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Conceptualizing and Actualizing
a Collaborative Holistic Caring Ministry
Using Two Projects
in Richmond Hill Christian Community Church, Toronto, Canada

by

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ABSTRACT

Rapidly growing, need-based church ministries can generate tension and competition among ministries due to resource limitations. Redundancy in ministry efforts reduces their effectiveness in addressing the needs of individuals and congregations. To address these challenges, the leaders of Richmond Hill Christian Community Church (RHCCC) have taken steps to improve the execution of a holistic caring ministry by transitioning the church towards a collaborative and incarnational ministry of care.

This study examines the approach taken by RHCCC and the nature of holistic pastoral care from biblical, theological, and historical perspectives. Since individual wholeness is finally achieved only through the redemptive power of Jesus Christ, evangelism and care are intertwined in the pastoral caregiving process. Strategic planning was employed in the process. A Caring Ministry Handbook was developed to promote clarification and collaboration in ministry strategy, alignment and operation. An action research was taken using two pilot programs to address people's bio-psycho-socio-spiritual well-being. Pastoral care and discipleship were integrated, with lay Christian counselling and parish nursing being prominent parts of the process.

Ministry collaboration was observed to facilitate the process of actualizing holistic ministry services. Partnerships both inside and outside of the church served as platforms for the leaders, the ministries, and the church to touch lives and promote wholeness, proclaim Christ, and witness the love of God with results that impact the church and beyond.

To my family: Raymond, Stephen, Stephanie, and Angela

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CONTENTS

Thesis Approval	ii
Declaration and Disclaimer	iii
Library Release Form for Theses	iv
Abstract.....	v
Dedication	vi
Acknowledgements.....	vii

CHAPTER 1 – Introduction

1.1. Missional Church—Being the Church God Shapes Us to Be	1
1.2. Leaders as Enablers of Change	4
1.3. Tension Giving Rise to Innovation	6
1.4. Ministry Opportunities.....	11
1.5. Purpose of the Study	13
1.6. Content Overview	14
1.7 Definition of Key Terms	16

CHAPTER 2 – Theological Rationale for a Holistic Pastoral Ministry

2.1. Holistic Pastoral Care Rooted and Illustrated in the Bible	20
2.2. Holism in Judaism	21
2.3. Holistic Pastoral Care in the Old Testament.....	22
2.4. Holistic Pastoral Care in the New Testament	24
2.5. Theological Reflections towards a Holistic View of Pastoral Care	32
2.6. Development of Pastoral Care in History of the Church.....	35
2.7. Summary	40

CHAPTER 3 – Literature Review on Integration of Holistic Care into Pastoral Ministry

3.1. The Roles of Caregivers	43
3.2. Integration for Holistic Approach to Care	48
3.3. Summary	63

CHAPTER 4 – Methodology

4.1. Strategic Planning for Ministry Alignment	65
4.2. Research Design for the Study	70
4.3. Action Research and Kolb’s Format	71
4.4. Integrating Pastoral Care and Discipleship through Two Pilot Programs.....	74
4.5. Action Research Cycle I—Love Dare Marathon: Promoting Relational and Spiritual Well-being of the Individuals	75
4.6. Action Research Cycle II—Walking with Jesus Lifestyle Management Program: Promoting Physical and Spiritual Well-being of Individuals	84
4.7. The Survey, Questionnaires and Ethical Guidelines	90
4.8. Summary	91

CHAPTER 5 – Outcomes and Interpretation

5.1. Findings of the Survey on Ministry Collaboration for Holistic Care through the Two Pilot Programs	92
5.2. An Emerging Picture of Collaboration in Holistic Ministry	104
5.3. Researcher’s Reflection and Learning from the Study	105
5.4. Summary	114

CHAPTER 6 – Summary and Conclusion

6.1. Three Levels of Renewal	117
6.2. Collaboration in Holistic Ministry	121
6.3. Limitations of the Study	126
6.4. Applying the Holistic Approach	127
6.5. Conclusion	130

Appendix 1: RHCCC Caring Ministry Handbook.....	132
Appendix 2: RHCCC Caring Ministry Distribution.....	208
Appendix 3: Caring Ministry Profile.....	209
Appendix 4: RHCCC Caring Ministry – Wheel of Care 5Cs Model	210
Appendix 5: Project Journal for the Love Dare Marathon in Kolb’s Format	211
Appendix 6: Project Journal for the Walking with Jesus Program in Kolb’s Format	220
Appendix 7: Timeline for the Study	228
Appendix 8: Survey Consent Form	229
Appendix 9: Interview Questionnaire	230
Appendix 10: Findings of Interview Questions	232
Appendix 11: Evidence by Categories—Samples of the Answers.....	233
Appendix 12: Presentation on the Study to Pastors of ACEM on January 18, 2012	235
Appendix 13: The C.A.R.E. Projects	244
References	247

CHAPTER 1 – INTRODUCTION

Leaders today are challenged to guide the church to be missional in nature, exercising the Great Commandment to love God and love your neighbour as yourself (Mt 22:37-39), and advancing the Great Commission to go and make disciples of all nations (Mt 28:19-20). This study is an exercise in conceptual renewal involving inter-disciplinary thinking because conceptual renewal is a driving force for the leaders of Richmond Hill Christian Community Church (RHCCC) to renew the church's ministry strategies and structure for better execution of its missional focus in the ministry of care. Conceptual renewal leads to strategic and structural renewal which in turn facilitates ministry renewal.

As the pastor responsible for the Caring Ministry at RHCCC, I took steps to facilitate rethinking, planning and implementing a Collaborative Holistic Ministry with the support of the pastoral team and a Collaborative Holistic Committee. A Caring Ministry Handbook was produced to facilitate the structural change. The Ministry of Care and the Ministry of Cultivation collaborated on two pilot programs, "Love Dare Marathon" and the "Walking with Jesus" lifestyle management program, to facilitate the dual goals of integrating pastoral care and discipleship, and demonstrating holistic congregational care.

1.1 Missional Church—Being the Church God Shapes Us to Be

In October 2010, RHCCC celebrated the twenty-fifth anniversary of its settlement in Richmond Hill. This was an ideal occasion for the church to review its ministries, readjust its focus, and move forward. The leaders considered the

question, “How can RHCCC become a truly missional church to practice the Great Commandment and the Great Commission?”

1.1.1. The Missional Nature of a “Sending” God and His Church

The missional church is about the missional nature of God and His church. It is a “collection of missional believers acting in concert together in fulfillment of the *missio dei*” (Meigs 2011). The Latin theological term *Missio Dei*, translated as the “mission of God” or the “sending of God”, points to the attributes of God as a “sending” God (Bosch 1991, 389-390). The term indicates that it is God who is the “initiator of His mission to redeem through the church a special people for Himself from all of the peoples (*τα εθνη*) of the world” (Sanders 2006, 24). It is God who sent Christ for His redemptive purpose. Just as Christ was sent into the world, God also sends His church into the world with the message of the gospel for the same purpose. God is a missional God who sends His missionary church.

1.1.2. Incarnational Living and Participation in the Mission of God

Influential authors on the missional church include David Bosch (1999), Darrell Guder (1998), Alan Hirsch (2009), Gary Nelson (2008) and Van Sanders (2006). Among them, Gary Nelson, a main contributor to my understanding of the missional church, emphasizes that missional church is a church becoming what God shapes it to be and living the fullness of its missionary existence in the world (Nelson 2008, 5-7). Through asking the fundamental questions of “why does the church exist?” and “what is God’s mission for us?”, the missional church inspires the congregation to search for what God wants them to do, and how to impact

society. The missional church is a “sent” community (Guder 1998, 129), whose members reach out with a Christian message that influences the secular world and upholds biblical values to impact the community. They see themselves as people “called out” together by God to live missionally, relationally, and incarnationally for Christ.

The missional church also embodies a “missional-incarnational impulse” (Hirsch 2009, 129). While the word “missional” expresses the nature of the church as being sent, the word “incarnational” represents the embedding of the gospel into a local community context. Being “incarnational” is about *how* disciples go, and *what* they do as they go. The calling of an incarnational community is

... to be the community of witness ... through its corporate witness to proclaim that, in Christ, God is shaping a new life for the world. (Nelson 2011)

The missional church is a vehicle used by God to bring the gospel to the culture and the people of the world, wherein God shapes the church to be an incarnational community that gives witness to Him.

1.1.3. A Community of Faith that Reaches the World

The people of RHCCC are eager to discover what God wants to shape in them and want to be open to His calling in their lives, for the church and its mission. The church wants to become a “community of God’s intent” (Nelson 2008, 46-48) that can witness to the world and proclaim Him through incarnational living. The congregation strives to live as witnesses of the truth and to be “influencers of the world” (Hauerwas and Willimon 1989, 46-47) through

living out the biblical truth both individually and corporately to impact the society. They wanted to act as a community of reconciliation, and to restore people's relationship with God and others through their incarnational living.

1.2. Leaders as Enablers of Change

While traditional views on leadership focus on the responsibility of leaders to direct the future using control mechanisms, RHCCC leaders embrace the role of leadership as enablers, or facilitators, change agents who bring renewal to the church so that it will become a truly incarnational community.

Plowman and his research team, in an important article on the role of leadership in emergent self-organization, describes leaders as enablers who “disrupt existing patterns of behaviour, encourage novelty, and make sense of emerging events for others” (Plowman et al. 2007, 341). They observe that organizations, including churches, are complex systems that exist with ongoing interactions of system components where changes often emerge in unexpected ways. The processes of interaction and adaptation lead to emergent and self-organizing behaviours that enable organizational effectiveness.

1.2.1. Adaptive Leadership in Challenging Environments

Churches possess the characteristics of complex adaptive systems as described by Plowman:

- (1) They are made up of many agents who act and interact with each other in unpredictable ways,
- (2) they are sensitive to changes in initial conditions,
- (3) they adjust their behaviour in the aggregate to their environment in unpredictable ways,
- (4) they oscillate between stability

and instability, and (5) they produce emergent actions when approaching disequilibrium. (Plowman et al. 2007, 342-43)

Truly, leadership and change are inseparable. Leaders bear the responsibility of acting as enablers of change and helping others to strengthen their capacities for change. Very often, we as leaders see the need for changes, address the challenges, facilitate movement through obstacles and take meaningful steps to lead people and the organization to move forward.

At the 2010 Global Leadership Summit, Bill Hybels suggested that a major role of leaders is to “move people from ‘Here’, the existing present, to ‘There’, the preferred future” (Hybels 2010). Congregational leaders need to take the initiative in “leading their congregations through a managed change process” (Brubaker 2009, 92). Furthermore, it is leaders who “make organizational transformation happen by directing changes” (Kotter 1996, 59-68).

Ronald Heifetz (2009) is a leading theoretician in adaptive leadership. He stresses that leaders must deal with adaptive challenges in order to move the organization forward:

They have to be coolly realistic and skilled at diagnosing their own resources and constraints ... diagnosis for the situation: understand the underlying value conflicts embedded in the strategy of the organization or community, what and whose interests benefited from the status quo. (Heifetz, Linsky, and Grashow 2009, xii-1)

This approach provides leaders with an effective way to challenge and lead people to address the adaptive tensions within organizations including church systems.

Adaptive leadership is a “purposeful evolution in real time” (Cambridge Leadership Associate 2011). It serves to mobilize people to tackle tough challenges and thrive in their environment. Exercising adaptive leadership helps

both individuals and organizations to (1) determine what practices are core to the future and which ones are obstacles, (2) run smart experiments and test new practices, and (3) integrate new practices and align people to execute them (CLA, 2011). When the Collaborative Holistic Committee at RHCCC realized the aspirations in holistic focus to care and envisioned the innovation to integrate pastoral care and discipleship through ministry collaboration, adaptive leadership had served as the framework for us as leaders to effectively build our collaborative culture for holistic caring ministry at RHCCC.

1.3. Tension Giving Rise to Innovation

RHCCC leaders recognize the tensions generated by the rapidly growing, need-based ministries within the church setting. To address the tensions among ministries, ideas have emerged to promote integration of pastoral care and discipleship so as to care for the individuals and the congregation holistically through collaborative efforts. The idea of collaboration has given rise to innovation to achieve holistic pastoral care through launching two pilot programs, namely “Love Dare Marathon” in 2010 and “Walking with Jesus” lifestyle management program in 2011, which put the church on a path toward an incarnational community with a collaborative holistic ministry of care. The following section provides the ministry context for these programs.

1.3.1. Ministry Context of RHCCC

RHCCC is a multi-cultural, multi-lingual, and multi-generational (3M) purpose-driven missional church for the un-churched and the committed. There

are currently four congregations which include Cantonese-speaking, Mandarin-speaking and English-speaking people. Comprising all age-groups, they are mostly from Hong Kong, Mainland China, other South-east Asian countries and North America, including Chinese and Caucasians. There are five pillars of ministries in RHCCC: Celebration, Cultivation, Care, Communication, and Consecration.

As a missional church, RHCCC actively seeks to bless and serve the neighbouring communities. It strives to move people towards wholeness of body, mind and soul through teaching, preaching and serving. The Caring ministry has four value markers: to make RHCCC to be a community of love, life-development, prayer, and service. The church aims to develop to be a place where positive attitudes are developed, hurts are healed, friendships are made, families are united, singles are valued, love is thriving, God is understood, and Jesus is Lord. Over the years, people have been drawn to Christ through effective teaching, preaching and serving, resulting in significant church growth.

1.3.2. Challenges Arising from the Current Ministry Context

In ten years, RHCCC had rapidly grown from 1,000 members in 1996 to 3,500 in 2005 as a result of the wave of Asian immigrants, demographic shifts to the Richmond Hill area, and the evangelistic efforts of the church. A building project consequently took place from 2005 to 2007 in order to increase space to accommodate the growth of the church.

Over these ten years, the Caring ministry had evolved to have twelve sub-ministries, with the purpose to meet the needs of the congregants holistically.

However, tensions among ministries had intensified due to the rapid growth and increasing demands for manpower and resources. As the Pastor responsible for the Caring ministry, I saw an urgent need for the church to work on ministry consolidations, collaborations, and re-structuring within the church setting.

1.3.3. The Collaborative Holistic Committee

To address the adaptive tensions for better execution of a holistic caring ministry, the Collaborative Holistic Committee was formed under my leadership in 2009. The team consisted of pastors, deacons and laity involved in the Caring and Cultivation ministries. Its functions were to facilitate movement through obstacles of ministry competition, find ways to work towards collaboration for holistic caring ministry and consolidate such collaborative efforts. In the committee, innovative ideas on integration of pastoral care and discipleship through ministry collaboration gradually emerged to address these systemic issues of ministry competition and resource limitation.

As Maguire and McKelvey (1999, 107) state, “when organizations move away from stability and into the ‘region of complexity,’ adaptive tensions give rise to emergent self-organization.” Furthermore, “it is only as organizations move into far-from-equilibrium states that emergent ideas are possible, giving rise to innovation and creativity” (Plowman et al. 2007, 343). As Brubaker says, “when a congregation restructures, attempts to change its culture ... or engages in a meaningful strategic planning process—change has occurred” (Brubaker 2009, 90).

As a Registered Nurse, a Marriage and Family Therapist, Pastor responsible to the Caring ministry, and Chairperson of the committee, I contributed my knowledge and skills to lead the committee to perform its functions. To render holistic pastoral care, I motivated the committee and my ministry teams to launch preventive and prescriptive programs through a team approach, to embrace collaboration among ministries in caring for the congregants holistically, and to optimize ministry resources within the church setting. Upon forming the Collaborative Holistic Committee, I led the team to examine the problems faced by the Caring ministry and align the ministry with RHCCC's direction, which are discussed in the following sections.

1.3.4. The Problem

The rapid growth of ministries presents three major challenges. First, fast-growing ministries with age-specific and need-specific foci have to be established to meet the needs of the congregation. Some examples are:

- The cancer support group formed by passionate cancer survivors and family members from the congregation cares for patients and their families in their healing journeys.
- The single-mom ministry and the SPRING (Single Parent and kids Renewal IN God) program serves to meet the needs of an increasing number of single parent families.
- The special needs support group began with families with children with Autism or ADHD who were willing to share the love of God and walk with families facing similar challenges.
- The golden-age centre was launched to deal with an increasing number of retirees from the baby-boomer generation, with aims to mobilize people of that specific age group to serve and reach out to the surrounding community.

The Caring ministry at RHCCC has to deal with challenges arising from these ongoing developments. Being a need-based ministry, it has to address duplication of ministry efforts with overlapping purposes. For example, various ministry platforms have conducted preventive and counselling-related workshops on building healthy lifestyle and relationships.

A second challenge is the increasing demand for pastoral care from the growing community. These include hospital visits, home visits, caring calls, and service for those who are going through crises, grief, and other struggles in life. Increased demands for such care have caused the church to recruit and equip more laity to assist in pastoral ministry.

The third challenge is that rapid ministry growth has created tension among sub-ministries for manpower and resources. Over the years, sub-ministries have developed with unique foci, but individual ministry's leaders and volunteers tend not to collaborate with one another to achieve collective goals and optimize resources within the church setting. Tensions naturally develop as ministries compete for the limited resources of volunteers, manpower, time, and venues. In turn, they have fuelled a desire for ministry consolidation and renewal through strategic planning to move ministry services toward a higher level.

Where there are challenges, there are opportunities. In addressing these challenges, the team envisioned ministry opportunities ahead.

1.4. Ministry Opportunities

With the intention to renew the existing ministry and build leadership capacity in order to care for individuals and the congregation holistically and achieve wholeness in Christ, RHCCC leaders resolved in 2009 to:

1. Explore new strategies for ministry,
2. Develop engaging communities to serve others,
3. Establish clarity in leadership,
4. Simplify ministry processes, and
5. Turn the corporate vision of “Love God, Love Others, Love PEACE” for exercising the Great Commandment and the Great Commission into a reality. (Minutes of Pastor and Deacon Retreat, October, 2009)

In this direction, I and the team worked towards achieving these five objectives. We went through the process of reviewing the existing Caring ministry practices. We explored new strategies through strategic planning and introducing ways to care for people holistically by facilitating collaboration among the church ministries. The team proceeded to develop ministry strategies based on the core values, mission, and vision for each of the twelve sub-ministries under the Caring ministry. This work was compiled into a Caring Ministry Handbook for ministry reference to ensure consistency and establish protocols for operation, organization and delivery of ministry to address people’s needs. The Caring Ministry Handbook is attached in Appendix 1.

In engaging communities to serve others, the team encouraged laity to serve with a holistic mindset. They motivated laity to discover and apply their spiritual gifts to serve God and live a life of purpose for Christ as core ongoing emphases of their ministry.

In establishing clarity in leadership and simplifying the ministry process, the team continued to identify and equip laity, and appointed and re-engaged some as champions for the twelve sub-ministry services. We established clear ministry structures to facilitate the process of healing by caring for body, mind, and soul. In order to achieve these goals, the restructuring of the ministries according to the nature of their services was examined and consolidated. We created strategic and clear ministry profiles within each sub-ministry.

In the process, the team identified that strategically collaborative efforts engaging such services as parish nursing and lay Christian counselling could become prominent parts of pastoral care to address the physical, psychological, and relational wellbeing of the individual. Eventually, the two pilot programs, “Love Dare Marathon” involving lay counselling and “Walking with Jesus” lifestyle management program, involving parish nursing, were identified and launched in 2010 and 2011 respectively. The two programs could serve as strategic platforms for integration of pastoral care and discipleship to address holistic congregational care through ministry collaboration at the fellowship and small group levels.

In realizing RHCCC’s corporate vision, we developed and adopted the “Wheel of Care” 5Cs Model (5Cs: Celebration, Cultivation, Communication, Care and Consecration) with emphasis on helping people to walk through the processes of worship (preaching), discipleship (teaching), and care and evangelism (healing) to achieve the total healing of a person in Christ. We sought to encourage joint ministry functions and partnership in service so as to optimize

ministry resources and embrace collaboration between the Caring ministry and other ministries. The model is elaborated in Chapter 4 on methodology.

1.5. Purpose of the Study

With a view to enabling organizational effectiveness and helping people to achieve wholeness in Christ, the twofold purpose of the study was (1) to provide a framework for actualizing holistic care through ministry alignment and (2) to develop a functional ministry process to care for people through integrating pastoral care and discipleship by way of ministry collaboration. Consequently, the Collaborative Holistic Committee compiled the Caring Ministry Handbook and launched the two pilot programs in 2010 and 2011.

The goals of the study were to

- (1) Design and adopt a holistic caring model as the core of ministry process to care for the congregations holistically;
- (2) Adopt a strategic plan as a tool for ministry consolidation for RHCCC's Caring ministry. A Caring Ministry Handbook is compiled;
- (3) Engage lay Christian counselling and parish nursing as prominent parts of pastoral ministry to care for one's body, mind, and soul; and
- (4) Demonstrate actualization of the holistic ministry through integrating pastoral care and discipleship by means of launching the two pilot programs.

The first two goals are connected with the first purpose, which is developing a framework. The Caring Ministry Handbook provides a framework from conceptualizing and actualizing holistic care. Through strategic planning, ministry consolidation serves to align the twelve sub-ministries under the Caring ministry for better execution of the holistic congregational care. The handbook

provides a guide for leaders to address one's physical, psychological, social and spiritual well-being. Moreover, incorporating the "Wheel of Care" 5Cs model serves to address the role of the Caring ministry in the context of the church system, to build people up and walk them through the disciple-making process towards personal and spiritual growth and maturity.

The last two goals are connected with the ministry collaboration purpose. The two programs create a platform to integrate pastoral care and discipleship, to engage lay counselling and parish nursing as prominent parts of pastoral care, and to facilitate the emergence of a collaborative culture at church.

1.6. Content Overview

Chapter 2 examines holistic pastoral care from biblical, theological, and historical perspectives. It emphasizes individual wholeness as being achieved only through the redemptive power of Jesus Christ. Church leaders are encouraged to promote holistic ministry services in which God's people, ministry, and church act as agents of His kingdom and instruments of reconciliation to guide people towards liberation and restoration in Jesus Christ.

Chapter 3 on literature review discusses the integration of holistic care into the pastoral ministry process. It examines Christian counselling (linking faith and counselling) and parish nursing (linking faith and health) as prominent parts of pastoral care to promote the physical, psychological, social and spiritual well-being of a person.

Chapter 4 describes the research methodologies of strategic planning which led to the compilation of a Caring Ministry Handbook, and an action

research that were adopted to actualize the holistic caring ministry through the launch of two pilot programs at RHCCC.

Chapter 5 interprets and discusses the findings of the surveys on ministry collaboration and leaders' reflections on the pilot programs.

Chapter 6 summarizes the conclusions of this study and suggests how the ministry of care can be embraced and executed through ministry collaboration within and beyond the church setting. It comments on several broader applications of holistic care and proposes an innovative guide to expanding these efforts, namely through the C.A.R.E. projects.

This is a study of an integrative and collaborative approach to caring in a large suburban Chinese church. RHCCC stresses collaborative efforts for the care of individuals and the congregation holistically by integrating pastoral care and discipleship. This study is intrapersonal because in caring for one's body, mind, and soul, it regards a person as a bio-psycho-socio-spiritual being. This study is interpersonal since it values ministry collaboration. Interconnectivity among ministries is one of the expected outcomes in times of care. It is a collaborative approach that emphasizes the use of a multidisciplinary body of knowledge both inside and outside the church to achieve actualization of holistic pastoral caregiving. Ultimately, it is missional, and serves as a holistic tool for the people of God, the church, and the ministry to live out the kingdom values, to proclaim the Word of God, and to witness His love and faith through incarnational living.

1.7. Definitions of Key Terms

5Cs: the five major ministry pillars of RHCCC. They are Celebration (worship), Cultivation (discipleship), Communication (evangelism), Care (ministry) and Consecration (stewardship).

Adaptive leadership: the practice of leaders to lead, enable and mobilize people to tackle tough challenges and thrive in an environment that calls for adaptation and change.

Bio-psycho-social-spiritual model: is fundamental to holistic caring ministry and addresses a person as an integrated totality of body, mind and soul. It emphasizes the wholeness and harmony in the four key aspects of physical, psychological, social and spiritual well-being of the individual.

C.A.R.E. project: C.A.R.E. stands for Care for and comfort the sick; Assist the poor and the needy; Restore relationships (reconciliation with God, self and others; and Educate and equip locals for community development. The Caring ministry of RHCCC designed the C.A.R.E. model to deliver a holistic care framework with integrative and collaborative dimensions. It stresses partnership with local initiatives and is a model that can be adopted by local churches and faith-related agencies to execute Jesus' holistic mission in a global scale.

DNA: an acronym that stands for Discipleship Network Associate. It refers to the fellowship and small group ministry in RHCCC.

Holism: refers to the wholeness and well-being of a person. It is achieved through a harmonious relationship with God, with others and with the

environment. It involves “a qualitative change of life in which a person finds essential wholeness (socially, physically, spiritually, and in wisdom) as an individual and as part of a community. It occurs only through the redemptive power of the gospel” (Yamamori 2001, 99).

Incarnational community: a community of faith that is “called out” by God to be a community of God’s intent, having quality of sense of identity and purpose in Christ... They are “called together” to be a community of reconciliation to live out their witness of truth, having quality of relationship to each other in the church... They are “called for” to live a distinct and special purpose as a gathering of disciples, having quality relationship to Christ... They are “called to” share lives of love and faith, having quality of relationship to the world. (Nelson, 2008)

Lay counselling ministry: a biblically-based, Christ-centred and Spirit-empowered counselling ministry. It is carried out by nonprofessional or paraprofessional counsellors with limited training in counselling skills.

Lay counsellors: non-professional counsellors who assist people in coping with personal problems and dealing with the stresses of life. They aim to help people with issues relating to personality, self-image, self-esteem and self-control so as to assist them towards maturity in Christ and to have a harmonious relationship with God, self and others.

Love Dare Marathon: an eight-week Bible study program held by the Caring ministry in 2010, in collaboration with the Cultivation ministry of RHCCC, to address one’s relational and spiritual well-being.

Love God, Love Others, Love PEACE: a slogan of the corporate vision of RHCCC for exercising the Great Commandant and advancing the Great Commission. For PEACE acronym, see below.

Ministry Consolidation: the process of examining, reviewing and aligning ministries which may result in unification of or combining two or more ministries, or in creation of a new ministry practice.

Ministry Collaboration: the cooperation and joint efforts of ministries in an endeavour to deliver services or programs to achieve a common goal to align with the corporate vision and direction. It is a way of mutual support demonstrating submission to one another. “Ministry collaboration is rooted in the Kingdom principle of Spirit-directed and Scripture-anchored unity — a condition for God’s fullest blessings and provision that is often ignored, resisted or forgotten Collaboration creates the context for disciplined accountability as well as mutual support” (Gyertson 2011).

Missional church: a church that seeks to become what God shapes it to be and to live the fullness of its missionary existence in the world.

Parish nurse ministry: “a health ministry of faith communities which emphasizes the wholeness of body, mind and spirit. Rooted in the vision of Christ as Healer, this ministry grows out of the belief that all faith communities are places of health and healing and have a role in promoting wholeness through the integration of faith and health” (The Canadian Association for Parish Nursing Ministry 2011). It is “a dynamic process of working with parishioners and families in the community toward

wholeness of body, mind and soul ... [it is] guided by the Holy Spirit, as the patient (parishioner or member of the community), the pastor, and the parish nurse journey together toward God within the context of the congregation and wider community” (Patterson 2003, 7).

Parish nurse: “a registered nurse with specialized knowledge who is called to ministry and affirmed by a faith community to promote health, healing, and wholeness. The role of a parish nurse is to promote the integration of faith and health in a variety of ways that reflect the context of the faith community. Specific examples include: health advocacy, health counseling, health education, and resource referral” (The Canadian Association for Parish Nursing Ministry 2011).

PEACE: an acronym for “Plant churches & preach reconciliation, Equip servant leaders, Assist the poor, Care for the sick and Educate the next generation.” It is a strategy for mission adopted by RHCCC.

Strategic Planning: the envisioning process in which leaders of an organization use on a regular basis to review, think and act so as to design and redesign a plan that work towards accomplishing its mission and goals.

“Walking with Jesus” Lifestyle Management Program: a twelve-week collaborative holistic program launched by the Caring ministry in 2011, in collaboration with the Cultivation ministry of RHCCC, to promote one’s physical and spiritual wellbeing.

CHAPTER 2 – THEOLOGICAL RATIONALE FOR A HOLISTIC PASTORAL MINISTRY

This chapter explores the nature of holistic pastoral care from biblical, theological, and historical perspectives. It examines the ministry's deep-rooted Christian tradition and emphasizes individual wholeness being achieved only through the redemptive power of Jesus Christ. Believers respond to the divine call to priesthood (1Pet 2:9) that imitates the caring example of Christ. Salvation, redemption, reconciliation, and regeneration are aspects of the gospel that effect healing. Gifts of reconciliation and forgiveness are essential to transformation and maturation through the Christocentric ministry.

2.1. Holistic Pastoral Care Rooted and Illustrated in the Bible

The Greek word *holos* means whole, wholly, or complete (Steward 2000, 448). The word and its derivatives are used by New Testament writers including Matthew (Mt 5:29-30), Luke (Acts 3:16), John (Jn 9:34), James (Jas 1:4), Paul (1 Thes 5:23), and Peter (Acts 3:16). With respect to the apostles' use of the term "holism" and its application to pastoral ministry, Yamamori states that:

Holism ... refers to the wholeness and well-being of the person. Biblical holism therefore is concerned with the whole person. We should direct our work with people to the development of the whole person ... a qualitative change of life in which a person finds essential wholeness (socially, physically, spiritually, and in wisdom) as an individual and as part of a community. This change ultimately occurs only through the redemptive power of the gospel. (Yamamori 2001, 99)

Scripture makes clear that it is through faith in Jesus and His redemptive power that a person is made complete. The apostles declare that faith alone in Jesus' name makes a person "healed and whole" (Acts 3:16). They attribute their

authority and power to heal to Jesus Christ (Acts 3:6), who claims to be the one who “makes a man’s whole body well” (Jn 7:23). Furthermore, the apostles exhort Christians to view their trials as the building blocks of God’s work in their lives, which make them “mature and complete” through the testing of their faith (Mt 5:48; Jas 1:4). Paul reminds the Thessalonians that it is God who makes everything holy and perfects the believer in spirit, soul, and body in preparation for the coming of the Lord Jesus Christ (1 Thes 5:23). Hence, the New Testament writers agree that biblical holism, wherein the body, the mind, and the soul together comprise the entire being of a person, can only be achieved through the redemptive power of Christ.

Holism is also an ongoing process. Jesus Himself “grew in wisdom and stature and in favour with God and man” (Lk 2:52)—in mental/emotional well-being (“wisdom”), physical well-being (“stature”), spiritual well-being (“in favor with God”), and relational/social well-being (“and man”). He developed his life in wholeness and harmony in each of the four key aspects: physical, psychological, social, and spiritual. This is the bio-psycho-socio-spiritual model that is foundational to holistic nursing (Dossey et al. 1995, 19) and to a holistic caring ministry.

2.2. Holism in Judaism

Toback investigates biblical holism as it relates to Judaism, noting that, “Judaism has always regarded the person as a being whose physical, spiritual and emotional states are inter-dependent” (Toback 1999, 13). This view echoes that of the prominent physician, theologian, and philosopher Moses Maimonides (1135-

1204), whose profound understanding of sin, guilt, and many physical ailments led him to approve of medical healing and spiritual leadership in the traditional Jewish community. Jewish themes in holistic care employ various traditional resources of healing which integrate the body and the soul. Traditional liturgical and ritual practices believed to evoke holistic healing include studying spiritual texts as a cognitive approach in healing, performing exercises as a physical approach to spiritual and bodily healing, playing music as a physical expression and praying as healing, storytelling as a means of interpreting difficulties and challenges in life, and employing humour to cope with pain (Toback 1999, 12-16).

Clearly, the Jewish themes are in line with biblical holism. As a historical reservoir for Christianity, they have grounded a theology of care in pastoral caregiving concerning the whole person with “inextricable interrelatedness of mind, spirit, and body” (Toback 1999, 12-16). This not only calls attention to the inseparability of body, mind, and soul, but also stresses the biblical view of wholeness as a harmonious relationship of a person with God, with others, and with their environment (cf. Lk 2:52). Therefore, seeking another’s healing in body, mind, and soul and pointing people to the redeeming power of Christ has always been a driving principle of pastoral care.

2.3. Holistic Pastoral Care in the Old Testament

The nature of the holistic pastoral ministry of care is rooted in the Old Testament. Here, it is “primarily concerned with the political and religious guidance of the people of God” (Berkley 1994, 199), being delivered by way of

teaching, preaching, and healing through shepherds, priests, and prophets such as David, Moses, and Ezekiel. One can consider the story of Moses in Exodus as a model of Old Testament pastoral caregiving.

As a shepherd, Moses led the Israelites out of Egypt (Ex 3-12), through the Red Sea (Ex 13-14) and across the desert (Ex 16-40). God used him to rescue His people from physical slavery in Egypt and spiritual slavery in sin. Through Moses, God pronounced the commandments, civil law, and ceremonial law (Ex 19-24), and also taught the people to obey the conditions of the laws and to walk in holiness before Him. As a priest, Moses reminded his kinsmen of God's promise (Ex 14:10-14). He dispensed emotional encouragement and coached them in the trust of God. He led the Israelites in exaltations of praise and worship to God (Ex 15:1-18; Lv 8-9, 21-22), preaching God's word, and offering them moral and spiritual guidance (Ex 23:24-25). As a prophet, Moses yearned for the Israelites to obey God and he made public altar calls for repentance. He mediated various conflicts among the people (Ex 18:15-16), providing counsel, settling dispute, and resolving disagreements among them from a psycho-social perspective.

The Old Testament pastoral figures are "practical counsellors of the soul, proclaiming reverence for God and justice to man, and making plain the path of right conduct" (McNeill 1951, 9). In the roles of shepherd, priest, and prophet, these Old Testament figures sought to bring physical, psychological, social, and spiritual healing to God's people through teaching, preaching, and healing. These pastoral ministers brought people into a wholeness of living before God, who

“must be acknowledged as holy” and who “makes people holy” (Lv 22:32) by offering moral and spiritual guidance to their people, calling for repentance, and bringing them into greater obedience to Him.

2.4. Holistic Pastoral Care in the New Testament

Pastoral care in the New Testament is rooted in Jesus’ ministry and commissioning of His disciples to make people whole through the body of Christ. God’s mission is to demonstrate His love to the world through the giving of “his one and only son, that whoever believes in him shall not perish but have eternal life” (Jn 3:16). Thus, the entire church of Jesus Christ—all churches and their members (the parts)—are called and unified in the Great Commission to evangelize and disciple as Jesus commanded (Mt 28:19-20). In the context of the ministry of care, pastoral caregivers enact this command not only by caring for one’s needs but also by proclaiming the gospel that brings healing through Christ’s redemptive power. Pastoral care in the New Testament, with its commitment to building up the body of Christ, is rooted in Jesus’ ministry and the dynamic activity of the Holy Spirit (Berkley 1994, 200).

2.4.1. The Nature of Jesus’ Ministry

Healing is a fundamental aspect of Jesus’ ministry. The New Testament describes with profound imagery the person of Jesus as healer. “Many scholars have pointed out that healing was a primary expression of Jesus’ overall ministry” (Larson-Miller 2007b, 4-5). The Gospels record numerous personal encounters in which Jesus heals, teaches, preaches, and casts out evil spirits. Imitating both the

compassion and the actions of Jesus' ministry of healing is a major theme of pastoral ministries in the church. Berkley (1994, 199) submits that, "such care is focused on the brokenness of humans in their alienation from God and emanates from the point of view of the healing of humanity offered in Jesus Christ."

2.4.1.1. Healing of the Body

The New Testament records Jesus healing physical illnesses such as fever (Mt 8:14-15;), leprosy (Mt 8:2-3; Lk 17:11-19), paralysis (Mt 9:1-8; Mk 2:1-12; Jn 5:1-8), deafness (Mt 9:32-33), blindness (Mt 9:27-31; Mk 8:22-26), a shrivelled hand (Mt 12:9-13), excessive bleeding (Mt 9:20-22), and crippling (Lk 13:10-17). Furthermore, his healings were moved by compassion (Mt 9:35-36).

The texts describe Jesus' healing of the body as taking place through words and touch. These have been referred to as "heart-hand coordination" (Thomas 1994, 54) or as "religious" or "sacramental" (Kelsey 1995, 68)—healing through words and touch, prayer, and laying on of hands. Kelsey identifies three kinds of illnesses that Jesus heals, organic, functional, and mental or psychic. He pointed out that His compassion and power of healing is twofold: it awakens the waiting spirit that lays deep within; and uses actions, words, and attitudes to draw the healed into contact with "the Spirit of God, the creative force of reality, which helps human minds and bodies to move toward inner harmony and which recreates them" (Kelsey 1995, 68). In this, Kelsey echoes Thomas' interpretation of Jesus' healing as a heart-hand coordination, in which the pastoral caregivers can serve as a channel of divine compassion through the healing process.

Regardless of the circumstances, it is clear that Jesus linked physical healing with faith and the forgiveness of sin. He healed a paralyzed man, saying, “Son, your sins are forgiven” (Mt 9:2). He said to the woman who had suffered from bleeding for twelve years, “your faith has healed you” (Mt 9:22). He restored the blind, saying, “According to your faith will it be done to you” (Mt 9:29). He liberated a girl from demonic power with the words, “you have great faith. Your request is granted” (Mt 15:28). The statement “your faith makes you well” clearly focuses beyond physical healing to reach the emotional, mental, and spiritual well-being of the whole person. His healing showed the reign of God and revealed His “own role in the present and future kingdom of God... done to respond to faith or to move people to deeper faith” (Larson-Miller 2007b, 178). Jesus’ ministry combines people’s faith in Him and His power to bring the sick out of the shadows of sickness into His light.

2.4.1.2. Healing of the Mind

Besides being a physical healer, Jesus was also a healer of the mentally distressed. He relieved the demon-possessed (Mt 8:28-34), sent out evil spirits (Mk 9:14-29), cast out demons (Mk 7:24-30), and healed a mute demoniac (Mt 12:22). This healing activity through exorcism has been defined as

a form of healing used when demons or evil spirits were thought to have entered a person and to be responsible for sickness, and was the attempt to control and cast out or expel evil spiritual beings or demons from people. (Twelftree 1993, 13)

Kelsey (1995) and Davies (1995) both interpret demon possession to be what is regarded today as mental illness. Davies links forgiveness and the cure of

mental distress, seeing Jesus as a Spirit-empowered healer who expelled demons with authority and the proclamation of forgiveness. These exorcisms and healings function as signs of salvation and of the coming kingdom of God. Again, Jesus' pronouncement, "your faith has made you whole," can be seen to embody a ministry of healing in the physical, mental, social, and spiritual dimensions of life that are fundamental to the bio-psycho-socio-spiritual model of holistic care. As such, Jesus' ministry indicates that pastoral care should address an individual human being as an integrated totality of body, mind, and soul.

2.4.1.3. Healing and Social Dimension

Jesus not only stressed the interrelatedness of body, mind and soul within the person, but also viewed relationships as a dimension of healing. He accepted people as who they were and addressed the manifestations of brokenness in a person's life. He was concerned about the reconciliation of relationships between the person with God (2 Col 5:19), the person and his neighbour (Rom 14:19), and the person and the world (Eph 2:14-22). Viewing the individual as an essential wholeness in life, relationships gave a necessary aspect that called for healing to be approached in a holistic manner.

Along with the sick, Jesus also encountered the oppressed and the oppressor. The Gospels clearly identified the social status of those who sought Jesus' healing: the poor (Mt 11:4-5), the widowed (Lk 7:11-14), the beggars (Mk 10:46-52), and the outcasts (Jn 5:1-10). Individuals of these statuses were stigmatized and subject to social discrimination. "[To] put an end to this discrimination was an act of social criticism which was one side of Jesus'

healings ... So it is often impossible to heal the sick without healing their relationships, the circumstance in which they live, and the structures of the social system to which they belong” (Moltmann 1993, 106-110). Neither did Jesus refuse to heal the rich and the people in authority. He healed the daughter of Jairus the synagogue official (Mk 5:35-43), the servant of a Roman Centurion (Mt 8:5-9), and even the demoniac daughter of a Gentile Syrophenician woman (Mk 7:24-29). Jesus’ healing ministry surpassed social and religious boundaries. Furthermore, He did not hesitate to touch the unclean—whether lepers, paralytics, or those with bleeding disorders. “He touches the untouchables, and they become clean. He rebukes the demons, and they flee. The clean cleanses the unclean. The Holy drives out the unholy” (Richardson 1999, 8).

Jesus’ ministry was mindful of the civil, political, economic, and cultural aspects within the social dimension of holistic healing. Human beings need to be in a relationship with both God and others. Restored relationships with God and with others are essential in every human context.

2.4.1.4. Healing and Spiritual Dimension

The spiritual dimension of healing is a major focus of Jesus’ ministry. Jesus said, “If I cast out demons by the Spirit of God, surely the kingdom of God has come upon you” (Mt 12:28, KJV). At the beginning of His ministry in Nazareth, Jesus made the direct claim that He is the One who comes “to preach the good news to the poor,” “to proclaim freedom for the prisoners,” “to release the oppressed,” and “to proclaim the year of the Lord’s favour” (Lk 4:18-19). From the start, Jesus set the focus of His ministry of healing for the broken-

hearted and distressed. He delivered those who were captives to the power of sin. He gave sight to the physically and spiritually blind and brought triumph to the downcast.

Similarly, the nature of Jesus' ministry is evident in His response to the disciples of John the Baptist, to whom He said, "[the] blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised, and the good news is preached to the poor" (Mt 11:5). This declaration is closely related to salvation. Jesus is the promised Messiah, the One who would come to offer physical and spiritual redemption to His people. His ministry of healing is linked with the forgiveness of sin, the spreading of the Good News, and salvation.

