



## **Notes concerning the Global Mission Clinic – Health Check for local churches**

### ***Basic principles of the clinic material***

Operate the clinic as much like a medical health check as possible. This means that some churches will want to be involved because they 'feel ill', but this will not apply to everyone. Many doctors' surgeries now run 'well persons' clinics' and some churches will come just for a check up feeling that they are doing OK.

This consultation is a health check about the church as a whole. We are not examining the health of the individuals who attend the clinic, or the keen people in the church, or the church leadership, but the whole church as a spiritual organism. This is important. Experience has shown that church leaders and those that organise things often have a rosy view of their church's health.

It is ideal to have 4-6 people at the consultation from across the age spectrum. It is very helpful if the church leader is present.

The health check will not be of much value unless those taking part are very honest. Constantly ask for indicators or symptoms that back up the claims made. Don't let people get away with excuses or spiritual platitudes. (The fact that the church organises a prayer meeting to which 20 people come, does not necessarily indicate that it is a praying church, unless the total number of church participants is about 25.)

The aim of the health check is to help people think about their church as objectively as possible. For most medical tests there is a range which can be regarded as normal and outside that range some change of lifestyle or treatment is required. Try to operate in the same way to aid objectivity.

### ***Basic operation of the clinic material***

Pages 1 and 2 of the Clinic Handbook should be printed back to back. When a group from a church make an appointment to do the health check a time should be arranged and they should be given this sheet with the request that they fill in the answers to the questions before their appointment.

The rest of the pages (3-8) should be printed on one side of an A4 sheet, hole punched and inserted in a folder to be used during the health check.

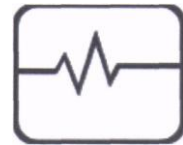
At the beginning of the consultation, the sheet the groups have filled in should be inserted in the pocket at the front of the folder to form a title page. The sheet they have completed is then reviewed and the health check completed.

The pocket at the back of the folder should contain resources for churches. The group is given the folder to take away at the end of the consultation:

## ***Ideas for the consultation***

- Don't spend too much time reviewing what they have written
- The success of the consultation will depend on making a quick assessment of the sections that will be most helpful to the people involved in each consultation
- Don't try to give answers - ask questions and maybe point in a direction
- Constantly try and get the group to answer the questions with relation to the teens and 20s in the church
- Get them to consider the treatment that might be useful
- You will probably have to leave out at least one page in each consultation if you are going to complete the health check in about 45 minutes.

## ***Your church's heart condition***



- This section asks the 'why' questions and explores the ongoing motivation for an interest in the world and in mission.
- 'Why is your church involved in global mission?' May sound a stupid question but unless people know why they do something they probably won't be able to think about it clearly. Note the question is not 'Why should your church be involved ..' or 'Why ought..', but why is your church involved. There are a number of good reasons, but most evangelical churches are involved because it has always been assumed they should. Some are only involved because of a personal link with an individual in mission.
- Again, remember, we are not asking why some members of the church are involved in global mission. The danger with most of these questions will be that those there will answer these questions for themselves, or their own view of the situation. We need to constantly ask about the symptoms that indicate their diagnosis of the situation. Maybe the leader or the mission committee gets excited about global mission, but that does not mean the church does.
- Once you have answered why the church is involved in mission, the next question is about how that commitment is maintained - communicated to new members and the next generation. What is the weekly or monthly motivation?
- The question about beating in tune with God's heart is a question just to get people talking - no particular answer is looked for or expected
- 'Does your church have a mission statement?' It does not ask, 'Does your church have a global mission statement?' What is the difference? Should a church have both? Is not global mission just part of the general mission of the church?
- The question about the heart beating faster has proved a useful one.

## ***Your church's vision***



- Notice the explanation at the top of this sheet. The first part of this sheet is particularly about the ownership of mission. (See the centre page fold on the June 2005 edition of the GC newsletter.) Motivation for mission in a church will inevitably be low, if the church feels it is only really involved in supporting someone else's mission. Push hard on this one.
- Do they think they should 'own' mission? How could they begin to 'own' mission?
- Habits and exercise - regular routines here would include Missionary prayer meetings or annual mission weekend. Good habits or bad habits - what do they think? Why do they do these events? Are they successful? Ask for specific indicators. Do young people get involved?
- Investigate long or short vision - local or global vision. Good sight involves having both. Does the church need glasses?
- Colour blindness can involve anything where they show prejudice.



### ***Your church's hearing***

- In this section we ask how the church hears, not just about Christian mission, but about God's world in general. If the church you are talking to only seems to relate to the world regarding Christian mission, it is likely that young people are not very involved in mission and/or they have a very secular/spiritual division in their thinking.
- To many of these questions they might give the answer YES. If so ask about the symptoms which support that answer. When did they hear? What did they hear? How was what they heard communicated to others?
- The mechanisms question is good. If there are not mechanisms in place that work it is likely communication will be Concentrate here on the global church. Make sure they understand that mission is not just one way any longer. Is there anyone in the church who has the responsibility to monitor the world news on behalf of the church? (Regular BBC and ITV news is very selective about world news.)
- Ask how many church members who travel overseas on business or on holiday are encouraged to report back when they return.



### ***Your church's mobility***

- This is all about how quickly and easily the church can respond to needs overseas? Praying and sending a cheque are good responses, but only a start and unlikely to catch the imagination of the younger people in the congregation.
- Churches without strong leadership usually respond very slowly.
- Identify the factors that influence how a church responds.



### ***Finally***

- Refer to the resources at the back of the folder.
- If the schedule for consultations is not very full, encourage them to return late in the week when they have thought some of the things over,
- Make sure you get the name and contact details for the church.
- Write up brief report if possible.

I would very much like to hear how you get on with this health check and what comments or recommendations you have.

Bryan Knell  
12 July 2005

Contact details for Bryan Knell  
Tel: 01509 890539 Mob: 07808 766604  
Email: Bryan.knell@ukgateway.net