

Future Directions for Member Care

Part One: PACTS (excerpts from *Doing Member Care Well—DMCW*, pp. 8,9)

Developing member care well is a process. We cannot expect, for example, younger sending groups to develop in just a few years what has taken other sending groups several years to achieve. It will take time and toil to “knit the net”: the net of *caregivers*, the net of *concepts*, the net of *organizational culture*, the net of *communication*, the net of *centers*, the net of *consultations*, and above all, the net of *cooperation*. But it is happening!

I believe that there must be an intentional and Spirit-led direction as to how this global member care net is developed. Here are five such directions—PACTS—which will help us to work together and further “provelop” (provide and develop) member care. PACTS involve forming close relationships with colleagues as we pursue cooperative tasks with each other.

Pioneering—Is it time to break out of some member care and sector bubbles? Yes indeed! We must go to places with relatively few member care resources. Prioritize those working among the least evangelized peoples. Innovate! Stretch! Help set up interagency member care teams for instance, in Central Asia, India, or Africa. Sure it would be challenging, but why not? Or how about helping to connect culturally sensitive member care workers with the many interagency partnerships ministering within the 10-40 Window? For some examples see chapters 12, 14, and 41 in *DMCW*.

Affiliations—Bring together member care workers for mutual projects, mutual support, and mutual consultation. Purposefully affiliate! Set up regional or organizational networks of care givers. Specialists can likewise band together for personal and professional support—physicians in travel/tropical medicine, personnel directors in human resource management, crisis caregivers etc. Form short-term teams with members from different agencies or service groups. Encourage their members to track with personnel over time. In addition, convene and attend strategic consultations of personnel and/or member care workers to discuss ways to further coordinate services. These can be small and informal or larger and more formal. Prioritize these for regions of the world where coordination is still really needed. Finally, consider forming a national or regional member care task force within your organization or interagency, similar to the various ones that are described in chapters 13 and 48 of *DMCW*.

Continuing Growth/Care—Member care is an interdisciplinary field, requiring considerable effort to keep on top of new developments and to maintain one's skills. Prioritize time to read, attend seminars, and upgrade (see the materials listed in chapter 50 of *DMCW*). Grow! It would be helpful for some to link with a few of the secular umbrella agencies like the World Health Organization and United Nations High Commissioner for Refugees, and also smaller agencies like People in Aid or the Humanitarian Practice Network in the United Kingdom. Such linking will help us keep abreast of current trends too. I believe it is so important at this time to build connections and bridge gaps between the “faith-based” and “non-faith-based” organizations involved in international health, exchanging information on the management and support of personnel. Some examples would be attending conferences, reading journals, and reviewing the peer support network and psychosocial support program for staff offered by humanitarian aid organizations (see chapters 27 and 35 of *DMCW*). Do not isolate ourselves by interacting solely with the evangelical community. Also, member care can be a burnout profession. So we must maintain accountability with others, pace ourselves, find ways to emotionally “refuel”, seek God, and practice what we preach!

Training—Resource staff and member care workers alike via workshops at conferences. Impart both your skills and your life (I Thes. 2:8)! Include member care tracks at major conferences. Teach member care courses, seminars and modules at key graduate schools/seminaries, including the Bible Colleges in Africa and India, and the ministry training centers in Asia and Latin America. Training in peer counseling, marriage enrichment, family life, team building, spiritual warfare, and crisis intervention are especially important (see chapters 15, 16, 37 in *DMCW* for examples). Further, help mission personnel from both the New and Old Sending Countries develop member care skills (e.g., attending the “Sharpening Your Interpersonal Skills” courses that are taught in many places now) and

member care programs which are culturally relevant. There could be opportunities to join with groups in various places who offer counseling courses in different locations to train their personnel in helping skills, or the Operation Impact program at Azusa Pacific University which provides various field-based courses in the area of leadership development. On-line courses are also especially relevant.

Special Projects—Based on strategic needs and common interests, pursue some short-term and longer-term projects together. Fill in member care gaps! Some current projects that are being done include maintaining and updating a global referral base of member care organizations (chapter 49 in *DMCW*) along with a global member care web site (www.membercare.org); supporting the efforts of groups like Trans World Radio's "Member Care Radio" which broadcasts encouraging programs for field workers; doing joint research/articles; and setting up member care hubs/groups in needed areas (e.g., Chiang Mai, Cyprus, India, Africa). Let us be sure to pursue some projects together where we get a bit "dirty"—and take some risks. A cutting edge example would be to provide supportive services—critical incident debriefing, counseling, reconciliation seminars—to people who have been traumatized by war and natural disasters (see chapters 20, 25, 43, 47 in *DMCW*). In short: be proactive; do not reinvent the wheel; pursue God's heart for the unreached peoples; and prioritize time to work on strategic, doable, field-related projects.

Part Two: Psychological Support Programme (PSP) for Delegates; *Psychological Support: Best Practices from Red Cross and Red Crescent Programmes 2001*, pp. 20,21
This programme is based at the headquarters in Geneva, Switzerland and came into being in the early 1990's. A main reason for starting the programme was the greater awareness of the negative psychological consequences on staff who were working in crisis/conflict areas.

Objectives

- To prevent the stress and psychological problems related to humanitarian work. Although crises, suffering, and stressful life situations are inherent in this type of profession, it is important to prevent possible cumulative stress both during and after a mission so that delegates can carry out their functions and avoid burnout.
- To raise awareness within the International Federation of the harmful effects of stress on humanitarian workers.
- To develop the coping skills of both individuals and teams.
- To set up a well-functioning support system before, during, and after missions.

In the future, the Psychological Support Programme (PSP) will focus on the following:

- Promoting training on stress management, critical incident debriefing, conflict resolution and cross-cultural management.
- Developing a global network to support traumatised delegates and those suffering from burn out, both during their mission and on their return home. Developing PSP in National Societies for the follow-up of these delegates in their home countries is a priority of the programme.
- Ensuring that delegates working on an International Federation contract benefit from adequate support and psychological follow-up after their mission. This is especially the case for locally recruited delegates or those recruited by the International Federation through a National Society, who come from countries where there is as yet inadequate psychological support.
- Supporting locally employed staff in the case of security incidents, trauma, etc. Promoting training for Geneva staff members who are dealing with stressful situations either in their work or in their contact with delegations.
- Promoting research on psychological health and the impact of humanitarian work on current and former delegates.
- Encouraging managers to propose psychological support missions to the field in emergency operations, difficult countries facing security problems, in conflict situations, etc.
- Developing, with the International Federation, better tools to support teams, and delegates who face difficulties in the field. The priority is on prevention and early diagnosis so that conflicts in teams, which can be painful and destructive, are avoided.