Jesus' ministry of healing addresses the physical, psychological, social, and spiritual needs of the whole person—proving in effect that He is the Messiah and the source of healing for all kinds of hurting people. His forgiveness of sins brings healing, wholeness, and life change to those who trust Him. His ministry surpasses cultural, racial, and economic boundaries. People can be made whole through Him and the redemptive power of His salvation.

2.4.1.5. Jesus' Ministry and its Continuity

Matthew 9:35 tells of Jesus going "through all the towns and villages, teaching in their synagogues, preaching the good news of the kingdom and healing every disease and sickness." This verse effectuates the mandate for the church to continue Christ's ministry (Larson-Miller 2007b, 178). Jesus did not minister on His own—He guided His disciples and trained them in preaching, teaching, and the casting out of demons (Lk 9:1-10). He gave them authority and

power to deal with demons and heal the sick, and commissioned them to go into the world and preach the gospel of salvation (Mt 28:19-20).

Teaching shows Jesus' concern for proper understanding of the kingdom values (Mt 5:13-7:28). Preaching shows His concern for commitment to the proclamation of the Good News (Mt 5:1-11; 28:18-20). Healing shows His concern for wholeness of the person in relation with God, with others, and with the environment as an individual and as part of the community (Mt 11:5; Lk 4:18). Teaching, preaching and healing facilitate the redemptive process which points people to Christ, who makes the person whole; and pastoral care is a continuing corporate effort of the church to carry out Christ's ministry in this regard.

2.4.2. Holistic Pastoral Care—A Call to Priesthood

Pastoral ministry stewards the body of Christ to be built up in unity, knowledge and maturity until it “attains to the whole measure of the fullness of Christ” (Eph 4:11-13). Apostle Paul urges believers to “carry each other’s burdens” through mutual encouragement and accountability in fulfilling “the law of Christ” (Gal 6:2). He exhorts believers to “build each other up”, (1 Thes 5:11) through cultivating relationships of love, forgiveness, and peace by clothing themselves with compassion, kindness, humility and discipline, seeking forgiveness from those they have hurt and forgiving those who hurt them (Col 3:12-16). Holistic pastoral care is therefore anchored on cultivating transformation and maturity of a person towards Christ-likeness. As Berkley

(1994, 201) puts it, this process can be achieved through edification, encouragement, and discipline within the community of believers

Holism calls for Christians to grow and to mature in faith. It is enabled by the work of the Holy Spirit

in and among believers to build them up corporately and individually toward this goal of completeness in Christ... Maturity implies “continuous growth ... of the whole person – social, personal, sexual, psychological, and spiritual... Pastoral care offers guidance and direction to those seeking growth in understanding themselves, their relationships, and their meaning and purpose in life. (Berkley 1994, 209)

Pastoral caregivers are growth promoters who provide guidance and support in the growth of another (Anderson 1990, 44-77). They walk alongside members of the faith community towards a journey of “becoming whole, becoming an ordered person, becoming a coping person and becoming a person at peace” (Seitz 1985, 73-79). They are involved in synergizing the various parts of the church body to enhance the growth of the church community.

Holism is also integral to Christian living in a way that every believer is a priest to every other person (1 Pt 2:9). Identifying with the pattern of *imitation Christi* (imitating Christ), believers are to participate in Jesus’ priestly work of reconciliation. They are also called to partake in sharing Christ with others (2 Cor 5:18-21). The church likewise also bears the identity and responsibility as a “priesthood to the world” for the continuation of Christ’s ministry (Nelson 1987, 2-11). The church is a chosen people and a corporate community where both clergy and laity are responsible for the leadership and pastoral care of their local communities (Acts 20:24-28; 1 Pt 5:1-3). The whole church carries out the priestly service of the gospel to “dispense the graces, promise, assurance, and

power of healing, cleansing, divination and salvation” (James 1955, 277-299). They carry out Jesus’ work by building up the community through teaching, preaching, and healing in church ministry (Tomkins 1953, 24; Rodger and Vischer 1964, 64). Pastoral ministry and sharing of faith are intertwined.

Through the work of the Holy Spirit, the Church, as an incarnational community, renders Christ-centred activities that introduce life changes and wholeness in Christ. Holism is Christocentric—“based on Christ’s lordship over every part of life, where people are in right relationship with God and one another” (Steward 2000, 448). Through its service to the needs of believers and non-believers alike, the church exercises the ministry of healing and reconciliation, sharing with others the Good News of Christ who can make them whole (2 Cor 5:17-19), and sharing together in its blessings (1 Cor 9:23). In this context, the Caring ministry has its part in building the body of Christ through holistic caring services that lead people to become a whole person in God (Eph 4:11-16; 1 Cor 12:5-7). The role of pastoral caregivers will be expanded on in Chapter 3.

2.5. Theological Reflections towards a Holistic View of Pastoral Care

Healing is a grace coming from the unconditional love of the Father (Ps 130:7; Jn 3:16) and salvation is an act of reconciliation coming from the sacrificial love of the Son (Rom 5:8). Sanctification and fellowship are processes of continual growth and maturity for believers arising from the indwelling presence of the Holy Spirit (Rom 6:1-8:39; Gal 5:22-23; Eph 5:9; Col 3:12-15). One can become whole in Christ through the unconditional love of God, the power of the gospel, and the work of the Holy Spirit.

God searches for the human heart and its burdens, and brings about blessings and healing in people's lives to manifest the ways of His care (Eschmann 2000, 424). Through the pastoral care process, God unravels His relationship with human beings, His participation in their suffering, His power over death and His gift of the Spirit to men. Since God is "always a God in motion" (Grözinger 1989, 11) and He does not give up on people (2 Pt 3:9), pastoral caregivers also act to minister to individuals by leading them through the Word of God, including them in the church community, and leading them to respond to God's work of restoration as a whole person. Pastoral caregivers are able to aid individuals in finding meaning and purpose in their life circumstances. These encounters enable both caregivers and care-receivers to gain deeper knowledge of the Scriptures and share in the process of knowing God.

Pastoral care is instrumental to reconciliation, conversion, and salvation through Christ. It is expressed in the "mediation of loving care of God in Jesus Christ" (Eschmann (2000, 424). Paul says of Christ:

In Him, we have redemption through his blood, the forgiveness of sins, in accordance with the riches of God's grace (Eph 1:7), and
If anyone is in Christ, he is a new creation; the old has gone, the new has come! (2 Cor 5:17)

It is completely by God's grace in reconciling man to Himself and bringing individuals out of sin through the work that Jesus completed on the cross that they may be made righteous and whole.

Pastoral caregivers have the privilege of partaking in the ministry of reconciliation to bring others to faith in Christ, to life, and to wholeness before Him. The message of reconciliation is a source of blessing and healing to others

and to the world. By the grace of God, people may be liberated from bondage to sin and be made whole in Christ. At the time of conversion, a person experiences new life in Christ through the work of the Holy Spirit, having become a new creation (2 Cor 5:17), and entering into a vital union with Jesus Christ (Col 2:6-7).

Sanctification is God's will for His people (1 Thes 4:3). Being sanctified or made holy is a continual process in the Christian life. It is the Holy Spirit's work of gradually conforming the believer towards the image of Christ (Rom 8:19). Transformation begins with the renewing of the mind (Rom 12:2) and gradually leads to wholeness.

Pastoral ministry works towards transformation and maturation, which are core to its care for the people. Transformation produces "a shift in one's fundamental life orientation toward Christ" (Berkley 1994, 208-9), with the ultimate result of maturation. It is an ongoing process in which the person is gradually being transformed by the renewing of the mind as in Paul's teaching:

Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is — His good, pleasing and perfect will. (Rom 12:2)

Pastoral caregivers' perception of human life and experience is shaped by "soul care," which includes

thinking about what persons are and how persons are formed and transformed; but also about how God and faith communities may participate in their formation and transformation. Its application ... focuses on souls – their care and cure. (Cole 2010, 718)

Accordingly, pastoral caregivers take steps to draw people into the search for God, in a process of perspective change and transformation of fate into grace through making meaning in their life situations through the work of the Holy

Spirit. This is the “pastoral care of fellowship along the way under the leadership of the Holy Spirit” (Peters 1989, 654), the “communion of the saints” (Eschmann 2000, 425), wherein discipleship lends itself to mutual accountability leading to growth and maturing in faith and sanctification.

As an ongoing process, pastoral care fosters growth, personal transformation, and life change as a mutual act within the church community. It builds up the church as the body of Christ and the people of God through sanctification and fellowship, which are demonstrated through acts of mutual edification, encouragement, and discipline (Mt 18:15-17) in guiding people toward Christ-likeness (1 Jn 3:2). In caring for the soul, caregivers encourage people to walk by faith through the power of the Holy Spirit to restore the individuals to wholeness in Christ.

2.6. Development of Pastoral Care in History of the Church

The view that pastoral care is soul care can be traced to the early church. It embraces historical influences from the scholarly works of John Chrysostom (*On the Priesthood*, 386 CE) and Pope Gregory the Great (*Liber Regulae Pastoralis*, 590 CE), who contributed to the understanding of the “care of soul” in pastoral care. It then borrowed on the subject from the sixteenth-century works of Bucer (2009) and Baxter (1982).

“Primenics” (Cole 2010, 715-16) is a term used by the early church to refer to the principal responsibility of clergy for the care and cure of souls, which included the four ancient pastoral functions of healing, sustaining, guiding, and reconciling (Clebsch and Jaekle 1964, 32-66). To offer pastoral care—to care for

souls—is to foster healing and reconciliation, and to provide sustenance and guidance, not merely for individuals but for the community. Such a view of pastoral care largely persisted through the medieval period and the Protestant Reformation.

The early church's perspective on soul care in pastoral caregiving is congruent with the apostles' ministry of guidance and direction for people through reconciliation, conversion, and sanctification to achieve growth, transformation, and spiritual maturity individually and corporately. This perspective also affirms the primary mode of pastoral care being that mutual care, support, encouragement, and restoration to the fellowship of the church are the central foci of pastoral ministry, even in the Protestant Reformation.

2.6.1. The Reformation and Post-Reformation Eras

During the Reformation, Martin Luther argued that anyone, not only priests, should be able to hear confession and pronounce God's forgiveness. Pastoral care in reforming churches emphasized justification and forgiveness of sin, with a focus on preaching, teaching, visitation, and spiritual discipline (Berkley 1994, 204-6). Moreover, pastoral duties of the Reformation also emphasized the delegation of pastoral duties to faithful clergy such as elders and ministers. John Calvin (2010, 127) maintained that, "The office of a true and faithful minister is not only publicly to teach the people over whom he is ordained pastor, but as far as may be, to admonish, exhort, rebuke, and console each one in particular."

From the theological understanding of salvation, John Wesley promoted integrative medicine for the care of one's body, mind, and soul. He strongly emphasized preventive care through diet, exercise, adequate sleep, and good hygiene (Vanderpool 1986, 327). This integrative approach combined divine and medical intervention into a holistic view of healing the body and spirit.

The enduring statement of Puritan pastoral care by Richard Baxter (1982, 206) outlined seven basic functions of pastoral care: “converting the unconverted, giving advice to inquirers, building up the believers, shepherding the families in the parish, visiting the sick and dying, reproving the impenitent, and exercising discipline” (Baxter 1982, 206). Pastoral care during the Reformation aimed ministry at promoting life changes through conversion, guidance, encouragement, shepherding, visitation, exhortation, and discipline. It affirmed that pastoral care is a process within and among believers that builds them up corporately and individually towards completeness in Christ (Eph 4:13).

2.6.2. Pastoral Care in the Nineteenth Century

The rise of revivalism and liberalism in the nineteenth century had impacts on pastoral care. Urban revivals focused on the purpose of pastoral care in the process of conversion and the assurance of forgiveness of sins, while Pentecostals advocated the use of supernatural gifts such as healing and exorcism. Some Methodist ministers continued to stress the importance of time spent with the sick and dying, calling upon parishioners in their homes, and offering personal encouragement and religious insight. Still others, like Rauschenbusch, offered a perspective on pastoral care fuelled by social gospel to care for urban poverty and

suffering (Clebsch and Jaekle 1964, 32-66). From the Enlightenment period onward, there had been three major factors that influenced the nature of pastoral care: (1) the norm of systematic and formal training of the clergy, (2) the norm of increased explanation and understanding of life and the world without reference to God or religion, and (3) the norm of advocating educational specializations within the modern theological institution (Clebsch and Jaekle 1964, 28; Cole 2010, 715-16). Together, these factors lead to an era of specialization in pastoral care and a shift of paradigm in pastoral caregiving.

2.6.3. Recent Developments in Pastoral Care

In the early twentieth century, pastoral care undertook a “private” form, to the point that it was often limited to “one-on-one” encounters between clergy and laity. By the mid-twentieth century, pastoral care became closely tied to psychology, psychotherapy, counselling, and other clinical disciplines and human sciences such as sociology and anthropology. These tended toward narrowed pastoral care, to the point of concentrating on the care of individuals and their needs and causing the pendulum of care to swing away from the former focus on caring for souls and the needs of both individuals and the community.

2.6.3.1. Pastoral Care toward Professionalization of Ministry

The rise of psychology as a discipline significantly impacted twentieth-century pastoral care, from preparation for ministry to the methods of caregiving. By the mid-1960s, Clinical-Pastoral Education (CPE) and counselling had become standard features of seminary education. The integration of pastoral care

and counselling, as well as integration of pastoral care and health care, has become the norm for providing holistic care. At the turn of the century, most pastors were generalists who were expected to fulfill every requirement of the church leader. The present era is one of specialization in pastoral care, where many large churches have developed specific care ministries staffed by specialists.

2.6.3.2. Christian Professionals Serving Inside and Outside the Church

Many larger churches, such as Saddleback Church in California, USA, have dedicated counselling centres, staffed by certified counsellors and marriage and family therapists. Smaller congregations have established referral networks with local Christian workers in secular, private, and public mental health agencies. Christian psychologists, psychiatrists, professional counsellors, therapists, and pastors with counselling background are often invited to conduct seminars and workshops to train laity to care for their congregations. Increasingly, Christian professionals and therapists are serving in and out of the church. Their services are recognized as a kind of workplace ministry helping both Christians and non-believers to develop and grow in times of crisis. Various support groups, care groups, and recovery ministries are also viewed as ministry trends for pastoral care in many churches, some of which are even expanding their practices to care through integrating the body, mind, and soul in pastoral caregiving.

2.6.3.3. Increasing Involvement of Laity in Pastoral Care

Since the 1970s, lay-counselling training programs have equipped many laity for primary pastoral care. Lay-counselling care continues to increase as believers discover their gifts and calling to ministry, being equipped at church to give guidance to those suffering from stress and personal problems. Indeed, the demand for lay-counselling within the church has grown perceptibly to become a movement of lay Christian counselling (Tan 1991,14-15). The integration of psychology and theology has led to the adoption of four categories of lay counselling models: active listening approaches, cognitive and solution-focused approaches, inner healing prayer model, and mixed lay Christian models (Garzon et al. 2009, 113-120). One can observe that a few professional counsellors and therapists are involved in the arena of training, supervising, and involving lay-ministers to enhance their ministry. In “bearing one another’s burdens” through establishing a caring relationship of mutual aid, the lay-counselling ministry practically acts as a channel of Christ’s love and truth to bring God’s grace and healing to the lost and hurting.

2.7. Summary

Biblical holism stresses that the essential wholeness of a person—their physical, psychological, social, and spiritual well-being—can occur only through the redemptive power of the gospel. Wholeness of a person is achieved through a harmonious relationship with God, with others, and with their environment. Therefore, seeking people’s healing in body, mind, and soul by pointing them to

Christ, the ultimate Healer who makes the person whole has always been a driving principle of pastoral care work, whether it is performed by pastors or laity.

By nature, holistic pastoral care is rooted in the Old Testament, delivered by pastoral figures through teaching, preaching, and healing in the contextual roles of shepherds, priests, and prophets. New Testament pastoral care is rooted in Jesus' ministry and the realization of His calling by His disciples to make people whole through the body of Christ—the church community. Jesus' ministry emphasized healing of the whole person, and linked faith and the forgiveness of sin. Since personal wholeness and well-being is founded upon the redemptive power of the gospel, pastoral caregivers and the Christian community strive to lead people to wholeness through proclaiming the Good News. Holism, as a component of Christian living, calls believers to grow and mature in Christ. Every believer is a priest for others, such that Jesus' ministry of healing takes place in the context of Christian community as an ongoing process of restoration, in which every believer ministers the gifts of reconciliation and of forgiveness through pastoral caregiving.

Healing is grace coming from the unconditional love of God. Reconciliation and conversion bring about salvation leading to wholeness in Christ. The indwelling of the Holy Spirit allows sanctification and fellowship within the faith community to foster growth, personal transformation, and life change. By means of the unconditional love of the Father, the sacrificial love of the Son, and the indwelling presence of the Holy Spirit, the Christian community seeks to promote life changes through pastoral ministries of conversion, guidance,

encouragement, shepherding, visitation, exhortation, and discipline. These ministries, at individual and corporate levels, collectively aim for the goal of completeness in Christ.

The historical pendulum of pastoral care swung from its early focus on “soul care” toward the professionalization of ministry. It swung from caring for the soul and needs of individuals and communities to predominantly private and “one-on-one” encounters between pastors and laity. Many modern large churches have developed specific care ministries staffed by specialists. But the church should never forget the biblical callings of “soul care” through a holistic view of pastoral caregiving based upon the bio-psycho-socio-spiritual model.

CHAPTER 3 – LITERATURE REVIEW ON INTEGRATION OF HOLISTIC CARE INTO PASTORAL MINISTRY

Having established the biblical and theological foundation of pastoral caregiving in Chapter 2, this chapter examines literature related to this study. It first reviews how pastoral caregivers enter into the roles of priest, prophet and servant to facilitate a redemptive process. They engage people in a student-teacher, guide-tourist, and friend-companion relationship respectively by ways of teaching, preaching and healing. It then explores initiatives to facilitate holistic care through engaging lay Christian counselling and parish nursing as prominent parts of pastoral care.

3.1. The Roles of Caregivers

Pastoral caregivers enter the roles of priest, prophet, and servant through teaching, preaching, and healing (Shelp and Sunderland 1985; 1986; 1987). Under the guidance of the Holy Spirit, the pastoral encounters manifest a redemptive process within a relationship among the caregivers, care-receivers, and God.

3.1.1. Teaching as a Redemptive Process in a Teacher-Student Relationship

Pastoral caregivers enter the role of a priest through teaching people about God and helping them to maintain their relationship with Him. Pastoral priestly work is:

... an ongoing unveiling of reality and the revelation of God's light as well as our darkness...an ongoing attempt to put one's own search for God ... the core of Christian life ... that enables us to come to terms with our search for meaning... and a call for Christians who are willing to develop their sensitivity of God's presence in their own lives, as well as in the lives

of others, and to offer their experience as a way of recognition and liberation to their brothers and sisters. (Nouwen 1996, 63, 94-97)

During the ministering process, pastoral caregivers demonstrate the priestly role through a redemptive teacher-student relationship with those under their care (Eron 1999, 40-41; Nouwen 1996, 229-34). The pastoral caregivers initially develop trust in learning about the care-receivers' life stories and worldviews. They then exercise their priesthood in the ministry (Cooke 1976, 147) through the relationship by drawing from Scriptural wisdom to teach the individuals about God and lead them to the saving truth of Jesus Christ. Submitting to the guidance of the Holy Spirit, they explore with the individuals their identity in Christ.

3.1.2. Preaching as a Redemptive Process in a Guide-Tourist Relationship

The very nature of prophetic work is the proclamation of the truth about the rule of God. The church's prophetic function is to act as "a confessing community" and "an advance agent of the coming realm," and to minister to the world through proclamation of the gospel and renewal of life through invitation to accept salvation as a gift of grace mediated through faith (Yoder 1985, 96-97).

In the pastoral encounters, the pastoral caregivers guide the care-receivers to search for the divine in their life situations. The caregivers give hope to the individuals by sharing with them the Good News which liberates people to seek God through a guide-tourist relationship (Eron 1999, 40-41). By way of in-depth dialogues about human existence, the pastoral caregivers reveal the power of the divine through sharing of their faith with care-receivers. This guide-tourist

relationship occurs when caregivers become preachers of the gospel as they render the full range of their life experiences as a living testimony to the redemptive love of God. They lead the care-receivers to the power of salvation and to perceive life as a journey of seeking Christ.

3.1.3. Healing as a Redemptive Process in a Friend-Companion Relationship

Besides the priestly role to teach people about God and the prophetic role to preach the Gospel, pastoral caregivers also manifest the servant role of healing through a friend-companion relationship by walking along with the care-receivers in their lives. The dimension of servanthood in pastoral ministry is characterized by submission in obedience to the sovereignty of God, and repentance as “redemption comes as the result of God’s acting through the servant” (Hanson 1986, 7-10). The title of servant describes “the character of Jesus’ activity in relation to God” (Sunderland 2003, 269). Jesus came with a clear motive to be a servant, as the Son of Man, who came “not to be served, but to serve, and to give his life as a ransom for many” (Mt 20:27-28).

In fulfilling the function of servants, pastoral caregivers exemplify the expression of the love of God to the faith community and to the world. Their responsibilities consist of

two bold and interdependent facets: being a servant entails a commitment to the well-being of the individual person, and to that of the society.
(Shelp and Sunderland 1986, xi, xvi)

They are called to serve with a humble heart (Mt 20:27-28), rooted in love (Gal 5:13-14), motivated by the love of Christ (1 Jn 4:19), and witnessed through humility (Jn 13:34-35). They are called into a redemptive friend-companion

relationship (Eron 1999, 40-41), walking alongside those who are in the midst of suffering. They are present for individuals physically, emotionally, and spiritually—as an expression of care through a journey to heal by bringing out “the ministry of reconciliation” and “the word of reconciliation” (Ogden 1986, 84). Their ministering bear witness to individuals and the community of the love of God and the presence of Christ.

3.1.4. Caregivers Sharing a Sacramental Journey

Pastoral care from both pastors and laity is a sacramental journey in the search for God. In this redemptive process, caregivers are chosen instruments for rendering “pastoral ministry including prophecy, witness, teaching and preaching” (Cooke 1976, 338). It is a journey in which pastoral caregivers assist care-receivers in making meaning of their circumstances under the guidance of the Holy Spirit (Jn 3:3, 16:13). It is a process of integrating the stories of caregiver, care-receiver, and God, which leads the care-receiver to seek and find Jesus as the only Way to make people whole. The sacramental nature of pastoral ministry rests in caregivers’

commitment to make the divine power that leads to salvation manifest in [their] life and in the lives of those [they] encounter. It is a search for divine in the circumstances of our lives. Its aim is for patients/clients to find meaning and purpose in their life situations, and for the caregivers to find meaning and purpose in their professions. (Eron 1999, 38)

Caregivers share a sacramental process of “people’s relating to God who continually reaches to them and of people’s relating to other human beings” (Burck 1982, 139-52). Through their ministry, pastoral caregivers show God’s love by offering encouragement, mutual support, and guidance to the care-

receivers. Their expression of Christ-like compassion actualizes the sacramental ministry of care in times of hurt and need.

3.1.4.1. A Channel of Grace Pointing People toward Jesus

Pastoral caregivers are channels of grace to reveal the Divine One “as the power that makes for salvation” and who “brings fulfillment, completion, wholeness and *shalom* into [people’s] lives” (Eron 1999, 37). Pastoral care is the blessing of discovering lives and making way for the Divine to fill the lives of both caregivers and care-receivers during the pastoral encounters. During the ministering process, pastoral caregivers engage people in a sacred time in which “God’s kinship, God’s value of humankind...and God’s compassion become known through actions of those present” (Wimberly 2002, 53). When pastoral caregivers function as an organic, loving, and living body of Christ, they facilitate the exchange of experiences and increase in knowledge of the Scripture through the illumination of the Holy Spirit. They then become “human channels by which the Spirit of God may reach others” (Grimes 1958, 104).

3.1.4.2. A Pathway to Holistic Congregational Care

Pastoral caregivers also partake in

a relational activity within and through Christian faith communities that make concrete the presence of the Holy Spirit with [the church] and for [the church] ... as the family of God is directed towards the embodiment of God’s reign. God’s reign is epitomized in God’s desire for human relational wholeness or for valued and nourishing connectedness with God, self, others and all creation in the midst of life’s trials and tribulations. (Wimberly 2002, 51, 54)

Pastoral caregivers are instruments divinely chosen for the purposes of teaching, preaching, and healing, and are empowered by the Holy Spirit to guide people and the community through their sacramental journey to the redemptive power of Christ. They manifest the love of God through exercising mutual care, individually and with the aim of building up the church as a unified whole in Christ. They serve as “people who act on God’s presence through Jesus Christ in concrete human existence” (Evans 1992b, 139-40). Their Christ-like compassion ushers the individuals into the love and presence of God to work in their lives and in the lives of others. These divine moments invite God to be

the author of community, creating it as an expression of human “rationality” which is brought into being through human action that is empowered through relationship with God. The purpose of the community is not only to experience relationship, but also to experience relationship in order to empower care of one another. (Patton 1985, 24)

3.2. Integration for Holistic Approach to Care

Pastoral ministry gives not only an opportunity for the caregivers and the care-receivers to share life experiences and gain wisdom in light of the Scripture, but also offers a channel of blessing that facilitates divine power for salvation and redemption to manifest in one’s lives and in lives of those the caregivers encounter. As such, the ministry of care and sharing of the gospel and faith are closely intertwined throughout the pastoral caregiving process. Recent approaches taken by churches to strengthen holistic congregational care have demonstrated a trend towards engaging lay Christian counselling that links counselling and faith, and parish nursing that links health and faith, as vital parts of pastoral ministry.

They are biblically-based, Christ-centered and Spirit-led approaches that emphasize teaching, preaching and healing in the redemptive process.

3.2.1. Linking Counselling and Faith in Holistic Care

Linking counselling and faith to care can be traced back to the 1958 American Psychological Association (APA) convention symposium entitled, “The Role of the Concept of Sin in Psychotherapy,” where former APA president stated: Religion is, of course, deeply concerned with man as person and personality; and in their shifting perception of man-as-body to man-as-person, psychology and psychiatry find themselves looking again, with renewed interest and respect, at religious precept and practice ... here, in the study of personality in its social and ethical dimensions, is a natural and favorable meeting place. (Mowrer 1961, 2)

It was during the 1950s that attention began to focus on the emerging field of pastoral counselling as a specialized aspect of pastoral ministry. Theology and psychology met at the intersection where “personality theory is at the cross road” of the religious realm (Oates 1957, vii), whereupon psychologists began to contribute to the study of religion (Starbuck 1901; Mowrer 1961; Stott 1971; Carnell 1948; Ramm 1954; Collins 1977; Jeeves 1976). Integration of biblical and psychological concepts was underway.

The integration of psychology and theology has matured since the 1960s. Lay counselling has become a movement supported by journals, professional organizations, and written ethical guidelines (Garzon et al. 2009, 113-20). Lay counselling programs, such as the Stephen Ministry, became prominent developments in churches to assist the pastoral ministry (Sturkie and Bear 1989, 22-24; Collins 1980, 78-86). Lay counsellors with limited training and experience,

and no credentials required of professional therapists, have become involved in helping people to cope with personal problems (Collins 1986). The effectiveness of these ministries has been demonstrated to be generally as effective as professional counselling (Berman and Norton 1985, 401-7; Lambert, Shapiro, and Bergin 1986, 157-211; Tan 1991, 69-71; Tan 1992, 431-40; Toh et al. 1994). Equipping laity as lay counsellors to deliver biblical counselling to congregants expands the legacy of pastoral caregiving. The significance of linking counselling and faith adopted by RHCCC is discussed in the following sections.

3.2.1.1. Engaging Lay Christian Counselling in Pastoral Ministry

The integration of psychology and theology is based on the view of “unity of all truth” (Gaebelein 1968, 21; Holmes 1997, 8, 14, 53) which values contributions from both areas. Counselling as an area of psychology can help the church to address current issues it faces through understanding human nature and behaviour. On the other hand, theology is the study of the divine truth which focuses on man’s natural character and function in His plan (Carter and Narramore 1979, 49-69). Scripture reveals deeper insights into humanity and spiritual needs of mankind. Together, these disciplines give “a more complete understanding of the human personality than either in isolation” (Crabb 1975, 17-18) and provide a strong basis for the integration of psychology and counselling into pastoral ministry in the local church.

Lay counselling ministry is established on biblical foundations. First, it helps the local church to respond to its “unity of calling” to be the royal priesthood of believers (1 Pt 2:5, 9) through a helping ministry that aims for the

maturation of Christ-followers (Eph 4). Second, it helps the local church to respond to its “unity of ministry,” liberating gifted Christians to counsel in order to express the grace and love of Christ (Eph 4:7, 11-16). Third, it helps the local church to respond to its “unity of purpose,” equipping the gifted for service and restoring and reaching out with Christ’s love, which draws people into a genuine and caring community (Tan 1991, 24-26). It is a people-helping, biblical ministry.

3.2.1.2. Scripture as the Ultimate Source of Truth

Being Scripture-based, Christ-centred and Spirit-empowered (Tan 1994, 264-69), lay Christian counselling sessions are based on the perspective that the Bible is the ultimate truth which meets all human needs (2 Tm 3:16-17).

The Bible plays an *experiential* role in our lives, providing a rich resource for wisdom and personal maturity. Second, Scripture plays a *foundational* role, providing a common starting point for understanding our basic assumptions and beliefs. Third, it plays a *contextual* role that allows us to understand human nature, meaning, and purpose in life. (Johnson 1992, 346-55)

Upholding the Bible as a basic guide to deal with problems in life (Tan 1991, 51), lay counsellors apply its disciplines in the counselling process, such as prayer, Scripture memorization, and faith-related discussions. They use Scripture as a contemplative tool inside and outside of sessions to help people to foster holistic well-being and integrate biblical values and belief into the counselling process to nurture emotional, relational, and spiritual growth in Christ.

3.2.1.3. Counsellors as Healing Agents

Besides clinging to the truth of Christ and faith-saturated counselling methods, lay counsellors depend on the Holy Spirit’s guidance (Jn 14:16-17) for

discernment during the counselling process. They recognize that spiritual well-being and character are essential in counselling intervention. To achieve effective biblical counselling, lay counsellors require training in counselling theory and techniques and biblical principles. These skills need to be sharpened with spiritual disciplines such as prayer, Bible study, meditation, fasting, and worship –

spiritual disciplines that gradually transform and make [them] more likely to reflect the humility, compassion, forgiveness, and redemptive capacity in Christ. (McMinn 1996, xii)

Spirituality is the channel that directs lay counsellors as healing agents of God's grace, so that their spiritual life "spills over in interactions with everyone, including clients" (McMinn 1996, 13). Consistency in personal spiritual well-being is imperative for effective lay counselling.

3.2.1.4. The Nature of Personhood and the Process of Change from the Christian Perspective

Lay Christian counsellors view personhood as the uniqueness of a person as made in the image of God (Gn 1:28). He is a bio-psycho-socio-spiritual being with body, mind and soul that is created with a desire for belonging, affection, and volition that can only be fulfilled by God (Kirwan 1984, 33; Tan 1991, 51). He is a relational being who longs deeply for relationship, purpose, and personal satisfaction (Crabb 1987, 109-21). One of the goals for Christian counselling is to free people to meet these desires through knowing God and finding identity and purpose in Him.

Lay Christian counsellors view that the heart is the core of men (Lk 6:45), which incorporates all dimensions of human personality (Prv 4:23), but it is sinful

(Jer 17:9; Mk 7:21) with destructive impacts on the whole person (Gal 5:16-21). Sin fundamentally distorts one's knowing (thinking), being (feeling), and doing (acting) (Kirwan 1984, 42-56), resulting in broken relationships and alienation from God, self, and others. Alienation from God is the "saddest and frightening aspects of sickness, pain and suffering" to human (Koopman 2006, 43). Sin and its deception leave people's spiritual and personal needs unfulfilled.

Lay Christian counselling addresses the psychological, social, and spiritual alienation by guiding people to restore these relationships and helping them to move towards maturity in Christ. As healing agents, the lay counsellors help them to connect with the Triune God to renew their faith, hope, and love in God in the process (Kirwan 1984, 101-102). Since the heart is core to the person that influences their direction in life through thoughts (heart), actions (will), and feelings (mind), lay counsellors use Scripture to focus on the heart and lead them to reconnect with God, self and others.

The process of change is initiated from the "inside out," requiring strength and regeneration by the Holy Spirit (Crabb 1988, 64). Regeneration and sanctification make way to personality change and psycho-spiritual health. Spiritual regeneration from the Holy Spirit lies at the core of lay Christian counselling for the influence of a person leading to change and the renewal of life (2 Cor 5:17). The goal of lay Christian counselling is therefore to help people move toward maturity in Christ to experience a harmonious relationship with self, and others (Crabb 1977, 20-22; Tan 1991, 43). With faith, love, and hope in

God, a person experiences inner-change and fulfillment of needs through spiritual regeneration.

3.2.1.5. Lay Counselling and Pastoral Care

Recent trends in lay counselling stress that well-being is a by-product of meaningful living. Well-being is not only limited to promoting growth through problem-solving, but also to enabling growth in faithfulness and vitality of Christian discipleship (Craigie 1994, 205-16). Lay counselling “should not be an isolation program but rather an integral part of the total life of the church or organization” (Sturkie and Bear 1989, 46-47).

In attending to people’s spiritual lives as they progress toward maturity and Christ-likeness (Tan 1991), lay counsellors focus on character-building (Evans 1992a), encouraging people to have a sense of mission and meaning in life (Welter 1987, 45-56), and helping them to better worship and serve God (Crabb 1987). Through ministry encounters, they help people “to live the Truth” (Craigie and Tan 1989, 93-100), and foster growth “in discipleship which focuses on facilitating people’s meaningful living in the world” (Craigie 1994, 205-16).

3.2.1.6. Lay Counselling as a Part of Holistic Care in RHCCC

RHCCC adopted lay counselling in 2002 as a vital pastoral ministry for the care of the congregation. It is an organized and well-supervised ministry built around an “informal organized model” (Tan 1988b). The church requires that lay counsellors be *spiritually mature, be church members, and meet selection criteria*. The knowledge and skills of the counsellors are maintained through ongoing in-

house training. A group of lay counsellors, under the supervision of licensed professionals, are able to use their sets of talents, skills, gifts, and calling with the ministry of care to provide biblical counselling to congregants.

Lay counselling supports remedial problem solving and also recognizes the importance of “building up one another” (Phil 4:8), proactively devoting efforts to sustain growth through partnership among joint ministry activities. RHCCC’s Caring ministry stresses the importance and need to provide prevention and outreach services, through partnership with other ministries (especially the discipleship network) in joint programs within fellowship and small group platforms. Lay counselling, therefore, becomes a prominent part of pastoral ministry to facilitate ministry collaboration and integration with discipleship. It is a channel of Christ’s love and truth, which brings God’s grace and healing to those who are hurting. They help people in the process of change to learn “right thinking” to choose “right behaviours” leading to experiencing “right feelings” (Crabb 1987, 146; 1977, 96-102) by engaging the three sources of light: the Word of God (Heb 4:12-13), the Spirit of God (Ps 139:23-24), and the people of God (Heb 3:13). Integrating counselling into pastoral care is therefore significant for ushering people toward wholeness in Christ.

3.2.2. Linking Health and Faith in Holistic Care

The practice of holistic care and preventive care that focuses more on care than cure can be traced to the seventeenth and eighteenth centuries. John Wesley’s contribution to integrative care was rooted in theological understanding of salvation (Vanderpool 1986, 327), and stresses preventive care through diet,

exercise, adequate sleep, and good hygiene (Maddox 2008, 33-34; Vanderpool 1986, 324). He integrated divine and human responsibility in healing with a holistic view to restore body, mind, and soul (Hughes 2008, 244).

With the view that body and soul are integrally related, Wesley perceived salvation as the healing of body, soul, and community. It is by justification through faith that individuals experience healing and intervention of God's restorative grace in their lives (Hughes 2008, 246). Jesus, the great Physician, "heals our woundedness and sin-diseased souls (the Latin term *salvus* means both healing and wholeness of mind/body and spirit) and makes us partakers of holiness, restoring the vitality of life that God intended for us" (Holifield 1986, 17; Maddox 1994, 145).

Healing from sin (spiritual health) has tangible effects upon physical health; therefore, intentional care is necessary not only through religious practices but also through medical care (Maddox 1994, 146). Proper preventive care of the body and the soul is vital to a holistic living out of one's salvation. Caring holistically for body, mind, and soul is therefore beneficial to individual and congregational living, through balanced living and restoring the sense of physical, psychological, social, and spiritual well-being.

3.2.2.1. Parish Nursing and Pastoral Care

During the 1980s, the advent of the parish nurse movement embraced a creative way for congregations to minister to their members holistically. Parish nursing has since then developed to provide a system of pastoral care that links faith and health together for the congregation and the community. It is

a dynamic process of working with parishioners and families in the community toward wholeness of body, mind, and spirit ... that is guided by the Holy Spirit, as the patient (parishioner or member of the community), the pastor, and the parish nurse journey together toward God within the context of the congregation and wider community. (Patterson 2003, 7)

Working together as a team, parish nurses, pastors, and laity meet the needs of parishioners through offering support and comfort to individuals and their families. They assist people in finding meaning in their circumstances, giving hope, and providing spiritual support and care during distress. Parish nurses serve to promote wellness by addressing the physical, emotional, and spiritual needs of congregants and the community (Westberg and McNamara 1990, 10; Solari-Twadell and Westberg 1991, 24-28; Beal 1994, 10).

The integration of parish nursing into pastoral care to contribute to wholeness in congregations and the community is significant in that

parish nursing fits the model of wellness and prevention in a way that touches lives across generational, cultural, and socioeconomic lines. It draws a healing circle around a congregation and extends that circle into the community, blowing open the doors of churches in renewing and life-affirming ways. Once a congregation fully grasps the implications for change, healing, and hope inherent in the parish nursing model, it is forever changed. (Patterson 2003, 15)

Parish nursing is also a way to seek true health and wholeness:

If holistic concepts are integrated with one's religious beliefs, each will motivate the other. And at this moment in history, the church is sorely needed to help motivate people to put body, mind, and spirit together, and to convince them that the integration of all three can lead to true health and wholeness. (Westberg and McNamara 1990, 10)

The following section outlines the functions of parish nurses, who make the spiritual dimension central to providing care for the whole person.

3.2.2.2. The Role of Parish Nurses

Parish nurses serve professionally to link the church and the healthcare system to support better health for congregations. They incorporate the healing dimension of Christianity deeply into believers' lives (Van Dover and Pfeiffer 2007, 213-21). In practice, they demonstrate five major roles as health educators, health counsellors, volunteer coordinators, health advisors, and integrators of faith and health (Westberg and McNamara 1990, 45-49):

- As health educators, they work in the area of preventive care and wellness by organizing seminars, workshops and classes for the congregation and community, which offer opportunities for people to learn about health issues individually and corporately.
- As health counsellors, they meet with parishioners to talk over their personal problems and questions, and discuss health concerns and encourage healthy lifestyle changes.
- As volunteer coordinators, they train people to be one-on-one caregivers, and to serve as visitors and leaders of the programs. They also prepare and oversee congregational volunteers to help those in need.
- As health advisors, they liaison with community health agents to help congregants or the community to obtain needed health-care or social services upon request.
- As integrators of close relationship between faith and health, they talk with church members about the deep issues of life relating to health, helping them to achieve higher levels of wellness by improving spiritual and physical health. (Djupe 1994, 17-20)

In recent years, official governing bodies have endorsed the efforts invested by parish nurse ministries in churches (Brudenell 2003, 85-86). In 2000, the International Parish Nurse Resource Center (IPNRC) formally addressed parish nurses' professional role in religious ministerial teams that combine nursing expertise with theological concepts to facilitate the healing mission of the church (IPNRC 2000). Such recognition strengthens the profile of parish nurse

initiatives at churches and other institutions. These promote health care as a part of the stewardship of one's life by valuing a healthy and balanced lifestyle. The ministry has been described as creating

lay people and clergy who are determined to follow Christ's command to heal as well as to teach and preach ... [through] new ways of bringing body and soul together [in which parish nurses and their teams are] helping to clarify the interrelationship between faith and good health. (Westberg and McNamara 1990, 13)

The Bible says that the body is the temple of the Holy Spirit (1 Cor 6:19). Parish nurses act as catalysts to link health and theology by reminding people of the sacredness of the body as the Holy Spirit's dwelling place and its ownership by God. They are called to serve holistically by teaching and motivating healthy living. Since parish nurses model the close tie between faith and health, they take time to listen, provide counsel (psychological needs), intercede (spiritual needs), and refer people to support groups (social needs), health-care agencies, or institutions (physical needs) to promote bio-psycho-socio-spiritual well-being.

Parish nurse ministries promote integration of faith and health practices, and facilitate accessibility to health care and congregational activities. They serve with foci on a "health-promotion, disease-prevention model based on the care of the whole person within a religious community" (Bergquist and King 1994, 155-57). With the vision of Christ as healer and a role that links faith and health, these ministries flourish on the belief that all faith communities are places of health and healing that encourage wholeness of the person.

3.2.2.3. Integration of Health and Faith to Promote Wholeness within the Faith Community

Parish nursing is a holistic ministry because it addresses a parishioner's body, mind, and soul. It is a shared ministry because it is composed of laity, pastors, parish nurses, and professionals such as social workers, doctors, teachers, and other participants from the congregation. It is a ministry wherein:

The parish nurse brings knowledge of the medical discipline (body); the pastor brings to the team knowledge of theological discipline (mind); and it is the spirit that enables a dynamic interaction between the two. (Patterson 2003, 51-53)

In practice, parish nurses and pastors learn from each other for sharpened awareness, and walk alongside the parishioner in a partnership in the Holy Spirit that benefits the parishioner. They share the same mindset to plan the ministry program based on the holistic view of “the individual as an integrated organism—body, mind, spirit—each dimension an inextricable part of the whole” (Westberg and McNamara 1990, 39-40). They regularly meet to discuss parishioners' needs with mutual agreement upon interventions and the evaluation of outcomes. They assess the health needs of a congregation and community in order to plan programs that respond to the needs of the congregation and the community.

