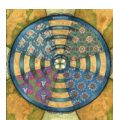
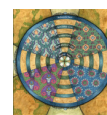




World Evangelical Alliance—Mission Commission
Global Member Care Resources



MEMBER CARE BRIEFING



A Communiqué of Global Member Care Resources (MemCa)

June 2006 Number 17

GREETINGS: Welcome again to the *Member Care Briefing*. We are sending this communiqué to around 1500+ people who are actively involved in member care. Included are members of regional and national task forces, people who oversee member care related ministries, member care practitioners, and several mission/church leaders. It is a service of *Global Member Care Resources* (MemCa) which is part of the WEA Mission Commission. We send the *Briefing* three times a year, and include important updates and analyses regarding member care. It helps to further link us together as a growing, international member care community. We encourage you to save this *communiqué* for future reference and to share it with your colleagues. Please also feel free to submit material for us to include. Note that all of the *Briefings* are also available in *pdf* on our MemCa web site <www.membercare.org>.

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Overview of the Briefing

In this issue of the *Briefing* we explore a variety of topics. There are summaries of member care consultations, including the upcoming MemCa gathering in South Africa, the member care group report from MANI Africa, and a summary from Central Europe. We look at two special training events: the Antares workshop in Amsterdam on "social capital" (related to social support) for aid workers, and the member care while managing crises course in Senegal. You will also find an overview of some good practice guidelines for managing stress. Other resources include web links for physical health, video and radio updates, and three book descriptions. Two additional short pieces deal with member care structures and affiliations (especially professional bodies for practitioners) and member care "treasures" (future directions) to enrich the work among UPGs. We finish as usual with a listing of some of the significant member care events in the coming months. We appreciate your suggestions to help us make the *Briefing* as useful and relevant as possible. The Lord bless you and your work.

DEVELOPING MEMBER CARE

MEMCA COMES TO SOUTH AFRICA!

June 18-24, 2006 marks the dates for our next MemCa Consultation, to be held in South Africa. The Consultation takes place as part of a larger Global Mission Conference of some 300 people, organised by the WEA Mission Commission. For some historical perspective, this is our fourth Consultation in our eight-year history. The first Consultation was in Oxford UK in 1998, the second in Port Dickson Malaysia in 2001, and the third in Vancouver Canada in 2003. We also met as a smaller group in Iguazu Falls, Brasil (1999) and Abidjan, Ivory Coast (2000) plus organized two international member care retreats in 2000 (USA) and 2001 (Thailand). We will include a short report of the South Africa Consultation in the next *Briefing* (October 2006).

Currently there are 19 members of MemCa. We will be meeting each day as a “consultation/collegium”.

- As a *consultation*, we will exchange updates from our respective regions/ministries in member care, share resources, discuss trends and issues, pray, and spend time together to strengthen our personal/work relationships. We will also review and develop our strategic future plans in light of our MemCa distinctives and commitments plus our Four Directions. For more information on these materials see our web site (“It’s Us” section) www.membercare.org
- As a *collegium* some of our MemCa members will provide special training sessions, interactive, on a topic of their expertise. This emphasis on training reflects an important direction for us in MemCa—how best as leaders to responsibly multiply our skills within our respective networks and beyond.

Please pray for us, as we consider the current and upcoming challenges of serving the mission/aid community. We want to make specific commitments to help develop the international member care field, and discuss additional ways to link with colleagues around the world.

MEMBER CARE WORKING GROUP: MANI CONTINENTAL CONSULTATION

On March 2, 2006, a special working group on member care met during the larger MANI Conference (Movement of African National Initiatives). The location was in Nairobi and the overall purpose was for Africans and those involved in African mission to come together for strategic consultation and planning. Over 500 leaders, mostly African, attended. The member care working group was attended by 50 people, including 10 from the francophone region.

The group facilitators used brief teaching, small groups, and case studies to discuss the following questions: What is happening in Africa regarding the care of Christian workers? What are some pressing issues and important resources? How can we network together? How can we help our workers be healthy and effective? What is our responsibility to provide/develop member care? Here are some of the outcomes and suggestions.

1. We want to encourage people to write, translate and distribute helpful materials. For example, there is now a compendium of short readings and case studies for MANI called *Member Care Flows—Africa*. The compendium is available in the Africa "regional" section at the MemCa web site: www.membercare.org

2. We will send people an article on the ministry of the household of Stephanas to Paul (I Cor. 16). This is a short and helpful study on member care for Paul, and it can be used to help leaders understand the role of Biblical member care. It will be sent electronically to those on the email *communiqué* list (see next point).

