fatigue are common. This has been reflected in the changing nature and energy of the accounts that we have received from clergy and chaplains during summer 2021. The energy that kept the early response going has diminished. Clergy, chaplains, health and social care staff and communities are tired and burnt out. And yet the needs for care have not diminished. Communities are still struggling, new crises, often catalysed by Covid 19, require different responses, there is little time for emotional and spiritual resources to be replenished. Fatigue, exhaustion and a kind of shock in processing the things that chaplains and clergy have witnessed and ministered to are palpable and visible in exchanges with them:

It's really easy, isn't it, just to keep on giving, giving and giving [rather than] stepping into the covenant that God has with us - ultimately this is about God and God's people rather than me just endlessly exhausting myself on these different projects that we're involved with. So time for prayer, time for reflection, just time to step away and recharge.
Urban Parish Priest, North of England, June 2021

Unsurprisingly, prayer has been a vital method of self-care for clergy and chaplains struggling with the burdens of caring for others in their grief and isolation. Parish clergy talked about 'spending more time on their knees in prayer' than they had in their pre-Covid 19 prayer lives; chaplains talked about the resource that the 'Franciscan rule of life and order to prayer' played in providing the 'discipline, silence and peace to resource the chaos'. One priest talked about prayer writing as a form of pastoral care which connects a wider community and invites them into a daily practice of prayer:

I try and write a prayer now which expresses perhaps where I am or where the community is or what the prevailing issues are on the news and that's gone from having one or two people following and - commenting to being really quite an important part of our connections with our wider community. So prayer is absolutely key.
Urban Parish Priest, North of England, June 2020

The pain and deprivation that clergy have had to minister to has been, for many, shocking and traumatising – stories of poverty and profound loss and pain have both fostered new languages of care and meant that clergy have had to learn when they cannot 'be alongside' but

must walk away to protect themselves. Whilst clergy have sought to self-care by drawing on family, colleagues, friends, scripture, devotional texts and poetry, the vacuum in pastoral care provision for clergy and the profound exhaustion has been writ large on many of the faces of those who have shared their experiences. At the same time, the energies and generosity fostered within local communities by high levels of voluntarism and developing partnerships with city councils and other local charities have revived a sense of purpose and mission for those clergy for whom this kind of ministry comes naturally.

Deepening the contact zone[7]

One of the most striking aspects of the pandemic and its impact on churches, chaplains and clergy has been the ways in which the constituents receiving care have changed and new groups have been drawn to pastoral care givers in institutional and in parish life:

I thought I knew the parish that I served. There's so many people I didn't know. And um, a lot of these folk are - are kind of the - the invisible middle if I can use that - that phrase. So of course, we're used to providing food to the hungry, we're used to being there in times of crisis and tragedy. But for most people in the parish, we might have not had a contact with before.
Fr Mal Rogers, Liverpool, June 2020

Mirroring the work and experiences of parish clergy across the UK, the 'invisible middle' are people who would never come to church but whose material needs under Covid 19 have brought them into encounter. These previously 'invisible' people have emerged in a number of different ways. The most common narrative has been that of people in need of food and support in lockdown coming to the churches for help because they did not know where else to turn, indicating perhaps a residual sense of trust in the local church. Other clergy have spoken about how new cohorts have come to churches wanting to volunteer for food banks and community outreach projects to find purpose in the crisis. One priest whose church attracts a considerable number of visitors and whose primary ministry has been to tourists spoke about how the absence of tourism completely shifted his orientation back to those living within the parish, requiring him to 'start again' in getting to know and understand the local community which the church served. The pandemic has shaken up the relationships between churches, parish clergy and the communities that they serve. It has engendered new forms of cross sectoral partnership, new understandings of the context in which churches are ministering and, for some, new languages for thinking about the relationships between the 'church', the 'community' and what belonging to the parish and the Body of Christ might mean.

We need to learn about humility and that we don't have sole rights on the image of God. If we are ready to open our eyes and hearts then there are so many full of love and generosity and kindness who do it better than some Christians. So if this is such good news, then am I making it visibly good news to these people? [...] People are really great and they are really complicated. We need to start with where people are and honour that in themselves, rather than saying 'here is what I have and what you need'.
Urban Parish Priest, Yorkshire, May 2021

Such transformations suggest new opportunities for deepening collective understandings about what a Christian community might look like, who might be a part of it and how belonging might be articulated and expressed in ways that include those who are not familiar with Christian language, ritual or forms. Those who are curious need to be able to ask questions and explore shared understandings of gospel values in languages that are familiar and accessible to them to encourage trust and spiritual nurturing.