As catalysts and integrators, parish nurses not only deepen their concepts of the interrelatedness of body, mind, and soul through continuous personal education, but also strive to blend spiritual care with nursing expertise to deliver health counsel, health education and advocacy, and to connect to community resources and the congregational support network. In short, the ministry offers compassion and care through Christ-centred nurses and caregivers.

3.2.2.4. Acting as Representatives of Faith to Bring People Closer to God

The importance of spiritual care in parish nursing has been shown in a study by Van Dover and Pfeiffer (2001, 18-29), who advocate “bringing God near” in parish nursing. Offering spiritual care in nursing practices and trusting God in nursing (Van Dover and Pfeiffer 2005, 18-21) have become areas of attention for nurses who are caring for people. Five inner essentials for delivering holistic care are recognized: trusting God, forming a relationship with the patient/family, opening to God, activating/nurturing faith, and recognizing spiritual renewal or growth. These essentials help parish nurses to effectively bring God near to people who are facing health challenges. Embodied within this approach are the ideas of: “presence of God, relationship with God, partnership with God, and confidence in God” (Van Dover and Pfeiffer 2007, 213-221). Parish nurses respond to God’s direction as they guide the individual by pointing them to Christ, the ultimate healer who restores strength in well-being and spiritual growth.

C.S. Lewis (1976, 4-6) observed that “people do not always reach out to God or respond to the divine presence, especially in times of illness or crisis”. Parish nurses and their teams recognize the Christian reality that God is always near. In providing spiritual care, they use interventions such as prayer, reading Scripture, and worship to attend to parishioners’ needs. Parish nurses and their teams act as reservoirs of faith to

help patients and families to approach or enter into the presence of God ... [and] welcome patients into God’s presence whereby they may receive gifts of healing, including understanding, acceptance, love, blessing, strength, encouragement and hope. (Van Dover and Pfeiffer 2007, 216)

3.2.2.5. Parish Nursing as a Part of Holistic Care in RHCCC

With a vision to be a church of love and a mission to care for the congregation holistically, the RHCCC parish nurse ministry began in 2008 to link health and spiritual care by delivering confidential health counselling, education, advocacy, and connection to community resources and congregational support networks.

Practically, the ministry assists RHCCC (1) to exercise the vision of “Love God, Love Others, Love PEACE” through integration; (2) to strengthen existing ministries such as the cancer support group, the golden-age centre, hospital and home visits, and wellness seminars; (3) to support pastors as they counsel people with health concerns; (4) to act as a gateway to community outreach; and (5) to increase the church’s social responsibilities—in effect, being the hands and feet of Jesus Christ so that the poor, sick, oppressed, and captive can hear the Good News of Jesus. Parish nursing therefore serves as a prominent part of pastoral care. As faith integrators, they bring people to God in the midst of health challenges, helping them to restore their sense of well-being and to encourage growth in faith.

Parish nurses and their teams provide holistic health ministry to congregations and the community, promoting healing by pointing people to Jesus the ultimate Healer. Their ministry bridges the gap between body and soul to render spiritual care to people in times of pain, stress, and trauma. From a holistic viewpoint, health is much more than the absence of disease but the whole person as a bio-psycho-socio-spiritual being. Since true health is related to one’s

relationship with God, the integration of parish nursing into pastoral care is crucial for rendering holistic care to people both inside and outside of the church community.

3.3. Summary

Just as the pattern of teaching, preaching, and healing were integral to Christ's ministry, caring for people is essential to the church's mission. Pastoral caregivers enter the role of priests, prophets, and servants through teaching, preaching, and healing. By the work of the Holy Spirit, a redemptive process is initiated through the student-teacher, guide-tourist, and friend-companion relationships. Caring for fellow believers and non-believers not only involves attending to their physical, psychological, and social well-being, but also addresses their spiritual well-being in Christ, who is the ultimate Healer of body, mind, and soul. Both lay counselling and parish nursing ministries teach, preach the gospel, and heal in the unique ways to address the person as a bio-psycho-socio-spiritual being. The integration of faith and counselling, and of faith and health, is therefore a prominent part of pastoral care, and is crucial to the care of people holistically both within and outside of the church community.

CHAPTER 4 – METHODOLOGY

The purpose of this study was twofold. When I formed the Collaborative Holistic Committee, we aimed firstly to provide a framework for actualizing holistic care through ministry alignment, and secondly to develop a functional ministry process to care for people through integrating pastoral care and discipleship by way of ministry collaboration.

To provide the framework for holistic care, we worked on ministry consolidation to align the twelve sub-ministries under the Caring ministry through strategic planning. The committee addressed the core values, mission, vision, and strategy of each sub-ministry and developed a Caring Ministry Handbook and a caring model.

As for the functional ministry process, we engaged lay counselling and parish nursing in two pilot programs in the study. It involved integrating pastoral care and discipleship, and exercising collaboration between Caring and Cultivation ministries. Action research was adopted for the study. Maxwell's Interactive Model of Research Design and Kolb's Experimental Learning Cycle for journal recording were tools to facilitate the study process.

The goals of the study were to (1) design and adopt a holistic caring model as the core of ministry process to care for the congregation holistically; (2) adopt a strategic plan and develop a Caring Ministry Handbook as a tool for ministry alignment for RHCCC's Caring ministry; (3) engage lay Christian counselling and parish nursing as prominent parts of pastoral ministry to care for one's body, mind, and soul; and (4) demonstrate actualization of the holistic ministry through

integrating pastoral care and discipleship by means of launching the two pilot programs. A timeline for the study is at Appendix 7.

The ultimate goal of the project was to move RHCCC and its ministry groups toward a higher level of ministry collaboration and to embrace the unified corporate vision of “Love God, Love Others, Love PEACE” collectively so that lives could be built and become mature in Christ.

4.1. Strategic Planning for Ministry Alignment

Strategic planning was the core of the ministry process as it was vital to the long-term growth of the church. As an important part of this study, I engaged the Collaborative Holistic Committee in strategic planning for the Caring ministry to address its alignment issues. It was aimed to be an ongoing process to assist leaders to articulate a “compelling mission and vision” to guide the ministry to envision the future and ask “How will we get there?” (Malphurs 2005, 26-27)

4.1.1. Identifying Core Values, Mission, Vision and Strategy of Ministries

I had engaged the Collaborative Holistic Committee to deal with ministry alignment by asking each sub-ministry to address the strategic issues of core values, mission, vision, and strategy. For this purpose, four questions were asked of the leaders of each sub-ministry, as discussed below.

First, by answering the question “Why do we do what we do?”, each sub-ministry defined core values that explained its ministry identity. These core values were expected to help leaders to recognize the ministry as a unique and important component of the church. They were “invisible motivators” to participation and

action toward a meaningful ministry. They also acted as “constant, passionate, biblical core beliefs” for driving the ministry, and helped leaders to determine the mission and vision (Malphurs 2005, 96-100).

Second, by asking “What are we supposed to be doing?”, each sub-ministry was expected to develop a mission statement of its direction. This would serve to formulate ministry functions by identifying the main purpose that God had called the ministry to accomplish. Its future-focus would provide the direction for decision-making and aid the shaping of a strategy to enhance effectiveness and facilitate evaluation (Hybels 2002, 31-36; Malphurs 2005, 120-23).

Third, by answering, “What do we want to do?”, each sub-ministry would create a strong vision that would provide a picture of the ministry’s future. While mission set the direction of the ministry, vision supplied a picture of it. A clear and compelling vision would provide energy to ignite people and impart meaning to their participation in the divine purpose. In other words, vision was core to the leadership as “the fuel of the leaders” that helped to sustain them in ministry (Hybels 2002, 31-36; Malphurs 2005, 145-48). The ministry vision opened an ongoing conversation that leaders used to help people to picture the future of the ministry, and remind them individually and corporately of the community that God was using them to build. The Great Commission must be central to church leaders’ vision.

As the final step of strategic planning, each sub-ministry worked on its strategic ministry framework, asking, “How will we get to where we want to be?” (Malphurs 2005, 96, 120, 146, 164). It was vital for ministry leaders to employ a

strategy as a vehicle that enabled the church to accomplish the mission and vision. It was also important for leaders to uphold the principle that “each of the programs that made up the ministry strategy should contribute to realizing the Great Commission” (Malphurs 2005, 165).

The results of twenty-four months’ work on strategic planning since early 2010 were compiled into a Caring Ministry Handbook that covered the ministry structure, mission, vision, goals, operation and leadership of the Caring ministry and its sub-ministries (see Appendix 1).

4.1.2. Ministry Consolidation for Holistic Care

The Collaborative Holistic Committee recognized that “every organization is not only one overall system but also a set of subsystems...[wherein] each structure can enhance, or constrain, an organization’s ability to adapt to changes in the business landscape” (Heifetz, Linsky, and Grashow 2009, 54). Therefore, ministry leaders looked for new ways to build on the existing foundation to achieve meaningful changes for a holistic ministry. Hence, ministry consolidation also included restructuring to avoid duplication and competition of ministry activities and functions. As the pastor responsible to the Caring ministry at RHCCC, I led the Committee through the process of restructuring the ministry by assigning deacons and nominating champions for individual sub-ministries according to the ministry nature and spiritual gifts of the individuals.

After identifying the core values, mission, vision and strategies of each sub-ministry, the ministry leaders were engaged in a time of innovative dialogue and brainstorming to make decisions about consolidating the sub-ministries

according to the nature of their services. By way of developing a ministry distribution chart, the twelve sub-ministries were re-grouped into three main areas: (1) special care, (2) spiritual care, and (3) life development (see Appendix 2). A Caring ministry portfolio was also developed with four colour codes to identify the ministry nature for addressing a collaborative holistic ministry of care as follows:

- Crisis intervention (blue zone) – individuals/families with life-threatening illnesses; death and dying cases or crises needing immediate care and support through hospital or home visits by clergy or laity. Follow-up actions were made by referral to an appropriate ministry such as cancer support group or parish nurse ministry.
- Emergency care (red zone) – individuals/families facing financial crises would receive assistance through the “Acts Together” program or benevolence.
- Spiritual/emotional support (yellow zone) – people seeking support in these areas, especially counselling services by lay counsellors or clergy.
- Life development (green zone) – people seeking a relational support network to meet specific needs according to their life stage (i.e., singles, married, men, women, and senior ministries). (refer to Appendix 3)

The charts provided leaders with a mind map for channelling people, according to their needs, to the appropriate ministries. However, every ministry recognized that ministry collaboration was essential and spiritual needs of individuals should be of utmost importance and emphasis in all ministry contexts in order to provide holistic care and support to individuals and families.

The Caring Ministry Handbook also addressed the requirements for the sub-ministries to demonstrate spiritual momentum, and be led by leaders who were committed to move people towards the path of spiritual maturity. They were

to follow the RHCCC disciple-making practice embodied in the slogan: “bring them in, build them up, train them well and send them out.”

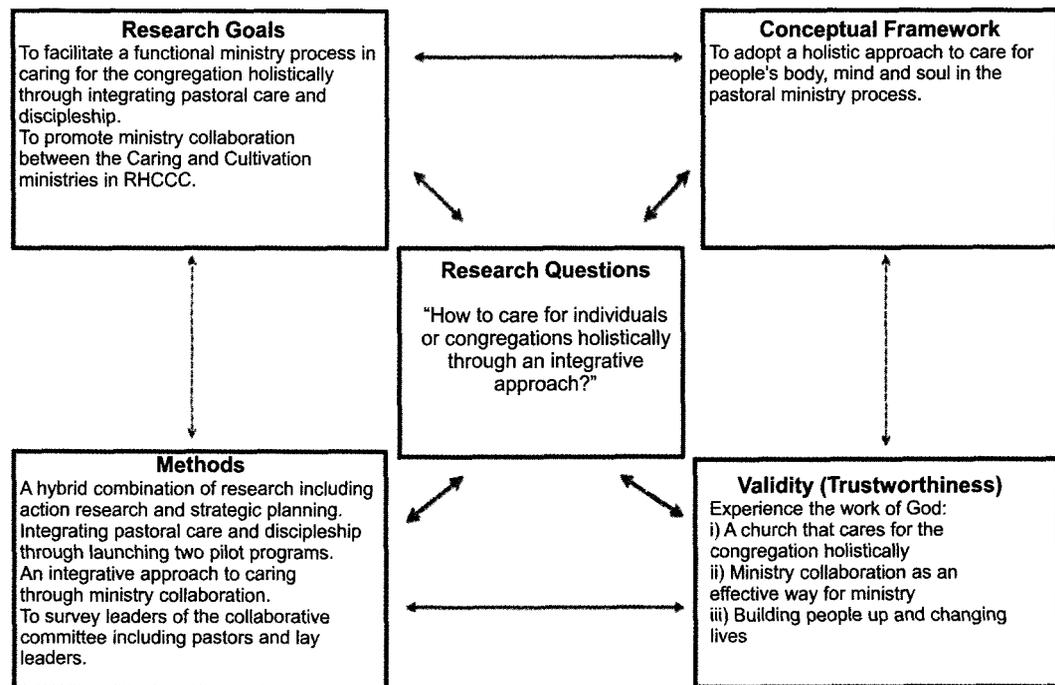
The final step of ministry alignment involved helping to link ministries with the overall church system by encouraging leaders to facilitate the care of individuals through the “Wheel of Care – 5Cs Model” (refer to Appendix 4). This new caring model that we developed during the process included ministering to people through visits, counselling, prayer, focused groups or links to fellowships, and small group networks. It also included building up people based on the five pillars of RHCCC’s disciple-making process: Celebration (worship), Cultivation (discipleship), Care (ministry), Communication (evangelism), and Consecration (leadership). In other words, besides caring for people at each individual ministry platform, it was necessary to motivate personal and spiritual growth through these five pillars.

The Caring ministry addressed holistic congregational care with strategic planning to enhance clarity in ministry structure, operation, and leadership. The “Wheel of Care” 5Cs model provided a framework to move individuals toward personal and spiritual maturity, and align the sub-ministries to contribute to the church’s mission of worshipping God, learning His Word, sharing His truth, training and developing leadership, and ministering to others. This maximized the impact of care for individuals holistically at the corporate level.

4.2. Research Design for the Study

Maxwell's Interactive Model of Research Design was adopted as a format for laying out the research goals, conceptual framework, methods, research questions, and validity (Maxwell 2004), as illustrated below:

The Research Design – Applying Maxwell's Interactive Model



The research goal considered "why the study was worth doing," "what issue needs to be clarified," and "why we should care for the result" (Maxwell, 2005). This study stressed that the actualization of a holistic caring ministry was significant to meeting the well-being of individuals and the congregations through ministry collaboration. The objectives of the study were (1) to integrate pastoral care (lay Christian counselling and parish nursing) and discipleship through the Love Dare Marathon and Walking with Jesus pilot programs, and within that

context, (2) to promote collaboration between the Caring and Cultivation ministries so as to facilitate care at the fellowship and small group levels.

The conceptual framework adopted for the study was the holistic approach to care for people's body, mind, and soul in the pastoral ministry process. The research question asked was: “How to care for individuals or congregations holistically through an integrative approach?” The study aimed to answer this question by outlining a series of actions on integrating pastoral care and discipleship through ministry collaboration in the pilot programs.

Action research was employed as the primary methodology of the study, which included surveys and interviews with research questions that focused on measuring the effectiveness of the collaborative efforts. They were directed at leaders of the Collaboration Holistic Committee, including pastors and laity and aimed to reveal whether the study had enabled them to “experience the work of God” (Hamilton, 2003), which was: (1) RHCCC as a church that cared for the congregation holistically, (2) ministry collaboration as an effective way for ministry, and (3) God’s work in building people and changing lives in RHCCC.

4.3. Action Research and Kolb’s Format

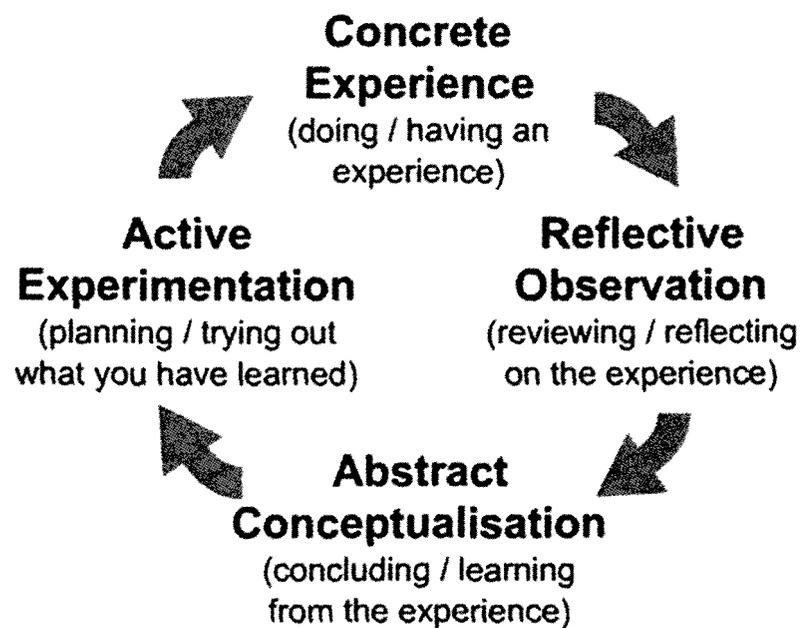
Action research is “a critically reflexive approach” (McIntosh 2010, 33; Coghlan and Brannick 2010, 48-49) led by individuals, with others helping to improve the way they address issues and solve problems, to “generate organizational learning” (Preskill and Torres 1998). The inherent purpose of an action research study is to allow both action (behavioural change and improvement) and research (understanding and knowledge) to be achieved at the

same time (Dick 1997a; Coghlan and Brannick 2010), so that the action and the research benefit each other (Dick 1997b). Action research is also “a form of self-reflective enquiry undertaken by participants in social situations in order to improve...their own practices, their understanding of these practices, and the situations in which the practices are carried out” (Carr and Kemmis 1986, 162).

For the purpose of this study, I considered that the action research approach was most desirable and appropriate for our circumstances. It could enable both reflexive improvements and reflective enquiries that could help to address the issues that the Caring ministry faced in RHCCC. Furthermore, the spiral of steps taken, involving observations (look), critical reflections (think and plan), and constant actions (act), could engage leaders to continue to reflect on experiences, review ministry performance and outcomes of the pilot programs, and work corporately to plan strategic actions to achieve goals at both ministry and corporate levels through ministry collaboration.

This approach could help leaders to exercise adaptive leadership through a recurring process that involved the input of observed events and patterns, interpreting observations, identifying adaptive challenges, and implementing innovations (Heifetz, Linsky, and Grashow 2009, 6, 7, 32). It could provide a way to increase understanding of how changes in action or practices could benefit a community of practitioners, and improve strategies, practices, and knowledge of the environments within which they operated (McNiff 2002; Reason and Bradbury-Huang 2001; Carr and Kemmis 1986; Masters 1995).

As a tool to facilitate the study, a journal of observations was kept in accordance with Kolb's (1984) experimental learning cycle illustrated below, "whereby experience, reflection, conceptualization and experimentation form practical headings" in which changes were observed, documented, and evaluated before moving onto the next course of action (Coghlan and Brannick 2010, 28). The project journal for each of the two pilot programs in Kolb's format can be found in Appendices 5 and 6 respectively.



Kolb's Experimental Learning Cycle

I considered that Kolb's experimental learning cycle a useful tool for this study because it would help me and the Collaborative Holistic Committee to conduct critical reviews on the process of envisioning, planning, implementation, execution, and closing of the program, which provided chances to correct operation errors during the ministry process. Reviews were followed by informed

planning of next actions, so that with cyclic processes and periodical reviews, ministry goals would be achieved and integration of pastoral care and discipleship would be executed successfully through collaboration.

The effectiveness of the programs was then reflected by (1) the congregants' motivation to grow in their relationships with God and others through connecting them to appropriate support groups and fellowships as learning platforms, as reflected by the number of participants, and (2) an observed increase in ministry partnerships with goals to optimize resources and to embrace ministry collaboration between Caring ministry and related ministries, as reflected through a leadership survey.

4.4. Integrating Pastoral Care and Discipleship through Two Pilot Programs

The actualization of the holistic concepts promoted individual and congregational well-being through integrating pastoral care and discipleship—connecting the Love Dare Marathon program with lay counselling and “Walking with Jesus” lifestyle management program with parish nursing. Since fellowships and small groups of the Cultivation ministry were considered the backbone of RHCCC, they were the chosen platforms for ministry collaboration. The collaborative programs aimed to achieve “a balance of bible study, relationships and service” through these platforms, where transformation and life changes could take place (Ferguson, Ferguson, and Bramlett 2007, 38-39).

4.4.1. Overall Implementation Objectives

The pilot programs, which I and the Collaborative Holistic Committee oversaw, were aimed to encourage partnership among ministries to achieve the corporate goals and render holistic congregational care. They were designed to be carried out by the Caring and Cultivation ministries and to address individual and congregational well-being. They also served to strengthen ministry collaboration and optimize resources through joint ministry functions. The key action was to connect people to the appropriate support groups or fellowships and walk them through the programs to facilitate both personal and spiritual growth by means of individual and group Bible studies.

The communication channels included information sharing sessions, vision casting at pastoral, ministry, and church board meetings. Communication began at the leadership level and ultimately extended to the congregational level. The stakeholders included pastors, deacons, ministry coordinators and laity from their designated ministry teams within the Caring and Cultivation ministries.

4.5. Action Research Cycle I—Love Dare Marathon: Promoting Relational and Spiritual Well-being of Individuals

With the aims to address the corporate vision, “Love God, Love Others, Love PEACE” in 2010 and to care for the congregation holistically, the “Love Dare Marathon” Bible study program was launched to manifest these ministry foci from May to July 2010. It was a collaborative program between Caring and Cultivation ministries of RHCCC to address one’s relational and spiritual well-

being. Planning and preparation began in September 2009. The timeline for the program is in Appendix 7.

Our passion for the program was to help participants (i) to understand the meaning of the unconditional love of God, (ii) to practice patience and grace as the foundation of such love, and (ii) to walk alongside their spouse and people around them.

The Collaborative Holistic Committee provided steering strategies and navigated the programs to explore new ways to develop the web of ministry collaboration. The team assessed resources such as time, finance, tools, and equipment. The program lasted eight weeks, comprising the launch of a movie named “FIREPROOF” for all participants, followed by a series of small group bible studies and discussions based on the book “Love Dare” for a period of 40 days. The bible studies and discussions were launched through fellowships, small groups, and Sunday school study group sessions for couple, singles, men, and women. The program served as a means for the church to exercise practical theology in 1 Corinthians 13:1-8 to practice the unconditional love and to give witness to God’s self-giving love in our real life. The ultimate goals of the program were to honour God through building strong marriages and families, and exercise the corporate vision of “Love God, Love Others, Love PEACE.”

4.5.1. The Envisioning Process (September to December, 2009)

The Collaborative Holistic Committee was responsible for the logistics of the program and considered that encouraging people to be actively involved

through an envisioning process was very important. Committee members were convinced that “Without vision, the people perish” (Prv 29:18), and that

vision at [the] very core of leadership [is] ... the fuel that leaders run on ... the energy that creates action ... the fire that ignites the passion of followers ... the clear call ... as people offer consistent and sacrificial service to God. (Hybels 2002, 31)

The Committee therefore communicated the vision through information sessions for the pastors, deacons, and core leaders of the Cultivation and Caring ministries.

In November 2009, I delivered the vision to all fellowship and small group leaders in the annual Disciple Network Associate (DNA) rallies at RHCCC.

Fellowships and small groups were considered the best venue to launch the program for the purpose of integrating pastoral care and discipleship and bringing holistic congregational care into reality. They could capture the majority of the congregation and were the platforms to invite, receive and welcome friends and newcomers. Besides, the Sunday school platform was also taken as an effective channel to absorb seekers and newcomers who did not connect with or belong to any grouping of the church.

Through vision casting, I and my team clarified “Why are we doing this?”. During the envisioning process, the question of “How to do it?” was explained to “translate visions into concrete steps for action” (Bossidy and Charan 2002, 19). Detailed information was also conveyed to the fellowships and small group leaders to help them to convert vision into specific tasks, including program plans, preparation work, trial runs of program materials, timelines, leadership training, and Q & A sessions.

Sharing information also lets everyone know the reasons behind decisions and the ways they are linked to shared values and common purpose. When people have the same information and understand that they are part of a community ... the results flow. (Kouzes and Posner 2003, 172)

In the process, I emphasized that the aims of the program were to foster relationship building, deepen the understanding of the unconditional love of God, and promote spiritual growth in Christ. Hence, participants were encouraged to be involved and inspired to take action through clarifying the “Why” during the envisioning process.

4.5.2. Preparation, Pilot Study and Trial Run (January to April, 2010)

Since the Love Dare Marathon was a collaborative program of the Caring and Cultivation ministries, pastors, deacons and laity from both ministries were invited to share responsibilities as point-leaders to navigate, take charge, and work closely with and through the Collaborative Holistic Committee.

In the preparation process, we nominated designated members comprising pastors, deacons and lay counsellors from both Caring and Cultivation ministries to form a pilot study group. The group was to work on the eight sessions of bible study and discussion materials, trial run the materials (Feb – March, 2010) by taking small steps to experiment with the program contents and materials. The group was also involved in equipping leaders through Sunday school platforms (March – April, 2010). This process was achieved through a team approach, emphasizing ministry collaboration, and confiding in the potential to “accomplish far more through the wisdom of a gifted and committed strategic team of staff and lay leaders” (Malphurs 2005, 28).

Following the trial runs, the pilot group compiled an information folder for small group leaders. This included a “Love Dare Marathon” small group covenant, leaders’ notes for the eight bible study sessions, forty-day love actions to be practiced throughout the program, the theme song for each of the eight weeks, the vow for marriage rededication to be used in the program finale celebration event, and transcripts of the movie clips used for each bible study session.

4.5.3. Appointing and Training Leaders (March to April 2010)

People are the basic units of an organization. The Collaborative Holistic Committee needed to “get the right people deployed as champions in the right positions” (Malphurs 2005, 228) and involve them in implementation and execution to initiate a process of change. In the process of translating thoughts into concrete steps of action, the Committee sought to first link people to strategy and operation. The emphasis is that

[getting] things done through others is a fundamental leadership skill... The people process is more important than either the strategy or operation process. If you don’t get the people process right, you never fulfill the potential of your business. (Bossidy and Charan 2002, 125)

The primary challenge in running the program was to get the right people for the right task—and to “nourish everyone into a good performer” (Bossidy and Charan 2002, 163). To achieve this, we needed to know the people well, understand how they worked with others, and identify how they delivered results. The Committee members considered their functional, ministry, management, and leadership skills to identify and recruit highly-effective people as team players.

The Committee adopted the RHCCC approach in appointing the leaders, using the “F.A.S.T.” criterion, which stands for the qualities of being Faithful, Available and accountable, Spiritually-mature, and Teachable. The leaders appointed were required to complete eight weeks of training to equip them with the knowledge, skills and tools required for the program. While training played a central role in inculcating values and a common vision, both the pilot study group and the leaders’ training promoted a safe learning environment for leaders to “exercise adaptive, educative leadership” and to equip them through personal sharing, role playing, careful planning of bible study sessions, and dispensing their feelings, thoughts, or reflections (Hawkins 1997; Kouzes and Posner 2003, 138). In turn, being able to bringing unique insights, gifts, and reflective capacities to the ministry setting, leaders developed ownership of the program and were “more willing to be open to influence” (Bradford and Cohen 1987, 133).

Given the importance of “turning everyone into a leader,” the training and equipping of small group leaders served to free them “to use the power and skills they already have ... expanding their opportunities to use themselves in service of a common and meaningful purpose” (Kouzes and Posner 2003, 157). From March to April 2010, we trained a total of one hundred fifty small group leaders to lead the eight study sessions. After the training, each small group leader received an information folder and a CD of the movie clips. All teaching sessions and weekly theme songs were put on the church website for easy access during Bible studies. The leaders were adequately equipped with the required resources.

4.5.4. Implementation of the Program (May to July 2010)

To deliver the purposes and the big picture of “Love Dare Marathon”, I guided the Collaborative Holistic Committee to lay out a step-by-step plan with accessible timelines and assign each ministry leader a part to play in both the planning and the execution. With the purpose, the picture, the plan, and the part to play clearly in mind, people were familiar with the ministry process (Bridges 2009, 60). In achieving collaboration for better execution, members of the Committee from the Caring ministry shouldered the “directional alignment” (Ferguson, Ferguson, and Bramlett 2007, 53) of the program, such as visioning, preparation of study guides, leader training, promotional campaigns, outreach movie nights, workshops, Sunday school groups and sermon arrangements. It also oversaw the progress of the program. Members from the Cultivation ministry were responsible for registration, material distribution, and coordinating leaders for the group studies at the fellowship and small group levels.

The program kicked off with “FIREPROOF” movie nights at church and fellowship platforms in May 2010 as promotional activities to draw people’s attention to the launch of “Love Dare Marathon”. Newcomers reached were then invited to join the small group studies after the movie sessions. These groups were then run from May to July 2010, with flexibilities in the frequency and dates of their meetings.

In addition, we also arranged a series of weekend workshops with the theme “Love – a Lifetime to Learn” for couples, men and women as complementary and reinforcement events for “Love Dare Marathon”. Through

these workshops, we reached a thousand and thirty people at church and from the community. Over two hundred people rededicated themselves to the Lord to serve God at home, at career, and at church.

The Collaborative Holistic Committee also adopted an “emerging structure” (Olson and Eoyang 2001, 76) to extend the impacts of the program. Besides the fellowship and small group network, we also engaged laity to form self-organized groups, with the provision that every group had a trained leader. This would result in new small groups that had the freedom of choice to continue or merge into the existing fellowship and small group network once the programs had concluded. As such, the fellowships and small groups (the parts) and the church (the whole) continued to develop and grow. By putting the right people in the right place to execute the plan in the right way, leaders from both Caring and Cultivation ministries collaborated in an emerging structure to broaden the basis of manpower in services, taking the ministry to the next level.

4.5.5. The “Big Idea” and Supports during Implementation

To better align the implementation of the program, the Collaborative Holistic Committee also applied the “Big Idea” concept of ministry alignment in the program to generate energy “in the same direction to maximize impact” (Ferguson 2007, 52-52; 57-58) by moving the whole church and all small groups and ministries in the same direction. “The Big Idea is relentless in making sure that people are not just getting information but experiencing transformation” (Ferguson 2007, 81). The Committee arranged a “Big Idea” series of preaching

that was in line with the theme of “Love Dare Marathon” for four Sundays in May and June 2010, and which linked with the themes of the group studies.

On the kick-off Sunday worship service with the first of the “Big Idea” series of preaching in May 2010, the senior pastoral team of RHCCC sent out one hundred and fifty leaders and blessed them with commissioning prayers by the whole congregation—the petition to God to use His people to do His work in building up the church.

As part of monitoring the implementation process, small group leaders were given peer support from point leaders and fellowship counsellors, lay counselling ministers, and pastors, as well as referrals to professional counselling and marriage enrichment retreats with one-year small group follow-up sessions (June/July 2010-2011). Members of the Collaborative Holistic Committee also consistently encouraged small group leaders through their visits to small group/fellowships sessions and written correspondence. This kind of communication helped to “keep people feeling included in and connected to the organization ... [and served] as a way of maintaining contact with, and showing concern” for them (Bridges 2009, 47), thereby strengthening intra-group connection. It sent the message of accountability for the operation and outcomes of the programs, so as to “encourage similar accountability throughout the organization” (Heifetz, Linsky, and Grashow 2009, 145).

A total of eight hundred and fifty people walked through the ‘Love Dare Marathon’ journey, concluded with celebration events in July, 2010. Bossidy and Charan (2002, 92) wrote that, “The foundation of changing behaviour is linking

rewards to performance and making the linkages transparent.” The celebrations that concluded “Love Dare Marathon” were intended to honour the church community for its witness to the unconditional love of God, and its demonstration of corporate faith in living out the kingdom values through building strong marriages and families. Celebration events were also held in fellowships and individual small groups. During the closing celebration ceremonies, we invited couples to read their vows of marriage rededication to each other. Pastors and deacons participated in the celebration of success in learning. Testimony videos were made in which couples testified their life changes in Christ. These were integrated into the sermons of Celebration Sunday that concluded the program.

4.6. Action Research Cycle II—Walking with Jesus Lifestyle Management Program: Promoting Physical and Spiritual Well-being of Individuals

Action research also “builds on the past and takes place in the present with a view to shaping the future” (Coghlan and Brannick 2010, 7). In this study, I had integrated acting and researching as a cyclic process of actions, the results of which were critically reviewed. “Love Dare Marathon” was the first cycle of our action research that laid a solid foundation for observation and reflection on the entire process of planning, envisioning, strategizing, implementing, executing, monitoring, and closing the program. The “Walking with Jesus” lifestyle management program was built upon these experiences.

Using Kolb’s format for journal recording for both pilot programs, I maintained regular, critical, and systematic reflections and helped members of the Collaborative Holistic Committee to “keep track of the experience, link theory

and action by planning, acting out and relating it back to the theory” (Davies and Lowe 2010). This format provided opportunities for the team to learn through reflection, planning, and acting throughout the ministry process. These reflective practices assisted us to improve our ability to anticipate ministry needs or implement additions, changes, or refinements in ministry practices.

4.6.1. A Collaborative Program Emphasizing Physical and Spiritual Discipline

The “Walking with Jesus” lifestyle management program was held as a collaborative program at RHCCC from February to April 2011. Our passion for the program was to motivate congregational members to live a balanced and healthy lifestyle, addressing their physical, psychological, social, and spiritual well-being.

The purposes of the program were to help congregants of RHCCC (i) to love God by seeking spiritual growth in Christ through practicing daily devotion with Scripture reading and prayer (spiritual well-being), (ii) to love oneself through developing healthy lifestyles such as healthy dieting and regular exercise (physical well-being), and (iii) to love others by inviting friends to join the small group, walk the journey together, and build meaningful and accountable relationships within the groups (relational well-being). Holistically, it provided a platform to facilitate personal and spiritual growth individually and corporately.

4.6.2. Envisioning, Strategy and Program Planning (November 2010 to January 2011)

Building on the experience of “Love Dare Marathon”, the “Walking with Jesus” lifestyle management program served as a means for the church to exercise practical theology on Matthew 22:32-38. The envisioning process began in late 2010. Information sharing covered different tiers of church leadership; first through sessions for pastors, deacons, and core ministry leaders of the Caring and Cultivation ministries. It was then followed by vision casting to various levels of leadership. The Collaborative Holistic Committee communicated the vision through the annual Disciple Network Associate (DNA) rallies in November 2010, allowing fellowship and small group leaders to see the vision, own the vision and later on act on and live out the vision. When leaders saw a vision, “they felt so deeply about it that they inspired others ... [and] took responsibility for the vision” (Hybels 2002, 36). The Committee communicated what were important, upholding the value of the Great Commandment to love God and love others. We aimed to inspire and invite people to action. The ultimate goal of the program was to motivate people to live a life that walked with Jesus daily.

The “Walking with Jesus” lifestyle management program ran with twelve weeks of Scripture reading, prayers, and exercises. The program aimed to encourage individuals to establish lifestyles of regular spiritual devotion and physical exercise. The strategy was to: (i) mobilize people to practice daily devotion by reading Scripture a chapter a day, practice constant prayer, and attend corporate prayer meetings at church; and (ii) encourage people to have regular exercises, such as walking at least 6,000 steps a day, with pedometers given to

participants for self-measurements. Generally, a habit was expected to be formed in six weeks' time. It was anticipated that with persistent devotion and exercises for twelve weeks, participants would develop a healthy and balanced lifestyle that emphasized regular spiritual and physical discipline. The committee encouraged people to hold one another accountable and join through small groups.

4.6.3. Team Diversity, Promotional Activities and Devotional Guide Preparation (January to February 2011)

The experiences of "Love Dare Marathon" indicated that collaboration with team diversity greatly enhanced performance. The "Walking with Jesus" lifestyle management program was another collaborative program in which parish nurses and their teams would perform an important. Among the promotional activities, parish nurses and a team of volunteers with medical background raised awareness for the program by helping to measure congregants' blood pressure and Body Mass Index (BMI) after services in two consecutive Sundays in February 2011. In addition, two promotional videos were broadcast during these Sunday services to stress the importance of daily devotion and prayer to nurture spiritual health, and promote exercise for strengthening physical health.

In promoting regular exercises, I led a team of parish nurses and volunteers to design a "Pedometer Challenge" and to develop an information package for distribution, which included such items as Canada's Physical Activity Guide to Healthy Active Living, steps of mileage and conversion tables. We drafted the waiver for the "Pedometer Challenge" and guidelines on the use of pedometer. Parish nurses and their team were engaged to help people to

understand the function and use of the pedometer. They were actively involved in the launching of the wellness seminars in offering health educational talks and health counselling on site.

“Love Dare Marathon” was a stepping stone for this program as it facilitated our recruitment and delegation of leaders. In promoting spiritual discipleship, the Collaborative Holistic Committee encouraged and deployed team members in the execution of the plan. The Caring ministry took up the envisioning process, promotional activities, design of the waiver, preparing guidelines for the “Pedometer Challenge”, wellness seminars, blood pressure and BMI (Body Mass Index) measurements by parish nurses, prayer walks, and teachings at prayer meetings. The Cultivation ministry was responsible for the preparation of devotional materials, mobilization of fellowships and small groups, theme songs of the months, and celebration activities such as Half-Way Recognition, photo-taking, and award presentations. In effect, each ministry contributed its strengths, talents, training, and gifts in the appropriate contexts.

With the collaborative efforts from both Caring and Cultivation ministries, a twelve week devotional guide was produced. The booklet included twelve-week daily devotional materials and reflective questions, pastoral prayers, guidelines for “Pedometer Challenge”, theme songs and key bible verses of the program.

4.6.4. Launching and Sustaining the Program Momentum (February to April 2011)

Following the Love Dare Marathon example of “directional alignment,” the momentum of the implementation period was sustained with strategies

including prayer walks and teachings at corporate prayer meetings that matched the themes of the Scripture reading schedule, which helped to deepen the impacts of the messages. Meanwhile, monthly theme songs were used during Sunday services to ignite and sustain the passion of the congregation to continue their spiritual journey.

Half-Way Recognition was given before the whole congregation during Sunday services to celebrate the success of groups that had reached their goals. Group photos were taken as an encouragement and a way to cheer the groups to carry on the journey. A half-day wellness seminar with the theme “Look Well, Feel Well, Be Well” was held two-thirds of the way through the program as a highlight event. In the program finale celebrations, videos with life transformation testimonies were included as part of the worship services. Prizes were awarded to outstanding groups before the congregation in recognition that “linking rewards to performance is necessary to creating an execution culture ... an important step of helping people to master the new required behaviours” (Bossidy and Charan 2002, 96). A total of twenty seven groups from different fellowships and small groups received ten categories of awards on completion of the program. Results were announced and appreciations were made publicly at the Sunday services. In the “Walking with Jesus” lifestyle management program, we mobilized almost two hundred leaders as champions along with parish nurses and their teams to serve two thousand participants.

4.7. The Survey, Questionnaires and Ethical Guidelines

As part of the action research, a survey questionnaire was designed to examine the perspectives of the leaders on the key elements of ministry collaboration to facilitate the holistic approach in care. The questionnaire, which was tested before being adopted for use, is in Appendix 8.

Prior to conducting the survey, each participant was given a form with ethical guidelines and a clear statement of the purpose of the study (refer to Appendix 9). Written consent was required before the interview and participants had the freedom to withdraw from the survey at any time.

With due respect for participants' privacy, the survey did not gather any specific personal data, such as name and contact information. All other information collected from the participants was kept confidential. To protect the participants' welfare and justice in the survey, it was ensured that there would be no influence of power relationships between the interviewer and the participant (Panel on Research Ethics 2011a; 2011b; Bell 2005, 57), such as those of pastor and parishioner, and supervisor and subordinate.

Members of the Collaborative Holistic Committee and core leaders for the pilot programs were interviewed through a survey with open-ended questions and a rating scale. The scale had a range of one to five based on the "Likert Scale," which is a psychometric scale widely used in survey research (Burns and Burns 2009, 245; Likert 1932; Trochim 2006). A total of eighteen pastors, deacons, and laity were interviewed and completed the survey.

The interview followed Eisenhardt's (1989, 532-50) rule. During the session, I and an interviewer jointly interviewed the participant. I took notes while the interviewer asked questions. Immediately after the interview, we crosschecked facts and impressions. Following Eisenhardt's (1989) rule, we developed transcripts of the interview notes within twenty-four hours after the session.

4.8. Summary

This chapter described the design of the study, which adopted a combination of research and project approaches to explore a new way to care for the congregation holistically through integrating pastoral care and discipleship by means of ministry collaboration. Strategic planning was conducted to help to identify core values, visions, missions, and strategies for ministries to facilitate clarification for ministry consolidation. A Caring Ministry Handbook was developed over a period of two years. Action research was employed as the research method to unfold a series of actions for actualizing holistic congregational care through launching the two pilot programs. The Maxwell's format was used to help to clearly lay out my research goals, conceptual framework, methods, research questions, and validity. Kolb's experimental learning cycle was adopted for journal recording, as a tool to reflect on what changes were observed, documented and evaluated, before moving into the next course of action. Positive organizational change was brought through the cyclic process of thinking, acting, and reflecting within these two transformative action research cycles. The findings of the RHCCC study will be discussed in Chapter 5.