3. We want to strengthen the current Member Care Communication Network for Africa (an email communiqué). We will do this by adding MANI participants to the list, and encouraging people to send information, updates, and resources to the Communication Coordinator, Marina Prins. Email: mcsa@xsinet.co.za

4. We identified some of the main inter-agency member care groups/hubs in Africa. We want to encourage them as they continue to inform the mission community about their training, resources,

etc. Examples include the Mobile Member Care Team in Accra, Ghana; Tumaini Counselling Centre in Nairobi Kenya; Member Care Southern Africa in South Africa; and the growing group of caregivers in various cities.

5. There was the general desire to see people provide member care workshops and interest groups at various conferences (mission, church etc.). No specific plan was made for this though.

6. There was the general desire to teach member care-related areas in our training institutions/seminaries, during missionary orientation, and for mission boards and leaders. No specific plan was made for this though.

7. Pastors and their spouses/families need special support too. Especially challenging are those leaders with minimal emotional/spiritual support in their lives, who often feel lonely and who give so much to others. Web sites to help: www.saape.co.za and also for mission personnel www.missionarycare.com

8. Work towards a continental and regional member care networks. MANI could be a key part of this along with other groups. [Editor's note: such continental networks will be discussed at the MemCa gathering in South Africa, June 2006.]

CENTRAL EUROPEAN MEMBER CARE CONSULTATION

Report from Member Care Europe (MCEurope)

From 16-18 March 2006, 24 people met in Budapest for the first Central European Member Care Consultation, sponsored by MCEurope. The consultation was entitled Caring for Christians in Mission—Building Blocks for Member Care. The aim was to train, inform, and equip member care personnel, mission leaders, pastors and church members in Central and Eastern Europe. In addition we aimed to facilitate networking amongst the delegates and to build bridges towards a regular event hosted by and within Central Europe.

The programme consisted of five plenary sessions: Overview of Member Care, The Member Care provider as a person, Selection and Screening, The Role of the Sending Church, and Maintaining a Spiritual Walk. There was a discussion on the specific needs of workers from Central Europe and the challenges facing member care providers in that region. Some of the issues raised during that session were:

- Deputation work and the struggle for support
- Costs and responsibilities
- The lack of a caring mentality
- Use of pastors' conferences
- Importance of home churches
- Resources from MCEurope – e.g. training DVD
- Occupational stress
- Importance of National Evangelical Alliances
- Identifying major needs
- Resources – book table next time
- Developing a Central European method of mission

There has been tremendous positive feedback from the event and a desire expressed to follow up on it with a further gathering. Those of us coming from MCEurope were very encouraged by the interest, knowledge and enthusiasm of those present.

PROVIDING MEMBER CARE

CARE AND COHESION CONSULTATION—"SOCIAL CAPITAL", ANTARES

Amsterdam was the location for addressing the topic of "social capital". Over 100 researchers, academicians, field/administration workers, and health care practitioners in aid met on 19 June 2006. Social capital was defined by Dr. Pim Scholte as being "...the active connections that bind the members of human networks and communities. It consists of trust, mutual understanding, shared knowledge, values

and behaviours that make cooperative action possible.” Social capital is a new concept for most of us in the member care field. However it does involve many of the practices that are a core part of member care: healthy connections for supporting one another, networking, promoting values/commitments related to staff well-being, exchanging resources, etc.

The Consultation explored the factors that help organisations and personnel to develop such “capital”. And it also looked at the factors that hinder social capital. Some specific topics looked at: survivors of human/natural disasters, local/national staff, and short-term and trans-national staff. There was a moving presentation on how Hurricane Katrina affected a local team of relief workers, which included frustrations in trying to work within a relief organisation, challenges in trying to work as a professional and as a survivor at the same time, and recommendations for international agencies for improving staff well-being in other mass disasters. Another presentation told of the stress factors and supportive care needed for lawyers who are working in the area of human rights and with asylum seekers. For additional information about this Consultation, contact: www.antaesfoundation.org These two books were recommended by some of the presenters:

Violent Conflicts and the Transformation of Social Capital

(2000) by Cullen, M and Colletta, N.

www-wds.worldbank.org

In Good Company: How Social Capital Makes Organisations Work

(2001) by Cohen, D. and Prusak, L. Harvard Business School Press, USA

MEMBER CARE WHILE MANAGING CRISES—MMCT, SENEGAL

Anke Tissingh

During the last week of April 2006, seventeen agency/mission leaders and member care providers met in Senegal for a workshop entitled Member Care while Managing Crises. This five-day workshop, organized by the Mobile Member Care Team—West Africa (MMCT-WA), gathers together interested leaders of companies to share and learn about the strategic role they play in member care while managing crisis situations. Topics include: normal response to a crisis; stages of grief after loss or trauma; theology of suffering and risk; helpful policies, procedures and protocols; confidentiality and communication; assessment of vulnerable members; leadership style in crisis; the when, why and how's of debriefings and how trained Peer Responders can be of service in their communities. Many of the leaders who gathered for this workshop in Senegal had regional responsibilities in North, West, Central or East Africa.