Anyone who has been in pastoral ministry knows that you can open questions and all that kind of thing, can allow you to go and encourage people to go deeper so that it, sooner or later, you can get to the, the core of what they are wanting to bring before you and before God.
Fr Ian Hutchison Cervantes, Chaplain, Mission to Seafarers, Panama, October 2020

All of those who have shared their experiences, have shared the ways in which Covid 19 pandemic has broadened and deepened the 'contact zone' in which pastoral and spiritual caregiver and the recipient of care meet. The pastoral and spiritual care extended in conversations that happen around the material provision of food and clothing have been a focus of the project's work. One parish priest whose church has become a local council distribution centre for food and other forms of signposting and support talked about the ways in which the churched and unchurched who work together in the foodbank and in service of the local community are developing new relationships, connections and conversations:

There is a massive amount of common ground and of people meeting each other as people. Once [secular] people have made friends they ask about the church and explore its differences and distinctiveness in the context of friendship. It's not long before I end up in conversation about God with someone who doesn't believe in God. Over a meal they might ask me why does God allow suffering? Or will you pray for me vicar? The mission is to love and serve our neighbours – there is so much scope for doing that with people who don't believe, especially when it's not clear cut and demarcated by having to walk into a service but it can happen in the queue for a food parcel.
Urban parish priest, North East, July 2021

These positive experiences of the encounter between Christians and non-Christians and new opportunities for engagement have galvanised and encouraged clergy in their engagement with their communities, and their sense of mission and hope. The parish church has been a key locus for such encounters. At a time when discussions about the meaning and the future of the parish indicate that it is under threat, it is vital to recognise the potential that the Covid 19 pandemic has generated in fostering parish outreach ministries that draw the churched and the unchurched into community for the common good.

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4 *Williams, R.D., Brundage, J.A. and Williams, E.B., 2020. Moral injury in times of Covid 19. Journal of health service psychology, 46(2), pp.65-69.*
5 *Bentzen, J., 2020. In crisis, we pray: Religiosity and the Covid 19 pandemic; Aksoy, C.G., Eichengreen, B., Saka, O., Morelli, M., Frey, B.S. and Gallus, J., Rising religiosity as a global response to Covid 19 fear.*
6 https://www.churchtimes.co.uk/articles/2020/1-may/news/uk/c-of-e-s-free-dial-in-service-offers-worship-for-people-not-online *accessed 13th September 2021.*
7 *For a detailed analysis of church run social outreach projects as sites of invitation to those beyond the congregation see: Rich, H., 2020 Growing Good: Growth, Social Action and Discipleship in the Church of England, Theos. Available at:* https://www.theosthinktank.co.uk/cmsfiles/GRACE-CUF-v10-combined.pdf

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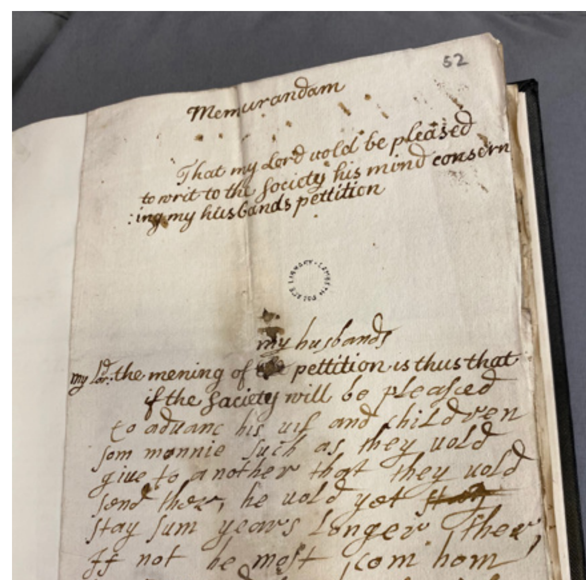
Concluding reflections

Exploring and understanding landscapes of pastoral care in a health pandemic and in dialogue with different temporal and geographical contexts has been a complex and at times bewildering undertaking.

In the UK, where conversations about the nature and value of history and heritage are highly contested, questions about the value of trans-historical dialogue for organisations that continue to operate within the same networks and spaces in the present day abound[8]. Temptations to weave simple threads across time and history to bolster activities and thinking in the present life of USPG must be actively mitigated. Our excellent team of archival scholars and specialists have worked hard continually to caution against simple narratives; against analysing something in one context and applying its implications to another. The research questions, drawn up in dialogue with our team who are exploring the archive, have operated as a set of anchor points that connect the early modern organisation to its contemporary ministry, and ground our explorations in the present-day pandemic within a deeper temporal context. It is questions, rather than answers, that lend the project intellectual coherence.