CHAPTER 5 – OUTCOMES AND INTEPTRETATION

Ministry collaboration was the key to achieving integration of pastoral care and discipleship in the care of individuals and the congregations holistically. It was under this conviction that I and the Collaborative Holistic Committee developed the Caring Ministry Handbook and executed the two pilot programs. Through effective integration of people, strategy, and operation into the ministry process, we turned ministry plans into actions by using the fellowship and small group platforms for personal and group studies. We believed that this would lead to a process of life transformation resulting in personal and corporate growth.

As part of the action research, I have examined the perspectives of members of the collaborative team and key leaders who were engaged in planning and executing the two pilot programs. This chapter describes (1) these leaders' views on ministry collaboration for holistic care, (2) insights and findings that they gained through the execution of the programs, and (3) my personal reflections and observations on the study.

5.1. Findings of the Survey on Ministry Collaboration for Holistic Care through the Two Pilot Programs

The survey was designed to review the views and insights on the execution of the two pilot programs through ministry collaboration at RHCCC. I have adopted a qualitative approach for this study using the methodology discussed in section 4.7. of Chapter Four.

Data analysis was based on the comparison of “units of data” obtained from interviewees and “the gradual constructing of categories that described the

phenomena being observed” (Langley 1999, 691-2). I and the interviewer reviewed the interview transcripts and examined the data directly, with a view to understanding how the ministry collaboration for holistic care had performed over time. We observed common patterns in the “sequence of phrases” to make sense of the data (Burgelman 1983; Rogers 1983). These findings would shed light on RHCCC leaders’ insights and generate feedback on the collaborative ministry process.

With a combination of open-ended questions and a rating system, the survey provided for an understanding of the leaders’ perceptions as they entered a new culture of church ministry collaboration. It also provided a channel for them to convey the viewpoints of different individuals or groups under their care.

In the survey, a total of eighteen Committee members and core leaders were interviewed, including four pastors (22.2%), three deacons (16.7%) and eleven laity (61.1%). A code was assigned to each interviewee to preserve anonymity. A numerical digit(s) at the beginning of the code indicated the order of interview, followed by a character to denote gender as male (m) or female (f), and a final character to indicate the role of the leader as pastor (x), deacon (y) or laity (z) respectively. Every interviewee had to answer all questions.

Repetitive patterns and phenomena in the feedback and interpretation of the interviewees were observed, collated and analyzed. The data were grouped into categories of “plots and themes” (Woiceshyn 1997) to better elucidate RHCCC’s corporate phenomena towards ministry collaboration for holistic care.

Appendices 10 and 11 present the interview results and the samples of evidence by categories respectively.

5.1.1. Value of Ministry Collaboration and Partnership for Holistic Care (Q1)

This question was designed to obtain an indication of the interviewees' overall impression on collaboration in ministry. Fifteen out of the eighteen interviewees rated ministry collaboration as a "very important" practice for ministry execution, while three rated it as "important." It indicated that RHCCC leaders valued rendering of holistic pastoral care through partnership in ministry.

5.1.2. Collaboration between Ministries (Q2) — Openness and Flexibility of Leadership Unleashing the Energy of Ministry Collaboration

One-third of the interviewees (2fz; 3fx; 5mx; 12mx; 15mz; 18fy) considered that collaboration between Caring and Cultivation ministries was propelled by "openness and flexibilities in leadership" (12mx; 14mx; 18fy). They opined that behaviours contributing to the collaborative cultures for holistic care occurred when people were "open to be engaged into strategic partnership" (8my; 18fy). An "open ministry platform" (2fz; 5mx; 12mx) was perceived as the gateway that released the energy of ministry collaboration.

Ten out of eighteen (mode = 4) favoured ministry collaboration between the two ministries. On one hand, core leaders of the Cultivation ministry motivated members to co-create a new norm of collaboration whereupon they "opened the fellowship and small group platforms" (12mx; 18fy) to allow input from those of the Caring ministry through training and serving across both

platforms. On the other hand, core leaders of the Caring ministry conducted “open communication with people in both ministries” (8my; 12mx; 15mz) to address partnership issues through such channels as training, leader recruitment, registration, and “cross-boundary” service launch. Most importantly, it was the “openness of the senior leadership” (7fy; 14mx; 18fy) that supported the interactive conditions that enabled ministry collaboration for holistic care.

Some interviewees considered that having a vision “motivated leaders to engage people” (3fx; 7fy; 12mx) to participate in the collaborative process. It was a vision that neither imposed nor forced, but rather, “inspired people” (1mz; 14mx; 18fy) to lead and participate in the process. Some stressed that “when vision was not yet in sync in the team, they sharpened the vision and clarified objectives before paving the way towards the implementation process”(8my; 18fy). Vision sharing “was not a once-and-for-all event,” but a “repetitive” activity (3fx; 18fy) that encouraged, motivated, and enabled the team to reach common goals. It was “an ongoing process for leaders to share the vision” (7fz; 8my; 18fy) with different people. The visionary focus had inspired people to find ways to convert ideas into actions (6fz; 7fz; 17mz).

They also indicated that “the message of ministry collaboration for holistic care was clearly delivered through leaders’ training” (1mz; 11mz; 12fz), and that, in general, “people supported the idea of collaboration” (1mz; 10mz) by listening and working together (17mz). The receptiveness was demonstrated in their active engagement in announcing the pilot programs to others. They sought mutual

consensus and engagement at different tiers of church leadership, including pastors, deacons, point leaders, coaches, fellowship and small group leaders.

Interviewees added that “building extra time into meetings was necessary” (3fx; 18fy), to ensure that the message of caring for the congregations holistically through integrating pastoral care and discipleship would not be overlooked in favour of more immediate concerns on launching of the programs. Trust and rapport among team members were built via “personal and informal dialogues combined with official communication through formal meetings” (3fx; 18fy).

5.1.3. Diversity of the Team (Q3)—Driving Force for Corporate Culture

At the ministry level, fourteen out of eighteen (mode = 4) interviewees welcomed the idea of having team diversity in holistic care ministry. They perceived changes and risks as indicators of congregational health, and diversity as “constructive driving forces to stimulate the team to have broader perspectives” (7fy; 8my; 12mx) in “understanding congregational needs” (2fz; 11mz; 13fz; 14mx). The different backgrounds of team members brought “different voices to paint the reality” (7fy; 11mz; 13fz), which revealed challenges and served to stimulate opportunities for learning from one another (7fy; 8my; 12mx) as well as considerations for improvements in future ministry (4mz; 11mz).

It is important to note that some interviewees valued that we “focused on life changes and growth in people rather than differences in leadership” (3fx; 5mx; 11mz), which were essential elements in holistic care. They saw the value of diversity in “enriching performance” (2fz; 13fz), as multiple team members were involved in the decision-making process. They appreciated “open communication

to sort out and assign responsibilities” (12mx; 16fz; 18fy) through corporate leadership, which helped team-members to recognize their value in contributing recommendations and discussion of issues. As such, teams developed trust to co-create the corporate culture.

5.1.4. Engaging Team Members to Partner with Others (Q4)—Motivating People to Engage in Partnership by Articulating the Steps Forward

Nine out of eighteen interviewees (mode = 4) sought to motivate involvement in the collaborative process, although it was a challenge to “work with people with different interests and focuses in ministry” (1mz; 3fx; 8my; 18fy), and “it took nearly two months for people to buy the ideas” of the programs (3fx; 8my). In embracing collaboration in the planning phase, a strong sense of community was built as people “talked the values” and “found common ground around them” (3fx; 8my; 18fy). This inspired others to take action by articulating, “why they should do it,” (3fx; 11mz; 18fy) through committee meetings, huddles, information sessions, and prayer meetings.

In bringing the vision to life, interviewees considered that we were able to “align ministry goals with corporate vision” (8my; 12mx; 18fy). We translated shared values into desired actions and passionately executed the plan, holding fellowship and small group leaders accountable for “how they did it,” and “what they did” (11mz; 13fz; 16fz), to achieve the milestones that kept the entire team focused in the right direction of holistic ministry. We also built the structure and process to get things done.

In short, the interviewees observed that people were “motivated and committed to serve when they perceived that the holistic approach would benefit others” (5mx; 7fy; 9fz; 14mx). They engaged church members who were “interested in the programs to get together with others who shared that interest and tried them” (3fx; 13fz; 16fz). As such, non-linear interactions existed in promoting the programs, which as a result motivated increased participation.

5.1.5. Collaborative Efforts towards Corporate Goals of Holistic Endeavour (Q5)—Building a Sense of Unity to Exercise the Corporate Values

At the corporate level, eleven of eighteen interviewees (mode = 4) were in favour of using the two pilot programs as tools for directional alignment in linking ministry events with the corporate goals. In executing the programs, they felt “a sense of unity” (4mz; 9fz; 14mx; 15mz) such that the church was less “compartmentalized” (1mz; 8my; 12mx). It appeared to be a “unified program for the whole church that moved people in the same direction, with the same goal” (3fx; 11mz; 18fy).

A few interviewees admitted that ministry competition would exist in the absence of collaboration: “there were tensions among ministries to fight for time, ministry schedules, venues, manpower, and other resources” (2fz; 8my; 14mx). Having a church-wide focused ministry, we had helped to “minimize ministry repetition and competition” (7fy; 12mx; 18fy). When people worked with the same goal, they had a stronger “sense of community” (1mz; 11mz) and could “hold one another accountable for the progress of the programs” (11mz; 17mz). It

also “drew pastors and leaders away from the tendency of working and promoting their own ministry programs” (9fz; 10mz; 13fz; 16fz).

Nevertheless, since “Love Dare Marathon” addressed relational and spiritual needs and the “Walking with Jesus” lifestyle management program emphasized physical and spiritual well-being, many interviewees found that they could only serve to help people to “Love God” and “Love Others,” but not “Love PEACE” (4mz; 5mx; 7fy; 9fz; 10mz; 12fz; 14mx), and some commented that “it was hard to fulfill all needs in one program ... every program had its own limitation” (12fz; 18fy). The collaborative programs did however create a starting point for inter-departmental collaboration in future holistic endeavours.

5.1.6. Impact on Resource Allocation (Q6)—Leveraging and Optimizing the Use of Resources

Ten out of eighteen interviewees (mode = 4) valued ministry collaboration as a means to optimize the use of ministry resources. At the ministry level, our leadership team at the Caring ministry had taken initiative to share resources such as manpower, time, and budget with the Cultivation ministry. We trained and equipped leaders with the skills and knowledge necessary for launching the programs. Interviewees opined that “it was cost-effective to hold trainings that could benefit leaders from both ministries” (1mz; 3fx; 12mx), and that “the Caring ministry had turned the church culture in a good way. It opened the doors for cross-ministry partnership, which helped to synchronize resources” (8my; 15mz).

Notably, laity also appreciated the fact that by leveraging on sharing resources, “people were reaching beyond their own ministries to serve through sharing responsibilities, ideas, and insights for the execution of the programs” (1mz; 6fz; 16fz; 17mz; 18fy). The effect of the holistic approach was visible at the corporate level, where collaboration in planning, implementing, and executing the programs provided teams with “more brains to bring in new ideas, fine-tune the programs, help in training, and share the workload between the two ministries” (8my; 12fz; 14mx; 18fy). These efforts were breaking “the norm of running programs individually by ministries,” and generated leadership that facilitated an environment that made “individuals’ success a corporate success” (5mx; 7fz; 11mz; 12mx).

5.1.7. Living Out the Church’s Mission (Q7)—Impacting Lives through Integrating Pastoral Care and Discipleship within a Faith Community

Eight out of eighteen interviewees (mode = 5) recognized that ministry collaboration influenced people to live out the church’s mission. It was a new way for ministry in that “the elements of care kicked in through discipleship to build lives holistically” (3fx; 8my; 12mx).

The integration of pastoral care and discipleship in the programs not only nurtured biblical knowledge through Bible studies and prayer, but also “helped people to live out biblical values, which was a process of sanctification” (7fy; 8my). Both programs addressed “social concerns, down-to-earth needs and relational issues that hindered one’s spirituality” (7fy; 11mz; 17mz; 18fy), helping people to find “what was going on in our lives” (2fz; 13fz; 16fz). The programs

had helped to walk people together in a learning community and had impacted their lives through studying the Word of God.

5.1.8. Elements Essential to Facilitating Collaboration for Holistic Care (Q8)

On continuing to promote ministry collaboration, the interviewees' suggestions could be summarized in three areas of primary importance:

Firstly, support from senior leadership was vital to ministry collaboration for holistic congregational care. A few interviewees noted that the "turning point of the first pilot program was the endorsement of senior leaders who were supportive of the campaign with optimism and positive thinking" (7fy; 8my; 18fy). Collaborative ministry had become more effective when the senior leadership "saw the benefits and need to embrace collaboration" (1mz; 7fy; 11fz).

Secondly, communication at all leadership levels was essential for collaboration in holistic ministry. The study revealed that I, together with Committee members and core leaders, had effectively "acted as spokesmen to seek consensus with the top-tier leaders" (3fx; 7fy; 8my) to converse with "second-tier leaders who would be involved in planning, implementing, and executing the programs" (1mz; 3fx; 18fy), and to "engage people to the programs through sharing that motivated them to join" (8my; 11mz; 17mz).

Thirdly, building leaders and developing new ones through nourishment and education were important for collaboration within a holistic ministry. Interviewees opined that "teaching and training directly and indirectly strengthened leaders' quality in ministry" (2fz; 12mx; 16fz) and "emerging

leaders through nourishment and training were of primary value to collaborative efforts” (3fx; 7fy; 8my; 14mx). Believing that leaders were the catalysts of change through actions, we emphasized training to “give meaning to the emerging change in the organization” (Weick and Quinn 1999), and to equip leaders with the required skills and knowledge needed for the change.

5.1.9. An Environment Facilitating Partnership in Ministries (Q9)

From this question, I found that three major factors that facilitated partnership between ministries were significant.

Firstly, a trusting and non-competitive environment that worked towards a common goal was essential. Some interviewees found that “ministry departments were not isolated in doing their own business”, but they “teamwork in trust to co-create dreams together” (7fy; 13fz; 17mz). Some others valued the programs in that they were platforms for building “a collaborative culture within the RHCCC’s setting in a trusting and non-competitive environment” (3fx; 8my; 11mz; 12mx).

Secondly, on building a collaborative culture, a few interviewees expressed that leaders had to “be gracious, trusting and supporting one another, avoiding jealousy and a competitive mindset, be humble to accept different opinions, and be willing to learn from one another” (1mz; 7fy; 12mx; 16fy). They considered that these were leaders’ qualities that could make the culture possible.

Thirdly, interviewees also embraced open communication as an important factor, through cultivating a supportive environment for allowing leaders to

“express their opinions, communicating their ideas and insights, and sharing experience openly” (7fy; 16fz; 18fy) and a “collective shared platform for people to learn and serve together” (8my; 18fy). Such an environment could “help to strengthen partnership between the two ministries” (1mz; 3fx; 11mz; 12mz).

5.1.10. Decision-making Strategies Essential for Collaboration in a Holistic Ministry (Q10)

Through this question, I identified three effective decision-making strategies essential to the team for achieving successful outcomes for ministry partnership.

Some interviewees valued the Committee members’ in their open-mindedness and appreciation of one another’s opinions and suggestions. They “would not push the system too far, so that people of different opinions and backgrounds would be able to reach consensus for an amicable solution and the final decision” (3fx; 7fy; 18fy). The team “demonstrated power sharing and not power struggles” (12mx; 14mx; 16fz).

Interviewees opined that it was important to “encourage and facilitate open communication and expression of views” (1mz; 13fz), and to “realign ideas and principles back to the shared values and then close the gap for decision-making” (4mz; 8my; 12mx). The team practiced “seeking feedback and thorough discussions before decision making” and “valued working together over working alone” (5mx; 7fy; 17mz).

Interviewees also emphasized the importance of “cultivating a supportive environment that advocated future cooperation and collaboration in rendering

holistic ministry” and “to build trust among team members to facilitate future partnership” (9fz; 11mz; 12fz). They found it important to “have a strong sense of unity, willingness to collaborate, not intending to compete, and to achieve the collective goal together” (1mz; 13fz; 16fz; 18fx).

5.2. An Emerging Picture of Collaboration in Holistic Ministry

The results of the study were encouraging. I found from the survey that the Collaborative Holistic Committee members valued collaboration and partnership in a holistic ministry (Q1). We acted as enablers to bring about integrated pastoral care and discipleship in a collaborative culture.

At the team level, we recognized that openness and flexibility energized ministry collaboration (Q2). We perceived team diversity as a constructive driving force for co-creating the corporate culture (Q3). As members of the Committee, we also proactively motivated fellowship and small group leaders to engage in partnership by articulating steps forward and involving them in planning, implementing, and executing the holistic ministry process (Q4).

At the ministry level, we sought to align collaborative efforts with corporate goals (Q5) in building a sense of unity to exercise corporate values. We also recognized that collaboration positively impacted resource allocation (Q6) by leveraging and optimizing resource distribution.

At the corporate level, we sought to live out the church’s mission (Q7) by impacting lives through integration of pastoral care and discipleship within a faith community. To continue to promote ministry collaboration, there were three areas of primary importance, namely, support from senior leadership, communication at

all leadership levels, and developing leaders through nourishment and education (Q8).

I also identified three factors which were essential for creating an environment that facilitated partnership between ministries (Q9): (1) maintaining a trusting and non-competitive environment that works towards a common goal, (2) leaders with humble and gracious character, and (3) open communication on ideas, insights, and experience sharing.

As for cultivating effective decision-making strategies for ministry collaboration (Q10), I identified that leaders ought to motivate one another to (1) accept different opinions and suggestions, (2) encourage open communication that allowed for feedback and sharing responsibilities, and (3) create a supportive environment to strengthen confidence in future cooperation and collaboration.

5.3. Researcher's Reflection and Learning from the Study

The survey results affirmed that the two pilot programs had served to enable collaborative holistic care for the congregation. They had effectively cultivated functional platforms for integrating pastoral care and discipleship. I also found that these programs had served to provide a feedback loop that shaped collaboration in ministry programs to align with the corporate goal in a unified and effective manner. In achieving organizational and ministerial effectiveness, it was vital for us as leaders to exercise our leadership ability to put our aspirations into actions, to exercise sharing of power, to build trust among our colleagues and team members, and to be willing to collaborate across “functional and positional boundaries” (Peek 2002, 19-20).

Reflecting on the overall experience, I have found that the study had encouraged novelty in shaping ministry collaboration through developing the Caring Ministry Handbook and launching the two pilot programs. In the execution process, Bossidy and Charan, great practitioners and insightful theorists in management, inspired me and my team to practice linking together people, strategy, and operations (Bossidy and Charan 2002, 8-9) as the three core processes of ministry in getting things done and delivering results which were necessary for the success of the study. My reflections are described in the following sections.

5.3.1. Changing Existing Ministry Patterns and Encouraging Novelty

In launching the study, I and my team in the Collaborative Holistic Committee “disrupted the existing patterns” (Regine and Lewin 2000), encouraged innovation and created a correlating interaction environment to facilitate a collaborative holistic culture.

Existing ministries tended to run programs on their own, which I considered as a phenomenon of “ministry dissociation”. Embracing collaboration, we took courage to work towards disrupting the existing patterns in developing a collaborative culture within the church setting. We directed changes through breaking the pattern of ministry dissociation and initiated partnership in ministry to promote collaborative holistic congregational care.

Second, we had “encouraged novelty” (Plowman et al. 2007, 347). We embraced innovations throughout the process of developing the Caring Ministry Handbook as a tool to facilitate structural renewal, and launched the two unique

collaborative programs as integration venues for pastoral care and discipleship for ministry renewal. We exercised cross-boundary ministry services to deliver congregational care holistically and bring about life changes through Bible studies in the fellowship and small group platforms. In this regard, we had embraced “the beauty of the local church [as] its power to transform the human heart” through the power of Jesus’ love (Hybels 2002, 21), and identified that the small groups were ideal for the collaborative efforts because by nature they were “experiential and discussion-oriented and, as a result, more likely to foster change” (Ferguson, Ferguson, and Bramlett 2007, 40). We therefore used small groups to offer a practical setting for addressing the bio-psycho-socio-spiritual well-being of the individuals through Bible study, discussion, and corporately walking a spiritual journey together.

Third, we created correlation (Marion and Uhl-Bien 2001) through open communication to engage people to take collective actions (Fiol 2002) in caring for individuals and the congregations holistically. The Collaborative Holistic Committee encouraged correlation through shared responsibilities and partnership in ministry at different tiers of leadership, which facilitated ministry collaboration and integration of pastoral care through discipleship in a holistic approach. At the fellowship and small group levels, we motivated small group leaders to act as change agents and fostered an interactive setting to raise emerging leaders through training and sharing of experiences. We also developed their skills and confidence to facilitate change through leading Bible studies, interacting with one

another, nurturing life, exercising care for individuals holistically and promoting wholeness of a person.

5.3.2. Collaborative Leadership through People, Strategy, and Execution

In the execution process, it was crucial for the Collaborative Holistic Committee to link the right people to the right task to facilitate integration of pastoral care and discipleship through collaboration that could enhance the impact of biblical living as taught by the two programs.

5.3.2.1. Linking People to Strategy and Operation

With aims to exhort people to deliver the ministry in alignment with the corporate goal, I engaged my team to take effective steps in identifying and involving suitable leaders in planning, accomplishing tasks, and achieving goals in the ministry contexts. The leader engagement process played a vital role in enabling the Committee not only to identify and recruit people as potential champions, but also to equip them into good performers to launch the programs. The one hundred fifty leaders including lay counsellors of the “Love Dare Marathon”, and the two hundred leaders including the parish nurses and their teams of the “Walking with Jesus” lifestyle management program were the significant human resources (manpower) and structural network for launching the two pilot programs. We selected these leaders according to the F.A.S.T. (Faithful, Accountable and available, Spiritually-mature and Teachable) criteria and engaged them in ministry, setting directional strategies for the ministry process,

and conducting ministry operations with a team approach. They were strategically positioned to carry out specific tasks and functions.

The Committee also linked people to strategy and operation by empowering fellowship and small group leaders to initiate, shape, and participate in the process of change through Bible studies. During the launch process, we upheld the biblical values and used Scripture as the foundation for the two programs. The leaders were engaged to facilitate meaningful discussions in group studies to help people to revisit their interpretation of self, marriage, work and church etc. in the light of the Scripture. We encouraged them to help people to hear and heed God's Word in the particular circumstances of their lives.

We believed that leadership is “the exercise of influence” and the church is a “social catalyst”. As leaders, our tasks were not only to guide people in connecting faith with their web of life, but also “to expand their scope of practical theology and exercise influence to shape transformation” (Osmer 2008, 26, 192) both inside and outside the church through our ministry programs in a strategic and operational manner.

5.3.2.2. Execution of a Strategic Plan for a Holistic Ministry

Along with linking people with strategy and operation, we converted strategies into operable plans by breaking down tasks into realistic and achievable initiatives. We linked leadership capacity to operations by empowering others to participate in the strategic process. At the Collaborative Holistic Committee level, we emphasized using “team brainstorming and strategy sessions” (Schwartz et al.

2010, 226) as an idea-generation process, building upon one another's thoughts in a corporate effort to generate ideas that were actionable (Prather 2010, 32-35).

It was crucial to synchronize people, resources and the strategic plan for a successful process. We had explored what people, technical and financial resources were needed to execute the strategies and converted them to achievable initiatives to attain specific and practical outcomes, which were then delegated to team members to effectively implement the strategic plans. Throughout the implementation, I had reiterated to members the importance of valuing the diversity of the team, appreciating one another's strengths, recognizing different problem-solving styles, and working in unity to achieve the shared goals and vision in actualizing holistic caring ministry. As Kouzes and Posner (2003) observed:

Having dependable and cooperative colleagues is absolutely essential to accomplishing even most mundane tasks in organization... Cooperativeness and dependability [are] essential ... Teamwork requires cooperation and reliable adherence to that common vision. Leadership and teamwork are certainly not mutually exclusive—in fact, exemplary leaders foster collaboration. (Kouzes and Posner 2003, 256-257)

Leaders of the Committee executed teamwork across multiple parts of the organization. Shared responsibilities, delegation and reasonable timelines (see Appendix 7) were crucial strategic considerations in implementation. Both the preparation of the Handbook and the launch of the two pilot programs fully demonstrated the significant positive impacts of delegation and follow-through processes during execution. The sense of “shared responsibility” (Heifetz, Linsky, and Grashow 2009, 103) for the programs was manifested in the allocation of

tasks (see 4.5.4; 4.6.3) among pastors of the Caring and Cultivation ministries, lay counsellors or parish nurses, audio-visual teams, worship teams, and administrative teams. The cross-departmental efforts in shared manpower, ideas, insights, and performance, even went further and beyond their own immediate assignments.

The collaborative efforts with team approach for ministry planning and implementation produced positive people interactions, generated innovative ideas and strategies for launching the study, linked strategy to people and the operation process, and synchronized resources and strategic plans. This had led to better cooperation, cohesive team spirit, and more effective sharing of responsibilities and resources throughout the ministry process, including manpower, talents, gifts, time, and even budgets for operation.

5.3.2.3. Linking Operations to Strategic Goals and Human Capacities for Effective Holistic Ministry

In the people process, I selected members for the Collaborative Holistic Committee, which in turn developed the Handbook, and identified and delegated people for the implementation of the pilot programs. The strategy process allowed us as leaders to set the holistic ministry direction for execution of the programs. In turn, the operation plan paved the way for the Committee to execute the strategic plan. We set goals, linked details of the operation process to the people and strategy processes, and oversaw the transition from strategy to operation by leading operation reviews and developing leadership through continuous improvements.

Building leadership capacity was a significant step throughout the operation process, having the potential to bring about continuous learning and improvement through teaching and coaching. During the implementation of the pilot programs, we emphasized that people be “shaped for ministry through ministry” (Little 1993, 25), and learning occurred in, through, and under the ministry (Hawkins 1997, 25). In the process, one hundred and fifty small group leaders practiced team learning through eight weeks of training for the Love Dare Marathon in March 2010, during which I and members of the Collaborative Holistic Committee were their “educators and teachers” (Senge 1994, 340). The Committee members not only helped to develop the small group leaders’ skills in leading Bible studies, but also built their confidence in execution and problem-solving at the small group levels.

I got feedback through the leaders’ training that small group leaders most valued the group discussions and debriefing that followed each training session. They reflected on their own past experiences and discovered new meanings in their present learning through “shaping and reshaping” their ongoing experiences (Dewey 1985; Jarvis 1992, 27). The training had prepared the small group leaders to transform their experiences into new meanings that guided their actions to launch the programs. Learning was a process of transforming (Jarvis 1992, 11).

We acknowledged that ministering, learning, and leading were interconnected. Our responsibilities were to cultivate learning environments for transformation that could guide people’s actions and shape their personhood. The transformation happened at leaders’ level through training. Transformation also

took place later on during Bible studies, among small group leaders as well as members through ministering and learning at the congregational level.

It was clear that church leaders were “educators and teachers who fostered environments where people discovered afresh God’s new manna of meaning through learning and ministry” (Hawkins 1997, 11, 17-18). The Collaborative Holistic Committee brought ministry and learning together through training and equipping people to become more effective leaders.

Learning, changing, and growing were interrelated. With the pilot programs, we were making disciples who continued to learn, grow and serve, and nurturing the congregation holistically as a learning faith community. The two programs engaged individuals and the congregation in the “construction and reconstruction of new knowledge, skills and values” (Jarvis 1992, 11, 13-14). In directing people to study God’s Word, the programs stimulated change and growth through the work of the Holy Spirit. “The goal of our teaching is the sanctification of persons and of congregations” (Langford 1993, 65), which the programs indeed fostered, as growth and maturation in Christ were manifested at the individual, group, and congregational levels. This echoed Hawkins’ (1997, 15) statement: “both learning and sanctification involve believers... [to] examine the root assumptions controlling in our lives and that constructs more accurate, apt, and fluid meanings to guide our lives.”

Besides learning, coaching was also “the single most important part of expanding other’s capacity” (Bossidy and Charan 2002, 74) in the continuous improvement process. Leaders of the Collaborative Holistic Committee were

constantly observing and coaching the one hundred fifty designated leaders both individually through personal contacts and collectively through fellowship and small group meetings. Through regular team meetings, we listened to one another's opinions and learned about ministry obstacles. We identified problems and ensured that solutions were put in place, bridging the gap between the desired and actual outcomes in ministry services. Specific constructive feedback on an individual's behaviour and performance helped them to develop their potentials in leading and serving. With periodic evaluation through personal contacts or group visits along with coaching, small group leaders developed their leadership skills for effective execution. The constant input not only availed a support network for the small group leaders, but also heightened their sense of team spirit.

5.4. Summary

The study indicated that RHCCC leaders valued collaboration and partnership in ministry to bring about integration of pastoral care and discipleship to care for the individuals and the congregation holistically. To achieve effective implementation of the programs, leaders of the Collaborative Holistic Committee practiced linking, integrating, and reviewing the people, strategy and operation processes throughout the execution.

In the people process, we sought to get the right people for the right task to execute the plan through and proactively mobilized others to shape change. In the strategy process, we converted strategies into executable plans, effectively linking strategy to the people and operation process, and synchronized people, resources, and strategic plans. Setting clear goals and priorities for execution, motivating

people to appreciate diversity of the team, and facilitating partnership and collaboration among team members were keys for effective collaborative ministry. In the operation process, we linked operations to strategic goals and human capacities, and expanded capacities in holistic ministry through training and coaching. Delegation and follow-through processes were crucial elements for implementation.

Eventually, through integration of the people and application of the strategy and operation processes with the discipline of execution, we achieved the desired outcomes of our collective goals: to care for the individuals and congregations holistically through ministry collaboration, and to exercise the corporate vision of “Love God, Love Others, Love PEACE” by means of execution of the two pilot programs.

CHAPTER 6 – SUMMARY AND CONCLUSION

RHCCC's Caring ministry has been passionate about advancing the Great Commission and practicing the Great Commandment in congregational living. As pastor responsible to the Caring ministry, I formed and led a Collaborative Holistic Committee in 2009 to explore ways to deliver congregational care holistically through realigning ministries and developing a Caring Ministry Handbook to facilitate structural renewal, as well as integrating pastoral care and discipleship by means of ministry collaboration. This approach to care had served as an effective life-changing platform for RHCCC to care for God's people.

The Committee adopted adaptive leadership in addressing the tensions within its ministry contexts, which had led to the emergence of a new collaborative culture for holistic ministry. Subsequently, the Caring and Cultivation ministries of RHCCC launched two pilot programs with specific focuses to address physical, psychological, social, and spiritual well-being of the individuals. The efforts not only helped believers and the un-churched alike to restore their relationships with God, self, and others, but also served as channels of blessings to help others pursue maturity in Christ and live out biblical values.

In addition, this study addressed the effectiveness of associating lay counselling and parish nursing as holistic means for pastoral ministry to care for individuals and congregations. By adopting an integrative and collaborative approach to care for individuals holistically, the church advanced toward its missional purposes through partnerships among ministry services inter- and intra-congregationally, which impacted the church and beyond.

6.1. Three Levels of Renewal

Based on the findings of this study, I have concluded that conceptual renewal led to structural renewal, which in turn facilitated ministry renewal. Ministry renewal brought about holistic congregational care, in which integration of pastoral care and discipleship through ministry collaboration had led to life transformation. Ministry collaboration was the key to facilitate a functional process in actualizing holistic caring ministry. In this process, partnership in ministry enhanced collaboration through exercising joint efforts and teamwork. These conclusions are further elaborated in the sections below.

6.1.1. Conceptual Renewal Leading to Structural Renewal

RHCCC had a vision to become a missional church to help people towards wholeness of body, mind, and soul, and to serve the congregation and beyond with holistic ministries. Conceptual renewal had served as a driving force for the Caring ministry to take steps to renew its existing ministry, which had led to structural renewal. The insight for this conclusion was based on our unique experience in putting RHCCC on a path towards an incarnational community with a holistic ministry of care, by adopting strategic planning as a tool to renew the church's ministry strategies and structure in the past two years. Strategic planning as goal (1) of the study was a crucial part of ministry consolidation. It led to ministry alignment of the twelve sub-ministries under the Caring Ministry, and the compilation of a Caring Ministry Handbook to facilitate the structural change. As Snyder (1984) stated,

Conceptual renewal is a new vision for the church's life and mission. It comes primarily in the area of our thoughts, ideas, and images of the church... When our models are challenged ... we are forced to rethink what the church is really about. (Snyder 1984, 91)

I observed in this study that conceptual renewal involved inter-disciplinary thinking in ministry. It had served as a driving force for me and members of the Collaborative Holistic Committee to review and re-align the twelve sub-ministries under the Caring ministry and implement a collaborative holistic approach to care. Strategic planning had served as an ongoing process to assist us to clarify the core values, mission, vision and strategy of its ministry service, to address the alignment issues, and to link operation and leadership. The process had led to structural renewal of the ministry strategies and structure for better execution of the ministry of care, which in turn led to ministry renewal.

6.1.2. Structural Renewal Leading to Ministry Renewal

Structural renewal had led to the emergence of a functional ministry process to integrate pastoral care and discipleship through ministry collaboration. In the structural renewal process of implementing a holistic caring model to care for the congregation holistically, we recognized that a significant step of ministry alignment was to link ministries with the overall system of RHCCC.

By developing and adopting a "Wheel of Care" 5Cs model, we had fulfilled goal (2) of the study, which was to provide a framework to move individuals towards personal and spiritual maturity. The model included ministering to people through visits, counselling, prayer, focused groups or links to fellowship and small group networks. It also aligned the sub-ministries to

contribute to the church's disciple-making process to build people up through the five pillars of RHCCC. The five pillars were to worship God (Celebration), learn His words (Cultivation), share His truth (Communication), train and develop leadership (Consecration) and minister to others (Care). This framework would maximize the impact of care for individuals holistically at the corporate level.

The model had integrated with the church's discipleship approach to build up, train, and deploy. The structural renewal process ignited the Committee not just to expand the horizon of caring for people at each individual ministry platform, but also to motivate personal and spiritual growth through the five pillars. In this process, innovative ideas on integration of pastoral care and discipleship through ministry collaboration between the Caring and Cultivation ministries emerged. The initiative of integration through collaboration had given rise to innovation to achieve holistic pastoral care through the launch of the two pilot programs.

Structural renewal had indeed facilitated ministry renewal. I believe that when a congregation was engaged in a meaningful structural renewal, the restructuring process could lead to innovation and creativity that brought renewal in ministry.

6.1.3. Ministry Renewal Leading to Holistic Congregational Care

The process of structural renewal paved a path for members of the Collaborative Holistic Committee and I to address the ministry tensions generated by the rapidly growing need-based ministries, to facilitate movement through

obstacles of ministry competition, and to find ways to work towards collaboration for holistic ministry of care.

The path for the church leaders to facilitate structural renewal led to eventual ministry renewal, which in turn enabled the fruition of holistic congregational care. The process required an extended period to materialize the change and build a new collaborative culture within the church setting. My observations and feedbacks in leading the Collaborative Holistic Committee, developing the Caring Ministry Handbook and executing the two pilot programs corroborated that the ministry renewal had contributed to delivering collaborative holistic care.

Advancing from ministry renewal to collaborative holistic ministry required multiple components that contributed and complemented one another in the emerging process. It was essential for church leaders to be ready to address the challenges by breaking existing ministry patterns as necessary. For RHCCC, we did disrupt the pattern of ministry dissociation and ministry competition which were attributable to limited resources. Besides, it was vital for leaders in various tiers of leaderships to accept and welcome novelty in shaping a common direction for holistic congregational care. Furthermore, by creating a correlative environment, we had facilitated the collaborative efforts in rendering such care.

In these regards, leaders of the Caring and Cultivation ministries acted as enablers to experiment with an integrative approach to care through practicing inter-ministry cooperation and cross-ministry collaboration through launching the pilot programs to promote physical, psychological, social and spiritual well-being

of the individuals. “Love Dare Marathon” and the “Walking with Jesus” lifestyle management program facilitated dual goals of integrating pastoral care and discipleship and demonstrating holistic congregational care. Mobilizing the fellowship and small group ministry to partner with the Caring ministry, we actualized the holistic approach in ministry, thereby enabling a greater impact on people, ministry, and service to the community. My experience, observations and findings of this study attested to my conclusion that structural renewal facilitated ministry renewal, and ministry renewal in turn had led to holistic congregational care in bringing people to knowledge and wholeness in Christ, through care and discipleship.

6.2. Collaboration in Holistic Ministry

I also found that collaboration had created the context for disciplined accountability and mutual support for integration of pastoral care and discipleship that led to life transformation; and partnership had enhanced collaboration in holistic ministry.

6.2.1. Integration of Pastoral Care and Discipleship Leading to Life Transformation

Integration of pastoral care and discipleship facilitated the process of bringing the holistic concept of care into reality. The two pilot programs provided the channels to bring restoration and transformation in lives by walking people through the processes of worship, discipleship, ministry, and evangelism. They also served as platforms to render holistic congregational care by way of engaging lay counselling and parish nursing as vital parts of pastoral care.

At the ministry level, we adopted and practiced an integrative approach to care for people, promoting the bio-psycho-socio-spiritual well-being of a person. Lay counselling and parish nursing had performed vital roles in the programs in caring for people to restore their relationship with God, self, and others. As an integral part of the programs, small group leaders were empowered to become instruments of restoration and acted as tools of reconciliation to heal, restore, and release people by the redemptive power of the gospel.

At the individual level, the Word of God guided people as they gathered to learn, share insights and experience, and respond to live out biblical values as a learning community of faith. They held one another accountable to foster authentic reconciliation and redeem relationship within an authentic biblical community.

At the corporate level, innovative alignment of teaching and preaching handed down key messages based on the “Big Idea”, which linked preaching, Bible studies and related ministry activities together. The “Big Idea” of ministry alignment in the programs was our core concept of delivering collaborative holistic ministry through a series of strategic planning and collaborative programs. We could aim to move the whole church, ministries and small groups in the same direction. This focus would energize the entire church and align its major ministries to maximize its holistic impact of care.

Adopting this integrative approach served to generate energy and broaden the holistic impact of congregational care when we launched the two programs of this study. They consolidated people’s understanding of biblical values and

principles, and challenged them to live out those values. We witnessed that seeking God's truth and growing together as a community of faith and discipleship had brought about transformation and life changes towards maturity. Individuals were restored and became whole through reconciliation with God. We had witnessed life changes and they had testified through video broadcasts during Celebration Sundays as well as in meetings and celebrative events held at different fellowship and small group levels.

This study had demonstrated that integrating pastoral care and discipleship would lead to life transformation. The collaborative programs had established functional integrative platforms for RHCCC's congregation to act as a community of reconciliation in caring for one's body, mind, and soul at the individual, ministry and corporate levels. These programs had fulfilled goals (3) and (4) of the study. I could draw the conclusion that the implementation of this integrative and collaborative approach had served effectively to enable God's people, ministry, and church to unleash the redemptive power of the gospel, which brought about liberation, restoration, and life transformation.

6.2.2. Partnership Enhancing Collaboration in Holistic Ministry

Ministry collaboration was the key to facilitate a functional process in actualizing a holistic caring ministry. Results from the interviews were encouraging in that the leaders valued collaboration for holistic care and welcome rendering of such care through partnership in ministry. They opined that flexibility and support from senior leadership had energized collaboration in holistic ministry.

The leaders had found that team diversity was a driving force for stimulating the team to broaden their perspectives in ministry. They had worked through challenges in execution, and engaged themselves and others to make the collaboration possible. Collaboration had helped to build their sense of unity to exercise the corporate vision and positively impacted resource allocation by leveraging and optimizing the use of resources.

The pursuit of these new initiatives and strategic partnership had enabled the integrative approach to caring by engaging people to be involved in the transforming cycles of the pilot programs, which had resulted in the emergence of the collaborative culture. The leaders had fostered interactive environments that encouraged partnership and innovation among team members, leading the people to engage in the process experimentally towards holistic congregational care in executing the programs. Collaboration was an effective means for holistic ministry—the whole was greater than the sum of its parts (Steinke 2006, 4). The programs did strengthen ministry collaboration and shared resources between Caring and Cultivation ministries.

From the corporate perspective, I found that “Love Dare Marathon” had engaged eight hundred and fifty participants and worked towards strengthening their relational and spiritual well-being. It demonstrated that RHCCC was a church that exercised kingdom vision on building strong marital and interpersonal relationship. It was also a church that honoured God through marriages and families. The “Walking with Jesus” program had strengthened two thousand people’s physical and spiritual well-being. It demonstrated that RHCCC practiced

both physical and spiritual disciplines—a church that honoured God through loving God, self, and others.

From the collaborative ministry perspective, through “Love Dare Marathon”, couples’ relationships were strengthened in the light of biblical principles, while impaired relationships were reconciled or reconstructed. Sharing, bonding, and accountability among small group members were strengthened. In the “Walking with Jesus” program, participants reached a new level of celebration of physical fitness and renewed relationship with God. Small group members held one another accountable in building intimate relationships with God and a healthy lifestyle. They celebrated a life that cared for physical and spiritual well-being. Leaders witnessed God’s work among His people. The ultimate outcomes were “God was pleased and His Name was glorified.”

I had concluded that partnership enhanced collaboration in holistic ministry and had taken congregational care to a new level. I presented this study to a group of pastors at the Association of Chinese Evangelical Mission (ACEM) pastoral meeting on January 18, 2012 and it was well-received (see Appendix 12). “Yesterday’s adaptations are today’s routine” (Heifetz et al. 2009, 49). RHCCC leaders had acted as catalysts to foster change by allowing themselves and the church to execute holistic care through collaborative efforts in ministry. They had been encouraged and nourished to expand their ministry horizon to become more outward-focused, other-centred, and ultimately God-centred in their care for others. Taking these further, the Collaborative Holistic Committee had taken initiatives to extend the collaborative holistic ministry under the corporate vision

of “Love God, Love Others, Love PEACE” to impact the church and beyond by means of the “C.A.R.E.” projects (refer to Appendix 13). A new collaborative culture for holistic ministry had emerged through this process.