My husband and I were able to participate in this workshop in our roles as Regional Director and Member Care Provider for this part of the great and large continent of Africa. We are presently based in Senegal and our area of service includes the countries of Mauritania, Morocco, Niger and Chad. We knew we needed additional, sharper tools in our 'tool bag' to continue to serve our teams and what good tools we were given, and what help we received in sharpening some of our 'true and tried pieces of equipment'! It was a rich time of strategizing and learning together.

One of the most helpful exercises was doing a risk assessment for our area. We looked at several probability risk factors and then assigned each factor a number on a scale of 1 to 10 with 10 being the highest. Some of our findings were sobering, as there were several that scored a number of 7 or 8. This risk assessment was a most timely and needed exercise. Here are some of the factors we looked at:

1. Sexual harassment (particularly as it concerns women and young girls) We realize that all our women are subject to verbal harassment when ever they go out of their homes. We recognize the toll this takes on them and the need to have time away from their area of service to be restored emotionally. We also focused on the young daughters of those who work in these areas

2. High risk of travel in these countries. Among other things we discussed the added risks of public transport such as bush taxis which many of our workers use and the dangers caused by other road users.

3. Next our concerns focused on life threatening illnesses. Although many of us use malaria prophylaxis and have received immunizations against such things as meningitis and yellow fever, this is

not necessarily the case for our African colleagues. How can we be more proactive in helping them in this area?

4. Another probability risk factor was political instability. We looked at things such as the possibility of civil unrest and coup d'état, and surveillance and possibility of "police investigations." This affects us not only on a personal level but we also asked the questions: "How are we impacted by the pressure from local authorities that our Christian friends from the host culture live under? And how aware are we of the need they might have to be debriefed after a confrontation with police?"

5. In talking of 'the likelihood' of a robbery, either in our homes or on the street we easily concluded a 10!

In response to these findings here are some of the conclusions we reached:

First of all I realize how key it is to look to God who calls us here, and gives with that call the promise that He will never leave us. We count on that assurance, and we know that our churches, prayer groups and friends, both far and near, pray for us, asking God for protection, caution and wise judgment at all times for us as leaders and as workers.

Secondly I am thankful that we go from this workshop with these tools and follow-up plan in place which include the following:

- How to debrief after 'critical incidents'
- We identified some 'first aid workers' who are or can be 'on call' in our region. These workers would be trained and ready to debrief after a critical incident or to come alongside someone going through a difficult time.
- We realize the high priority to screen and to prepare/equip our workers who will be placed in these high risk areas. We want to do a wise and detailed assessment of candidates and not place those who are vulnerable in places of high risk where they would be working in isolation

Finally, it is with renewed soberness that we look at our task, and yes we look to God who promises to be with each of our workers—families, the singles, our young children. He is the one who promises to be with us in hard times, in danger, and in the emotionally draining seasons of our lives.

MANAGING STRESS IN HUMANITARIAN WORKERS

GUIDELINES FOR GOOD PRACTICE

The Antares Foundation specializes in providing resources to help support humanitarian aid organizations and their staff. Here is the latest draft of their eight principles for stress management, developed with input from other aid organisations and academic institutions. These principles are excerpted from a larger document—*Guidelines for Good Practice*—to help orient organizations as they develop their own programmes for staff care. The *Guidelines* are available for free at www.antaresfoundation.org.

"Managing stress in staff of humanitarian aid organizations is an essential ingredient in enabling the organization to fulfil its field objectives, as well as necessary to protect the well being of the individual staff members themselves."

- **Principle 1: Policy Plan**

The agency has a written policy plan that accepts overall organizational responsibility for reducing the sources of stress, acting to prevent or mitigate the effects of stress, and responding to the unavoidable effects of stress.

- **Principle 2: Hiring, Screening, and Assessing Staff**

The agency systematically screens and/or assesses the suitability of staff members as part of the process of hiring and assignment.

- **Principle 3: Training and Preparation of Staff**

The agency ensures that all employees have appropriate pre-deployment briefings and training.

- **Principle 4: Monitoring Staff Stress**

The agency monitors the response to stress of its staff on an ongoing basis.

- **Principle 5: Support with Respect to Daily Stress**

The agency provides training and support, on an ongoing basis, to help its staff deal with the daily stresses of humanitarian aid work.

