

Research Findings – What we are Learning

This study explores how UK churches can provide effective, robust, and tangible care to the missionaries they send. Central to this inquiry is the overarching question: How can UK churches provide effective, robust, tangible care for missionaries to facilitate their fruitfulness, resilience, Christ-centeredness, and encouragement?

Why Did I do the research I did?

I am passionate about the church being the hope for the nations. I am biblically convinced that we have a commission to go to the nations and that as churches we need to send well – in a manner worthy of God. 3 John 1:5-9. How we send matters, it is part of our worship – honouring God.

As a debriefer I meet a lot of people who are recovering from the hardships they faced in cross-cultural work and the isolation they felt. I am convinced with better care people would not suffer so much. I have been a cross-cultural worker sent out by a church and not a mission agency, most of my friends and those I work with fit this category.

This research endeavours to validate this hypothesis by showcasing existing practices, identifying areas for improvement, and ultimately demonstrating the achievability and imperative of church-based member care.

How did I do my research?

Literature review - I read everything I could possibly find on the topic.

Interviews – I interviewed 8 'sent-ones' using a semi-structured format over zoom.

The interviews lasted about 90 minutes and

I utilised qualitative semi-structured interviews with eight individuals sent by their local church without agency involvement. The aim was to explore existing care practices and identify gaps in care. The framework used was an extended/slightly modified version of Dodds and Dodds SPARE-O framework for categories of care. Each interviewee reflected on the care that had received in each category. Additionally, the participants were able to testify of the tangibility and impact of care received.

To ensure methodological rigor and triangulation, a supplementary questionnaire was distributed to individuals overseeing the care of each of these missionaries, seeking to discover the care practices/strategies they utilised and associated costs in terms of

both time and finances. The interviewees identified who had been the overseers of their care and I sent a survey to those eight people.

SPARE-O

What did I find? Results. Spiritual care.

4 of the interviewees rated spiritual care as either one of/ or the strongest category. All of the surveys reported regularly praying for their sent ones and this was noticed and valued by the cross-cultural workers. They all spoke of knowing they were being prayed for and difference that made to them, instilling strength and confidence. Commissioning – was mentioned by all surveyed churches but only 1 missionary mentioned this. For me this highlights why we cannot rely on commissioning as sending. There must be more.

Spiritual authority where it was happening was highly valued and where it wasn't 3 of the interviewees acknowledged the lack and the potential benefit that could have been to them.

Welcome and inclusion in church activities made a positive impact on all of the sent-ones. Zoom has enabled some to be more connected/included whilst away as well.

Prophetic encouragement was mentioned as being instrumental in confirming the call, and was encouraging and affirming.

Spiritual formation – none of the surveyed churches reported training in biblical study or spiritual disciplines, relying instead on historical general grounding. Establishing a solid theological foundation and training in biblical study methods is good preparation.

Sent ones really benefit from having developed a theology of suffering, risk and danger. They will encounter hardships and developing settled convictions about suffering is essential for advancing the gospel in unpredictable environments.

More often than not, we haven't thought through what we need until we need it.

Facilitating the development of these theologies is a great blessing to those we send, rather than allowing them to wrestle with things they encounter unprepared.

Sharing resources was not a common practice. But is a very easy way to contribute to the sent ones spiritual growth. Many cross-cultural workers are in places it is

difficult to access Christian content, once we have established the safety of sharing uplifting spiritual content that can be a great way to care.

Physical care – covers finance and physical and mental well-being. 5 interviewees voted physical as one of/ the strongest category because of finance and gifts.

Monthly financial support was flagged by all the sent ones who received it as a strong care practice. One of them reflected the consistency of knowing that financially I was ok every month because that was consistent, regular and didn't waiver' kept her focused on what she was called to do.

Championing their financial needs before the church was common practise along with fundraising for additional needs.

2 sent-ones were aware of the church championing their needs outside of the church which hugely encouraged them, they were in it together.

Continuing to support the sent ones on re-entry was a bit unusual. 4 interviewees mentioned how thankful they were for ongoing support as they 'landed' back in the UK and got established. But interestingly only 1 church said they had done this. Does this suggest its not policy? Not as important to the church as the sent one?

Provision was seen as a great blessing. There were challenges in finance not being particularly discussed, not increased or worse decreased with little notice. The churches surveyed could not specify their budget percentage for missionary support. Their guesses ranged from 2-10% of gross tithes and offerings.

There was a significant oversight in attention the health insurance and health care. Only 3 of the churches knew if their missionaries had health insurance and none ensured professional involvement in their physical, psychological or emotional health. Likewise there was a clear gap in support for budget help and financial advice. 2 of the sent ones talked about ongoing financial struggles that could have been prevented with better advice.

Hosting and physically caring for the missionaries when back in UK clearly communicated love and care for the sent ones. Many did not need this as they stayed with family but all said they would appreciate the offer and the practical demonstration of care. Above and beyond are the practical things like organising car seats for the kids, or filling the fridge- these things are highly significant to the sent ones.

Actualisation – the churches who were not connected with unreached all reported they were not happy with the care they had been able to provide in this area. 6 of the interviewees voted this as the weakest category. – Two of our sent ones had previously been sent by agencies and they commented they had had far more training from the agency than the church. There is work to be done.