6.3. Limitations of the Study

In conducting this study, I acknowledged that it would be difficult to have a program that fully encompassed bio-psycho-socio-spiritual well-being. In addressing relational and spiritual well-being through “Love Dare Marathon”, our team at the Collaborative Holistic Committee faced the risks and challenges of opening “cans of worms” (i.e., internal conflicts) at the individual, family, and church levels. People might not be motivated to join the program, be unwilling to face personal relational matters, opt out of the activities, or turn to alternative Bible study groups over the course of the programs. Some might have received only the Love Dare messages through the preachings on Sundays and missed out on the personal interactions of small groups. It was estimated only one-third of congregants participated in the program.

Conducting the two pilot programs was also demanding on resources as it involved intensive planning, training, and follow-through. Church leaders were constantly challenged in maintaining strong partnership and team efforts. The integration of pastoral care and discipleship through the collaborative programs presented a novel culture and ministry format which took time and efforts to gain general acceptance. This resulted in hurdles and challenges that surfaced from time to time, such as issues in cross-ministry boundaries, lack of support or cooperation, and program-oriented verses need-oriented issues.

In addition, while actualization of a holistic ministry through the process of ministry alignment and collaboration was effectively demonstrated in the ministry context of RHCCC, whether it would apply in other settings had yet to be explored and tested.

6.4. Applying the Holistic Approach

Since ministry collaboration was demonstrably effective in enhancing the impacts of holistic care in this study, its principles may be embraced across a broader range of ministry activities and community settings. Church leaders may favour a shifting paradigm from emphasizing mutual care internally at the congregational level to extending care and concern externally to other communities, locally and globally.

6.4.1. Applying the Holistic Approach to Ministry in the Local Setting

The following are some suggestions for collaboration in holistic ministry in local applications and further research:

- Deploy lay Christian counselling as a tool for problem-solving, discipleship, and life-change to foster spiritual care and social support at the community level.
- Develop lay Christian counselling as a ministry partner with local churches, private and/or non-profit organizations to form a service network to serve people locally. Further studies are recommended to examine the expansion of lay Christian counselling from the local church to render holistic services to neighbouring communities.

- Further investigate the significance of integrating lay Christian counselling and (1) inner healing, (2) evangelism and small group ministry, (3) missions, (4) spiritual formation, and (5) cross-cultural counselling with ethnic minorities (Tan 1990; 1994), as means of rendering care holistically to individuals, churches and communities.
- Establish parish nursing networks to serve local churches, hospitals, and clinics.
- Develop inter- and intra-ministry collaboration to render ministry services locally, such as advocating the care of those who are struggling with poverty, homelessness, illness, depression, or substance abuse.
- Develop an emerging culture of ministry collaboration. At RHCCC, a new program is in plan for 2012. The new “Courageous Living” program will aim to promote bold Christian living (spiritual well-being) and family life (relational well-being), especially among the next generation. This will be RHCCC’s third cycle in practicing integration and collaboration to care for individuals, promote church growth, and serve the community.

The “Courageous Living” program will continue to endorse the partnership between the Caring and Cultivation ministries and receive support from the Young Life Department (YLD – serving the Grade Seven to Grade Twelve students) and Young Adult Ministry (YAM – serving the university

students and young adult career fellowships). The extended collaborative platform will cover a wider audience range for greater impacts.

6.4.2. Applying the Holistic Approach to Ministry through the “C.A.R.E.” Projects—from Local to Global

The fundamental goal of holistic caring ministries is to promote bio-psycho-socio-spiritual well-being through touching lives and proclaiming Christ. As such, it has broad applications beyond just the local church. In conjunction with the practice of ministry collaboration, it has the potential also to impact the community and the world.

The Caring ministry has been taking part in RHCCC’s advance into the community, serving from “Love God”, “Love Others” to “Love PEACE.” Since local-to-global missions can incorporate holistic care, I and the Collaborative Holistic Committee have developed and proposed a holistic model entitled “C.A.R.E.” that is applicable to both local and global contexts:

- Care for and comfort the Sick
- Assist the Poor and the Needy
- Restore Relationships
- Educate and Equip Locals for Community Development

This model is specifically designed to deliver a holistic care framework with integrative and collaborative dimensions. It stresses partnership with local initiatives with four levels of implementation—purpose, people, projects, and property. This is a framework that can be adopted by local churches and faith-related agencies to execute Jesus’ holistic mission with a global scope, through teaching, witnessing, sharing God’s love, and healing the sick by means of

education, medical services, community development, and church-planting projects. The purpose, objectives, core beliefs, and levels of implementation of the C.A.R.E. project are summarized in Appendix 13.

6.5. Conclusion

The desire for RHCCC to be a missional and caring church led to structural renewal of its ministry. Its leaders were drawn to share Christ's ministry of making people whole by initiating a holistic caring ministry to address one's physical, psychological, social and spiritual well-being.

Conceptual renewal led to structural renewal, and structural renewal in turn facilitated ministry renewal. Leaders of RHCCC's Caring ministry explored the actualization of holistic caring ministry by ways of strategic planning and integrating pastoral care and discipleship through ministry collaboration. The process had led to the development of a Caring Ministry Handbook and the launch of two pilot programs.

The effectiveness of these efforts was amplified through collaboration between the Caring and Cultivation ministries. The partnership in envisioning, planning, implementation, leadership training, and resource sharing resulted in dramatic impacts on congregants and congregations over the course of "Love Dare Marathon" and the "Walking with Jesus" lifestyle management programs.

This study provided support for an integrative approach to care as an effective way to align people, ministry, and the church of God to work in partnership as instruments of reconciliation to bring about liberation, restoration,

and life transformation. Ministry collaboration was the key to facilitate this functional ministry process in actualizing a holistic ministry of care.

RHCCC leaders are committed to foster care, expand the scope of ministry, and grow the church through a collaborative holistic ministry. The collaborative holistic approach to care investigated in this study is capable of being extended far beyond the church into the community and the world. The Caring ministry of RHCCC has contributed to “making missional ministers” by exercising the corporate vision of “Love God, Love Others, Love PEACE”. The local-to-global missions that incorporate holistic care can be bolstered by the proposed C.A.R.E. projects. They are applicable to both local and global contexts which have the potential to impact the church and beyond.

The ministry of care can be embraced and executed through ministry collaboration and partnership between ministries within and outside of the church setting. The ultimate goals in rendering collaborative holistic ministry services are to touch lives and promote wholeness, proclaim Christ, and boldly witness the Lordship of Christ. Local churches, including RHCCC, can produce impacts that extend beyond the district, and the city, and into the world.

Appendix

Table of Contents

Appendix 1: RHCCC Caring Ministry Handbook.....	132
Appendix 2: RHCCC Caring Ministry Distribution	208
Appendix 3: Caring Ministry Profile	209
Appendix 4: RHCCC Caring Ministry – Wheel of Care 5Cs Model	210
Appendix 5: Project Journal for the Love Dare Marathon in Kolb’s Format	211
Appendix 6: Project Journal for the Walking with Jesus Program in Kolb’s Format	220
Appendix 7: Timeline for the Study	228
Appendix 8: Survey Consent Form	229
Appendix 9: Interview Questionnaire	230
Appendix 10: Findings of Interview Questions	232
Appendix 11: Evidence by Categories—Samples of the Answers.....	233
Appendix 12: Presentation on the Study to Pastors of ACEM on January 18, 2012	235
Appendix 13: The C.A.R.E. Projects	244
References	247

Appendix 1
Caring Ministry Handbook

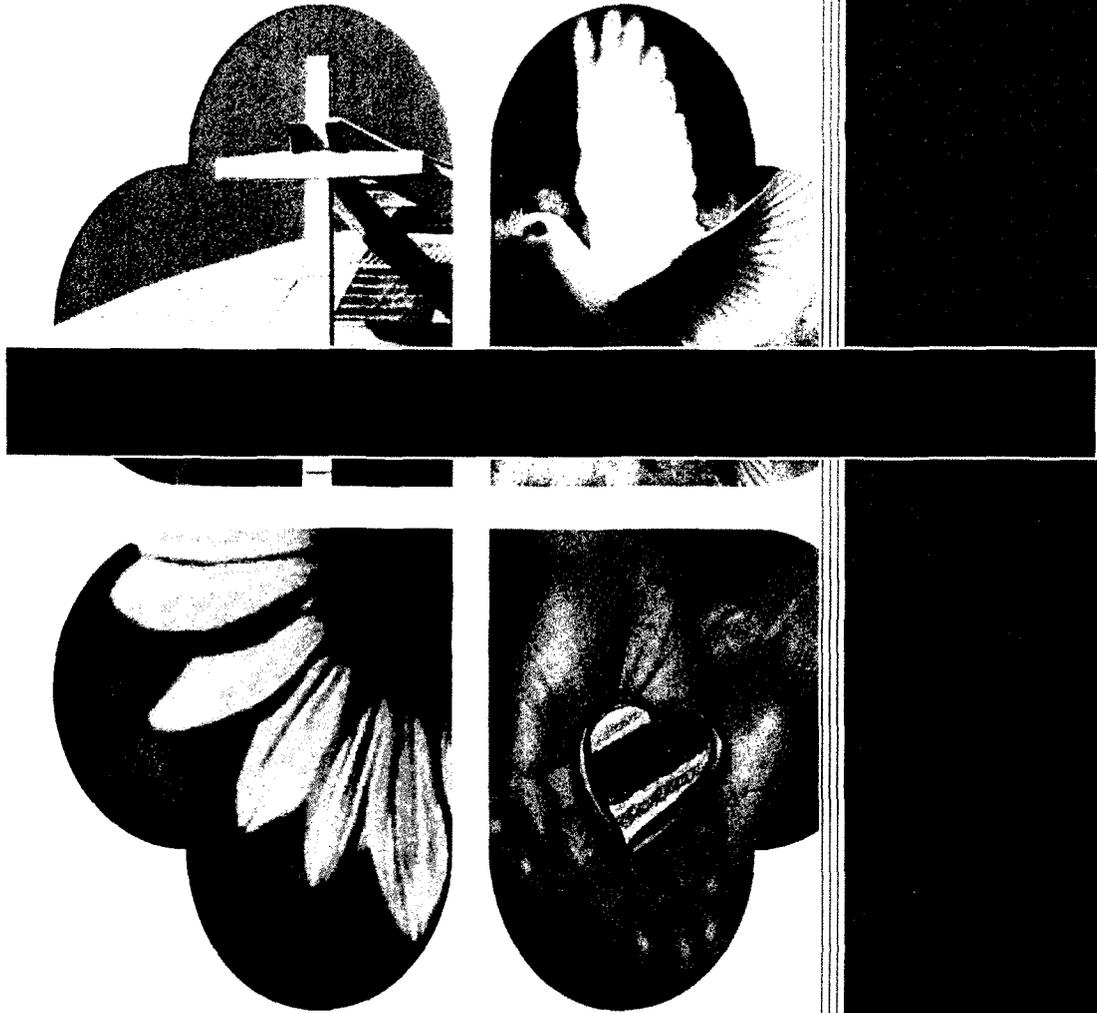


TABLE OF CONTENT

1 RICHMOND HILL CHRISTIAN COMMUNITY CHURCH	1
2 THE PREMISES OF RHCCC CARING MINISTRY	2
2.1 Vision	2
2.2 Mission	2
2.3 Value Markers (objectives) of RHCCC in 2001 & Beyond	3
2.4 The Wheel of Care 5Cs Model – Caring Model of RHCCC	4
2.5 Holistic Congregational Care	4
2.6 Caring Ministry Charts	6
3 THE CARING MINISTRY.....	10
3.1 Cancer Support Group	10
3.2 Community Health Ministry.....	16
3.3 Friends of Jabez – Single Ministry	18
3.4 Lay Counseling Ministry.....	19
3.5 Marriage and Family Ministry	20
3.6 Men’s Ministry	22
3.7 Prayer Ministry	23
3.8 rConnect - Welcome Ministry	27
3.9 Senior Ministry	29
3.10 Ruth Support Group – Single Parent Ministry	31
3.11 SPECIAL Needs Ministry (Special Parents Exalting Christ’s Infinite Amazing Love)	32
3.12 SPRING Program.....	33
4 BENEVOLENCE	34
4.1 Philosophy	34
4.2 Biblical Basis	34
4.3 Eligibility	34
4.4 Church Policy	34
4.5 Application Procedure	35
4.6 Global Relief Efforts	36
4.7 Local Relief	36
4.8 The Benevolence Committee	36
5 ACTS TOGETHER	37

5.1	General Guidelines.....	37
5.2	Important Notes for Pastors and Deacons.....	38
5.3	Financial Assistance - Supplementary Guidelines.....	40
5.4	Acts Together - Flow of Application	41
5.5	Acts Together – Intake Form	42
5.6	Finance and Credit Guidance for Acts Together – Intake Form	43
5.7	Financial Assistance Application (Acts Together)	46
6	<i>A PLAN TO PROTECT</i>	47

1 RICHMOND HILL CHRISTIAN COMMUNITY CHURCH



Richmond Hill Christian Community Church (RHCCC) is a multi-cultural, multi-lingual and multi-generational (3M) Purpose-Driven Missional Church for the Unchurched and the Committed. We strive to live out the FIVE God-given purposes in life: Worship, Fellowship, Discipleship, Ministry and Evangelism. We prioritize as a church according to four key areas: Purpose, People, Program and Property (4P). We welcome people to come and share the joy of living a life of purpose in the love and grace of our Lord Jesus Christ.

<p>Purpose Driven Missional Church For the Unchurched and the Committed 城北華基是一所「使命導引」， 為「教會門外者」及委身信徒而設的教會。 致力平衡實踐 3M, 4P, 5C 目標</p>		
3 M	<p>Multi-cultural Multi-lingual Multi-generational</p>	<p>多元文化 多種語言 多代同堂</p>
4 P	<p>Purpose People Program Property</p>	<p>建立使命人生 牧養多元文化的會眾 善用不同的節目 使用有效設施</p>
5 C	<p>Consecration — Membership Celebration — Magnify Cultivation — Maturity Care — Ministry Communication — Missions</p>	<p>管家 — 受浸歸屬 敬拜 — 榮耀天父 栽培 — 屬靈成長 關懷 — 服事事奉 佈道 — 人生使命</p>

2 THE PREMISES OF RHCCC CARING MINISTRY

2.1 Vision

We believe that God calls every believer to serve Him through caring for one another, growing through ministering people, living a God-given missional and purpose-driven life.

Therefore, visions for the ministry of care are:

We exist to care about one another in Christ

through sharing one another's joy, growth and needs,

through recognition, development and use of gifts of the Spirit by every believer, and

through services and sacrifice to meet one another's needs, and to serve the community and the world

The People we serve consist of all the Chinese households who live in Richmond Hill and its vicinity specifically, and the Greater Toronto Area at large.

2.2 Mission

With a mission to develop RHCCC into a church of love, a church of life, a church of service and a church of prayer that impact the community and beyond through the love of Christ, Caring ministry seeks integration of ministry, evangelism, spirituality and leadership through ministry of care.

A Church of Love

Through launching preventive and prescriptive programs in the Caring Ministry, we believe that RHCCC will be the place where the hurting, the depressed, the frustrated and the confused can find love, acceptance, hope, forgiveness, guidance and encouragement. In this church, positive attitudes are developed, good people become better, friendships are developed, marriages are strengthened, families are bonded, singles are valued, young people are God's promises, seniors are loved and respected. Here love is alive, God is understood and Jesus Christ is Lord.

A Church of Missions

Through integrating evangelism and care and equipping laity as “Care-evangelist”, we become a faith community that seeks to share the Good News of Jesus Christ intentionally to people locally and internationally. We will be the church where the unchurched feel welcomed, accepted and understood. We believe every believer in our church has the responsibility of being a verbal witness in his faith and a life style witness for Christ.

A Church of Prayers

By practicing worship and pray, we will become a church that put prayer first. We pray not only for our needs but we see prayer as a strategic weapon given by God to fight the spiritual battles for all issues of life especially world evangelism. We will develop a significant prayer ministry which includes intercessors, prayer of mutual confession and forgiveness, prayer chains, prayer education, prayer groups and prayer for the nations.

A Church of Service

Through discovering and motivating Christ followers to give their God-given gifts best for God through ministry services, RHCCC will become a Church with seven-days-a-week full service ministry situated on a beautiful campus with worship center, counseling center, chapel, family life and education center, world mission coordination center, recreational facility as well as Senior community complex. Our mission is to serve and impact the community and beyond.

2.3 Value Markers (objectives) of RHCCC in 2001 & Beyond

The following value markers have also been presented to and adopted by the Executive Church Board (ECB), and included in our philosophy and strategies in order to sharpen our focus.

**"Come & Build Life -
Bring Them In, Build Them Up, Train them For, Send Them Out!"**

- #1 Teaching people to begin everything with prayer, recognizing their dependence on God.
- #4 Blessing the Christian community beyond RHCCC by offering motivation, training and sharing resources for Kingdom ministry.
- #5 Teaching the biblical basis for every member ministry by training, mentoring and empowering leadership through gift development, networking and ministry placement to do the work of service.

- #6** Establishing friendships with the unchurched by being the presence of Jesus and doing the proclamation of the Gospel in our community.

With purpose to impact the community and beyond through the love of God, laity, deacons and pastors under Caring ministry seek to share the Good News of Jesus Christ to people through the ministry delivery process. We believe that through programs launched by the Caring Ministry, we embrace the love of God.

2.4 The Wheel of Care 5Cs Model – Caring Model of RHCCC

The Caring ministry addresses holistic congregational care through strategic planning which enhances clarity in ministry structure, operation and leadership.

We encourage leaders to facilitate care of individuals through the “Wheel of Care” 5Cs Model (page 8). This includes not only ministering to people through visits, counseling, prayer, focused groups or links to fellowships and small group networks, but also building them up upon the five pillars of RHCCC’s disciple-making process: Celebration (worship), Cultivation (discipleship), Care (ministry), Communication (evangelism), and Consecration (leadership).

In other words, besides caring for individuals at each individual ministry platform, it is to motivate them for personal and spiritual growth through the five pillars. By walking people through the “Wheel of Care” 5Cs Model, the ministry moves people towards the path of personal and spiritual maturity, linking the ministries (sub-systems) with the church system through worshipping God, learning His Word, sharing His truth, training and developing leadership and ministering to others. This maximizes the impact of care for individuals holistically at the corporate level.

2.5 Holistic Congregational Care

With aims to promote care for individuals and congregation holistically, and turn the corporate vision statement of “Love God, Love Others, Love PEACE” into a reality, RHCCC leaders have developed the core values, mission, vision, and strategies for each sub-ministry under the Caring ministry.

The twelve sub-ministries are grouped into three main areas: (i) special care, (ii) spiritual care and (iii) life development (page 6 – Ministry Distribution). Meanwhile, four colour codes are adopted to indicate the ministry nature as follows:

- (i) Crisis intervention (blue zone) – individuals/families with life-threatening illnesses; death and dying cases or crises needing immediate care and support through hospital or home visits by clergy or laity. Follow-up actions are made by referral to an appropriate ministry such as cancer support group or parish nurse ministry.

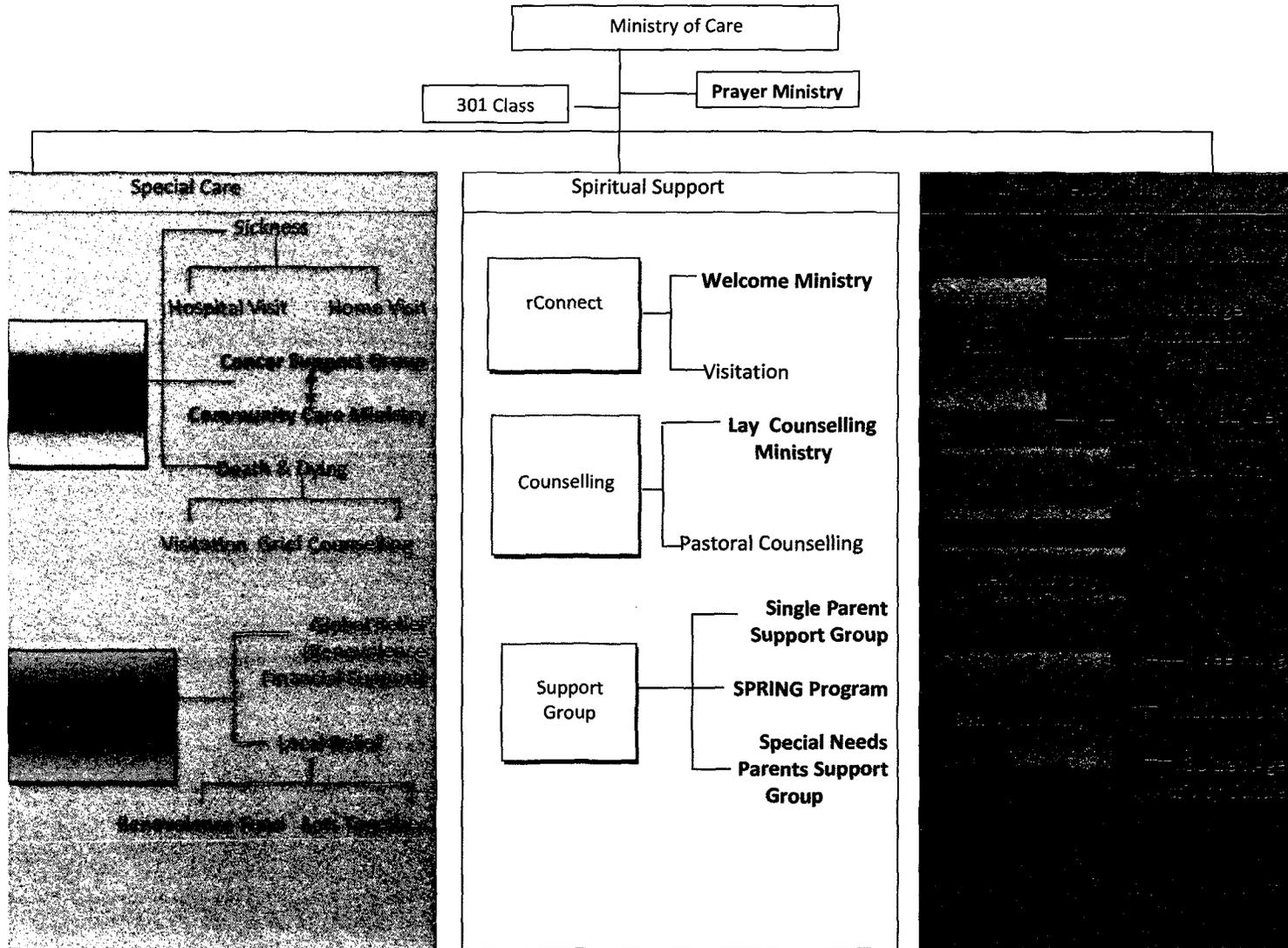
- (ii) Emergency care (red zone) – individuals/families facing financial crises will receive assistance through the “Acts Together” program or benevolence.
- (iii) Spiritual/emotional support (yellow zone) – people seeking emotional or spiritual support, especially counseling services by lay counselors or clergy.
- (iv) Life development (green zone) – people looking for a relational support network to meet their specific needs according to their life stage (i.e., singles, married, men, women, and senior ministries). (page 7 – Ministry Portfolio)

The charts provide leaders with a mind map for channeling people, according to their needs, to the appropriate ministries and/or external networks. With aims to provide care and support to individuals and families holistically, ministry collaboration is essential for connecting people to appropriate support networks both inside and outside of the church setting. Every ministry under Caring Ministry acknowledges that ministry collaboration is important, and spiritual needs of individuals should be of utmost importance and emphasis in all ministry contexts.

2.6 Caring Ministry Charts

- ❖ Chart 1 – Ministry Distribution
- ❖ Chart 2 – Ministry Portfolio
- ❖ Chart 3 – Wheel of Care 5Cs Model

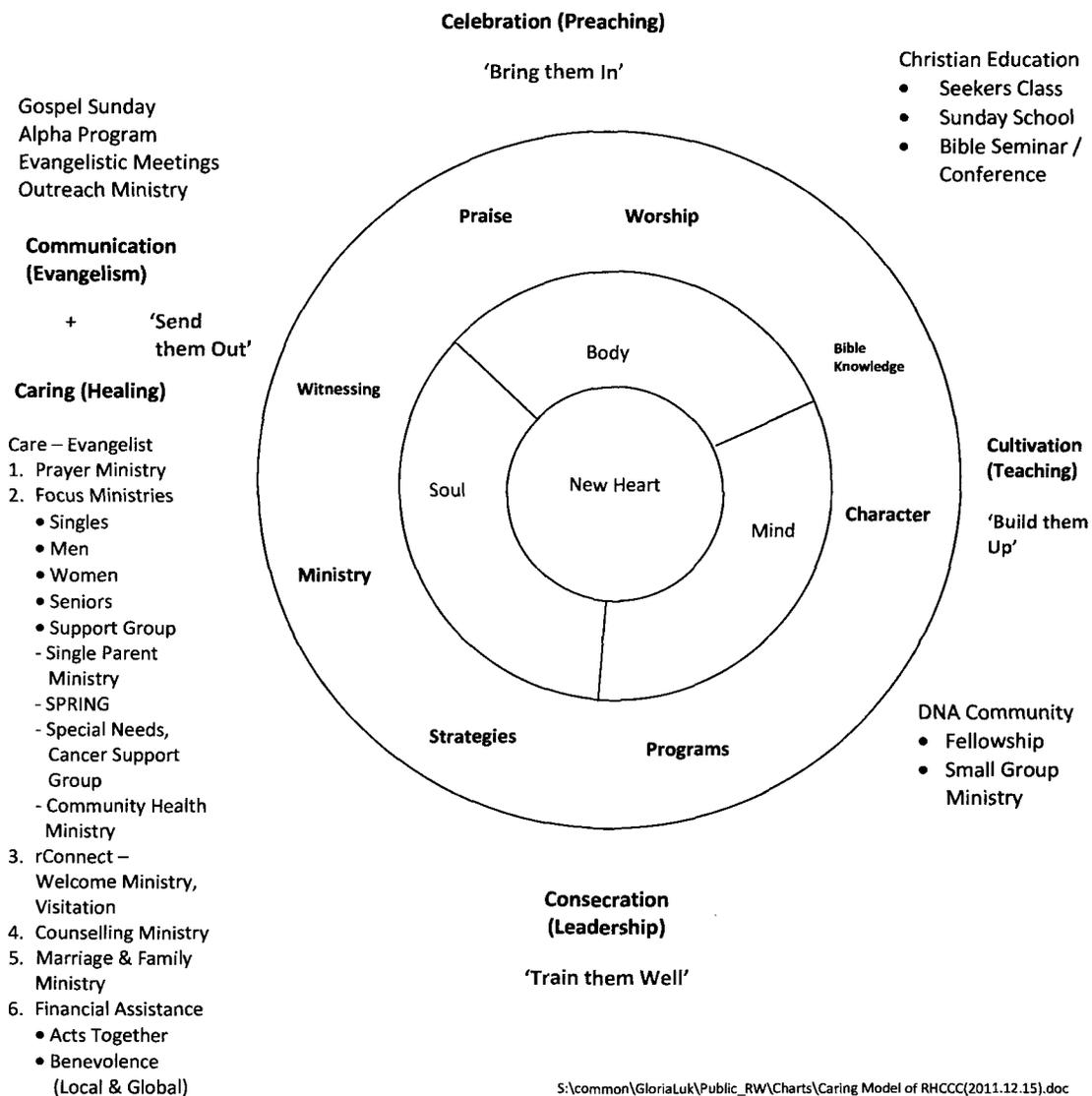
RHCC Caring Ministry – Ministry Distribution



Caring Ministry Portfolio 2011

	<ul style="list-style-type: none"> Sickness / Death & Dying - Home Visit - Hospital Visit 	<ul style="list-style-type: none"> - Cancer Support Group - Parish Nurse Ministry 	<ul style="list-style-type: none"> - Death & Dying - Grief Counselling 		<ul style="list-style-type: none"> - Cancer Support Group - Parish Nurse Ministry
	<ul style="list-style-type: none"> - Acts Together Visit - Benevolence Assessment 			<ul style="list-style-type: none"> (1) Local: - Acts Together - Benevolence Fund (2) Global Relief 	
Spiritual Support	<ul style="list-style-type: none"> - Welcome Ministry 	<ul style="list-style-type: none"> - Single Parent Support Group - SPRING Program - Special Needs Support Group 	<ul style="list-style-type: none"> - Lay Counselling 	<ul style="list-style-type: none"> - Marital Counselling 	<ul style="list-style-type: none"> - Single Parent - SPRING Program - Special Needs - Welcome Ministry
		<ul style="list-style-type: none"> - Marriage Ambassador Pgm - Couple's Group - Men's Support Grp 			<ul style="list-style-type: none"> - Family Builder - Friends of Jabez - Men's Ministry - Senior's Ministry Yee Hong; Mon Sheong; Golden Age

Caring Model of RHCCC – Wheel of Care 5Cs Model



3 THE CARING MINISTRY

3.1 Cancer Support Group

The Mission

Mission of Cancer Support Group (CS Group) of the Richmond Hill Christian Community Church (RHCCC) is to care for cancer patients and their family members, who have come to the Church or to the support group events, or who are referred by a brother or sister or by a community organization. The group will deliver support through spiritual care and where appropriate, through meeting their other needs. We believe that the greatest support to a cancer patient is the faith, hope and love of our Lord Jesus Christ.

The Organization and Structure

The CS Group is governed by a committee named Cancer Support Group Core Committee. The core committee is chaired by a coordinator and comprised of members including the deacon and the pastor in charge of the CS Group. Core group members and its coordinator shall be nominated by the pastor-in-charge of the CS Group, to be approved by the RHCCC's Cantonese Ministry Committee. The term of appointment is two years.

The Mandate and Activities

A. The CS Group provides caring to cancer patients through the following means:

1. Monthly meeting offering messages on biblical knowledge, cancer care and prevention, and health care knowledge relevant to their needs. Meetings also include sharing time among patients and cancer survivors.
2. Phone contact from caregivers to patients to offer support and care.
3. Visitation from caregivers to give support to patients and families.
4. Transportation from home and hospitals will be provided to patients during chemotherapy and/or radiation treatments, if resources are available.
5. Meal preparation will be provided if needed

B. The CS Group is committed to serve the cancer patients. However, in view of limited resources, the CS Group will serve them in the following priority:

1. patients and family members who attend to the monthly meeting regularly,
2. patients and family members who are church members,
3. patients and family members who are referred by our congregants, and
4. patients and family members who are referred by others.

C. The CS group will primarily offer visits to patients who live in Richmond Hill and Markham.

- D. In order to encourage the patients to expand their supporting network through relatives and friends, the CS group will assist in transportation and meal preparation according to resource available.

Volunteers' Qualifications and Guideline

General Principles

1. Qualifications of All Volunteers

- a. Adhere to RHCCC's Plan to Protect – Policies and Guidelines for Staff & Volunteers Working with Vulnerable Adults.
- b. Should be a member of RHCCC and a mature Christian.
- c. Rely on God and draw strengths from Him to care for the patients.
- d. Provide services for people of the same gender (preferable).
- e. Have a genuine heart for patients and be able to accommodate the difficulties and sufferings of the patients.

2. Restricted Activities

- a. Should not be involved in any type of sales activities, such as but not limited to alternative medicine or herbal supplements.
- b. Should not be engaging in any activities that have conflicts of interest.
- c. Should not accept any money or gift from the patient/family member.

3. Termination

- a. For the benefit of the patient/family member, the quality of the caring services, CS group core committee may terminate a volunteer (such as caregiver, driver, or helper) who has violated this guideline or the "Plan to Protect" guideline at any time.
- b. Volunteer may terminate their supporting services with any personal reason at any time

Caregivers

A. Additional Qualifications of a Caregiver:

1. Have personal experience in dealing with cancer patients: being a cancer survivor, a family member, a close friend of the cancer patient or one trained with relevant professional skills.
2. Be an attentive listener.

B. Caring Principles

1. Provide peer support to patients and their family in facing life challenges

2. Avoid giving instruction or advice to the patients/family member.
3. Should respect the decision made by the patient/family member and his/her care should not be affected by the decision of the patient/family member.
4. Should respect the privacy and the life of the patients/family member and should only contact them at the appropriate time and at the appropriate frequency.
5. Information regarding the patients and their families is considered private and confidential. Information cannot be disclosed to anyone except prior consent from the patients/family members is provided. If the patients/family members require further support, information can be released to the pastor-in-charge of CS Group, caring coordinator, and the assigned care givers in order to facilitate those specific needs.
6. If the caregiver suspects any physical, emotional, health or safety concerns regarding the patients, the caregiver should recommend the patient/family member to seek professional help, such as a medical doctor or a trained counselor. Caregiver should report to CS coordinator or pastor-in-charge of CS Group when necessary.
7. If the patients need help in driving or meal preparation, the caregiver should check with the CS coordinator the availability of the resources before making commitments.

C. Supervision of the Caregivers

1. Caregivers should report to the Caring coordinator and the pastor-in-charge of CS Group.
2. The patient/family member to be cared for by the caregiver is either assigned by the Caring coordinator or taken up by the caregiver voluntarily with the approval of Caring coordinator or CS coordinator.
3. The caregiver is required to give general update of the patient/family member to the Caring coordinator regularly.
4. If the caregiver encounters any problem during the caring process, he/she will report to the Caring coordinator, responsible deacon or the pastor-in-charge of CS Group accordingly.

D. The term of services is one year minimum.

Drivers

A. Additional Qualifications of a Driver

1. Must hold valid driving license of Ontario, valid auto insurance and be able to drive comfortably between patients' homes and destinations.

B. Driving Principles

1. Typically, the driver will drive patients from their home to the destinations for treatments or medical appointment, preferably accompanied by family member or friend.

2. The driver should always arrive on time to ensure to meet the appointment on time.
3. The driver should be sensitive to the physical and spiritual conditions of the patient when starting a conversation - Sometimes the patient just wants to take a rest.
4. The driver should respect the patient and his privacy in the same manner as mentioned above under the Caring Principles contained under section B, 2, (d) to (g)

C. Supervision of the Drivers

1. The driver should report to CS coordinator
2. If the driver encounters any problem during transportation process, he/she will report to the Caring coordinator or responsible deacon accordingly.
3. The term of services is one year minimum

Meal Preparation

A. Specific Qualifications for Helpers in Meal Preparation

1. Possesses good cooking skills and the knowledge of nutritious diet for cancer patients.
2. Able to drive and deliver the food to the patient.

B. Guideline

1. Typically, CS Group will help to prepare meals for patients in Richmond Hill and Markham as needed.
2. Helper for meal preparation should respect the patient and his privacy in the same manner as mentioned above under the Caring Principles contained under section B, 2, (d) to (g)

C. Supervision of helper

1. The helper should report to CS coordinator.
2. The term of services is one year minimum.

CS Coordinator

1. Facilitate the monthly CS Group meeting including arranging speakers and volunteers' coordination.
2. Chair CS core group meetings.
3. Report to pastor-in-charge of the CS Group.
4. To oversee the assignment of appropriate driver and meal preparation helper according to the patient's needs.
5. Submit expenses reimbursement records to responsible deacon on behalf of the CS Group volunteers.

Caring Coordinator

1. In consultation with CS coordinator and pastor-in-charge of CS Group to match an appropriate volunteer with the patient.
2. Report to CS Group core committee when necessary.
3. Support caregivers in order to provide proper care to the patients.

Financial Matters

- A.** The driver is entitled to claim mileage reimbursement according to RHCCC's standard practice. Submission for reimbursement should be submitted to CS coordinator in the following situations:
- i. The duty is assigned by the CS coordinator.
 - ii. The purpose of trips is for chemotherapy, radiation therapy or doctor's appointment.
 - iii. Hospital/home visit to the assigned patients.
- a. In general, the patient is expected to pay the on-site parking charges.
 - b. The meal preparation helper is entitled to an allowance of \$10 per meal prepared for the patient.
 - c. CS service is offered out of the love of Christ. However, if the patients/family members want to show their appreciation through offering, volunteers are encouraged to direct them to mail in the donation cheque payable to RHCCC directly to church office. Offering receipts will be issued by end of February of the following year.

Community Resources

York Region CCAC

Website: <http://www.yorkregion.ccac-ont.ca>

1100 Gorham St. - Unit 1
Newmarket, Ontario, L3Y 8Y8
Tel: (905) 895-1240
Toll-free: 1-(888) 470-CCAC (2222)

Community Care Access Centers (CCACs) provide a single point of access of health care and personal support services, helping people to live independently in their homes. Assisting people of all ages and cultures, whatever the diagnosis, CCAC coordinates to deliver a full-range of in-home and community-based services to support clients and their caregivers.

CHATS

Website: <http://www.chats.on.ca/>
126 Wellington Street West, Suite 103,
Aurora, Ontario
L4G 2N9
Phone: (905) 713-6596
Toll-free: 1-877-452-4287

CHATS is a not-for-profit community organization dedicated to meeting the needs of seniors and their families. It exists to improve the quality of life for seniors who choose an independent lifestyle in Markham and York Region.

Canadian Cancer Society South York Region Unit

30 East Beaver Creek Road, Suite 100
Richmond Hill, Ontario
L4B 1J2
Phone: (905) 709-4978
Toll-free: 1 866-889-2345
Multilingual line: 1-888-939-3333

The Society offers free transportation services to cancer patients travelling back and forth between home, hospitals and follow-up clinic.

For more information of community resources, please refer to www.cancersupport.ca

3.2 Community Health Ministry

Vision

Representing RHCCC, as a church of love, through Community Health Ministry, Parish Nurses and members will contribute to providing holistic care by linking faith and health at church and in the community. They blend spiritual care with their professional nursing expertise in delivering confidential health counsel, health education, advocacy and connection to community resources and congregational support network.

Mission

- ❖ To live out the church's vision of "Care for the Sick" and "Assist the Poor".
- ❖ To strengthen the existing ministries of the church, such as Cancer Support Group, hospital and home visits, Golden Age Center and wellness seminars.
- ❖ To support pastors as they counsel people on health care concerns.
- ❖ To extend outreach of local church to the community.
- ❖ To increase in social responsibilities – in effect, being the hands and feet so that the poor, sick, oppressed and imprisoned can experience Jesus as the Good News.

Purposes

- ❖ To provide a holistic ministry to congregation through health promotion and healing by pointing people to Jesus as the Great Physician, connecting people to community resources and advocating health education.
- ❖ To offer compassions and care through a Christ-centered Registered Nurse
- ❖ To promote physical, psychological and spiritual well-being through health education, health counseling, volunteer training and organizing support groups.
- ❖ To promote ministry healing to those who seek to be whole in body, mind and soul.

Target Group

- ❖ Members of RHCCC and regular attendees
- ❖ Churched and the "Unchurched" of the community

Requirements for Parish Nurse

- ❖ Licensed Registered Nurse
- ❖ Has completed 3 levels of Parish Nurse Continuous Educational Programs and the required clinical hours as well as a mentoring program.
- ❖ Demonstrates a willingness to commit to holistic health and healing ministry.
- ❖ Demonstrates a willingness to provide support, guidance and encouragement to pastors and laity in order to build a loving and caring community

- ❖ Practices confidentiality and professional standards.
- ❖ Demonstrates organizational, communication, interpersonal and relationship building skills.
- ❖ Motivated to grow personally and professionally.
- ❖ Being an active member in good standing at church.
- ❖ To be supervised by the church's designated pastors of the Caring Ministry.

Strategies

Confidential health counsel, health education, advocacy and connection to community resources and congregational support network

Promotion of spirituality – educates parishioners to optimize healing resources of the church such as worship, sacraments, fellowship, services and outreach etc

- ❖ To organize health and wellness seminars for various age groups and communities.
- ❖ To connect people to appropriate health care and community resources.
- ❖ To perform hospital and home visits
- ❖ To clarify health concerns and act as an advocate for parishioners on health-related issues/problems.
- ❖ To recruit, train, and support volunteers to complement existing health care services.
- ❖ To listen, counsel and pray with people and to introduce people to the support groups.

3.3 Friends of Jabez – Single Ministry

Vision

Unmarried people, like other individuals, are God's creation and have special purposes in life. God has given unique gifts and resources to them. The ministry aims to provide an environment in which they can experience fullness in life while utilizing the gifts and resources for the extension of God's kingdom.

Mission Statement

- ❖ To organize and mobilize Christians who are single in status to live out Purpose-Driven Life
- ❖ To build their capacity to grow and mature in Christ, expanding their horizon and discovering their potentials, using their gifts in the following areas:
 - ✓ Discipleship
 - ✓ Church ministry
 - ✓ Mission and evangelism
 - ✓ Community services
 - ✓ Personal relationship
 - ✓ Self enrichment

Objectives

- ❖ To provide mutual support and address the unique concerns of Christians who are single in status through such activities as seminars, retreats, interest groups and recreational activities.

Target Group

- ❖ Baptized Christians who are single in status both in RHCCC and other ACEM churches

3.4 Lay Counseling Ministry

Vision

- ❖ To make continuing efforts as a church of love in providing lay counselling services to members of the congregation on a biblical basis

Mission

- ❖ RHCCC will serve a place where the hurt, the depressed, the frustrated and the confused can find love in God, acceptance, hope, encouragement and strength to move on in life.