- **Principle 6: Support with Respect to Traumatic Stress**

The agency provides staff with specific support in the wake of ‘critical incidents’ (‘traumatic incidents’) and other unusual and unexpected sources of severe stress.

- **Principle 7: End of Assignment Support**

The agency provides both practical and emotional support for staff at the end of an assignment or contract. This includes a personal stress assessment and review and an operational debriefing.

- **Principle 8: End of Assignment Specific Support**

The agency has clear written policies with respect to the ongoing support they will provide to staff members who have been adversely impacted by exposure to stress and trauma through their work.

ESSENTIAL RESOURCES

MEDICAL RESOURCES AND WEB LINKS

Physical health can often be one of the most neglected areas of member care. So many problems can be prevented! One simple practice for example can drastically reduce the incidence of unwanted illness: regular hand washing each day. Here are just a few of the web sites/organisations to help you in this area. Take time to review their articles, updates, links, and other resources!

www.peopleinaid.org

Preventing Accidents

Health and Safety in Aid Agencies

www.interhealth.org.uk

InterHealth is a medical charity providing specialist health services primarily for the aid, development, mission and NGO sectors. Based in London ,UK

www.travelhealth.co.uk

This site offers many practical tips and suggestions for travellers and people going to different countries.

www.who.int

World Health Organisation. See their traveller’s section for vaccination updates.

www.bajmission.com

Stay Healthy on Your Outreach (very practical article, short overview of what to do and not do)

MEMBER CARE VIDEO PROJECT

MemCa has four broad areas of projects. One of these areas is called ‘Strategic Materials.’ And one of the projects in this area is to develop a generic DVD that overviews the practice of member care around the world. The goal is to produce a DVD that can help further orient the international mission/aid community about the relevance, practice, and possibilities for member care. The plan is to include footage and interviews from many international locations, in an interesting 30-minute format, with translation into five international languages. Videos/DVDs of course can get to places/gatherings where many member care consultants cannot go!

As a major first step towards this goal, Youth With A Mission’s Proclamedia is finishing a 30+ minute DVD for the organisation that looks at the nature of member care, the role of leaders, conflict management, and other topics. There are emphases on both “base” settings (like a home office) and field settings. Proclamedia and MemCa, pending funding, endeavor to team up and build upon the YWAM DVD in order to produce a quality international DVD. Nonetheless, the current YWAM DVD is excellent, and when finished it will be relevant for people in many sending/going contexts. For more information on the upcoming YWAM DVD, contact procla@intlcom.org Cost is \$12 US, including shipping.

MEMCARE BY RADIO

Memcare by radio continues to broadcast from two medium wave antennas into Central Asia, and via Satellite into the Middle East and North Africa. The purpose is to encourage and equip Christian workers in these regions. For details on the times and programmes, visit the website. The daily radio programmes can also be heard on the web site www.memcarebyradio.com. One of the goals is to have an online audio library with scripts translated into different languages. Several programmes are available online now.

FOREIGN TO FAMILIAR, BY SARAH LANIER

Since the early 1980's Sarah Lanier has been consulting in the area of personnel development within Christian mission. In her 2000 book, *Foreign to Familiar*, she enters into another arena in which she loves to work—cross-cultural training and adjustment. This book is written simply and it is full of stories. It is especially geared for those who do not speak English as a first language. It has also been translated into several languages. The author frames cultural differences broadly in terms of “hot and cold-climate cultures” She acknowledges that this classification is of course an over-generalisation, but nonetheless it is useful for helping to quickly grasp some important differences. The areas she covers include: relationship vs task orientation, direct vs indirect communication, individualism vs group identity, inclusion vs privacy, different concepts of hospitality, different concepts of time and planning, and high vs low-context cultures. For more information, contact the publisher at www.mcdougalpublishing.com

GOVERNANCE MATTERS, BY STAHLKE AND LOUGHLIN

The strap line of this informative book summarises the contents well. It is a: “Relationship Model of Governance, Leadership and Management”. The authors (from Canada and the UK) emphasise relationship-oriented values and practices in everything that an organisation does. This book is especially relevant for the member care community since the ethos, policies, and management practices of an organisation are so influential on the well-being and performance of staff. This book is a good primer for thinking through how one wants to develop and maintain a healthy organisation. There is some helpful overlap and applications that relate to setting up and managing groups and partnerships as well (as opposed to a legal body/organisation). The book includes chapters on setting up boards, management structures, roles of CEOs, and many more. Throughout the book there are charts that summarise the content and charts that include practical tips. The appendices are especially helpful, with a glossary of important terms and an extensive example of a board governance manual. The authors published the book in 2003, and have been part of the Christian mission/aid world for many years. For more information contact the publisher at www.governancematters.com

