CROSSING CULTURES CARE TEAMS

IMPLEMENTATION GUIDE

SECOND EDITION

REVISED AND EXPANDED



A Structured Model for Sustainable Missionary Support

Foundation • Formation • Function • Fidelity • Future

RUSSELL G. SEMON, Ph.D.

CROSSING CULTURES CARE TEAMS • IMPLEMENTATION GUIDE • SECOND EDITION REVISED AND EXPANDED RUSSELL G. SEMON, Ph.D.

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Crossing Cultures Care Teams
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Preface to the Revised and Expanded Edition

The first edition of this guide was written for churches that had already developed Care Teams, or were close to having them. It described what a Care Team is, why it matters, and how a working team keeps its rhythm: the covenant, the roles, Care Mapping, and the escalation pathway. For a church that already had people in place, that was enough to give them a shared structure.

What became clear to me after it was published is that many of the churches who want to offer this kind of care are not there yet. They want to care well for the people they send, but they have no team, no coordinator, and no clear first step. A team that is not yet operational needs structure and guidance in its early development just as much as an established team needs structure to keep going, and the first edition said very little to help with that starting point.

This edition is written with those churches in mind. Most of what is new comes before the team's first meeting: how leadership can tell whether the church is ready, and how to get ready if it is not; how to choose a coordinator; how to put safeguarding in place before anyone contacts a missionary's child; how to work with the sending organization; how to select and invite members; and how to train the team before care begins.

This edition also carries the model further along its course. It adds guidance for homecomings, for ending a team well, for discerning a working partnership after conflict, and for a church ready to form a second team or to help another church begin. Two Care Mapping modules address the single missionary and the experience of living between two worlds. The tools have grown from nine to twenty-one, each placed where the book first calls for it, and each available as a fillable form at crossingcultures.care/cc-care-teams.

What has not changed is the conviction underneath it all. The missionary directs the care, and a church keeps the promise it made at a sending through ordinary, faithful structure held over time.

Russell G. Semon, Ph.D.

Start Here

This book serves several readers, and not everyone needs to read all of it at once. Find yourself below.

If you are a pastor or missions leader deciding whether to begin

Read What Your Church's Leadership Needs to Know, What Is a Care Team?, and Part I. Then complete the Leadership Readiness Assessment (Tool 1) with your leadership team. Chapter II-1 is where deciding becomes doing. If you want the research behind the model's structure, it is in the appendix For Leaders and Reviewers.

If you are the Care Coordinator

Read A Note to the Missionary, What Is a Care Team?, and the Quick Start. Then read Part II, which walks you through forming the team, and the opening of Part III with Chapter III-1, which shows how the team runs once it begins. You will read Part I together with your team during training.

If you are joining a Care Team

Read A Note to the Missionary and What Is a Care Team? Your coordinator will assign the rest of your reading one training session at a time, beginning with The Send-Off. Chapter II-7 and the tools your role uses are your home ground.

If you are the missionary

Read A Note to the Missionary first, before your first meeting with the team. Your voice shapes how this team works.

Once the team is running

Work through Parts III and IV during the first year, and turn to Part V as your church's care ministry grows. Turn to Chapter III-5 when a crisis comes, and to Chapters IV-2 through IV-4 for a homecoming, an ending, or a hard question about a partnership. Every fillable tool is at crossingcultures.care/cc-care-teams.

Quick Start: The Smallest Faithful Version

This book is long because I set out to answer every question a Care Team will eventually face. You do not need every answer to begin. A church can start this year with three people, one pastor, and the pages below. The rest of the book is there when you need it.

What You Need to Begin

1. The missionary's yes. The church offers a team; the missionary accepts it, chooses the Care Coordinator from the people you present or names someone who meets the same criteria, and approves each member. Nothing is formed without them. (A Note to the Missionary; Chapter II-2)

2. One named pastor. One person in pastoral leadership who stands behind the team — supporting how it functions, helping it find the right help for what it cannot carry — and meets with the coordinator each quarter. (The Leadership Commitments Declaration, Tool 3, is a single signed page.)

3. Three people carrying six roles. A coordinator; one person carrying Relational Liaison and Spiritual Encouragement; one carrying Logistics and At-Large. If the family has children, whoever holds the MK Lead role meets the full safeguarding standard, and that role is never diluted. (Chapters II-3 and II-6; Tool 5, Safeguarding Readiness Checklist)

4. Training and a covenant. Five short sessions, with the covenant read by the whole team and signed together in the third, with pastoral oversight signing as a party. (Chapter II-7; Tool 11, Covenant of Shared Stewardship)

5. One meeting a month. Sixty minutes, in the order Chapter III-1 lays out, from the team laptop and the team's own meeting account. Contact with the missionary follows the rhythm they set.