Some of these questions are strongly implicated in the experiences of clergy and chaplains ministering within the context of the UK, posing critical challenges for how the Church thinks about shared mission, evangelism, conversion and the nature of Christian community within different contexts. How, if at all, does the central institution listen to the voices of those in the parishes? What does the growing gulf between the realities of parish ministry and those of the institutional centre mean for good decision making? How can a shared sense of mission between centre and peripheries be fostered? How does the local parish church, changed by the experiences of the pandemic and shaped by a deepening knowledge of the community it serves, grapple with and understand its shifting identity and mission? How can the Church become more literate in the mindsets, experiences and languages of those seeking engagement?

The early modern period holds historical cues for re-envisaging and understanding the complexities of the relationship between the central institution (SPG/Church of England) and those missionaries scattered around the colonies. It demonstrates the struggles at the 'peripheries' over resources managed by the 'centre' (SPG). Letters in the archive reflect the sense of isolation felt by missionaries ministering in contexts which were not understood by those in the metropolitan centres who held the purse strings and on whose benefaction ministries and communities either thrived or failed. These letters from missionaries in the colonies petitioning the centre for support demonstrate the immense toll on spiritual and mental health that such isolation from a sense of shared mission generates. The imperative for those at the centre of the Church to reflect on the power that the institution holds, often at the expense of those ministering in local contexts, and to understand and resource spiritual and pastoral care to those involved in local ministries is an urgent task.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Memurandam

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my husbands
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The expertise that clergy around the Anglican Communion have developed in relation to public health messaging and communication through their experiences of health pandemics in Africa and elsewhere has been sorely lacking within the UK.

The Church's understanding of the realities of life at local parish level for ordinary people around the country can be supported by those in parish ministry and chaplaincy who have been working in front line provision throughout the Covid 19 crisis. Finding robust, systematic channels and opportunities to gather evidence and reflect on what has been learned about the people that the national Church seeks to minister to is another urgent task.

USPG's engagement with and accountability to those ministering in different geographical and cultural contexts aims to ensure that the experiences of the churches in one place are analysed within the context of global conversations about care, ministry and mission. Fostering dialogue about pandemic response between contexts generates the development of new forms of solidarity and relationship. Such solidarities can serve, at best, to challenge the power dynamics at the heart of engagement between the global north and the global south, as enshrined in USPG's history and its own ongoing and complicated relationship with the present. The expertise that clergy around the Anglican Communion have developed in relation to public health messaging and communication through their experiences of health pandemics in Africa and elsewhere has been sorely lacking within the UK. The ability of clergy to translate across the myriad ways that ordinary people think about disease and cure as expressed through diverse spiritual, cultural and biomedical idioms can usefully inform the UK's own struggles with Covid 19 denialism and vaccine hesitancy. Challenging western hierarchies of knowledge and facilitating churches in the UK and elsewhere to understand the value of the expertise that can be drawn on from around the Anglican Communion is something that USPG will continue to promote.

The society that produces atomised, autonomous individuals, as in many western democracies, does not resource its members well for a pandemic. Christian leaders in the global south, in whose worldviews the individual body and the social body are mutually indwelling, have shown themselves better able to manage the initial public health response to pandemic threat. Their model of care is about dissolving some of the false distinctions that western philosophical traditions have nurtured and western Christianity has adopted. Care is about re-integrating the spiritual with the physical, and re-imagining the integration of the social and the individual body. Those societies in which the individual is located within the social fabric have much to teach us about how to respond to a public health emergency. In western contexts, including the UK and the US, where death tolls belie the capacity, resourcing and technical prowess of centrally or commercially-funded health services, pandemic response, management and care over the long term requires the recovery and re-discovery of new imaginaries, from wherever they can be found across a range of temporal and geographical contexts.

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8 *From this project see: Sunday Feature, 'Archives in the Culture Wars', (2021), Radio 3, 6th June. Available at:* https://www.bbc.co.uk/programmes/m000wslk

For further details about any of the material contained in this report or the ongoing collaboration between USPG and the University of Leeds please contact:

Dr Jo Sadgrove
Research and Learning Advisor, USPG
jos@uspg.org.uk

Dr Alison Searle
Associate Professor of Textual Studies, University of Leeds
a.a.searle@leeds.ac.uk

Information is also available on our project website:
http://emlo-portal.bodleian.ox.ac.uk/exhibition/uspg/