BODY MATTERS, BY ERNIE ADDICOTT

This book comes highly recommended by a colleague from InterDev Partners Associates. Along with another recent book (*Well Connected*, by Phil Butler), it provides an updated analysis of what makes ministry partnerships and networks function well. This book is especially relevant in light of the many newer approaches to structuring collaborative efforts in multi-cultural and multi-organisational mission. This book is useful for those in the member care field who work within or consult with Partnerships (there are dozens of language group/national-based partnerships, for example). And it is valuable for those who are wanting to set up or strengthen member care partnerships/networks. Networks and partnerships (of various sizes and emphases) continue to be key ways forward for the mission/aid field and for the member care field. Both of these books are available from: www.missionbooks.org and stl@wclbooks.com

SPECIAL MEMBER CARE ISSUES

Member Care Structures:

Networks, Partnerships, Groups, Organisations, and Associations

What types of structures can provide a good “means of affiliation” to link together the many member care workers (MCWs) and those with member care responsibility? Member care practitioners, in my experience, want to connect, feel a sense of belonging, pursue opportunities for training, accountability, personal growth, and seek out/offer ways to make helpful contributions. But many regions, countries and

organisations do not have well-developed “means of affiliation”. Thus MCWs can feel lonely and isolated even though they may connect regularly with non-member care colleagues for mutual support.

Here’s a few introductory thoughts about some of structures/affiliations that can help MCWs connect together. It takes one or more people to “champion” the development of such structures/affiliations. They just do not happen overnight or by chance!

Networks and Partnerships have been key building blocks for the member care field. The first article to directly deal with these two structures for member care was Developing **Regional Member Care Affiliations** (RIMAs; 1999 and also in *Doing Member Care Well* 2002). Phil Butler offers this definition of networks and partnerships in his recent book *Well Connected*.

Network: Any group of individuals or organizations, sharing a common interest, who regularly communicate with each other to enhance their individual purposes.

Partnership: Any group of individuals or organizations, sharing a common interest, who regularly communicate, plan, and work together to achieve a common vision beyond the capacity of any one of the individual partners.

Note that it is the commitment to “plan and work together to achieve a common vision” that differentiates a partnership from a network. Practically speaking, many partnerships actually function more like a network in that sharing information, and focusing on individual goals, are their primary function. And they do not really work together on mutual goals. Historically, some of the member care networks have involved large, loose “affiliations” of colleagues (e.g., regional networks that connect mostly via communication/updates; or annual conferences). Others have been small, highly organised affiliations—something like partnerships but referred to as **task forces or project groups** that focus on a specific goal (such as researching attrition or developing good practice guidelines, organising a regional member care consultation). And in-between there are also many affiliations that function more like a combination of a network and partnership (a **hybrid**). MemCa currently would be an example of such a hybrid, as it endeavours to function as a “partnership of networks” to help members as they work on both their own goals and MemCa goals.

Member Care Groups (MCGs). Another structure is the affiliation developed in the 1990s in the UK (also in Singapore). Referred to as Member Care Associates, it consisted of a small group of colleagues who related together as a support group/working group. The colleagues were from different disciplines/organizations and they lived close to each other. Members of this group were included because they were actively involved in providing and developing supportive resources for mission personnel. And with time they considered each other to be friends. The group met together several times a year for professional/personal support, updates, discussion of cases/issues, joint projects, prayer, and additional training. Other colleagues were regularly invited to attend meetings too. Members were accountable to their own organization and abided by their respective professional codes of ethics/standards. So it was an informal affiliation, with minimal logistical overhead, and not a legal entity. Other types of MCG structures could involve virtual groups whose members come from a broader geographic region, or a group within one organization or discipline.

Organisations. This structure represents non-profit and for-profit entities that are legally registered/recognised and thus subject to legal regulations. They provide specific services and have more specific guidelines and governance procedures than the structures mentioned above (e.g., board of directors, by-laws, CEO, independent financial auditing, etc.). It is hard to accurately tally the number of member care organisations that currently exist. In part this is due to the ongoing “forming and ending” of organisations, and the fact that the field is so broad that exclusion criteria are hard to define. For example, should an organisation that offers 10% of its counselling services to mission/aid workers, be included in a list of “member care” organisations. Or should such a list include a well-developed personnel department within a large sending organisation? The organisation list on www.membercare.org includes around 150 “groups”, most of which are organisations per se, and it is updated about twice a year.

Associations. This structure has not yet emerged within the member care community. Associations involve groups of colleagues who are part of a specific field/discipline. They can also involve a group of organisations. These are usually national or international bodies, usually recognised legally (in this sense they are “organisations”) and which represent all or part of a field/discipline. Associations are very diverse, with some examples being the International Coach Federation, the India Mission Association, and the Christian Association for Psychological Studies, International. Most would be considered to be “professional” entities.