6. Care Mapping. The missionary rates their own life across the eight domains, with the team present to listen and ask. At the team's formation, then quarterly in Year One. (Tool 13, Missionary Care Mapping Workbook)

7. The consent rule and the escalation pathway. Nothing leaves the team without the missionary's yes, with one exception: a risk of harm to self or others. Every team member knows the five levels of the escalation pathway. (Part III opener; Tool 15)

What Can Wait

A church that already knows each team member candidate well — often a small one — can keep the selection process light: an honest invitation conversation, the role

sheet, and the covenant. The minimum standards in Chapter II-5 are never skipped. Field visits, the full budget, the discernment and stewardship reviews after Year One, and most of Part V can wait until the team has a year of practice behind it. A church sending more than one missionary should read Chapter V-1 before forming a second team. Turn to Chapters III-5 and IV-2 through IV-4 when a crisis, a homecoming, or an ending arrives.

The Quick Start is a starting line, not a finish line. By the end of Year One, every team should grow into the full model: careful selection for new members, the reviews, and the parts of the book it set aside.

What Can Never Be Skipped

The missionary directing the care, named roles, the signed covenant, the monthly meeting, Care Mapping across all eight domains, the consent rule, and a named pastor behind the team. Without these, it is not a smaller version of the model; it is a different thing.

Your First Year

Before anything	The missionary says yes and chooses the coordinator; pastoral oversight is named; the missionary answers six questions about their organization and gives one crisis contact to pastoral oversight and the coordinator only.
Months 1–2	Invite two or three members, with the missionary's approval. Hold the five training sessions, weekly or every other week. Sign the covenant together in Session Three.
Month 3	Baseline Care Map, the missionary rating their own domains with the team present.
Every month	One team meeting. Contact at the rhythm the missionary set.
Every quarter	Care Map and a short alignment review; the coordinator meets with pastoral oversight.
End of Year One	Annual review with the missionary's Evaluation of Care, and the Year One discernment review (Tool 17).

A Note to the Missionary

This section is written directly to you, the missionary or missionary family this Care Team exists to support. If you are reading this guide before your team is formed, this is the most important page for you to read first.

You may have had a support team before. It may have started well and gradually faded. It may have sent care packages without ever asking how you were really doing. It may have prayed for your ministry without ever asking about your marriage. It may have felt, over time, like another obligation to manage rather than a source of genuine rest.

This model is designed specifically with that history in mind.

What This Team Is

A Crossing Cultures Care Team is a small group of people who have made a structured, covenanted commitment to walk alongside you. Each member serves a defined term of eighteen months, and terms are renewed and staggered, so the team stays with you steadily across years: not just at commissioning and not just in crisis.

They have agreed to care for you as a whole person: your spiritual vitality, your emotional health, your marriage, your children, your relationship to the culture you serve in, your organizational pressures, your physical health, and your transitions. This is not a checklist. It is genuine, attentive interest in you.

They have committed to confidentiality. What you tell any one of them, the team holds together. That is how the team carries weight no single person should carry alone, so no member can promise to keep something from the rest of the team. What you share, and whether you share it, is always your choice. If there is something you want only one person to know, bring it to your pastor or a counselor outside the team. What you tell this team stays in this team unless you give explicit permission otherwise. Nothing about you goes to pastoral leadership, your sending organization, or anyone else without your knowledge and consent. There is one exception: a risk of harm to yourself or to someone else, including any suspicion that a child is being harmed. In that case the team will bring it to pastoral leadership without delay, whatever you prefer, and the law may require a report. Your coordinator will tell you what is happening and why as soon as it is safe to. That is the only exception.

What This Team Is Not

Your Care Team is not a reporting structure. They are not evaluating your ministry performance or reporting to your sending organization. They are not your supervisors. They are not therapists or crisis counselors, though they will know when to refer you to one and how to help you get support.

They are not going to fix everything. They are going to notice faithfully, stay with you consistently, and bring in the right help when something is beyond what they can handle.

Your Role in Making This Work

The model behind this team is built on one principle above almost all others: nothing about you without you. This team is offered to you, not assigned to you, and it begins with your yes. You choose your Care Coordinator. It may be one of the candidates the church presents, or someone you name who meets the same criteria. You also have a say in every other member, so that each one is someone you can be known by. Once the team is formed, you direct the care: what you want from it, how often you want contact, and what is shared and with whom. The team follows your lead within what it has agreed to offer. When you ask for something beyond what it has, it will tell you honestly and help look for it elsewhere. And you will have a formal, safe way to tell the team how it is doing, either to the coordinator or privately to pastoral oversight.