Purposes

- ❖ To build up one another by providing biblically based counseling
- ❖ To render peer support through care and prayer
- ❖ To support, guide and encourage brothers and sisters in times of difficulties so that they can be empowered by God's love to continue their life journey

Target Group

- ❖ Members of RHCCC and regular attendees

Principles

- ❖ A maximum of 12 no-fee counseling sessions per case
- ❖ All sessions will take place in the church
- ❖ The principal of confidentiality will be strictly adhered to
- ❖ All Lay Counselors are under the supervision of the church's designated pastors of Caring Ministry and licensed psychologists and counselors

Requirements for Lay Counselors

- ❖ Satisfactory completion of a six-month counseling training
- ❖ Demonstrates a compassion to witness God's love through sharing their life experiences with others
- ❖ Demonstrates a willingness to provide support, guidance and encouragement to brothers and sisters in order to build a loving community
- ❖ Demonstrates the ability to abide by the principle of confidentiality
- ❖ Agree to be supervised by and cooperate with the church's designated pastors of caring, licensed psychologists and counselors
- ❖ Agree to adhere to the provisions of 'A Plan to Protect' – Policies and Guidelines for Staff & Volunteers Working with Vulnerable Adults (see section 9)

3.5 Marriage and Family Ministry

Ministry Vision

- ❖ To uphold the kingdom vision in building a life-long, sacred marriage of one man and one woman.
- ❖ To communicate Christ to the world through witnesses of healthy and harmonious marriages.
- ❖ To encourage and facilitate married couples to focus concretely on marriage building and to develop strong and healthy relationships which cultivate individual and couple's growth in Christ.

Ministry Mission Statement

*“Blessed to be a Blessing, Life impacting Life,
Nurturing Strong and Healthy Marriages,
Building Good Marriages bonded on
Purpose-Driven and Missional Life.”*

Ministry Goals

A GOOD MARRIAGE TAKES A PROCESS

Growing a healthy marriage takes time and planning. Our process for growing healthy marriages involves learning, practicing and connecting.

- ❖ **LEARN:** Marriage classes are developed as a way to provide a basic understanding of the elements in building a strong marriage.
- ❖ **PRACTICE:** Marriage enrichment retreats, workshops and seminars are organized and geared towards developing skills to make values a reality in marriage.
- ❖ **CONNECT:** Small groups and connection with other couples. It is in connection with others that we grow personally and as a couple.

Ministry Strategies

1. Marriage Preparation Workshop

To help engaged couples to explore and learn how to build healthy marital relationships, God-centered families and harmonious marital lives.

2. Marriage Enrichment Retreat

To help couples to understand biblical truth on marriage and family, and practice how to build and live out God-Centered marriages.

To help couples to build healthy marriages through learning effective communication and conflict resolution skills as they walk together as a couple.

3. Marriage Ambassador Program

To inspire young couples to live out harmonious couple relationships through walking their marital journey with experienced couples in ways of sharing resources and relational experiences.

4. Marriage Enrichment Educational Courses, Workshops and Seminars

To equip and empower individuals or couples to focus on important aspects of both individual and couple growth in marriage and family.

5. Marriage Related Activities/Functions

To celebrate happy marital relationships through marriage celebration activities such as Valentine nights and marriage rededication.

Note: Couples who plan to invite RHCCC pastors to officiate their weddings have to go through both the Marriage Preparation Workshops and premarital counseling sessions.

3.6 Men's Ministry

Vision

- ❖ To provide a unique platform for men in church and their friends, which will service to encourage and assist with their life change and renewal in Christ.
- ❖ To educate and nourish men to become authentic godly people who love God and their families

Mission

- ❖ To build authentic and accountable friendship among brotherhood through such activities as workshops and small groups.
- ❖ To build trust and to cultivate growth together with integrity through caring and support among men.
- ❖ To cultivate and encourage men to apply biblical principles in real life, and in leading families and supporting church ministries in developing God's kingdom.

Activities

Meetings

- ❖ To arrange mid-size meetings other than small groups for all members.
- ❖ To arrange special workshops on specific topics unique to men's life, work and families.
- ❖ To arrange men's education series for authentic manhood.
- ❖ Once every two months, meet and discuss challenges that are faced by members in their personal, social, spiritual and family lives.

Small Groups

- ❖ To run monthly small group meetings.
- ❖ To discuss, share and support one another's life journey.
- ❖ To conduct group studies on specific men's issues according to biblical principles.

Retreat

- ❖ To organize retreats for men, for father and son, and for father and daughter.

Sunday School

- ❖ To arrange Sunday School classes that will teach and encourage men to live out biblical principles in real life situations and to pursue personal growth.

3.7 Prayer Ministry

Vision

To develop RHCCC into a church of prayers

Objective

Personal Level:

- ❖ To saturate prayers into every aspect of individual and corporate life of the church, and to value spiritual growth of believers.

Corporate Level:

- ❖ To cultivate people to align themselves to the purpose and power of God through prayers and to live a Christ-Centered life by allowing God to reveal His will and fulfilling His plan through their prayer lives as an individual and as a corporate body of Christ.

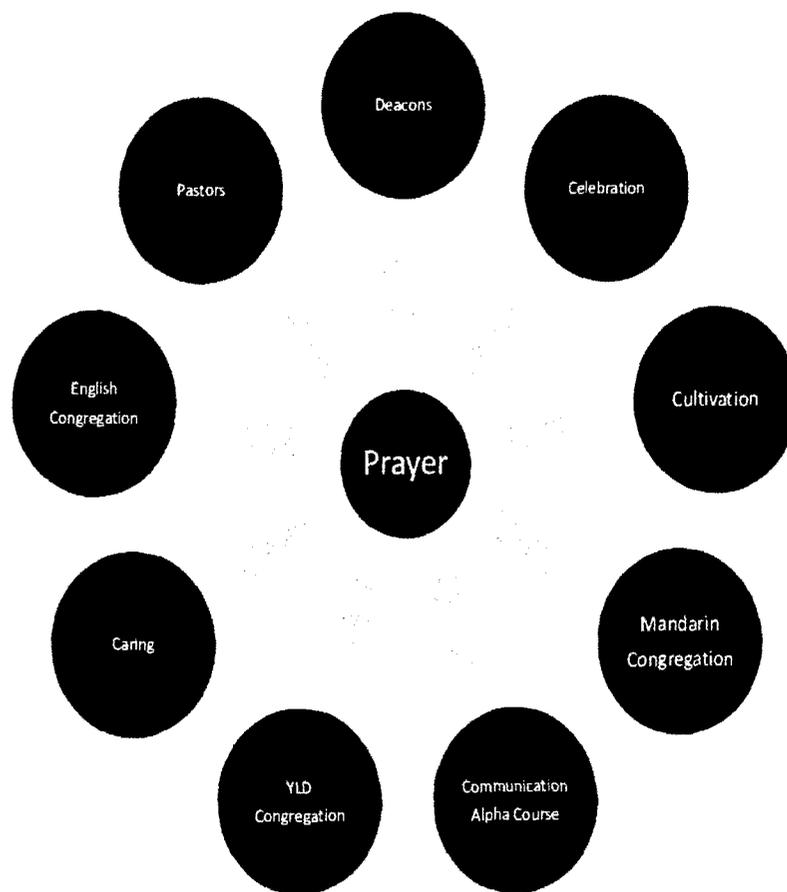
Ministry Level:

- ❖ To encourage people to seek God and see prayer as a way of life, permeating every ministry through prayer partnering, ministry prayer chains, crisis prayer team, and prayer station.

Development:

- ❖ To lead, to teach, to train, and to mobilize people to pray, through organizing prayer meetings, programs or prayer-related activities.

Church of Prayer (diagram)



Prayer Committee / Committee Role and Focus

A. Committee Structure

Roles and Responsibilities of Members of the Prayer Ministry Committee:

1. Senior Pastor

- ❖ Vision casting and direction determination for the ministry and the church.

2. Celebration Pastor

- ❖ To link worship and prayer
- ❖ To cultivate a celebrative atmosphere through worship in the prayer meeting

3. Ministry Pastor (Pastor of Prayer)

- ❖ To oversee the prayer ministry
- ❖ Liaison with pastoral team, church leaders (ECB, deacons, etc), congregation (Cantonese, Mandarin, English, and YLD) and ministry groups (5C)
- ❖ To ensure that prayer is mobilized and integrated into every ministry of the church
- ❖ To lead and organize corporate prayer meetings (including collection of prayer requests - in-house requests, missionaries and world issues)
- ❖ Liaison with other churches/organizations relating to prayer matters

4. Prayer Coordinator

- ❖ To collect and distribute prayer items to corresponding contact groups (see diagram) through such channels as RHCCC web site and prayer communication network (email notification)
- ❖ To maintain communication between committee and praying leaders/intercessors
- ❖ To coordinate with sub-groups within prayer ministry (prayer station administration, crisis praying team etc.)
- ❖ To co-ordinate with other ministries within RHCCC (DNA, Communication, Care)
- ❖ Periodically update prayer warriors' personal information and reconfirm their commitment to serve.

5. Recruiting Team

- ❖ To identify passionate praying people who are willing to pray and serve in prayer ministry
- ❖ To assist in developing prayer chains, prayer stations and crisis praying teams etc.
- ❖ To collect answered prayers and encourage/arrange public witnessing and testimonies.

6. Teaching and Training Team

- ❖ To organize seminars/workshops to promote the essence of prayers and emphasize the discipline of prayer, scripture reading, worship and fellowship with other believers in building a mature Christian life.
- ❖ To equip intercessors and congregants through Sunday School teaching, workshops and others
- ❖ To help to plan and organize special praying events in church, such as prayer conferences, workshops, Global Praying Day etc.
- ❖ To organize prayer warrior huddling to provide support, care and prayers for needs among intercessors

7. Resource Team

- ❖ To create a praying resource through sourcing of prayer books, materials, and external/internal web information. Information can be forwarded to the Prayer Coordinator for appropriate distribution
- ❖ To set up prayer rooms in church

B. Recruitment of Prayer Leaders

Requirements for Prayer Leaders

- ❖ Spiritual maturity in Christ with strong devotional life
- ❖ Having passion to pray and seek God as a community (corporate prayer meeting) is a priority in their lives
- ❖ Able to model prayers for others
- ❖ RHCCC members (or in process of becoming a member) or
- ❖ Regular attendees of RHCCC for a minimum of 6 months
- ❖ Adhering to “A Plan to Protect” Policies and Guidelines for Staff and Volunteers working with Vulnerable Adults.

3.8 rConnect - Welcome Ministry

Vision

To carry out the Great Commandment and the Great Commission by:

- ❖ sharing the Gospel and bringing people to Christ
- ❖ helping newcomers to connect with the church community
- ❖ introducing people to appropriate church ministries which meet with their individual circumstances and needs

Objectives

Representing the church to

- ❖ visit and welcome newcomers
- ❖ visit and evangelize to non-believers
- ❖ visit the unchurched believers and connect them to fellowships and small groups, and ministries of the church
- ❖ identify and refer individuals and/or family with special need to appropriate resources at RHCCC

Strategies

For non-believers

- ❖ Visit them and present the Gospel
- ❖ If the person is converted, refer him/her to Cultivation Ministry to follow-up
- ❖ Encourage the person to attend Sunday School Seeker Class - “From Doubt to Believe”

For newcomer believers

- ❖ Visit and understand their situation
- ❖ Help them familiarize with RHCCC to the newcomers
- ❖ Channel them to fellowships and small groups under Cultivation ministry

For irregular churched believers

- ❖ Visit and understand their situation
- ❖ Encourage them to come to church on a regular basis
- ❖ Channel them to fellowships and small groups under Cultivation ministry

Caring For special need

- ❖ Identify the special circumstances and needs of individuals and/or families
- ❖ Channel them to appropriate church ministries for support and assistance

Activities

- ❖ Contact and arrange appointments with potential candidates for the visitation team
- ❖ Visiting candidates on every 2nd and 4th Wednesday evening of the month
- ❖ Tele-Care volunteers make phone calls from Church office on every 2nd and 4th Wednesday of the month

3.9 Senior Ministry

Vision

- ❖ Through encouragement, guidance, care and evangelism, the Senior may appreciate God's loving care in their lives, experience life transformation and live in faith

Objectives

- ❖ To share the Gospel with the Senior and bring them to Christ
- ❖ To guide them to appreciate God's loving care in their lives and to live a life transformed by God.
- ❖ To provide worship services for the Senior in long-term care services and at church
- ❖ To nurture the Senior to live in faith

Strategies

- ❖ To provide emotional, social and spiritual support to the senior through such activities as Saturday worship, Sunday Bible studies, evangelistic meetings and wellness seminars, either offsite, in the senior home or at RHCCC through the Golden-age Center services.

Activities

- 1) Assist in community senior programs and senior home activities
 - a) Yee Hong Senior Program
 - ❖ Organize worship service at Yee Hong once every 4th Saturday at the Midland & McNicoll location
 - ❖ Support Yee Hong Center in geriatric care, and subsidize and provide venues for Yee Hong's senior day programs at RHCCC
 - ❖ Assist in the Day program to the Senior on 2nd Tuesday and Wednesday of the month at RHCCC
 - ❖ Assist Yee Hong Center to organize New Year celebrations in order to share the Gospel to the senior.

b) Mon Sheong Service

- ❖ Saturday service is held every week at the Yonge and Elgin Mills location
- ❖ Bible Study is conducted every Sunday at the Yonge and Elgin Mills location

2) Organize evangelistic meetings twice a year for the Senior

3) Visitation (mainly for seniors who are in needs in hospitals and senior home)

3.10 Ruth Support Group – Single Parent Ministry

Vision

- ❖ By God's grace and through mutual support, single mothers can experience love and life renewal in Jesus Christ and they can grow spiritually and intellectually.

Mission Statement

Help members to:

- ❖ have a deeper understanding of God and develop an intimate relationship with Him.
- ❖ overcome life challenges by seeking His strength and walking closely with Him
- ❖ build a strong support network

Objectives

Help members to:

- ❖ develop and uphold a positive attitude in a Christ-centered life, founded on biblical truth
- ❖ overcome life challenges and be empowered through spiritual disciplines, such as devotions and prayers
- ❖ grow and mature in Christ together through interceding, encouraging and supporting one another in Christ

Target Group

- ❖ Single mothers, including separated, divorced, widowed, and those whose husband are consistently overseas
- ❖ Believers or seekers are included

Activities

- ❖ Monthly meetings – to examine and explore the meaning and direction of life through sharing and support.
- ❖ Workshops and small groups – building life that embrace personal, relational and spiritual growth.
- ❖ Child-care services provided during meetings.

3.11 SPECIAL Needs Ministry (Special Parents Exalting Christ's Infinite A amazing Love)

Purpose

- ❖ To welcome families with special needs children to join our church and to share the joy of living a life of purpose in the love and grace of our Lord Jesus Christ.

Mission

- ❖ To help children and youth with special needs to reach their full potential in knowing and experiencing God and in fellowship with their teachers, caregivers and other people in our church.
- ❖
- ❖ To support these families when they face life challenges in the upbringing of their children by having a close personal relationship with God.
- ❖
- ❖ To foster a loving environment in our church by increasing the awareness of people with special needs and by providing ministry opportunities for brothers and sisters in Christ to show acceptance and care to these families.

Ministries

- ❖ Programs and services for Children and Youth with special needs:
 - ✓ Regular Children's Church / Youth Worship with one-on-one support, *Sundays, 9:45 – 11:00 am*
 - ✓ Special Sunday School with curriculum and activities based on their level of understanding and needs, *Sundays, 11:30 am – 12:30 pm*
- ❖ Activities concurrent to Parent Support Group meetings

SPECIAL (Special Parents Exalting Christ's Infinite A amazing Love) Parent Support Group, *every 3rd Saturday, 4:00 to 6:00 pm*

- ✓ to provide spiritual nourishment and encouragement.
 - ✓ to allow parents to connect and build relationships with other families going through similar challenges.
 - ✓ networking and sharing of resources.
 - ✓ informational and educational activities related to special needs issues.
- ❖ Support Groups for Siblings

3.12 SPRING Program

SPRING stands for Single Parent-&-Kids Renewed IN God. The purpose of the ministry is to bring healing and hope to parents and children from divorced or bereaved families. There are two parts of this ministry, namely the SPRING Program and the SPRING Support Group.

The ***SPRING Program*** runs a 1.5 hour session every Tuesday, consecutively for 14 weeks, from mid-September to mid-December. The objectives of the program are:

- ❖ To provide a place where we can support and encourage children who are struggling with family crises, such as divorce or bereavement.
- ❖ To guide children into a relationship with God, knowing that God loves them, and to teach them to value prayer and Scripture as resources.
- ❖ To help them to come to an acceptance of what has happened in their family situation and to develop understanding or support in the family.
- ❖ To furnish them with an understanding of the grieving process so as to equip them with the abilities to identify and manage emotions caused by grief.

The ***SPRING Support Group*** is a follow-up program that supports children or youths who have completed the SPRING Program. It is organized in the format of a small group, guided by a number of mature Christians who have the passion to love and care for children from single-parent families. The objectives of the program are:

- ❖ To provide care and support to children or youths who undergo the challenges of their family crisis.
- ❖ To foster in these children or youths positive character building, life building experience and spiritual growth in Christ.
- ❖ To provide positive role-modeling, motivation and encouragement through their relationships with the group leaders.
- ❖ To build a peer support group among children or youths with family crisis through deep sharing and mutual love or care.

4 BENEVOLENCE

4.1 Philosophy

- ❖ Through financial support, the church family expresses love to brothers and sisters who are in crisis situations.

4.2 Biblical Basis

- ❖ The Bible teaches us to assist the poor and people who are in crisis. (Deut 15:7-8; Lev 25:35) Assistance should be rendered when church leaders identify genuine financial needs.

4.3 Eligibility

- ❖ Potential recipients are not required to exhaust all sources of asset, income or assistance in order to be qualified. They are not required to disclose their income in order to receive the benevolence fund.
- ❖ Applications will be processed on a first-come-first-serve basis. The applicant must be:
 - ✓ a member of RHCCC
 - ✓ attending RHCCC for at least 6 months
 - ✓ with critical illness or in crisis situation
 - ✓ references from church leaders are required

4.4 Church Policy

- ❖ Anonymity should always be maintained
- ❖ The Benevolence Committee comprising of members from each congregation and its pastoral team should initiate, confirm and verify the genuine needs of the individual or family in a private and confidential manner.
- ❖ Areas of consideration when assessing the needs of the individual:
 - ✓ his/her sources of income and ability to earn
 - ✓ assistance from other parties (i.e. family members, government subsidy)
 - ✓ severity and duration of the crisis (i.e. temporary vs. long term)
 - ✓ number of dependants that he/she needs to support
- ❖ A maximum of 6 months' support can be provided. In the case of critical illness, the committee can arrange an advance lump sum to a maximum of 3 months' support.

In case of financial crisis:

Maximum Single	\$ 400/month
Couple	\$ 700/month
Junior (13+)	\$ 300/month
Child (12 & under)	\$ 180/month

In case of emergency crisis:

Death or critical sickness of an immediate family where financial support is needed, a maximum amount of \$2400 can be offered.

4.5 Application Procedure

- ❖ Deacons or pastors, who are responsible for individual ministries, can propose and submit names of recipients for the Benevolence Fund to either the Senior Associate Pastor or the assigned Caring Deacon of each congregation.
- ❖ The applicant is required to complete two forms:
 - ✓ Application Form (white form), indicating the name of the recipient, source of referral, reasons for support, amount required and number of people to be supported.
 - ✓ Payment Requisition Form with the legal name of the recipient
- ❖ The Senior Associate Pastor and the assigned Caring Deacon of each congregation will review and approve/decline the application.
- ❖ The assigned Caring Deacon will keep the Application Form for monitoring purpose e.g. duration for support. The Treasurer of the church will use the Payment Requisition Form to issue the cheque.
- ❖ A standard letter and the Benevolence cheque will be given to the recipient. The letter will express the love and care from the church family to the recipient.
- ❖ Pastors/Deacons of individual ministries will review and re-assess the financial needs of recipients before a decision to continue or terminate support is made.

4.6 Global Relief Efforts

- ❖ The Benevolence Committee of the Richmond Hill Chinese Community Church (RHCCC) will extend our assistance to relief organizations that can testify for Gospel alongside with missionaries in situations of natural disasters such as famine, flood, earthquake, war and hurricane.
- ❖ The committee will initiate any immediate relief donations and seek approval from the Executive Church Board (ECB) prior to disbursement of funds. The following organizations are primary partners for implementing relief programs.
 - ✓ Partner International
 - ✓ Send International
 - ✓ World Relief
 - ✓ World Vision and
 - ✓ Red Cross International
- ❖ All Caring Pastors should take note for global crisis and discuss among one another to make recommendations, including the amount and partner agency to all Caring Deacons so that appropriate proposals for approval can be made in the meeting of ECB.

4.7 Local Relief

- ❖ The Benevolence Committee will research and make recommendations to ECB.

4.8 The Benevolence Committee

- ❖ The committee will report and recommend to ECB for more rigorous fund raising when the balance falls below the minimum of \$5000.
- ❖ Any fund-raising has to be approved by ECB.
- ❖ The term of service is one year renewable by the approval of the ECB. A minimum of two members from each congregation will be maintained.
- ❖ This policy and its member list will be updated and recommended in October every year at the ECB after deacon election. The committee member will be nominated and approved by ECB in the normal motion and approval process.

5 ACTS TOGETHER

5.1 General Guidelines

As a result of global economic crises, some brothers and sisters in the church family have to face unemployment and/or other incidental difficulties. With conviction on the Biblical mandate of loving and helping one another, RHCCC has established the “*Acts Together*” program to offer assistance to those who are in need in these circumstances.

Pastors, deacons, and ministry, fellowship and small group leaders are encouraged to observe the following, which may arise from the crises:

1. Identify any congregant, fellowship or small group member, who themselves or their immediate family members (spouse, child or dependent parent) have lost his/her job and are in need of spiritual, emotional or financial assistance.
2. With the consent of the congregant, fellowship or small group members, and/or their family members, notify their respective pastor/deacon, who will in turn arrange a home visit to identify their needs, and offer encouragement and help to the individual, as appropriate.
3. When financial assistance is required, please seek advice from pastors/deacons. Leaders are not advised to initiate any open fund-raising activity under any circumstances.
4. Be sensitive to their financial needs and refrain from organizing group events that may add to their financial burden.
5. Use the Scripture to build up and encourage one another. Remember one another in prayer.

“Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. ⁷And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.”
(*Philippians 4:6-7*)

5.2 Important Notes for Pastors and Deacons

“Acts Together” is **not a professional service, but a cooperative ministry of love**. Therefore, we encourage all Deacons and Pastoral Staff to involve fellowship/small group leaders/fellowship members to care for the brothers and sisters in need.

Before opening a new file for a brother/sister in need, check with the following pastors to avoid duplication:

- Cantonese congregation – Pastor Gloria
- English congregation – Pastor Ming
- Mandarin congregation – Pastor Steven

There will be 4 forms available for completion, as applicable:

- i) **Acts Together Intake Form**
- ii) **Legal Support for Acts Together Intake Form**
- iii) **Finance and Credit Guidance for Acts Together Intake Form**
- iv) **Financial Assistance Application Form (Acts Together)**

Intake Forms

- ❖ In a home visit, identify yourself as the representative of RHCCC under Acts Together Ministry, bringing to the family care and love from the church and fellow brothers and sisters. You represent the church to care for them, pray with them and give encouragement to them.
- ❖ Since we are not case managers, please **do not fill out the Intake Form during the home visit or in front of the person(s) involved, including small group leaders and fellowship leaders.**
- ❖ Please **handle the Intake Form with care and confidentiality, since it contains private personal information.**
- ❖ If legal support and/or finance and credit guidance is required, you can ask the applicant to fill out the Legal Support Intake Form and/or Finance and Credit Guidance Intake Form. Ask the applicant to return the form to you directly after completion of all the data and information.
- ❖ **Send all Intake Forms to the designated pastor of your congregation for processing.** Send all Legal Support Intake Forms and Finance and Credit Guidance Intake Forms to Pastor Gloria for centralized processing.

Financial Assistance

- ❖ **When asked to provide financial assistance, please do not mention any dollar or reference amount or make any commitment to the applicant** in the home visit. You can advise the applicant that the situation will be reviewed by the Benevolence Committee. This is to help to keep the maximum benevolence

confidential and keep yourself as an impartial party in regard to granting financial assistance.

- ❖ In applying for financial assistance on behalf of the applicant, you can apply for any amount below the maximum based on the situation. Please **complete the Financial Assistance Application Form clearly and send to the designated pastor of your congregation.**
- ❖ Once the Benevolence cheque is ready, if the situation allows, present the cheque to the applicant, together with the small group leader/fellowship member and pray with him/her. Do not disclose to the small group leader/fellowship leader the amount of Financial Assistance from church.
- ❖ Let the applicant know that the money is a token of love from the church and the amount should not be revealed to others since each situation is different.

5.3 Financial Assistance - Supplementary Guidelines

A. Eligibility for application:

- ❖ A registered member of RHCCC,
- ❖ An immediate family member of a registered member of RHCCC. Immediate family member is defined as spouse, son, daughter or parent, or
- ❖ A regular attendee of RHCCC for at least 6 months, or
- ❖ Any person as recommended by the Acts Together Committee

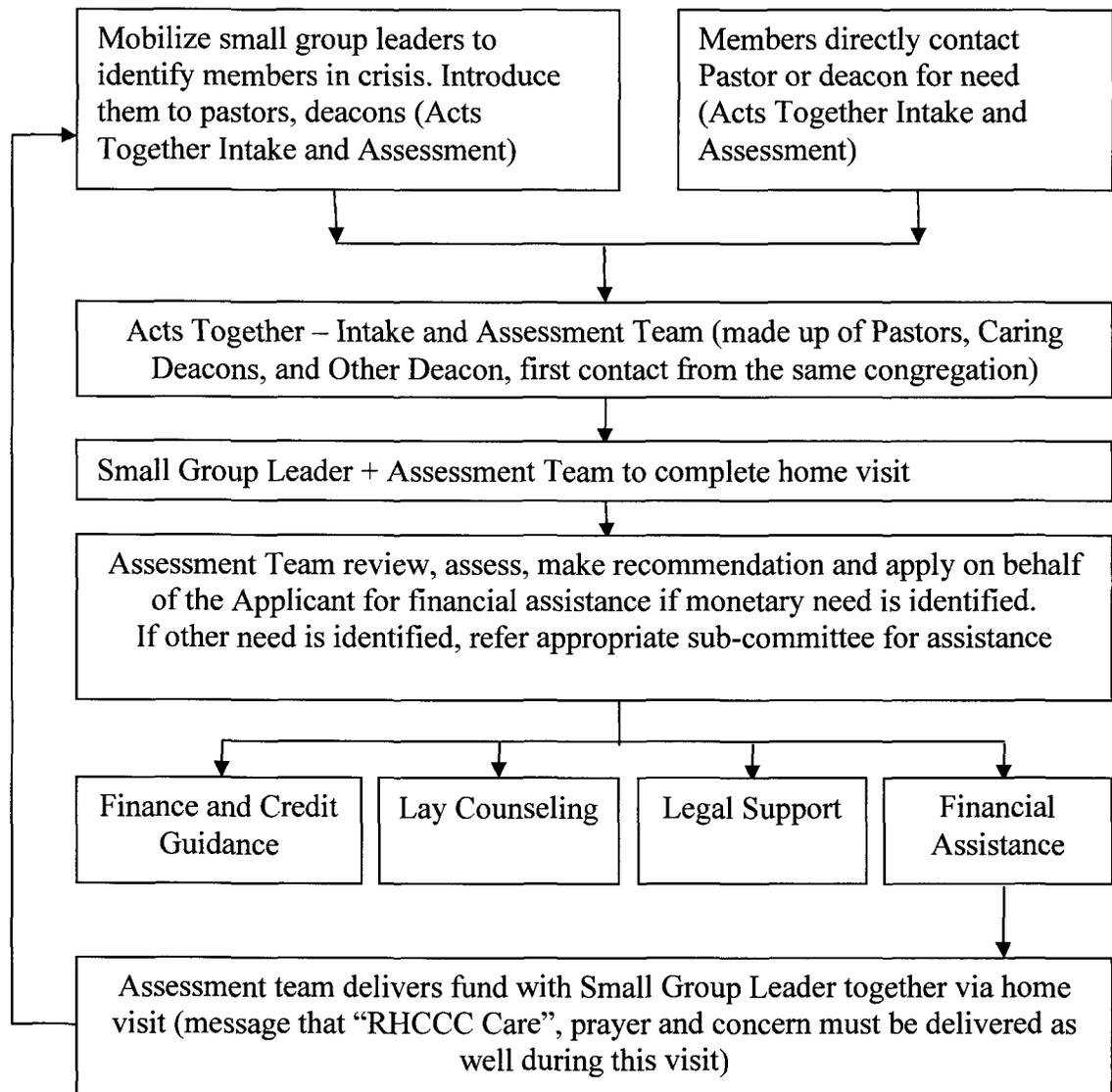
Existing deacons and staff of RHCCC and their immediate family members are not eligible to apply.

B. Financial Assistance:

Single Adult	up to \$400/month
Couple	up to \$700/month
Junior (13+)	up to \$300/month
Child (13 or under)	up to \$180/month
Dependent parent (same household)	up to \$150/month

- ❖ The above amounts of assistance are for internal reference only and may be changed at any time without notice as determined by the Benevolence Committee in consultation with the Acts Together Committee. The final decision rests with the Benevolence Committee.
- ❖ All applications for “Acts Together” financial assistance will be reviewed by the Benevolence Committee, with recommendation and assistance from the “Acts Together” Intake & Assessment Team.
- ❖ The total financial assistance amount is subject to a maximum of \$1,600 per month for each family, and up to a maximum of 3 months’ assistance.
- ❖ Regarding requests for further assistance, under special circumstances, after 3 months’ assistance, the case will be re-assessed and recommended by the Intake & Assessment Team and then referred to the Benevolence Committee for further review and approval.
- ❖ Amount of assistance and any of the above guidelines is subject to change or termination at any time as determined by the Acts Together Committee at its discretion without notice.

5.4 Acts Together - Flow of Application



5.5 Acts Together – Intake Form



**RICHMOND HILL CHRISTIAN COMMUNITY CHURCH
ACTS TOGETHER – INTAKE FORM**

Intake Person:	Referred by: <input type="checkbox"/> Small Group Leader:	<input type="checkbox"/> Fellowship/LTG:	<input type="checkbox"/> Pastor/Deacon:
Applicant Last Name:	First Name:	Initial:	
Address:			
Email:	Home Phone:	Cell Phone:	
Congregation/Language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Other			
Applicant is: <input type="checkbox"/> RHCCC member <input type="checkbox"/> Immediate family of RHCCC member _____ <input type="checkbox"/> Regular Attendee of RHCCC , confirm attending by _____ <input type="checkbox"/> As recommended by _____ <small>(see below note)</small>			
Home Visit Date:	Visiting Team Member:	Visiting Team Member:	
Assessment and Notes:			
Recommendation: <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Finance and Credit Guidance <input type="checkbox"/> Lay Counseling <input type="checkbox"/> Legal Support <input type="checkbox"/> Marketplace Networking Group <input type="checkbox"/> Other		Action Taken: <input type="checkbox"/> To apply for Financial Assistance _____ <input type="checkbox"/> Refer to Finance and Credit Guidance _____ <input type="checkbox"/> Refer to Lay Counseling _____ <input type="checkbox"/> Refer to Legal Support _____ <input type="checkbox"/> Refer to Marketplace Team _____ <input type="checkbox"/> Other _____	
Family Composition :			
Single: _____ Couple: _____ Junior (13+): _____ Child (0-12): _____ Depending Parent _____			
<small>All information to be handled in a strict confidential manner</small>			
Date:	Signed by Intake person:		
For use by Benevolence Committee:			Date:
Financial Assistance granted: _____ /mth			Period of Assistance: _____
Follow Up and Review:			

5.6 Finance and Credit Guidance for Acts Together – Intake Form

This form is to be filled out by me requesting Finance and Credit Guidance from a fellow brother or sister in Accountant to help provide me with summary finance and credit guidance on terms set out below.

ACKNOWLEDGEMENT & WAIVER: I acknowledge that the finance and credit guidance provided is by way of consultation and summary guidance simply as a fellow brother and sister in Christ and NOT in the volunteer's professional capacity. Such guidance is provided free of charge. RHCCC and the volunteer expressly **DISCLAIM** any liability whatsoever and howsoever arising **SAVE** for gross negligence or wilful default. I expressly acknowledge such disclaimer and in consideration of the free services being provided, hereby **WAIVE** any rights, remedies and claims that I have or may have against RHCCC and the volunteer providing finance and credit guidance to me.

My Initial: _____

Section A: Basic information

Date:	Referred by:	
Last Name:	First Name:	Initial:
Address: _____ _____		
Email: _____ Fax: _____		
Occupation: _____		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other: _____		

Is it okay to send mail to this address? Yes No

If no, alternate address for mail: _____

Phone #: (h:) _____ (w:) _____ (c:) _____

Is it okay to leave messages at both of these numbers? Yes No

If no, alternate phone number: _____

Contact information for family (if appropriate): _____

Contact Person: _____

Type of Finance and Credit Issue(s):

- Budgeting Tax advice on retirement package
 Credit & Loan consolidation Financial Management
 Other: _____

6 A PLAN TO PROTECT

A protection plan developed to provide a safe and secure environment for all adults participating in RHCCC's programs. This policy should be adhered by all staffs and volunteers working with vulnerable adults.



‘A Plan To Protect’

Policies and Guidelines

for Staff & Volunteers

Working with Vulnerable Adults

May 5, 2011

Table of Contents

Introduction	50
Understanding Types of Abuse	51
Symptoms of Abuse.....	52
Vulnerable Adult Protection Procedures	53
Program Supervision Guidelines	54
Health and Safety Guidelines	55
Proper Display of Affection.....	56
Special Events and Overnight Policies	57
Staffing Policies	58
Recruitment of New Staff and Volunteers.....	59
Existing Staff and Volunteers	60
Vulnerable Sector Screening	61
Incident Reporting Procedures	62
Reporting	63
Whom to Report to?.....	64
How to Respond?.....	64
Practice Guide Flow Chart.....	65
What the Church Should Do?	66
Church Response to Allegations of Abuse	66
Appendix	67
Appendix A – Volunteer Application Form	68
Appendix B – Vulnerable Adults Incident Report.....	72

Richmond Hill Christian Community Church (RHCCC) is an evangelical, multi-lingual, multi-generational, multi-cultural (3M) and life-development church striving to be a "Church for the Unchurched and the Committed."

RHCCC is committed to providing a safe and secure environment for all adults participating in our church programs. To achieve this, RHCCC

- adopts "A Plan to Protect" policy as defined in this document;
- offers training to all RHCCC staff and volunteers working with vulnerable adults about the required procedures and guidelines for maintaining a safe church environment; and
- monitors that the "Plan to Protect" policy, procedures and guidelines are observed by all church staff and volunteers.

The purpose of "A Plan to Protect" policy is four-fold:

1. Safeguarding vulnerable adults of our church and those enrolling into our church program, excluding the third party directed activities, from abuse.
2. Protecting the church staff and volunteer workers from potential allegations of mishandling/abusive situations.
3. Limiting the extent of legal risk and liability due to any such abuse.
4. Protecting the integrity of the ministry and the Church.

The policies and procedures enunciated in this document are based and developed from the "*A Plan to Protect Manual*" produced by The Pentecostal Assemblies of Canada in 1997. This document contains the key elements extracted and modified from the above-mentioned manual that RHCCC would like all its members to understand and observe. Four main areas are covered:

- Understanding Types of Abuse
- Vulnerable Adult Protection Policy
- Staffing Policies
- Incident Reporting Procedures

Definition of a Vulnerable Adult

The definitions of a Vulnerable Adult contained in this policy are:¹

- **Adults (age 18 or above) with diminished physical, mental or emotional capacities,**
- **Seniors with assisted living or special needs,**
- **Adults in our care receiving counseling and support services,**
- **Adults who are going through marital/family bereavement or other life crisis situations (See tables for details).**

¹September 2005 (2nd edition) Abuse Prevention Newsletter for churches and Christian Organizations (p. 7, questions #9), from our insurance company, Robertson Hall Insurance Inc.

Understanding Types of Abuse

“**Abuse** is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). The threat or use of punishment is also a form of abuse. In many cases, it is a criminal offence.”

Centre for Policy on Aging (1996)

Types of Abuse

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

Sexual abuse

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological/emotional abuse includes:

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

Neglect

- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Financial or material

- Including theft, fraud, misrepresentation, or pressure selling
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Symptoms of Abuse

Church workers and staff should be alert to the physical signs of abuse, as well as to behavioral and verbal signs that a victim may exhibit.

Physical signs may include:

- A history of unexplained falls or minor injuries
- Lacerations and bruises
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Difficulty in walking or sitting
- Clothing in poor condition
- Poor personal hygiene

Behavioral signs may include:

- Isolation
- Withdrawn, agitated, anxious not wanting to be touched
- Tearfulness
- Disturbed behavior e.g. depression, sudden withdrawal from activities, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person
- “Acting out” sexual behavior

Verbal signs may include the following statements:

- I don't like (*names a particular person*)
- (*Particular person*) does things to me when we're alone
- I don't like to be alone with (*particular person*)
- (*Particular person*) fooled around with me

Vulnerable Adult Protection Procedures

Program Supervision Guidelines

- **Adequate Supervisory Personnel** - Adequate supervisory personnel must be maintained in programs that involve vulnerable adults – not only during the program but also before and after the event.
- **Volunteer Identification** - All ministry volunteers working with the vulnerable adults must wear a nametag, which identifies them accordingly.
- **Open Doors** - When it is necessary that only one volunteer/church staff be in a closed room with a vulnerable adult, the door of that room should remain open, except in the case of rooms which have windows that will allow ministry supervisors to look in occasionally without interrupting the ministry process.
- **Supervisory Staff** - The supervisory staff should make regular visits to the program venue at church to make sure the ministry program is properly staffed and supervised. For supporting services outside of the church, staff and volunteers in positions of trust should be adequately supervised.

Health and Safety Guidelines

A. Emergencies

RHCCC workers are NOT to give or apply any medication. In case of sickness or emergencies, church staff/volunteer should notify family members of the vulnerable adult or by dispatching emergency assistance.

B. Procedures for Dealing with Cuts or Injuries Involving Blood

- Separate the injured vulnerable adult from the others. Isolate the area where any blood may have dropped on carpet, floor, etc. Apply first aid measures and notify family members.
- Put on latex gloves (available in the first-aid kit) and bandage the injury, avoiding contact with mouth, ears and eyes.
- Carefully wipe up all blood and bloody bandages.
- Any blood on the floor, etc. must be washed away using a disinfecting solution.
- Remove and properly dispose of latex gloves. Wash carefully with sterilizing soap.

C. Cleanliness

Regularly clean all surfaces, tables, chairs, trays, aprons, doors and carpets in the area.

Proper Display of Affection

A. Appropriate Touch

Love and caring can be expressed in the following appropriate ways, by:

- Bending down to the vulnerable adult's eye level and speaking kindly; listening to him or her carefully
- Taking a vulnerable adult's hand and leading him or her to an activity
- Putting an arm around the shoulder of a vulnerable adult who needs quieting or comforting.
- Taking both of the vulnerable adult's hands as you say, "You did such a good job!" (or "I'm so glad to see you. We've missed you!" etc.)
- Patting a vulnerable adult on the head, hand, shoulder or back to affirm him or her.
- Holding a vulnerable adult by the shoulders or hand to keep his or her attention while you redirect the vulnerable adult's behavior.

B. Inappropriate Behavior

Any inappropriate conduct or relationships between a volunteer worker and a vulnerable adult must be confronted immediately and investigated. The following must be avoided:

- Kissing a vulnerable adult, coaxing a vulnerable adult to kiss you, extended hugging and tickling.
- Being alone with a vulnerable adult except in cases where having one-on-one conversation is required such as over confidential issues, etc. as long as the open door/windowed door policy is observed.

C. Suspicious Behaviors

Any suspicious behaviors between a volunteer worker and a vulnerable adult must be confronted immediately and investigated. Prompt warnings must be issued, and the situation monitored closely. The volunteer's/worker's services should be terminated immediately for continued violation of Plan to Protect Guidelines.

➤ **Some conduct just deserves an initial comment – for example:**

A male volunteer worker massages the shoulders of one of the female vulnerable adults in the presence of others. The volunteer worker should be discretely pulled aside and told that the behavior falls outside of proper volunteer conduct.

➤ **Other conduct requires reporting – for example:**

A volunteer worker who influences the vulnerable adult into questionable financial activities needs to be reported immediately to the ministry pastoral team.

Special Events and Overnight Policies

Trips/Overnight Events and Special Events

- Activities conducted under the umbrella of the Church ministry but away from the church property should be pre-approved by the church leadership.
- Proper written consent and medical release forms are required for each vulnerable adult participating in trips and special events from guardians or family members or next of kin.
- All trips and outings must be supervised by a minimum of two approved, and preferably unrelated ministry leaders. All supervising adults must be volunteers who are in compliance with this policy.
- When the transporting of vulnerable adult is involved in an activity, all drivers must have a valid driver's license and current automobile insurance. The number of persons per car must never exceed the number of seat belts.

Staffing Policies

Recruitment of Staff & Volunteers for Regular Programs

To protect our vulnerable adults and to be protected from liability, the church *must* take reasonable action in screening and supervising the new staff members and volunteers involved in ministry services. The following procedures are adopted by the RHCCC:

1. **“Six Month” rule** - Volunteers will be permitted to work with vulnerable adults only after they have been adherents/members of *the RHCCC* for a period of six months. This gives the church an opportunity to evaluate applicants and volunteers, and will help to repel persons seeking immediate access to vulnerable adults.²
2. **Volunteer Application Form (Appendix A)** for serving in RHCCC must be submitted by all prospective staff or volunteers for positions involving ministry with vulnerable adults before interim approval is considered. The Ministry Application Form is critical in protecting the church from legal action if a case of abuse occurs in which a church volunteer is involved.
3. **Reference Check** - Three personal references are requested in accordance with the Volunteer Application Form. References that are acceptable are limited to the following:
 - Former pastor
 - RHCCC staff, pastoral staff or deacons
 - RHCCC members
 - Other personal reference (who has sufficient strength of relationship to comment on the individual’s personal habits and character and have know the volunteer for at least 1 year).
 - Employer

At least two of these references will be contacted and asked to affirm the appointment of the volunteer. The person making the contacts, the date, and a summary of the reference’s comments will all be recorded; this will become part of the volunteer’s file. (See Appendix)
4. **Volunteer Interviews** - An interview will be conducted by a **minimum of two ministry leaders**. The interview allows the ministry leaders to ask follow-up questions and to enhance their knowledge of the applicant in addition to the information provided in the Application Form. The information given in the interview will be retained on restricted access only.
5. **Vulnerable Sector Screening (VSS)** - A Vulnerable Sector Screening will be required for any approved volunteers or new staff who accept a regular and ongoing ministry position.³ All records will be placed in the volunteer’s file set up for that purpose in the administration office and will be considered confidential, accessible only by the church authorized staff. Any individual who will not submit to this procedure will be ineligible to be involved with vulnerable adults on behalf of the church.⁴ (For details, see page 61.)