Is there a need for something like a Global Member Care Association? I am thinking of a “professional body” that can provide: identity as a field; sense of belonging for MCWs; safeguards for consumers; clearer guidelines for practitioners; recognised training and possibly certification(s) of some type; broad-based influence and direction for member care; and accountability. Can such a global body become a workable reality especially given the diverse range of practitioners? Here are a few ideas to stimulate further discussion.

1. The term “professional” may or may not be a useful term to use. For many MCWs, their training is through life experience and modular education, not necessarily leading to certification or being seen as a “professional.” Their main ministry may be via encouragement, listening, and pastoral support, or hospitality, rather than via “specialised professional health care skills”. At worst, the term could be, unfortunately, associated with having haughty/exclusive attitudes, and seeing a professional association as being like a club full of perks for those with certain certifications. Hopefully this is the minority view. Personally, I like the term and I use it carefully to refer to those who “profess” competency in an area and are “recognised” as being able to offer services skilfully and ethically.

2. Member care is very broad and so what constitutes a MCW? Different standards, training, and levels of development in different places make a global body tricky. Perhaps regional/national bodies are better?

3. Who decides how to vet “members”—who qualifies for “membership” and how does one become a member? Does membership imply the association’s approval to offer member care services?

4. How to prevent “questionable” people (their character and competencies) from being part of such an association? How to dismiss questionable people once they are recognised by some as being questionable?

5. How to choose a competent board of directors, administrative help, finances etc to make such a group sustainable and functional? What guidelines (ethical codes, elections, discipline etc) need to be considered? Are there the personnel and capacity to make it work?

6. To what extent should such a body try to “represent” the broad member care field/community?

7. How to prevent those disciplines and cultures and generations with the greatest influence and financial clout from overly influencing such a body?

8. How can we learn from international groups about their attempts to deal with the above issues?

I am grateful to Dr. Marjory Foyle for her encouragement to consider the development of a global member care association. More on the topic of structures and “means of affiliation,” hopefully in future *Briefings*.

FUTURE DIRECTIONS

Where are you heading in member care? And where is the member care field heading? There are so many ways to contribute, to get involved, and to find a good fit between ones call/gifts and the many needs/opportunities. Have a good look at some of these cutting edge opportunities of service described below, based on input from a special working group for member care in UPG contexts.

FUTURE DIRECTIONS: 12 MEMBER CARE TREASURES

The providence of God has led us all into a new world of opportunity, danger, and duty. Edinburgh, 1910

A member care working group of 15-20 people met 9-10 March 2006 as part of an international mission conference. The conference was attended by some 350 leaders from around the world. It focused on networking together in order to effectively minister among Unreached People Groups (UPGs). This

summary reflects several thoughts from the working group, expanded with several of my personal suggestions for developing member care. A longer summary is on the MemCa web site ('Growing Edge' section) www.membercare.org and in the *Momentum Journal* May/June 2006 www.momentum-mag.org

One of our guiding principles as a working group was to consider both current and new resources for supporting the *diversity* of mission/aid workers among UPGs. This principle is reflected in Christ's conclusion to the Kingdom parables. "Therefore every scribe that has become a disciple of the kingdom of heaven is like the owner of the house that brings from his treasure new things and old things" (MT 13:52). Here now are 12 such treasures—current and future resources—that I believe are crucial for member care.

Treasure 1. Sending Churches and Support Teams—We must embrace the core and Biblical role of the church in both sending and supporting workers. Historically though, this has often not always been the case. Sending churches can support workers in the areas of logistics, finances, prayer, communication, reentry, etc. The sending church, along with "support teams" need to be trained to send well and to serve well. Neal Pirolo's book, *Serving as Senders*, is a superb resource and it has been translated into about 15 languages. Note though that some new ways of "going" do not reflect the usual approaches to "sending" (e.g., Filipino Christians going to the Middle East for employment; Chinese workers with minimal training/support heading "West" with the gospel; Christians living in reached Western countries who minister to UPG neighbours; people creatively ministering to UPGs via the internet). We thus need additional ways to support these "goers", including new roles for the sending church and support teams.

Treasure 2. CEOs/Leaders—Loneliness and discouragement occur for most people in leadership. They, like all mission/aid personnel, need supportive member care. An example of an effective resource for leaders is the India Mission Association offering retreats for CEOs and spouses. In addition to its positive impact on leaders, these retreats have also helped open the doors to member care in India—leaders are of course gatekeepers, and what they experience can be passed to staff. Be sure to see K K Rajendran's account about his struggles as a leader in South Asia, in chapter eight of *Doing Member Care Well*....