This team is asking you to try something different. They have been trained to hear difficult things without panicking. They have committed to confidentiality. They have agreed to respond with pastoral care rather than organizational alarm. And they are here because they genuinely want to know how you are, not how your ministry is.

That means this team works best when you can be honest with them. Not polished. Not performing. Honest.

What You Can Ask of This Team

You are allowed to tell this team what you actually need. You are allowed to say: I need fewer check-ins right now and more practical help. Or: I need someone to ask about my marriage, not just my ministry. Or: I need you to watch for this in me, because I stop seeing it clearly when I am inside it.

The Care Mapping conversations your team will have with you are designed to give you that opening. Every domain of your life will be covered. You will rate each one yourself, in your own words, with the team there to listen and ask. You will be asked directly. You will not have to bring up hard things on your own while no one asks. The team will make room for them.

This Team Is Not a Reporting Line

Many missionaries carry more than they need to because asking for help has felt risky. What you say might reach your field leadership, your organization, or your supporting churches, and shape how your ministry is seen. That fear is reasonable, and this team is built to answer it.

This team is not part of your supervisory chain. Nothing you tell it becomes part of any evaluation of your ministry. Nothing reaches your sending organization, your church's leadership, or anyone else without your knowledge and your yes. The only exception is a risk of harm to yourself or someone else. That exception is named in writing so it can never be stretched to cover anything more. Even then, your coordinator will tell you what is happening and why as soon as it is safe to.

You do not have to be fine here. That is the point.

What You Can Expect over Time

In the first year, this team is putting in place what it needs to care for you well. Meetings will be settling into a regular rhythm. Roles will be finding their fit. Trust will be developing. Give each other grace.

By year two, a well-functioning team knows you specifically, not missionaries in general. They know what strain looks like for you, what helps you, and what they should watch for. They have learned to listen to you rather than follow a template.

"The missionary who knows they are not forgotten — who knows there is a team of people at home tracking their whole life, praying specifically, noticing early — is a more resilient missionary."

You are worth this level of care. This team believes that. And this guide exists to help them give it to you well.

What Your Church's Leadership Needs to Know and Commit To

A Care Team is only as strong as the leadership that stands behind it. Sometimes a missionary brings the team a marriage crisis, a spiritual collapse, or an organizational conflict. Then the team needs a leader who can help it respond well. That leader knows the referral options and can free the resources. That leader also keeps the team steady while the coordinator and pastoral oversight help connect the missionary with the right person to carry it. Pastoral oversight is not the destination for every hard thing a team hears. It is the team's backstop. If leadership is not prepared to stand behind the team through what the missionary will eventually bring to it, the team will quietly stop asking honest questions. That is a worse outcome than never having formed the team at all.

The Pastoral Oversight Role

Every Care Team must have a named pastoral owner. This is a specific pastor or elder who is not simply available in an emergency. Instead, this person keeps a regular rhythm with the Care Coordinator as a matter of practice. What this means in practice:

- A specific name is assigned before the Care Team is formed — not after a problem surfaces.
- The Care Coordinator has a direct line to this person and knows explicitly when to use it.
- The pastoral contact meets with the Care Coordinator at minimum quarterly — not only in crisis.
- This person understands the full scope of what a missionary may bring to a Care Team.
- This person is prepared to support the team with referral pathways, resources, and organizational authority. This person will also offer pastoral care directly when the missionary asks for it.

What the Team Will Bring to Pastoral Oversight

Everything that reaches you through the Care Team reaches you with the missionary's knowledge and consent. The team brings concerns with the missionary, not about them. Most of it will not arrive as a problem for you to solve. It will arrive as a request for help so the team can help well: which counselor, what the church will fund, how the team should respond. A well-functioning Care Team may bring you requests that look like these:

- Help finding the right counselor or mentor for a missionary whose marriage has been under sustained pressure. The missionary has told their Relational Liaison that things are serious and asked the team to help them find support.

- A decision to fund professional care for a missionary showing signs of depression or trauma response who has accepted the team's offer of a referral
- Guidance on how the team can support a missionary in conflict with their sending organization, staying present without taking a side or stepping into the dispute
- A missionary questioning whether they should remain on the field, whose doubt has moved from normal processing to active planning, and who wants their church in the conversation
- Specialized support for a Missionary Kid, raised with the parents and brought forward at their request
- A team that is struggling as a team: a coordinator carrying too much, a confidence broken, a role left empty, a conflict the team cannot resolve

A Caution: The Promise Is Only as Good as Its Keeping

The missionary's willingness to be honest with this team rests on one promise: what they share will not travel without their consent. Most missionaries have learned, somewhere along the way, that honesty can cost them. They will be watching to see whether this church is different.