² This provision may be waived where the person is transferring in from another church and has a letter of recommendation signed by the pastor of that church. (Apply to church staff only)

³ New approved volunteers or staff must submit the original copy of the VSS upon starting date of service.

⁴ The cost for any VSS’s requested by *RHCCC* will be borne by the church.

Existing Staff and Volunteers

To protect the church from legal liability and for the protection of all workers, similar procedures also apply to all existing staff and volunteers involved in working with vulnerable adults:

1. **The Ministry Application Form** – The form must be completed for all positions involving ministry with vulnerable adults. All workers will sign the Ministry Application Form, agreeing to comply with church policies and guidelines.
2. **Reference Check** – (Same procedures as those for prospective staff and volunteers)
3. **Vulnerable Sector Screening** - All active volunteers and paid staff will also submit a Vulnerable Sector Screening for their own protection and for the protection of the church - including ministerial staff, and volunteers. If any current volunteer has a criminal conviction or has pleaded guilty to sexual or child abuse, that individual must be sensitively relieved of any duties in working with vulnerable adults.
4. **Training** - All Ministry leaders, staff and volunteers will be equipped with training regarding safety and abuse prevention. Each leader must sign a record indicating they have been trained or are familiar with the RHCCC's "A Plan to Protect" policy as outlined in this document.

Vulnerable Sector Screening

What kinds of criminal convictions disqualify an individual for vulnerable adults work in the church?

- sexual offense
- pedophilic behavior – i.e. molestation of a pre-adolescent child
- Other automatic disqualifiers: incest, rape, assaults involving minors, murder, kidnapping, child pornography, sodomy, and the physical abuse of others

Some crimes would not be automatic disqualifiers.

These are offenses that are unrelated to abuse or molestation – e.g., some property offenses. For these types of offences, the volunteer may proceed with ministry in the church provided both the pastor and the ministry leader involved agree. The following are criteria to consider when evaluating the information:

- the number and type of convictions
- the age and circumstances of the offender at the time of the offense
- the length of time between past criminal activity and the present
- the conduct and circumstances of the individual since the offense
- the likelihood of the individual repeating the offense

Should adult survivors of child abuse be disqualified for serving in vulnerable adult ministry?

They should not automatically be disqualified from further consideration. Rather they *must* meet with a pastor or designate before working with vulnerable adults. If the Vulnerable Sector Screening comes back with no record of any abuse or molestation, and if there is no other indication that the applicant poses a risk (from references or previous churches), then there is no reason why the person cannot serve. In some instances when warranted, counseling may be recommended.

Incident Reporting Procedures

Reporting

I. Emergency Reporting:

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. Any person who has reasonable grounds to believe that a vulnerable adult is in need of protection should prompt the vulnerable adult to report the matter to a proper authority.

While there is no mandatory reporting requirement, except for residents in long-term care, call the relevant emergency services (e.g. Police, ambulance, GP) if the vulnerable adult is at risk or requiring medical attention.

In summary,

- The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk
- Each employee or volunteer has a duty to take action
- Employees or volunteers should not have to cope alone

II. Non-emergency Reporting:

For situations do not require emergency service, volunteers should report to the leaders of the respective ministry in accordance to the procedure contained in the "Whom to Report to: Internal Reporting" section (page 64).

Whom to Report to : Internal Reporting

If the incident involves:

Go to:

- someone outside the church – e.g. home ⇒ Ministry Pastor or Ministry Leader
- a peer ministry leader or adherent a supervisor or director of a program ⇒ Ministry Pastor or Pastor-In-Charge
- a pastor other than the Pastor In Charge or the Senior Pastor ⇒ Pastor-In-Charge or Senior Pastor
- a pastor other than the Senior Pastor ⇒ Senior Pastor
- the Senior Pastor ⇒ Chairman or Secretary of the Executive Church Board

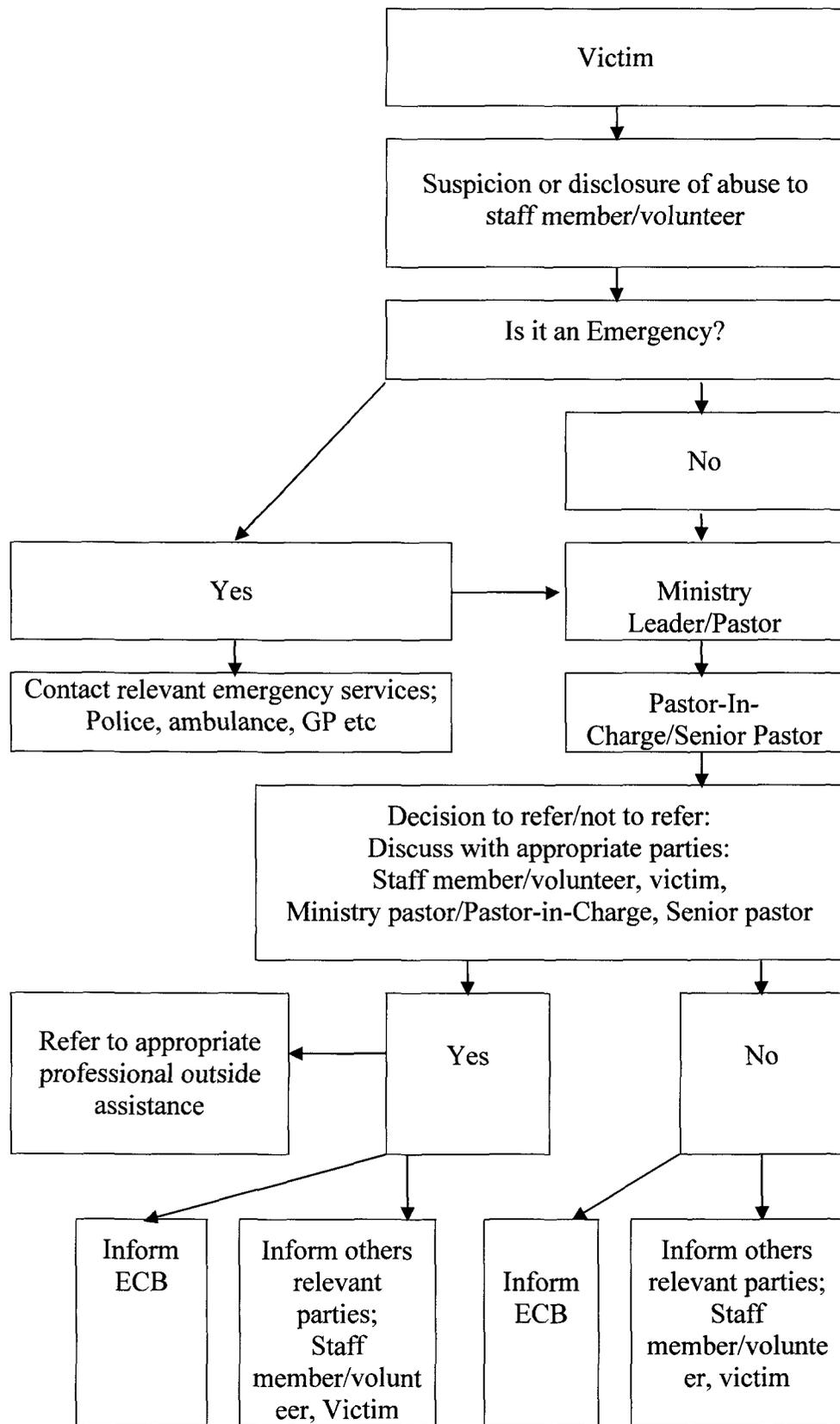
How to Respond?

- When the vulnerable adult first comes to you, be sure to take his or her word seriously. Stay calm and listen to him/her. Don't deny the problem.
- Give emotional support, reminding the vulnerable adult that he or she is not at fault. Tell him/her that he or she was right in telling you about the problem.

Dos	Don'ts
• Stay Calm	• Appear shocked, horrified, disgusted or angry
• Listen patiently	• Press the individual for details
• Reassure the person they are doing the right thing by telling you	• Make comments or judgements other than to show concern
• Explain what you are going to do	• Promise to keep secrets
• Report to relevant Ministry pastors/Pastor-In-Charge/Senior Pastor	• Confront the abuser
• Write a factual account of what you have seen, immediately (see Appendix B)	• Risk contaminating evidence

- Report the incident immediately to the appropriate parties as stated above in the “whom to report to?” section
- Do not attempt an in-depth investigation, or handle the incident without professional outside assistance. This should be left to professionals who are familiar with these cases. Authority designated to receive reports are trained to investigate and assess the need for intervention.

Practice Guide Flow Chart



What the Church should do?

- Take the allegations *seriously*. Do not prejudge the situation.
- Reach out to the victim and the victim's family. The victim should not be held responsible in any way, and adequate care must be shown for his/her well-being. Showing care and support help to prevent further hurt.
- Immediately report according to the Reporting Guideline contained in this Policy any suspected case of abuse.⁵ Church officer or Senior Pastor should call the church's lawyer if required. Civil authorities are to be given full cooperation under the guidance of our church lawyer. Always have the church's lawyer present while answering any investigative questions from the police or social service agencies.
- Treat the accused with dignity and support. The accused should also consider legal counsel. If the accused is a church worker, that person should be relieved temporarily of his or her duties until the investigation is completed. If the person is a paid employee, arrangements should be made to either maintain or suspend his or her income until the allegations are cleared or substantiated.
- The pastor heading up that ministry following an abuse report should always make a confidential written report with conclusions and action taken. These reports should be kept in a confidential personnel file. People's privacy and confidentiality are to be respected.⁶

Church Response to Allegations of Abuse

Be Prepared in Advance

- **Records** - Always have adequate records of workers' applications, references and screening forms. They should be up-to-date and accessible. Records should be kept at least five years.
- **Spokesperson** - The senior pastor or his designate will be the spokesperson for the church. He will speak to the media and the congregation regarding the matter in a discreet, informed, truthful and diplomatic way.
- **Position Statement** - Having a carefully prepared statement is far superior to making no comment. The statement should emphasize an awareness of the problem of abuse, a concern for victims, and the extensive steps the church has taken to reduce the risk and provide a safe environment for vulnerable adults. This is not the time for silence or "no comment", nor is it the time for denial, minimization, or blame. Also, avoid spelling out the details of an accusation in a public interview.

⁵ If the incident involves a pastor, also contact the Senior Pastor.

⁶ In these matters it is important to keep the information restricted to those who need to be advised. Therefore, all suspicions of abuse should be directed only to the pastor in charge of that department and/or the Senior Pastor.

Handbook Appendix

RHCCC VOLUNTEER APPLICATION FORM

Strictly Confidential

For Serving Vulnerable Adults

Please specify which Ministry/Program and role that you are interested in:

MINISTRY/PROGRAM: _____

POSITION: _____

Name: _____ Gender: Male _____ Female _____

Address: _____ Postal Code _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____ Fellowship: _____

Age: 18-21 _____ 22-30 _____ 31-40 _____ 41-55 _____ > 55 _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If married, spouse's name: _____

Language(s) fluent in: English _____ Cantonese _____ Mandarin _____ Other (specify) _____

Current work status: Student _____ Homemaker _____ Retired _____ Employed Full-time _____ Part-time _____

Occupation: _____

Year you became a Christian: _____ Year you were baptized: _____

Do you regularly attend our Sunday services? No _____ Yes _____

If yes, since when: Month _____ Year _____

Which service do you join: 9:00 am/11:00 am Cantonese _____ English _____ Mandarin _____

You have chosen to attend RHCCC because

Are you a RHCCC member? Yes _____ and when _____ No _____

If no, do you intend to join RHCCC church membership in the next 12 months? Yes _____ No _____

If no, please explain _____

If you attended RHCCC for less than 5 years, please list other churches that you attended *regularly* during the last 5 years:

<i>Name of church</i>	<i>Address of church</i>	<i>Year(s) attended</i>

List all previous ministries in which you have served in RHCCC and other churches:

List RHCCC ministries that you are currently serving:

List your spiritual gifts that would be an asset to the ministry you want to serve:

What previous experience or training have you had working with vulnerable adults that you think would be beneficial to this ministry? *(Please specify its nature, what age group, duration, where and when)*

If you are an existing volunteer, please specify the year you joined this existing ministry _____

Why are you interested in volunteering in the ministry you want to serve?

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes ___ No ___

If yes, please explain _____

Have you ever been accused, charged, or alleged to have or have you ever committed any act of neglecting, abusing, molesting any minors or vulnerable adults?

Yes ___ No ___

If yes, please explain in detail, providing date and place of incident:

Have you ever been concerned that you may have any addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? Yes ___ No ___

If yes, please explain

Has there been alcohol abuse, drug abuse, physical or sexual abuse in your family background? Yes ___ No ___

If yes, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future?

Do you have a health problem that may affect your ability to work with vulnerable adults? Yes ___ No ___

If yes, please briefly describe the nature of the health problem _____

Have you ever been treated for a psychiatric disorder? Yes ___ No ___

If yes, please describe the situation _____

Do you have a valid driving license? Yes ___ No ___

Do you have access to the use of a vehicle? Yes ___ No ___

For the safety of our vulnerable adults, our normal policy is to ask all volunteers to undergo a police check. Are you willing to consent to a police check?

Yes ___ No ___

REFERENCES:

Please provide 3 people you have known for at least 1 year, who are not related to you and have a definite knowledge of your character and ability to work with vulnerable adult:

1. Richmond Hill Christian Community Church staff, Pastoral staff or Deacon

Name: _____ Position: _____
 Address: _____ Postal Code _____
 Phone: _____ Length of time known: _____
 Email Address: _____

2. Richmond Hill Christian Community Church Member

Name: _____ Position: _____
 Address: _____ Postal Code _____
 Phone: _____ Length of time known: _____
 Email Address: _____

3. Personal Reference

Name: _____ Position: _____
 Address: _____ Postal Code _____
 Phone: _____ Length of time known: _____
 Email Address: _____

I verify that the information provided in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to supply information (including opinions) they may have regarding my character and fitness for ministry. I waive my right to inspect any information provided about me by any person or organization identified by me in this application. I understand that only the ministry staff and ministry heads can have access to this form and that they would keep the information confidential.

I commit to attend training on the Plan to Protect relating to safety and abuse prevention upon request.

Applicant's Signature: _____ Date: _____

(April 2011)

**RICHMOND HILL CHRISTIAN COMMUNITY CHURCH (RHCCC)
VULNERABLE ADULTS INCIDENT REPORT**

Office use only

Details of Incident		
Date of Incident:	Time of Incident:	Location of Incident:
During which the incident occurred:		
Name of Ministry:		Name of Program:
Name of Vulnerable Adult:		Telephone No.
Vulnerable Adult Status (check all apply): <input type="checkbox"/> Senior with Assisted Living <input type="checkbox"/> Diminished Physical <input type="checkbox"/> Sickness <input type="checkbox"/> Mental <input type="checkbox"/> Emotional <input type="checkbox"/> Marital Issue <input type="checkbox"/> Family Issue <input type="checkbox"/> Receiving Counseling and Support Services <input type="checkbox"/> Bereavement <input type="checkbox"/> Life Crisis <input type="checkbox"/> Special Need <input type="checkbox"/> Others _____		
Nature of Incident/Type of Abuse: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Psychological/Emotional <input type="checkbox"/> Neglect <input type="checkbox"/> Financial <input type="checkbox"/> Discriminatory <input type="checkbox"/> Accident <input type="checkbox"/> Others _____		
Any injury involved? <input type="checkbox"/> No <input type="checkbox"/> Yes, please describe: _____		
Brief description of the Incident: 		
Resolution: (including any first-aid treatment/ medical advices /emergency health care given/sent to hospital/reporting to authorities etc.) <input type="checkbox"/> Referred to outside professional assistance _____		
Incident was reported by _____ Ministry Position _____ to: <input type="checkbox"/> Family Member, Name: _____ (When) _____ <input type="checkbox"/> Pastor , Name: _____ (When) _____ <input type="checkbox"/> Medical Team, Name: _____ (When) _____ <input type="checkbox"/> Other(s), Name: _____ (When) _____ If injury was involved but not reported immediately, please provide reason for the delay in reporting :		
Name of other witness(es) at the scene (if any): Name _____ Phone: _____ Name _____ Phone: _____		
Follow-up action required : (includes suggestions for improvement)		

Form Completed by: _____ (please print) Ministry Position: _____
 Signature: _____ Date of Report (DD/MM/YY): _____
 Email Address _____ Phone: _____

Please return the completed form in accordance to the Incident Reporting procedures as specified at the back of the form.

Thank you.

Revised on April 6, 2011

RICHMOND HILL CHRISTIAN COMMUNITY CHURCH (RHCCC) VULNERABLE ADULTS INCIDENT REPORT

Instructions for reporting the incident

Why report?

Information in this report provides a clear understanding of the incident. It facilitates further communication among the Ministry Pastor, leaders, family members of the vulnerable adult, and proper authorities involved. It also provides basis for appropriate follow-up actions and future ministry improvement.

When to report?

Reporting of the incident is required for (but not limited to) the following situations:

- whenever physical injury is involved and if there is a need to notify family members of the vulnerable adult;
- whenever there is a need to obtain assistance from emergency services (e.g. Police, ambulance, GP) if the vulnerable adult is at risk or requiring medical attention;
- whenever there is reasonable ground to believe that the vulnerable adult is in need of protection.

Who should report?

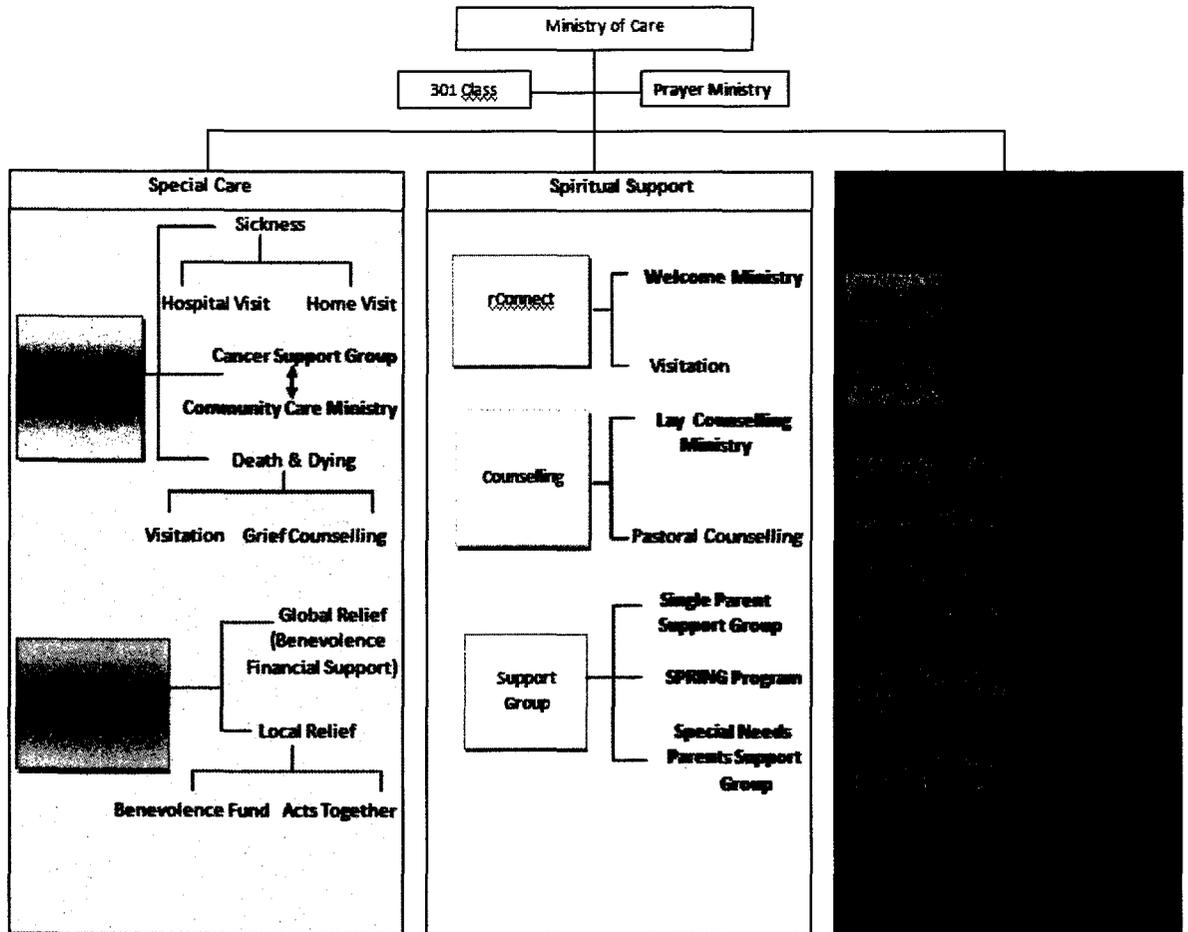
The report should be completed by the staff or volunteer, the primary person, who witnesses the incident.

Where to return the completed form?

The completed form should be returned to the Ministry Leader/Ministry Pastor/Pastor-In-Charge/Senior Pastor/church official in accordance to the following Internal Reporting procedures as below:.

If the incident involves:	Go to:
➤ someone outside the church – e.g. home	⇒ Ministry Pastor or Ministry Leader
➤ a peer ministry leader or adherent a supervisor or director of a program	⇒ Ministry Pastor or Pastor-In-Charge
➤ a pastor other than the Pastor In Charge or the Senior Pastor	⇒ Pastor-In-Charge or Senior Pastor
➤ a pastor other than the Senior Pastor	⇒ Senior Pastor
➤ the Senior Pastor	⇒ Chairman or Secretary of the Executive Church Board

RHCCC Caring Ministry – Ministry Distribution



Caring Ministry Portfolio 2011

	<ul style="list-style-type: none"> Sickness / Death & Dying - Home Visit - Hospital Visit 	<ul style="list-style-type: none"> - Cancer Support Group - Parish Nurse Ministry 	<ul style="list-style-type: none"> - Death & Dying - Grief Counselling 		<ul style="list-style-type: none"> - Cancer Support Group - Parish Nurse Ministry
	<ul style="list-style-type: none"> - Acts Together Visit - Benevolence Assessment 			<ul style="list-style-type: none"> (1) Local: - Acts Together - Benevolence Fund (2) Global Relief 	
	<ul style="list-style-type: none"> - Welcome Ministry 	<ul style="list-style-type: none"> - Single Parent Support Group - SPRING Program - Special Needs Support Group 	<ul style="list-style-type: none"> - Lay Counselling 	<ul style="list-style-type: none"> - Marital Counselling 	<ul style="list-style-type: none"> - Single Parent - SPRING Program - Special Needs - Welcome Ministry
		<ul style="list-style-type: none"> - Marriage Ambassador Pgm - Couple's Group - Men's Support Grp 			<ul style="list-style-type: none"> - Family Builder - Friends of Jabez - Men's Ministry - Senior's Ministry - Yee Hong; Mon Sheong; Golden Age





(I) Envisioning Process (Sept-Oct, 2009)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ With aims to address one of the focal themes of the church, “Love God, Love Others, Love PEACE” in 2010, the Caring ministry of RHCCC manifests these ministry focuses through the launching of the Love Dare Marathon Bible study program, effective May 2010. ▪ Ministry plan was endorsed by CMC (Cantonese Ministry Committee) and ECB (Executive Church Board) in Sept, 2009. 	<ul style="list-style-type: none"> ▪ We grasp our mission and vision of the church. We see how the program we are managing matches with the church's mission, and we steer the program to ensure that the interests of the church are met. ▪ We initiate the program with vision not with problem. 	<ul style="list-style-type: none"> ▪ Vision is the core of leadership. It is the energy that creates action. ▪ With a clearly articulated, compelling vision, our passion for the program is to help people (i) to understand the truth of unconditional love of God, (ii) to practice patience and grace as the foundation of such love, and (iii) to walk a marital journey with spouse and with people around them. ▪ The program serves as a means for the church to exercise practical theology in 1 Cor 13 – to practice unconditional love and to give witness to God’s self-giving love in our real life. 	<ul style="list-style-type: none"> ▪ Strategic launching of the program through watching a movie named “Fireproof” together with the small group Bible study based on the book, “Love Dare,” for 40 days. ▪ Besides couples' groups, for people whose marital status other than married, we have groups for single, for men and for women. ▪ A holistic core committee is formed to work on the logistics of the program. Pastors and deacons of Caring ministry are the point-leaders to navigate, take charge and work closely with the team throughout the program.

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ An information session to the first-tier leaders of the church (key ministry leaders of the program) was held on Oct 24th, 2009. A total of 65 people including core leaders of fellowship committees from DNA (Disciple Network Associate - fellowships and small group ministry), Men's Ministry, Lay Counseling, and Marriage and Family Ministry attended. ▪ Two vision casting sessions on Love Dare Marathon were delivered to second-tier leaders of the church through DNA rallies to small group leaders, coaches and point-leaders on November 22nd and 28th. A total of 280 leaders attended. 	<ul style="list-style-type: none"> ▪ It is a process to communicate the vision, allowing leaders to see the vision, own the vision and later on act on and live out the vision. ▪ We communicate what is important, upholding the Kingdom values on marriage and family and then inspire and invite people to action. 	<ul style="list-style-type: none"> ▪ Casting visions cover different tiers of church leadership. We communicate our vision first through information sessions for pastors, deacons and core ministry leaders of Cultivation and Caring ministries, followed by two more vision casting sessions to various levels of leaders. ▪ When leaders see the vision, they feel deeply about it so that they inspire others. They must own the vision before they take responsibilities for the vision. 	<ul style="list-style-type: none"> ▪ Our leaders own the vision and then act on the vision. ▪ This is our first attempt in ministry collaboration, exercising joint efforts in ministry between Cultivation and Caring ministries. It is also an attempt for cross ministry services. ▪ We accomplish ministry (the Love Dare Marathon program) through a team approach with great emphasis on ministry collaboration. The program is initiated by the Caring ministry but launched through DNA network (fellowships and small groups) as well as the Sunday School system under Cultivation as ministry platforms.

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ The Love Dare Marathon holistic core committee started working on the logistics of the program. ▪ A pilot group was also formed to walk through the eight sessions of Bible study materials. ▪ We bathed the entire process in prayer. 	<p>Why do we need that?</p> <p>It is a Marital Journey</p> <ul style="list-style-type: none"> ▪ It is a marital journey for the individuals with their spouse (individual level) and with people around them (corporate level). <p>It is a Journey of Faith</p> <ul style="list-style-type: none"> ▪ It is a journey that covers both individual and couple dynamics. ▪ At the couple and family level, it is to strengthen couple relationships and to build strong families for ourselves and for the next generation. ▪ At the family and corporate level, this builds a family and church culture that honors God. <p>It is a Way to strengthen interpersonal relationships and to celebrate the love of marriage.</p> <p>It is a Tool to help us to understand the unconditional love of God.</p>	<p>Practical Theology</p> <ul style="list-style-type: none"> ▪ To understand what true love is (1 Cor 13:4-8) and to obey Christ's command for His followers to witness His love through exercising spiritual leadership in marriage (Eph 5:22-24). <p>Why is the Church doing this?</p> <ul style="list-style-type: none"> ▪ We want you to have a strong marriage and family. ▪ We want you to honor God through you and your marriage. ▪ We want couples to reach a new level of celebration in marriage. ▪ We want to see marriages strengthened and couples happy. ▪ We pray that this program will encourage couples to celebrate each other in marriage. <p>To get the vision right, live out our values and come up</p>	<ul style="list-style-type: none"> ▪ We seek consensus and support from various leadership levels at church including the board, pastors, deacons and laity to practice ministry collaboration throughout the implementation of the program. ▪ It is an integrative way with top-down (vision endorsed by the church board) and bottom-up approach (supported by the motivated congregational members) to carry out this "in-reach and out-reach" program. ▪ Fellowship and small groups are considered as the DNA of the church and the best venue to launch the program. It is because they capture the majority of the congregation and they are the platforms to receive and welcome newcomers, especially those who are invited by our brothers and sisters.

		<p>with effective strategies.</p> <ul style="list-style-type: none"> ▪ We believe that the church can lead people into a whole new way of living, loving, and serving, thereby impacting the community. 	<ul style="list-style-type: none"> ▪ Besides having Bible study through fellowships and small group levels, running the program at Sunday school platforms is also an effective way to attract seekers and newcomers who do not belong to any grouping of the church.
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(IV) Trial Run and Trainings (Mar-Apr, 2010)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ After the trial run launched by the pilot group, the holistic core committee compiled an information folder for each small group leader. It includes Love Dare Marathon cover page, small group covenant, table of contents, eight leaders' notes for each session of the Love Dare program, a 40-day love action plan to be practiced throughout the program, the theme song for each week, the vow for marriage rededication to be used in the celebration at the end of the 	<ul style="list-style-type: none"> ▪ In the preparation stage, we study the material and methods. Reflecting on the preparation phase, we recognize that leadership, learning and ministry are intertwined. ▪ We practice team learning and experience that learning occurs in, through and under the context of ministry. Through the training sessions, our leaders of the pilot group together with the guest speakers who are experts in handling marriage and family issues become our educators and teachers. 	<ul style="list-style-type: none"> ▪ Trial Run and Testing on the study materials and methods. 	<ul style="list-style-type: none"> ▪ The group discussions and the debriefing sessions in each training session are the most valuable time treasured by the small group leaders. ▪ Trainings and discussions help the small group leaders to transform the experiences that they have learned into new meanings and approaches that can guide their actions as they continue to learn, grow and serve at ministry level.

<p>program, and the transcripts of the clips for each Bible study lesson.</p> <ul style="list-style-type: none"> ▪ Leaders' trainings were held from March 7th to April 25th at the Sunday school platforms. ▪ Another four intensive trainings for leaders were held on Tuesday evenings at 7:30pm from March 9th to 30th, 2010. 	<ul style="list-style-type: none"> ▪ They develop small group leaders not only with skills and knowledge on leading the Bible studies but also build their confidence in handling marriage and family matters at the small group level. 		
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(V) Implementation Process—Movie nights as promotional event for the program (April 2010)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ A promotional clip for the <i>Fireproof</i> movie is broadcasted at the Sunday services' announcement time. A total of 2,100 free tickets were distributed after the announcements on March 21st and 28th, 2010. ▪ In the <i>Fireproof</i> movie night held on April 11th, we outreached to 1,200 people. ▪ Movie nights launched at various fellowships' levels reached 500 people. 	<ul style="list-style-type: none"> ▪ This is our first attempt to use technology (movie nights and movie clips) integrating into Bible study sessions. 	<ul style="list-style-type: none"> ▪ With positive gospel message and life changing stories in the movie, people are attracted and motivated to join the small group Bible study after the movie nights. 	<ul style="list-style-type: none"> ▪ The <i>Fireproof</i> Movie nights create a "Big Bang" effect, serving as an all-rounded promotion activity to raise people's awareness for the launching of the Love Dare Marathon at the church and at the community levels. ▪ Newcomers are invited to join the small groups for Bible study after the movie sessions launched at both congregational or at the fellowship level.

<p>In total, we contacted 1,700 people with families and friends of our congregations and neighborhood of the church through the movie nights.</p>			
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**(V) Implementation Process—Kick-off Event and Commissioning Prayers
(May-June, 2010)**

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ Serving as a Kick-off event and with aims to raise the awareness of the congregation to the Love Dare Marathon, a renounced and experienced couples working on the field of Marriage and Family were invited from overseas to launch a three-day workshop named "Love - A lifetime to Learn" (“愛一生學不完”). ▪ Through these workshops, we out-reached to 1030 people. It included 350 people in the couple workshop, 150 people in the Men’s workshop, and 530 in the two women’s workshops. ▪ In these workshops, 150 people committed to leave 	<ul style="list-style-type: none"> ▪ God is working behind the scenes. ▪ It is an overwhelming experience for the team to manage and to follow up on the crowds who have rededicated themselves to the Lord and committed to have life renewal in Christ through the pre-Love Dare Marathon kick-off workshops. ▪ Reflecting on the implementation of the program, the kick-off event not only raises the awareness of our congregants for the upcoming Love Dare Marathon, but also attracts people (non-believers) from the community and the leaders 		<ul style="list-style-type: none"> ▪ It is our first attempt to put together couples, men and women sessions into a teaching series. ▪ The teaching and the format in running the kick-off workshops, and the way to connect the workshops with the launching of the Love Dare Marathon program is appreciated by other local churches. ▪ After the workshops, invitations are made by some local churches to form partnership in ministry in running similar programs in the future.

<p>their past and experience life renewal in Christ. 120 people rededicated themselves to serve God at home, at the workplace, and at church.</p>	<p>from other churches of the GTA area to attend.</p>		
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(VI) Executing and Monitoring Process (May-June, 2010)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ We formally kicked-off the event through preaching on topics relating to "Love Dare" in four Sunday services. ▪ We performed commissioning prayers to send off all Love Dare Bible Study small group leaders at the beginning of the program. They were blessed with prayers covered by the congregations. ▪ This is our first attempt in having "Cross Ministry" Services. Among the Bible study groups, we have 18 pairs of Marriage Ambassadors help to lead the bi-weekly Bible studies for the young couples' fellowship. A total of 120 young couples registered for the Bible study. 	<ul style="list-style-type: none"> ▪ Reflecting on the executing and monitoring process, we recognize that learning, changing and growing are interrelated and learning is a process of transformation. ▪ It happens continuously throughout the eight sessions of "Love Dare" journey. Our small group leaders nurture their members through Bible studies. They challenge them to open themselves to God's gracious revelation, and to slow down their thinking in order to reflect on what God has done to them and what He wants them to do. 	<ul style="list-style-type: none"> ▪ During this stage, we strive to link learning to ministry (the Love Dare Marathon) and to educate people through ministry (the "Love Dare" journey). ▪ We encourage our small group leaders to link action and reflection, faith and faithfulness, and thinking and doing throughout the Bible study process. ▪ We invite brothers and sisters to open up themselves to the truth. We challenge people to turn to Christ for His unfailing love which gives them strength to love their loved ones and others. ▪ In addition, we find that ongoing 	<ul style="list-style-type: none"> ▪ During this stage, we provide support to the small group leaders through peer support at the small group levels, from the point leaders and fellowship counselors levels, from the Lay Counseling Ministry, pastoral support, referrals to professional counseling, and encouraging couples to join the Marriage Enrichment Retreats (MERs) with one year's small group follow-up sessions (June 2010 to July 2011). We also regularly visit the small groups and fellowships and send periodic email encouragements to the small group leaders. ▪ Through the commissioning

		<p>support to our small group leaders throughout the process is important. It not only offers them ways to seek remedy actions and look for contingency when in need, but also strengthens their sense of teamwork with an elevated and supportive team spirit.</p>	<p>prayers, we ask God to use His people to do His work, building up the church, the body of Christ.</p> <ul style="list-style-type: none"> ▪ Through continuous prayer, we ask God to use the Love Dare Marathon to reach the lost, to develop the believers in faith and to practice His unconditional love in loving others.
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**(VII) Closing – Celebrations, Testimonies and Treasure Experiences
(July-Aug, 2010)**

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ We had around 850 people walk through the Love Dare journey. ▪ A testimony video was made to witness the life changes in Christ and was integrated into Sunday sermons on Aug 15, 2010. ▪ The results and the valuable learning experiences from the Love Dare Marathon is to be shared with the pastors and deacons at the CMC (Cantonese Ministry Committee) on Sept 29th, 2010. 	<p>At The Church Level:</p> <ul style="list-style-type: none"> ▪ We demonstrate that RHCCC is a church that exercises the Kingdom vision on building strong marriages and families. We are His people who honor God through our marriages. <p>At The Ministry Level:</p> <ul style="list-style-type: none"> ▪ We learn that ministry collaboration can be an effective way for ministry (The whole is greater than the sum of its parts). ▪ We have a 	<p>Practical Theology</p> <ul style="list-style-type: none"> ▪ We understand that “love is an action” and we learn to “put love into action.” ▪ We learn the keys to find true intimacy and develop a dynamic marriage through practicing the unconditional love of God. <p>Under Right Circumstance – the key to success</p> <ul style="list-style-type: none"> ▪ When the right people are presented with the right Kingdom 	<ul style="list-style-type: none"> ▪ Core ministry leaders of the Holistic core Committee including pastors and deacons are invited to join the celebrative activities held by different fellowships and small groups. It is to celebrate their success in their learning and in walking through the “Love Dare” journey together with their spouses and others. ▪ We have right people (Pastors and deacons of the Caring and Cultivation

	<p>breakthrough on equipping leaders to hold small group discussions on topics relating to marriage and family.</p> <p>At The Small Group Level:</p> <ul style="list-style-type: none"> ▪ Drawing feedback from the small group levels, we see our couples reach a new level of celebration of their marriages. We recognize that our marriages are strengthened and couples are harmonious in relationships. We testify our couples celebrate each other in marriage through marriage rededications at various fellowships level and celebrative events. We sense that the bonding and relationships among small group members are strengthened. 	<p>opportunities in the right way at the right time, the result will be joyful and generous outpouring of support.</p>	<p>ministries with a team of Marriage Ambassadors who are passionate in building strong marriages and families) to present with the right Kingdom opportunity in the right way at the right time. (“Love Others” as the focal theme of the church in 2010).</p> <ul style="list-style-type: none"> ▪ We embrace that God is working behind the scenes: Building marriages and changing lives. ▪ The ultimate outcome is "God is pleased." ▪ After the program, we received enquiries from other local churches considering the launch of the “Love Dare” program at their sites. We are pleased to share with them the learning and the valuable experiences that we have. We give honor to Our Good Shepherd and our Almighty Counselor, our Lord, Jesus Christ.
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APPENDIX 6
PROJECT JOURNAL FOR THE WALKING WITH JESUS PROGRAM
IN KOLBS' FORMAT

(I) Envisioning Process (Jan, 2011)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ Our passion in having Walking with Jesus is to motivate congregational members to live a balanced and healthy lifestyle – addressing physical, psychological, social and spiritual well-being as a person. ▪ Ministry plan was endorsed by CMC (Cantonese Ministry Committee) and ECB (Executive Church Board) in January, 2011. 	<ul style="list-style-type: none"> ▪ We grasp our mission and vision of the church – Love God, Love Others, Love PEACE. We see how the program we are managing matches with the church's mission, and we steer the program to ensure that the interests of the church are met. ▪ We initiate the program with vision not with problem. 	<ul style="list-style-type: none"> ▪ With a clearly articulated, compelling vision, our passion for the program is to help people (i) to love God by seeking spiritual growth in Christ through daily scripture reading and prayer, (ii) to love themselves through developing healthy lifestyles (e.g. having healthy diets and exercises), (iii) to invite new friends to journey together in building meaningful and accountable relationships in small groups. ▪ The program serves as a means for the church to exercise practical theology on Matt 22:32-38 – to help individuals to practice the “Great Commandment” and to outreach to newcomers through the program. 	<ul style="list-style-type: none"> ▪ Strategy is to launch the program through scripture reading, prayer and exercise. ▪ It is a joint event of Cultivation and Caring ministries of the church to be held from Feb 6th to Apr 30th, 2011. ▪ A core committee consisting of pastoral staff and leaders from both ministries is formed to work on the program. ▪ Ministry collaboration is the key emphasis for both ministries contributing to the program.

(II) Vision Casting (Jan, 2011)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ Information sessions for pastors and leaders of Cultivation and Caring ministries. ▪ Vision Casting through DNA (Discipleship Network Associates) rallies and Caring ministry meetings. 	<ul style="list-style-type: none"> ▪ It is a process to communicate the vision, allowing leaders to see the vision, own the vision and later on act on and live out the vision. ▪ We communicate what is important, upholding the value of the Great Commandment to love God, love others and then inspire and invite people to action. ▪ To live a life that walks with Jesus daily. 	<ul style="list-style-type: none"> ▪ Casting visions cover different tiers of church leadership. We communicate our vision first through information sessions for pastors, deacons and core ministry leaders of the Caring and Cultivation ministries, followed by more vision casting sessions to various levels of leadership through ministry meetings. ▪ When leaders see the vision, they feel deeply about it so that they inspire others. They must own the vision before they take responsibilities for the vision. 	<ul style="list-style-type: none"> ▪ This is our second attempt in ministry collaboration, exercising joint efforts between Cultivation and Caring Ministries. ▪ We accomplish the program through a team approach with great emphasis on ministry collaboration. The program is initiated by the Caring ministry but launched through the DNA network (fellowships and small groups).

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ Both Cultivation and Caring ministries share responsibilities throughout the ministry planning, implementing and execution processes. ▪ The Cultivation ministry is responsible for writing the devotional guides and mobilizing people at small groups and fellowships to join the program. ▪ The Caring ministry focuses on preparing prayer-related materials, prayer meetings, pedometer challenges and health promotion related matters. 	<ul style="list-style-type: none"> ▪ Acting as effective leaders to serve as change agents and good communicators, leaders share visions, strategize with His people, and inspire them to follow. ▪ To be execution-oriented leaders who translate thoughts into actions. It is to turn the ministry plan into specific results through breaking the process into small steps. ▪ We performed commissioning prayers to send off all Walking with Jesus small group leaders at the beginning of the program. They were blessed with prayers covered by the congregations. 	<ul style="list-style-type: none"> ▪ To get the vision right, live out our values, and come up with effective strategies. ▪ The holistic core committee has to select leaders, set strategies, and conduct operations. ▪ We believe that the church can lead people into a whole new way of living, loving, and serving, and can thereby transform society. 	<ul style="list-style-type: none"> ▪ Fellowship and small groups are considered as the DNA of the church and the best venue to launch the program. They capture the majority of the congregation. They are the platforms to receive and welcome newcomers. ▪ Leaders explain the goals and discuss the implementation process. ▪ Leaders invite multiple viewpoints that stimulate new ideas and insights. ▪ Leaders set a clear timeline to reach the target. ▪ Collaboration is the key to success. ▪ To bathe the entire vision process in prayer.