Treasure 3. Relief/Aid Workers—Psychosocial support is increasingly being recognised as a necessary and ethical organisational resource for workers in Complex Humanitarian Emergencies (CHEs). This support includes debriefing and practical help or relief workers as well as equipping them with trauma/healing skills to help survivors. Many disaster scenarios provide opportunities to interact with UPGs. And eschatologically speaking, CHEs are likely to increase (MT 24, Ps 46). God and humans are surely working together through both secular and Christian NGOs to help our troubled world. One timely resource is the radio programmes that were developed to help survivors of Hurricane Katrina (www.seasonsofcaring.org)....

Treasure 4. The Diaspora of Potential Workers—There are "movements" of people all over the globe. Our human demographics are significantly shifting. Christians are part of such shifts, and include potential "good news sharers" who cross national and continental borders for economic reasons (e.g., Filipino workers), or who flee for safety as part of internationally or internally displaced peoples (e.g., Sudanese Christians). What an opportunity for the church to support such "new neighbours," many who are Christians that could reach out to UPGs. These dispersed, potential workers may be one the most overlooked areas of UPG mission as well as member care. The UPGs are right in our own back gardens!

Treasure 5. Persecuted Believers—Tens of thousands of Christians (and those from other religions) are affected by discrimination, human rights violations, and violence as a result of their faith. There are major emotional consequences to persecution. How can we better support these Christians, as many of them are in strategic proximity/relationship with UPGs? As John Amstutz says in *Humanitarianism with a Point*. "...the place of hospitality and kindness toward followers of Jesus Christ is no small matter, particularly those who are being persecuted for their faith in Him.... [It is time] to speak clearly and fully of the essential need of intentional humanitarianism—member care—toward those who have chosen to suffer loss for Christ in these nations" (*Doing Member Care Well*, 2002 p. 39). ...

Treasure 6. Special Support for A4 Workers—Countries from Asia, Africa, Arabic-Turkic, and America-Latina regions (referred to as the A4 Regions) are intentionally sending more workers to UPGs. How can they develop member care approaches that fit for them? And how can other sending nations learn from groups in Nigeria, Brazil, The Philippines, Korea, and India for example? We want to provide culturally-relevant, quality care from many sources. The need for quality care is emphasised in a special listing of “15 commitments of MCWs”, which I believe are applicable to most MCWs regardless of their level of training/experience (see “Upgrading Member Care”, *Evangelical Missions Quarterly*, July 2006).

Treasure 7. Training and More Training—Member care is not just a “specialist” function—something to be provided by “professionals”. Rather it is essential to further equip member care workers (MCWs), leaders, senders, and mission personnel themselves with “special” member care skills. These skills help to sustain workers for the long-haul. Strategic, ongoing training is needed all around the world! It includes such areas as: counselling, crisis care/debriefing, interpersonal skills, personnel development, and family/marriage. One course that continues to make its international rounds is the one-week “Sharpening Your Interpersonal Skills” (www.itpartners.org). Offering member care-related courses via the internet (e.g., www.headington-insitute.org), and via workshops at conferences, are also good ways forward...

Treasure 8. Secular Connections—Many MCWs connect with secular NGOs and human health organisations—their approaches to human resource management, policies, practices, and tools. What can we learn for example, from secular aid workers and other cross-cultural workers? One key document dealing with the management and support of aid workers is the *People In Aid Code of Good Practice* (www.peopleinaid.org). Its seven principles and various “key indicators” (criteria for determining the extent to which the principles are being followed) have also served as helpful guides to many organisations in mission/aid. See also the web sites for the Society for Human Resource Management (www.shrm.org); and the International Society for Traumatic Stress Studies (www.istss.org).

Treasure 9. Coaching—Coaching is a growing approach for further equipping workers. It focuses on both personal and professional development. Strategy-related coaching has been around for many years (e.g., see the article on coaching in *Missionary Care*, 1992). But what about coaching as a viable means for providing member care also? Why not?! Coaching can occur via face to face, phone, or email contact. Gary Collins sends out regular newsletters with many coaching helps (www.garyrcollins.com).

Treasure 10. Internet Connections—We want to develop our skills to use the Internet well. The internet is now the main source for many who want to stay in touch with the member care field and colleagues, exchange resources etc. Some of the newer skills needed include using voice over internet technologies (VOIP), podcasting, and using webcams for consultation. But note that many people—member caregivers and service receivers—do not have inexpensive, reliable, and fast access to the internet, or to computer technology. So the internet is currently still an inaccessible, luxury item for many. ...