The sent-ones who had received even basic training in cross-cultural and relational skills felt far more equipped. One of the interviewees said looking back they weren't sure they had actually done what they went to do – largely because they felt so ill-prepared and reflected skill assessment and training could have significantly impacted her confidence and effectiveness. One of the interviewees who had been connected with the unreached – used their pipeline and broadcast trainings and had some mentoring voted actualisation as one of the strongest categories in his eyes. One of the sent-couples were delighted by the church's desire to grow in their understanding and knowledge of the challenges face in cross-cultural work. James noted that no one in his church had considered re-entry challenges. If churches are willing to learn they can be of far greater service to the sent ones and therefore global mission.

Relational

4 voted this one of the strongest care categories.

7 of the churches considered relational care to be the primary mode of care.

All of the churches prioritise keeping the sent ones before the church, encouraging prayer and communication.

One shared that being known by the church meant they still felt cared for – not sent and forgotten about. Being received and being heard was one of the interviewees most tangible care. This relational care did often wane over time. How do we keep this a priority?

Regular time with church leader - was reported as being highly valued by 4 of the missionaries, and 2 of them selected this as their best practice they had received. James valued his monthly calls as it enabled the leader to be involved when things were difficult, and the depth of relationship built over time meant honest sharing was easier. Violet selected meeting with the leader because of its intentionality and regularity, provided an opportunity for accountability.

Visits – were included by 4 missionaries in their strongest care practise choices, as visits allowed people to see the reality of the ground the cross-cultural worker stands on, first hand perspective. This shapes how they journey with the sent one – more understanding. Being ‘the body in the room’ communicated great care and shared purpose ‘in this together’

Care teams – when in affect were a great source of strengthening and encouragement for the sent ones.

Response to newsletters – was acknowledged as a source of disappointment for many of the missionaries. They put time and effort into creating a document to keep people with them on the journey but very few respond. Multiple missionaries voiced even a couple of lines could be really encouraging.

Relational care when in the UK – highly valued by all of the interviewees but one sent one did acknowledge it can be a bit much! So much time spent visiting everyone. Try and find an appropriate balance

Depth of relationship influenced value – churches tended to be more invested if they had known sent ones longer. Also a challenge in transition – prepare for this. Our relational care is often fluid and organic, that can lead to overlooking responsibilities. Proactivity and scheduling can be very helpful.

Emotional Care

Deeper than relational care, not just how are you but space to be vulnerable and unpack emotions and struggles in a safe place.

Doesn't happen easily or quickly, require time to build trust. As previously mentioned in relational care, this can be a challenge in transition, ideally building deep relationships with more than one

Emotional support from leaders – highly valued

Professional support – rarely accessed/facilitated or recommended. 1 valued pre-departure counselling which had been suggested to him. 1 retreat and 3 debriefs. The debriefs were self-initiated but this is a great way to show care – to seek out and pay for debriefs.

Organisational - voted by 5 as one of/the weakest care category, 1 for strongest.

4 of the churches admitted providing no care in this category

Safety and evacuation plans – 2 had these facilitated or in place. But even one who did reflected it was not enough – they experienced the need for evacuation and then discovered how much was lacking from the plan.

Ethical codes, grievances etc. We don't function like agencies where there is a clear chain of command and job roles etc, but maybe this is an area we could grow in.

Cultural guidance on re-entry -at the point of re-entry you are not coming 'home' especially if you have been gone for a long time. You need a guide, people reflected they were helped with moving overseas – how much things would cost and how to 'go on' but that was not in place on returning but was just as necessary. Particularly important for teenagers!

Logistical assistance – so important, another very practical way to show love. One couple had great examples, selling their care, storing their goods, helping to clean the house when they left, providing an address for post.

Families often provide this care/ fulfill this need. But obviously not always. We are family! We can do it too – many reflected they hadn't needed much help but either they did or would have appreciated the offer.

MOU – not many. Unreached link where there was one. One sent one reflected how helpful it was to have an MOU as everyone knew where they stood, less opportunity for undue offence or even awkwardness in asking for help.

Annual review – such a helpful practice, take time to assess how it is going, highlights and lows, strengths and weaknesses. One missionary had to do a written report for her annual review and although onerous she found looking back it had been so helpful to clarify where to focus her time and to recognize and celebrate what God had been doing. Also helpful to assess how cared for the missionary is.

Recommendations

Keep mission central. Steve Beirn talks about mission normally being a slice of the pie in a church, but actually it should be more like a bicycle wheel with mission at the centre and all the spokes coming out of and feeding into the hub.

Care is your responsibility but you shouldn't try and do it all – ensure its happening but get others involved. This should be a whole church activity.

Conduct a gift inventory – who has God given you who can help, people in your church, and network and world. We don't need reinvent the wheel we just need to check the wheel is in place.

Utilise small groups as care teams.

Proactive and structured – use scheduling to ensure things happen. Like in any relationship we need disciplines to ensure we maintain it over time. How can you proactively remember them and check others are too. Annual care checks and ministry reviews, MOUs.

Ok time up.

I want to acknowledge the limitations of this presentation, there is a lot that came out in research I haven't been able to touch on and its been a whistle stop tour! But im hoping there is enough here to get us thinking and implementing some better care practises.

I haven't touched on crisis care, risk management and caring for teams not just individuals.

There is a reality that my research is limited and