(IV) Implementation Process (Feb-Apr, 2011)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ <u>Regular Spiritual Disciplines</u> – To invite people to enrich their devotional and prayer lives by reading scripture and seeking constant prayer. ▪ <u>Regular Exercise</u> – To improve physical health by doing exercise on a regular basis. ▪ <u>Group Registration</u> ▪ <u>Waiver form for the Pedometer Challenge and Guidelines on the use of Pedometers</u> 	<ul style="list-style-type: none"> ▪ Reading one chapter of the Bible each day, we will complete reading the entire Bible in 3 years and 3 months' time. ▪ Generally, a habit is formed in six week's time. Reading and exercising persistently for twelve weeks help to develop a lifestyle. ▪ We encourage people to hold one another accountable and join the program through small group registration. ▪ If needed, we ask people to consult physicians for their suitability before taking on physical activity. It is to safeguard the liability of the church for the program. 	<ul style="list-style-type: none"> ▪ To strengthen spiritual muscle by practicing spiritual discipline in scripture reading and prayer. ▪ To improve physical health by doing exercise daily such as walking 6000 steps/day. ▪ By walking side-by-side, we encourage people to grow physically and spiritually through a faith community by guiding them into developing a new value proposition. ▪ To help participants to understand the function and the use of Pedometer. 	<ul style="list-style-type: none"> ▪ Participants are encouraged to follow the devotional guide for devotion and prayer. ▪ Pedometers are given to participants to record and measure the number of steps through exercise. ▪ Small group registration on-line and weekly reporting of results through (1) www.tinyurl.com/rhccc-wwj-reg and (2) www.tinyurl.com/rhccc-wwj ▪ To provide information: Canada's Physical Activity Guide to Healthy Active Living, steps of mileage and conversion tables etc.

Experience	Reflection	Conceptualization	Experimentation
<p><u>Promotional activities</u></p> <ul style="list-style-type: none"> ▪ Blood Pressure and BMI Measurement ▪ Two Promotional Videos ▪ Teachings at corporate prayer meetings match with the themes of daily devotion ▪ A prayer walk with specific prayer focuses ▪ Theme song of the month 	<ul style="list-style-type: none"> ▪ It is to stress on the significance in having (i) daily devotions and prayer to nurture the spiritual well-beings of an individual, and having (ii) daily exercise to strengthen the physical well-being of a person. ▪ To match the themes of scripture reading with aims to help deepen the message that the individuals received in daily devotion. ▪ To ignite the passion of the congregations to move on their spiritual journey. 	<ul style="list-style-type: none"> ▪ A team of volunteers with medical related backgrounds helped to measure blood pressure and BMI (Body Mass Index) for the congregants in order to increase their awareness to join the program. ▪ To help to sustain the momentum of the program. ▪ To help to sustain the momentum of the program. 	<ul style="list-style-type: none"> ▪ The Walking with Jesus Devotional Guide includes: 12-week daily devotional materials and reflective questions, (ii) Pastoral prayers used as reference, (iii) Guidelines for Pedometer Challenge, (iv) Walking with Jesus Lifestyle Management Record, (v) Review and reflection section, (vi) Theme song and key Bible verses of the program ▪ We send periodic email encouragements to our small group leaders. ▪ Three selected theme songs to sing at Sunday services every week.
<p>Recognition of the completion of the program</p> <ul style="list-style-type: none"> ▪ <u>Half-Way Recognition</u> – March 20th, 2011 	<ul style="list-style-type: none"> ▪ A small celebration of the success of the groups that reached their goals half-way in the program. 	<ul style="list-style-type: none"> ▪ To help sustain the momentum of the program. 	<ul style="list-style-type: none"> ▪ Results were announced and appreciations were made publicly at the Sunday services before the whole congregation.

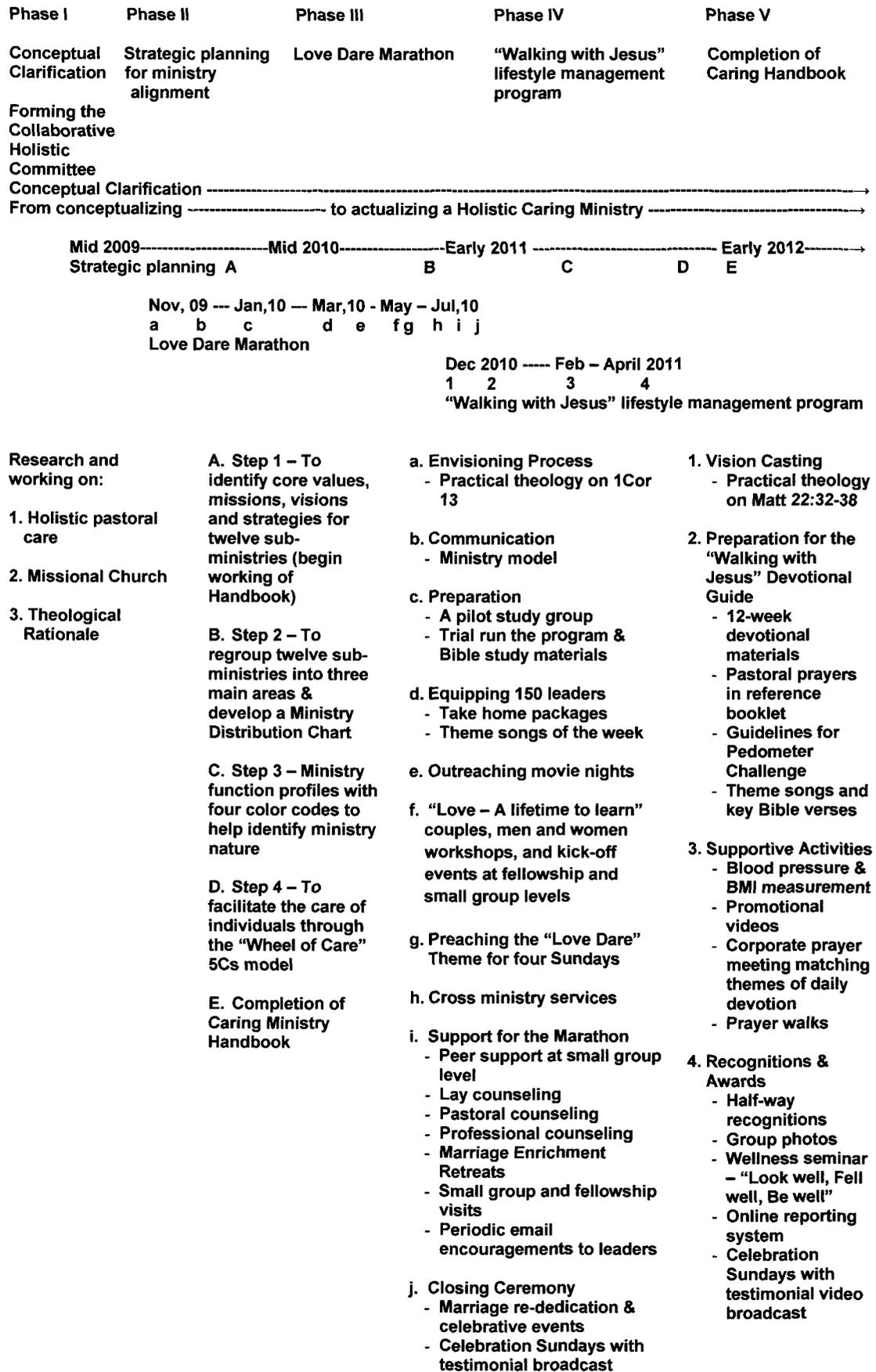
<ul style="list-style-type: none"> ▪ <u>Group Photos and Picture Taking</u> – March 20th and 27th, 2011. 	<ul style="list-style-type: none"> ▪ It is a way to cheer on the groups to move on their journey. ▪ On completing two third of the program, participants who joined the Walking with Jesus were invited to take group photos with their members. 		<ul style="list-style-type: none"> ▪ A total of 27 groups from different fellowships and small groups received 10 categories of awards. ▪ Gift baskets were distributed to the participants who achieved their goals in doing devotions and exercises on a regular basis. Gift baskets consist of spiritual books, prayer books, dry food and Bible-verse cards. ▪ The professional photo taking sessions serve as an encouragement and a way to encourage the groups to carry on their journey.
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(VI) Closing – Celebrations, Testimonies and Treasuring Experiences (Apr 2011)

Experience	Reflection	Conceptualization	Experimentation
<ul style="list-style-type: none"> ▪ <u>Wellness Seminar</u> <p>Celebration of the completion of Walking with Jesus and Program evaluation.</p> <ul style="list-style-type: none"> ▪ <u>Celebration Sunday</u> ▪ <u>Book Tables</u> 	<ul style="list-style-type: none"> ▪ It stresses the ways to maintain the physical, emotional and spiritual health of an individual. ▪ Reflecting on the executing and monitoring process, we recognize that learning, changing and growing are interrelated and learning is a 	<ul style="list-style-type: none"> ▪ To provide health educational talks and health counseling on site. ▪ We encourage our small group leaders to link action and reflection, as well as thinking and doing throughout 	<ul style="list-style-type: none"> ▪ Matching with “Walking with Jesus,” a seminar with the theme “Look Well, Feel Well, Be Well” was held on April 9th, 2011. ▪ A 2-minute video with life transformation testimonies were broadcasted on Celebration

<ul style="list-style-type: none"> ▪ We had around 2000 people participate in the Walking with Jesus Lifestyle Management program. ▪ Witness of life change in Christ was integrated into Sunday sermons on May 1st, 2011. ▪ The results and the valuable learning experiences from Walking with Jesus to be shared with the pastors and deacons at the CMC (Cantonese Ministry Committee) on May 29th, 2011. 	<p>process of transformation.</p> <ul style="list-style-type: none"> ▪ Continuously throughout the program, our small group leaders nurture their members through the sharing of devotional experiences. They challenge people to meditate and reflect on God's word, applying His word into their lives and turning their reflections into prayers in their walks with Jesus. <p>At The Church Level:</p> <ul style="list-style-type: none"> ▪ We demonstrate that RHCCC is a church that practices both physical (exercise) and spiritual (scripture reading and prayer) disciplines. ▪ A church that honors God through loving God, self and others. <p>At The Ministry Level:</p> <ul style="list-style-type: none"> ▪ We learn that ministry collaboration can be an effective way for ministry (The whole is greater than the sum of its parts). 	<p>the devotion process.</p> <ul style="list-style-type: none"> ▪ We invite people to open up themselves to the truth. We challenge people to turn to Christ for His unfailing love, which gives us strength to love, to live and to witness His love through loving God and others. <p>Practical Theology</p> <ul style="list-style-type: none"> ▪ We understand that "love is an action" and we learn to love God, self and others by putting love into action. ▪ We learn the keys to having an intimate relationship with God and to maintain spiritual well-being are to practice scripture reading and prayer. <p>Under Right Circumstance – the key to success</p> <p>When the right people are presented with the right Kingdom opportunity in the right way at the</p>	<p>Sunday.</p> <ul style="list-style-type: none"> ▪ Three big awards were distributed to the first three winning groups. ▪ Book Tables were set outside the foyer on Celebration Sunday with aims to encourage people to purchase Christian books and to establish reading habits and disciplines in their study of Christianity. ▪ We ask God to use Walking with Jesus to reach the lost, and to grow the believers up in faith by practicing His love through loving others. ▪ We have the right people (Pastors and deacons from Cultivation and Caring ministries with a team of medical and health-related professionals including the Parish nurses who are passionate in promoting physical, psychological, social and spiritual well-being of a person in presenting the Kingdom value).
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	<ul style="list-style-type: none"> ▪ The program strengthens ministry collaboration and shared resources between Caring and Cultivation ministries. <p>At The Small Group Level:</p> <ul style="list-style-type: none"> ▪ Individuals reach a new level of celebration of physical fitness and renewed relationship with God. ▪ Members of the small group are accountable in building an intimate relationship with God and caring for one another in acquiring healthy lifestyles. ▪ Bonding and relationships among small group members are strengthened. ▪ Members celebrate each other in physical fitness and spiritual renewal – living a life that cares for the physical and spiritual well-being of a person. 	<p>right time, the result will be the joyful and generous outpouring of support.</p>	<ul style="list-style-type: none"> ▪ We embrace that God is working behind the scenes: Building individuals and changing lives. ▪ The ultimate outcome is "God is pleased."
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Consent for the Survey

Research Topic: Conceptualizing and Actualizing a Holistic Missional Caring Ministry in Richmond Hill Christian Community Church, Toronto, Canada

Purposes of the Study

- (i) **To integrate pastoral care and discipleship through launching two pilot programs, “Love Dare Marathon” and “Walking with Jesus” Lifestyle Management Program, to promote the well-being of the individual and the congregation, and therefore**
- (ii) **To promote ministry collaboration between Caring and Cultivation ministries by running the programs to facilitate a functional ministry process in caring for the congregation holistically at the fellowship and small group platforms.**

Ethical Guidelines for the Survey:

- The survey commits to respect your decision as an individual. You can choose to participate in this survey voluntarily.
- You will be asked for consent to participate in the survey. You will be given a written consent prior to engaging in this study.
- You can choose to participate in the study according to your own values, preferences and wishes.
- You will be informed of the purpose of the study and its objectives as clearly as possible prior to this survey interview.
- You are free to withdraw your consent to participate in the research at any time.
- The survey commits to respect your privacy. The survey will not gather any specific personal information from you such as your name, telephone number or email address.
- The survey commits to respect your confidentiality. All the information collected from you is protected. The information will not be misused or wrongly disclosed. The data will be kept and locked.
- There is no influence of power relationships between you and the interviewer, such as pastors and parishioners, supervisors and subordinates. You will not be obligated to or constrained to follow the wishes of those who have authority in and are conducting the survey. You will be treated fairly and equitably.
- You are informed that this survey is conducted in collaboration with and in the context of RHCCC.

I understand the purpose of the study and I consent voluntarily to participate in this survey.

Signature _____ Date and time: _____ Location: _____

Research Topic: Conceptualizing and Actualizing a Collaborative Holistic Caring Ministry in Richmond Hill Christian Community Church, Toronto, Canada

Interview Questions

1. Overall, how do you value ministry collaboration and partnership in the ministry process in RHCCC?

- Not important**
- Less important**
- Important**
- Very important**

Please rate how favorable you are with each of the following statements by using a 1-to-5 rating scale:

- 1. = strongly unfavorable to the concept
- 2. = somewhat unfavorable to the concept
- 3. = undecided
- 4. = somewhat favorable to the concept
- 5. = strongly favorable to the concept

2. On the collaboration between Caring and Cultivation ministries as demonstrated in the “Love Dare Marathon” and the “Walking with Jesus” programs,

2a. What is your feedback on their ministry collaboration?

2b. What is your rating on the collaboration between Caring and Cultivation ministries? 1 2 3 4 5

3. As a member of the holistic core committee,

3a. What is your experience in having diversity in the team?

3b. How do you rate the effects of having diversity in the team? 1 2 3 4 5

4a. How effectively do you think the team members have partnered with another ministry in the implementation of these collaborative programs?

4b. How do you rate the effectiveness of the partnership among team members? 1 2 3 4 5

5a. How do you assess the value of these collaborative programs towards achieving the corporate goal of “Love God, Love Other, Love PEACE” in RHCCC?

5b. How do you rate the value of these collaborative programs towards achieving the corporate goal? 1 2 3 4 5

- 6a. What are the impacts of the ministry collaboration on resource allocation at the ministry operational level?
- 6b. How do you rate the impact of the ministry collaboration on resource allocation? 1 2 3 4 5

- 7a. What are the impacts of the ministry collaboration on congregation members towards living out the church's mission? 1 2 3 4 5
- 7b. How do you rate the collaborative programs' impact on congregants in living out the church's mission?

- 8. If RHCCC was to promote ministry collaboration, please suggest three things that you think would be of primary importance to the collaborative efforts.

- 9. What kind of working environment is essential for facilitating partnership between ministries that work towards a common goal?

- 10. What do you think are effective decision-making strategies that are essential for ministry collaboration?

**APPENDIX 10
FINDINGS OF INTERVIEW QUESTIONS**

232

Respondents (Percentage of total)	Pastors (22.2%)	Deacons (16.7%)	Lay Leaders (61.1%)	Remarks
Q1. Value ministry collaboration and partnership in ministry	VI (4)	VI (3)	VI (8) I (3)	(VI): very important (I):important
Questions	Measures of central tendency – presented in mode			
Q2. Collaboration between the departments	3x4; 4x10; 5x4			mode 4 (10/18)
Q3. Having diversity of the team	3x2; 4x14; 5x2			mode 4 (14/18)
Q4. Engage team members to partnership with others	3x6; 4x9; 5x3			mode 4 (9/18)
Q5. Collaborative efforts towards corporate goals	3x3; 4x11; 5x4			mode 4 (11/18)
Q6. Ministry collaboration impacts on resource allocation	4x10; 5x8			mode 4 (10/18)
Q7. Ministry collaboration on people towards living out the church's mission	3x3; 4x7; 5x8			mode 5 (8/18)
Q8. Three things that are primarily important to the collaborative efforts	<ul style="list-style-type: none"> ▪ Support from senior leadership ▪ Communication at all leadership levels ▪ Building leaders that emerge change through actions 			
Q9. Environment that facilitates partnership between ministries	<ul style="list-style-type: none"> ▪ Building a trusting, gracious and non-competitive environment to work toward a common goal ▪ Leaders with humble and gracious character, free of jealousy and competitive mindset ▪ Open communication with ideas, insights and in sharing experiences 			
Q10. Effective decision-making strategies that are essential for ministry collaboration	<ul style="list-style-type: none"> ▪ Accepting different viewpoints and suggestions, seeking to realign the principles and closing the gap for decision-making ▪ Encouraging communication, openness for feedback and fostering responsibility ▪ Creating a supportive environment to strengthen confidence in future cooperation and collaboration 			

Q3. Diversity of the Team – Constructive Driving Force to Co-create the Corporate Culture

Church staff: The good thing was that we focused on life changes and growth in people rather than different styles in leadership. Working with a diversity of people was good because feedback from members of different ministry groups were helpful.

Church staff: Sometimes, we needed healthy tensions. Diversity stimulated improvements. They could become constructive driving forces for the ministry process and allow room for ministry improvements.

Deacon: Diversity brought more positive impacts to us than negative. We had people from different ministry groups to help us to see things from broader perspectives.

Deacon: Different voices from different people provided a real picture for us to understand the needs of the congregations. We could benefit from their different backgrounds and exposures. It allowed us to lead in a mature manner towards collaboration.

Deacon: There were oppositions and challenges due to diversities and differences in receptivity. It took time to go through the thinking and acceptance processes. The turning point was through the open endorsement of the senior pastor, who was supportive of the campaign with optimism and positive thinking. We needed to identify people's concerns with an emphatic manner and to seek the pastoral team's consent.

Laity: Different people provided us with a wider perspective in viewing things and in partnership. Different voices helped us to paint the reality.

Laity: Diversity helped us to know exactly what people needed and gave us cues on how to serve. It enriched our performance in ministry services.

Q4. Engaging Team Members to Partnership with Others – Motivating People in Partnership

Church staff: We communicated visions through information sessions to the pastoral team, Executive Church Board, point leaders, coaches, small groups and fellowship leaders. When people bought-in the vision, they decided to get involved and jumped in right away.

Church staff: We shared the visions through formal and informal ways, such as, DNA rallies, emails, huddling, ministry prayer meetings and church announcements etc. We started with a clear vision that motivated people to buy-in the programs.

Deacon: We motivated people to participate by explaining to them why we did that. Aligning the purposes of the programs with the church's vision, we promoted and "sold" the programs directly at the small group and fellowship levels.

Deacon: We shared the ideas with different fellowship committees, inviting people to get involved and participate. It took almost two months for people to sink in the ideas and buy-into it.

Laity: It was not easy to work with people with different ministry interests and focuses. Our leaders did not impose upon us to adopt collaboration. They sought our support and consensus by sharing with us the vision that inspired and motivated us to partner with others.

Laity: In fact, we understood “Why we should do that.” Through trainings and committee meetings, we talked through the values and found the common grounds on “What we did” and “How we did it.”

Laity: In our presentation, we shared the idea, not imposing the idea. We strengthened the core value we wanted to build. We helped people to engage through DNA pastors and used the annual DNA Rally as a platform to promote it.

Q8. Elements that are Essential in Partnership between Ministries

Church staff: Without support from senior leadership, it was hard to pursue success in any church program. Our work would be easier if the senior staff saw the need of collaboration among ministries and allowed flexibility to make changes.

Deacon: We needed senior leadership to buy-in the ideas and saw the benefits and needs to embrace collaboration. It was important for them to say: “welcome to this new normal” and to support and expand the scope of ministry services through collaboration.

Deacon: Our turning point of the first pilot program was through senior leadership’s support of the campaign with optimism and positive thinking. We sought consensus with the top-tier leaders. We dialogued with second-tier leaders so as to involve them in planning, implementing and executing the programs. We also engaged more people to the programs through sharing the interest and inviting them to join.

Deacons: We equipped leaders for the required skills and knowledge to launch the programs. In fact, teaching and training directly and indirectly strengthened the leaders’ quality in ministry.

Laity: Communication to leaders at all levels was the key to make collaboration possible. We talked to different people in different fellowships and small groups to clarify the purposes and visions of the programs. People were willing to engage into the programs once they bought-in the ideas.

Laity: Communication was not just about sharing the responsibilities in carrying out the programs. It was also about in-depth dialogues with people to share our visions that make collaboration and commitment happen.

Laity: Emerging leaders through nourishment and education were of primary value to the collaborative efforts. Without initiatives and leadership, it was hard to have partnership for future development.

APPENDIX 12
PRESENTATION ON THE STUDY TO PASTORS OF ACEM ON JANUARY 18, 2012

**Conceptualizing and Actualizing a
 Holistic Missional Caring Ministry
 in Richmond Hill Christian
 Community Church, Toronto**

ACEM Pastoral Meeting – Jan 18, 2012
 Presented by Rev. Gloria Luk

Initiatives for the Project

- › Rapidly growing, need-based church ministries generate tension among ministries
- › To be Missional Church in nature

Ministry Context



**Richmond Hill Christian Community Church
 (RHCCC)**

RHCCC

- › 3M – Multi-cultural, multi-lingual, and multi-generational
- › Purpose-driven Missional Church for the unchurched and the committed.
- › A church of love, life-development, prayer and services.

The Challenges

- › Fast-growing ministries with age-specific and need-specific focuses
- › Increasing demand for pastoral care from the growing community
- › Tensions and competition occur when resources are limited

Ministry Opportunities

- › Explore new strategies for ministry
- › Develop engaging communities to serve with holistic mindset
- › Establish clarity in leadership
- › Simple ministry processes
- › Turn the corporate vision of “Love God, Love Other, Love PEACE” into reality

Goals of the study

1. To adopt strategic planning as a tool for ministry consolidation
2. To link lay counselling and parish nursing as prominent parts of pastoral care
3. To actualize holistic caring ministry through integrating pastoral care and discipleship by launching two pilot programs
4. To adopt “Wheel of Care” 5Cs model as the core of ministry process to care for congregations holistically

Purpose of the Study

- i) to integrate pastoral care and discipleship through the pilot programs which promote the well-being of individuals and congregations
- ii) to exercise collaboration between Caring and Cultivation ministries so as to facilitate a functioning ministry process for congregational care at the fellowship and small group levels

The Action Plan

- (i) Strategic Planning for ministry alignment
- (ii) Action research through the “Love Dare Marathon” and “Walking with Jesus” Lifestyle Management Program to address the physical, psychological, social, and spiritual well-being of individuals held at the fellowship and small group levels

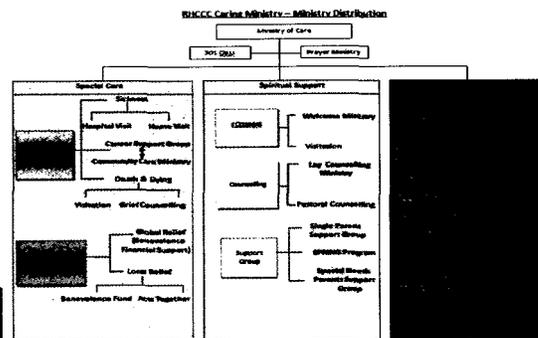
Structural Renewal

- Step 1 – to identify core values, missions, visions and strategies for 12 sub-ministries by asking:
- › Why do we do what we do?
 - › What are we suppose to do?
 - › What do we want to do?
 - › How will we get to where we want to be?

Structural Renewal

- › Step 2 – to regroup 12 sub-ministries into 3 main areas:
 - (i) special care
 - (ii) spiritual care
 - (iii) life development

RHCCC Caring Ministry



Structural Renewal

Step 3 – Ministry function profiles with 4 color codes to help identify ministry nature:

- i) Crisis intervention (blue zone)
- ii) Emergency care (red zone)
- iii) Spiritual/emotional support (yellow zone)
- iv) Life development (green zone)

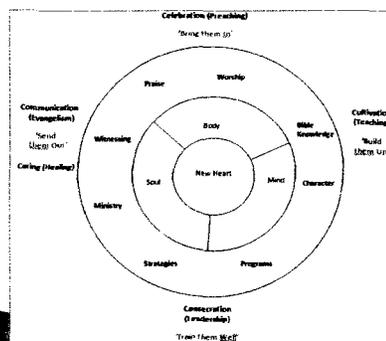
RHCCC Caring Ministry

Caring Ministry Portfolio 2011				
Sickness / Death & Bereavement Home Visit Hospital Visit	Cancer Support Group Parish Nurse Ministry	Death & Dying Grief Counselling		Cancer Support Group Parish Nurse Ministry
Acts Together: Visit Bereavement Assessment			(1) Local Acts Together Bereavement Fund (2) Global Relief	
Spiritual Support Welcome Ministry	Single Parent Support Group SPRING Program Special Needs Support Group	Lay Counselling	Marital Counselling	Single Parent Support Program Special Needs Welcome Ministry
	Marriage Ambassador Team Couple's Group Men's Support Group			Family Builder Friends of Jesus Men's Ministry Savior's Ministry Yes Hong Men Young Golden Age

Linking Ministries with the Church System

- ▶ Step 4 – to facilitate the care of individual through the “Wheel of Care” 5Cs model
- ▶ to build people up upon the 5 pillars of RHCCC’s disciple-making process: Celebration (worship), Cultivation (discipleship), Care (ministry), Communication (evangelism) and Consecration (leadership)

The “Wheel of Care” 5Cs Model



Integrating Pastoral Care and Discipleship

- ▶ to integrate pastoral care (lay Christian counselling and parish nursing) and discipleship through the “Love Dare Marathon” and “Walking with Jesus” pilot programs,
- ▶ to promote collaboration between the Caring and Cultivation ministries so as to facilitate care at the fellowship and small group levels

**“Love Dare Marathon”
May – July 2010
Caring Ministry**

**Richmond Hill
Christian Community Church**

Strategy for the Project Sept 2009

A collaborative program of Cultivation and Caring ministries of RHCCC to address one's relational and spiritual well-being

Envisioning Process – Clearly articulated vision:

- (i) to understand the truth of unconditional love of God,
- (ii) to practice patience and grace as the foundation of such love, and
- (iii) to walk a journey with spouse and with people around us.

Communication – Oct 2009

- › A Collaborative Holistic Committee to work on the logistics of the project
- › Information sessions for pastors and leaders
- › Vision casting via DNA rallies
- Practical Theology**
 - To understand what true love is (1 Cor 13:4-8) and to obey Christ's command for His followers
 - To witness His love through exercising spiritual leadership in marriage and family (Eph 5:22-24)
- Ministry Model**
 - › Bible Study via DNA fellowships, small groups, Sunday School sessions for couples, men and women groups

Preparation – Jan 2010

- › A pilot group to work on the eight sessions of Bible Study materials
- › To Trial Run the methods and the Bible Study materials (Feb – March 2010)
- › To compile the Leaders' Notes
- › To equip leaders through Sunday School platforms (March – April 2010)

Equipping Leaders – Mar - Apr 2010

- › 150 leaders received "Love Dare" Bible Study leaders' training
- Every leader takes home:
 - › Bible Study leader's notes (lectures on-line)
 - › A CD of the movie clips to facilitate group discussions
 - › Theme songs of the week (on-line)
 - › Kick-off events for "Love Dare Marathon" at individual fellowships and small group levels

"Love Dare Marathon" A Journey of Faith

- › "Fireproof" outreaching movie night
- › "Love – A Lifetime to Learn" workshops for couples, men and women
- › Preaching the "Love Dare" theme for four Sundays
- › Cross Ministry Services

Support for the Marathon

- › Peer Support at small group levels
- › Lay Counseling
- › Pastoral Support
- › Professional Counseling
- › Marriage Enrichment Retreats (MERs) with one year of SG follow-up sessions (June, 2010 to July, 2011)
- › Small group and fellowship visits
- › Periodic email encouragements to SG leaders

Highlights for the “Love Dare Marathon”

- › 850 people walked through the “Love Dare” journey
- › Marriage Rededication held at various small group and fellowship levels
- › Witnessing of life changes in Christ through testimonies integrated into the Sunday sermons on August 15, 2010

Learning Experiences for the “Love Dare Marathon”

The Church Level:

- › A church that practices building strong marriages and families
- › A church that honors God through our marriages

Learning Experiences for the “Love Dare Marathon”

The Ministry Level:

- › Ministry collaboration can be an effective way for ministry (The whole is greater than the sum of its parts)
- › Equipping competent leaders to handle topics relating to marriage and family

Learning Experiences for the “Love Dare Marathon”

The Small Group Level:

- › Couples reach a new level of celebration of their marriages
- › Marriages are strengthened and couples are harmonious in relationships
- › Couples celebrate each other in marriage
- › Bonding and relationships among small group members are strengthened

The “Walking with Jesus” Lifestyle Management Program Feb - April 2011 Caring Ministry

**Richmond Hill
Christian Community Church**

The “Walking with Jesus” Lifestyle Management Program

- › A collaborative program of Cultivation and Caring ministry of RHCCC
- Ministry Mission**
- › to motivate congregational members to live a balanced and healthy lifestyle, addressing physical, psychological, social and spiritual well-being as a person

Ministry Objectives

- › to love God by seeking spiritual growth in Christ through daily scripture reading and prayer
- › to love oneself through developing healthy lifestyles such as healthy dieting and exercises
- › to invite friends to join the journey together in building meaningful and accountable relationships within small groups

Communication

- › Vision casting through DNA rallies

Practical Theology

- To practice theology on Matt 22:32-38
- to help individuals to exercise the “Great Commandment” and to outreach to newcomers through the program

Strategies for the Program

Regular Spiritual Disciplines

- › To strengthen spiritual muscle by practicing spiritual discipline on scripture reading and prayers

Regular Exercise

- › To strength physical muscle by having regular exercise

Regular Spiritual Discipline

- › Read one chapter of the Bible each day
- › Generally, a habit is formed in six weeks’ time. Reading and exercising persistently for twelve weeks help to develop a healthy and balanced lifestyle
- › Encourage people to hold one another accountable and join the program through small group registration

Regular Physical Exercise

- › To improve physical health by doing exercise daily e.g. walking 6000 steps/day
- › Pedometers are given to participants to record and measure the number of steps through exercise
- › Waiver for the Pedometer Challenge and Guidelines on the use of Pedometers
- › Canada’s Physical Activity Guide to Health Active Living

The “Walking with Jesus” Devotional Guide Preparation

- › 12-week daily devotional materials and reflective questions
- › Pastoral prayers used as reference
- › Guidelines for Pedometer Challenge
- › “Walking with Jesus” program record
- › Theme songs and key bible verses of the program

Supportive Activities

- Blood Pressure and BMI (Body Mass Index) Measurement
- Two Promotion Videos
- Teachings at the corporate prayer meetings match with the themes of daily devotion
- Prayer Walks

Recognitions and Awards

- Half-Way Recognitions
- Group Photos and Picture Taking
- Wellness Seminar – “Look Well, Feel Well, Be Well”
- On-line reporting system
- Celebration Sunday
- Results were announced and appreciations were made publicly at the Sunday services
- Around 2000 people participate in the program.

Learning Experiences for the “Walking with Jesus”

The Church Level:

- › A church that practice both physical (exercise) and spiritual (scripture reading and prayer) disciplines
- › A church that honor God through loving God, self and others

Learning Experiences for the “Walking with Jesus”

The Ministry Level:

- › Ministry collaboration can be an effective way for holistic ministry (The whole is greater than the sum of its parts)
- › The program strengthens ministry collaboration and shared resources between Caring and Cultivation Ministry

Learning Experiences for the “Walking with Jesus”

The Small Group Level:

- › Individuals reach a new level of celebration of physical fitness and renewed relationship with God
- › Small group members are accountable in building intimate relationship with God and caring for one another in having healthy, balanced lifestyles

Learning Experiences for the “Love Dare Marathon” and “Walking with Jesus” Program

God is working behind the scene:

**Building individuals and
Changing lives**

God is pleased ☺

Ministry Collaboration for Holistic Care

- › Ministry collaboration was the key to achieving integration of pastoral care and discipleship in the care of individuals and the congregations holistically
- › By using fellowship and small group platforms for personal and group study, it led to a process of life transformation resulting in personal and corporate growth

An Emerging Picture of Collaboration in Holistic Ministry

- › Value of ministry collaboration and partnership for holistic care (Q1)
- › Collaboration between ministries (Q2) – openness and flexibility of leadership unleashed the energy of collaboration
- › Diversity of the team (Q3) – constructive force for corporate culture

An Emerging Picture of Collaboration in Holistic Ministry

- › Engaging team members to partner with others (Q4) – motivating people to engage in partnership by articulating the steps forward
- › Collaborative efforts towards corporate goals of holistic endeavors (Q5) – building a sense of unity to exercise the corporate values

An Emerging Picture of Collaboration in Holistic Ministry

- › Impacts on resource allocation (Q6) – leveraging and optimizing the use of resources
- › Living out the church's mission (Q7) – impacting lives through studying the word of God within a learning community

An Emerging Picture of Collaboration in Holistic Ministry

- › Elements essential to facilitate collaboration for holistic care (Q8):
 - (i) Support from senior leadership
 - (ii) Communication at all leadership levels
 - (iii) Building leaders and developing new ones through nourishment and education

An Emerging Picture of Collaboration in Holistic Ministry

- › Environment that facilitates partnership between ministries (Q9)
 - (i) A trusting and non-competitive environment that works towards a common goal
 - (ii) Leaders of humble and gracious character
 - (iii) Open communication of ideas, insights and experiences

An Emerging Picture of Collaboration in Holistic Ministry

- ▶ Decision-making strategies essential for collaboration in holistic ministry (Q10)
 - (i) Accepting different opinions and suggestions
 - (ii) Encouraging open communication that accommodated feedback and sharing responsibilities
 - (iii) Creating a supporting environment to strengthen confidence in future cooperation and collaboration

Essential Elements for the Holistic Care Ministries

- Strategic Planning as crucial part of ministry alignment
- Lay counselling and parish nursing as prominent parts of pastoral care
- Integration of pastoral care and discipleship as effective means for holistic congregational care
- Bringing restoration and transformation in lives by walking people via the process of worship, discipleship, ministry & evangelism
- Christ-centered living brought about personal and spiritual wholeness

Limitations of the Study

- ▶ Difficult to have a program that fully encompassed bio-psycho-socio-spiritual well-being
- ▶ Demanding on intensive planning, training, and follow-through process
- ▶ Challenging in maintaining strong partnership and team efforts

Applying the Holistic Approach to Ministry in the Local Setting

- ▶ Develop lay counselling as ministry partner with local church, private and/or non-private organizations to form a service network locally
- ▶ Establish parish nursing networks to serve local churches, hospitals and clinics
- ▶ Develop inter- and intra-ministry to render ministry services locally
- ▶ Development of the emergent culture of collaboration for holistic ministry

Applying the Holistic Approach to Ministry through the “CARE” project - from Local to Global

- ▶ Care for and comfort the Sick
- ▶ Assist the Poor and the Needy
- ▶ Restore Relationships
- ▶ Educate and Equip Locals for Community Development

The End

Thanks for your interest and support!

The C.A.R.E. model is specifically designed to deliver a holistic care framework with integrative and collaborative dimensions. It stresses partnership with local initiatives, and is a model that can be adopted by local churches and faith-related agencies to execute Jesus' holistic mission with a global scope. This is achieved by teaching, witnessing, sharing God's love, and healing the sick through education, medical services, community development and church-planting projects. C.A.R.E. stands for:

Care for and Comfort the Sick

Assist the Poor and the Needy

Restore Relationships (Reconciliation with God, self and others)

Educate and Equip Locals for Community Development

i) Core Beliefs

- The Role of the Church is to provide C.A.R.E. Projects Holistically to People
The church today is called to be the light of the world. Amidst the darkness of confusion, they lead the world with the Truth and set an example through providing hope for people in different life stages, trials, and/or life challenges.
- The Strength of the Church is to Unleash an Army of Volunteers to C.A.R.E.
Churches have a large volunteer labor force. Church members with different gifts, backgrounds and life experiences should be identified, trained and deployed for God's purposes. Mobilization should be one of the major focuses, and serves as the foundation of C.A.R.E. to reach out via its various initiatives.

ii) Purposes of the C.A.R.E. projects

- To fulfill the Great Commission and practice the Great Commandment on a local and global basis.
- To provide a robust inventory of services including medical and dental care, teaching, church planting, evangelism and community development projects.
- To evangelize and share the Kingdom vision through rendering holistic ministry services in partnership with churches and organizations local and abroad.

iii) Objectives

- An integrative approach with emphases to care, evangelize and direct missions by working collaboratively through local partnerships.
- A 4-level plan to help develop ministry strategies, equip volunteers, build teams, and mobilize people for missional ministry services.
- Present a framework that can be adopted by local churches or faith-related agencies/organizations to execute Jesus' holistic mission through teaching, witnessing and sharing God's love, and healing the sick through education, medical services, community development, and church-planting projects.

Care for and comfort the Sick:

- To provide ministry opportunities for medical and health professionals which engage their skills, training, and resources to make a difference for those who are in need.
- To render care through the provision of medical services, dental services, health education, health counseling and training to locals.
- To balance strong medical and dental programs with active evangelism as well as local pastoral and congregational involvement.

Assist the Poor and the Needy:

- To provide practical help and training to the poor and underprivileged, including taking care of the poor, the orphaned, and the single-parent children.
- To feed and educate; to establish schools and assist in the employment and training of teachers.
- To promote better care, hygiene, education and training by undertaking community development projects such as constructing electrical installations, water pumps and sanitation facilities, lavatories, medical clinics, community centres, and schools.

Restore Relationships:

- To serve the spiritual need of locals and to bring hope to their communities by sharing the message of freedom and love of God that transforms lives for today and for eternity.
- To support missionaries, church planters, and pastors, and to share the hope of Jesus.
- To heal hurts through provisions and trainings for the purpose of rendering counseling services, preventive and prescriptive educational workshops, etc.

Educate and Equip Locals for Community Development:

- To assist locals in developing countries to establish programs which manage resource use and development within their communities.
- To reach out to locals in developing countries, especially the younger generations, by conducting vocational training such as computer training and preschool education workshops.

iv) Levels for Implementation of C.A.R.E. Ministry**The First Level:****PURPOSE - A C.A.R.E. Project that is Value Driven and Visionary**

- To fulfill the Great Commission, and to witness and extend Christ's love.
- To implement life changes and to build healthy communities through missional ministry.
- To provide clear strategies and objectives for ministry projects, cast visions, gain support from ministry leaders, and identify champions for projects.

The Second Level:

PEOPLE - A C.A.R.E. Project for Serving Locals with Effective and Well-Equipped People

- To identify champions and match individuals for projects according to their gifts, and to recruit professionals such as medical workers, teachers, counselors, engineers, businesspeople, and technicians.
- To understand local needs through research.
- To develop strategic ministry plans and equip people for ministry according to their gifts and experiences, and to render services such as education on HIV prevention and personal hygiene, and small business management.

The Third Level (Ministry services at local and/or global level):

PROJECTS - A Life-changing Project with Preventive & Prescriptive approaches

- To identify target locations and type of C.A.R.E. project(s) to be ministered.
- To develop systematic methods for successful project launch.
- To select designated sites as “pilot projects” during the implementation process, such as AIDS prevention projects in Yunan, China and Kenya, Africa; health counseling on blood-borne diseases to prostitutes and school building project in Cambodia, and water purification and church planting projects in Nairobi, Kenya (Projects that may be applicable for RHCCC’s ministry contexts).
- To designate these pilot projects as on-going C.A.R.E. projects.
- To collaborate with other churches or faith-based agencies to share resources, train and equip people, and/or partner in specific C.A.R.E. projects as applicable, such as partnership with Go International, Partner International, Medical Mission International and World Vision.
- To assign champions for designated projects to monitor delivery processes, modify methods of execution and maximize resources in order to administer each project effectively

The Fourth Level:

PROPERTY - A Project with Simple Connecting Structure at Local and Global levels

- To identify equipment and resources that will be needed for specific projects.
- To encourage collaboration with local ministry networks, especially for following-up on projects and to sustain the local project.
- To adopt on-going C.A.R.E. projects for churches.

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