Treasure 11. Resiliency—Member care seeks to develop strong people who balance the need for support/growth with the reality of sacrifice/suffering. Good member care helps develop resiliency, and the resiliency that workers and teams have will likely be reproduced in the people they are serving. Resiliency is necessary to work effectively in UPG settings, many of which are very demanding....

Treasure 12. Ethne to Ethne Member Care—....we are committed to seeing quality MCWs from *all* ethne raised up and trained, including those within/from the A4 regions (Africa, Asia, Arabic-Turkic, and America-Latina). And these MCWs work both within their own cultures *and* cross-culturally. So the focus is both on supporting mission workers, and training others from various cultures to be quality care providers. **Member care, then, is also very much an “ethne to ethne” strategy.**

Ethne to ethne member care (E2MC) though is very challenging....E2MC requires the best of our conceptual thinking and research skills; extensive practical experience; a commitment to use transcultural principles (concepts common across cultures, especially ethnic and organisational “cultures”); and lots of personal connections and ongoing relationships with colleagues. Said another way, we as a member care field are heading increasingly towards the reality of “boundaries without borders”—that is we are aware of our personal cultural/disciplinary identities and member care competencies (boundaries) as we

intentionally work with those having different geographic/ethnic identities and member care concepts (borders). E2MC challenges us to grow *deeply as persons* as we go *broadly as practitioners* to all peoples.

UPCOMING MEMBER CARE EVENTS

May-September, 2006; Michigan USA Renewal Retreats, for Global Workers Barnabas Int., and ELIM Retreat Ministries www.barnabas.org/elimretreats	May 21-27, 2006; Geneva Switzerland Mental Health in Complex Emergencies Center for International Health and Cooperation www.cihc.org	May 29-June 1, 2006: Coaching and Training in the CernySmith Adjustment Inventory, Amsterdam, the Netherlands Len@cernysmith.com
June 2-June 4, 2006; Dar Es Salaam, Tanzania First Annual Interdenominational Expatriate Christian Women's Retreat counselingintanzania@yahoo.com	June 10-17, 2006 ; Eisenärzt, Germany (near Salzburg, Austria) Single Vision 2006 A Renewal Retreat For Career Single Mission Workers KKf061662@yahoo.com	June 18-24, 2006; MemCa Consulation/Collegium, Cape Town, RSA (by invitation: for regional and speciality reps in MemCa)
June 24, 2006; Cape Town, RSA MC Day Consultation for RSA and SA Region; by invitation mcsa@xsinet.co.za	June 19-23, 2006 Member Care in Crisis Situations Dallas, TX USA Wycliffe Bible Translators member_care_intl@Wycliffe.org	July 6-13, 2006; East Sussex, UK Retreat for Single Mission Workers Penhurst Retreat Centre Mission Encouragement Trust OfficeMET@aol.com
July 16-21, 2006, United Kingdom Refresh Mission Course refresh@allnations.ac.uk	September 3-8, 2006 Sharpening Your Interpersonal Skills Workshop Dar Es Salaam, Tanzania E-mail: counselingintanzania@yahoo.com	September 10-21, 2006; Mosbach, Germany; Intensive Member Care Course Operation Mobilisation gill.trainor@ict.om.org
October 30-November 3, 2006, ME Multicultural Teams and Partnerships, Lianne Roembke jbns@comego.org	November 10-13?, 2006 Granada, Spain COMIBAM Retreat for Latino Workers, TBA prior to COMIBAM Conference 13-17 November www.COMIBAM.org	November 16-19, 2006; Angola, IN US; Mental Health and Mission Conference www.mti.org
November 30-December 2 2006; Rockville, VA USA IFMA/EFMA Personnel Conference www.ifmamissions.org	December 4-8, 2006; Waxhaw, NC, USA ; Pastor to Mission Workers Conference Barnabas@Barnabas.org ; www.barnabas.org	January 8-12, 2007; Hume Lake, California USA Building Skills for Member Care with Excellence Link Care Center kenroyer@linkcare.org

The *MemCa Briefing* is compiled and edited by Dr. Kelly O'Donnell on behalf of Global Member Care Resources (MemCa). MemCa is an affiliation of international colleagues (currently about 20) committed to help develop member care resources within the mission/aid community. Our members come from different organisations and churches, and represent various geographic and speciality networks in member care. We are a "partnership of networks" and the networks connect to MemCa via their leaders/liaisons who are part of MemCa. Our special emphasis is on working together and with others to support personnel from the A4 regions (Asia, Africa, Arabic-Turkic, America-Latina), and those working among UPGs (unreached people groups). Members are also committed to provide personal and work-related support for each other as needed. Our growing friendship and Christian fellowship provide the foundation for our joint work. MemCa is part of the Mission Commission of the World Evangelical Alliance (WEA).

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