That promise binds you too. Leaders are the most likely people to break it without meaning to. It can happen through a passing word to a contact at the organization, a detail shared in a staff meeting, or a prayer request that says a little too much. It can happen through a well-meant call to "help" that the missionary never asked for. A single leak can undo years of careful structure, and word of it travels among missionaries.

Before your team launches, decide who in leadership will hear what, and settle that nothing goes further without the missionary's yes. When you receive a concern from the team, treat it as held in trust, not as information you now own.

When Pastoral Oversight Changes

Pastors retire, move, and are replaced. Staff roles are restructured. Elders rotate off. This model was built so that a change in leadership changes nothing about the promise. But that is true only if the change is handled on purpose. The most important rule is the simplest: a new leader does not inherit the missionary's story.

Tell the missionary first. Before anything changes hands, the coordinator tells the missionary who is leaving, who is stepping in, and when.

The missionary decides what the new leader is told. Unless the missionary says otherwise, the new leader learns only that the team exists, how it works, and how to reach the coordinator. The outgoing leader shares nothing of the missionary's

history without the missionary's yes: not in a handoff meeting, not in a file, not in passing.

Hand off the structure, not the stories. The new leader reads this book's leadership section and the covenant and meets with the coordinator. The new leader also re-signs the Leadership Commitments Declaration (Tool 3) and signs the covenant's pastoral oversight commitments. The quarterly rhythm with the coordinator resumes within the first month.

No gap. If the new leader is not yet in place, leadership names an interim contact for the team immediately. A team without pastoral oversight for more than a month is a team without its backstop.

In unsettled seasons, the team holds steady. When a church is in leadership transition, the missionary is often the last to hear and the most unsettled by it. The team's ordinary rhythm of the same calls, the same people, and the same meeting is itself a message. It tells the missionary that the promise did not belong to the person who left.

Professional Referral Pathways

Before Care Teams are launched, pastoral leadership should identify and document:

- One or more missionary-focused counselors or mental health professionals your church can refer missionaries to (organizations like Alongside, Link Care, and Barnabas International are good starting points)
- Your church's posture on covering or subsidizing the cost of professional care for missionaries in crisis
- The process by which a Care Team coordinator accesses pastoral leadership in a non-emergency concern: a named person and a defined timeframe for response
- The process for immediate escalation when there is a risk of harm to self or others. This includes a named person, available contact information, and clarity that this person can be reached without delay.
- A written commitment that referral support and professional referral happen only with the missionary's consent. A risk of harm to self or others, including any suspicion that a child is being harmed, is the single exception.

What Is a Care Team?

A one-page overview for prospective team members

You love a missionary. You want to do more than pray and send packages. You have wondered whether there is a structured, meaningful way to stay involved through the many years of their calling.

There is. It is called a Crossing Cultures Care Team.

What You Would Actually Do

Care Team members commit to one of six defined roles. Depending on your role, a typical month looks like this:

Role	What You Do	Time / Month
Care Coordinator	Facilitate monthly meetings, keep records, connect with pastoral leadership	**2–4 hours**
Relational Liaison	Maintain consistent personal contact with the missionary — at the rhythm the missionary sets, often twice a month	**1–2 hours**
Logistics Support Lead	Anticipate and address practical needs: housing, packages, MK care, re-entry	**1–2 hours (more in re-entry seasons)**
Spiritual Encouragement Lead	Lead the team's prayer rhythm, send Scripture-based encouragement, lead devotional at meetings	**1–2 hours**
MK Lead	Maintain consistent, age-appropriate connection with each MK; track transitions; escalate concerns	**1–2 hours**
Secondary / At-Large Member	Provide flexible support across all roles; serve as backup during transitions	**About 1 hour**

Why the Time Commitment Is What It Is

The average cross-cultural missionary scores approximately 600 on the Holmes-Rahe Life Stress Inventory. On this scale, scores above 300 are associated with a much higher risk of stress-related illness. The average American scores around 200. Missionaries are not living with manageable levels of stress. They are living in chronic overload, often without enough support structures in place.

How This Is Different from Informal Friendship

Informal friendship cannot be replaced, and this model depends on it. What Care Teams add to friendship is structure: defined roles, regular rhythms, written commitments, and a clear pathway for escalating concern when something is wrong.

"Structure does not replace love. It makes love durable."

How to Use This Guide

This guide is written for people who love missionaries.

It is written for the deacon who serves faithfully but has never been sure what sustained care actually looks like. For the missions committee chair who suspects their team's support has grown thinner over the years. For the pastor who wants to do more than pray and send packages. For the friend who knows something is wrong but doesn't know what to ask.

How It Is Organized

The model moves through five phases: Foundation (Leadership Readiness), Formation (Thoughtful Team Formation), Function (Sustained Ministry Rhythm), Fidelity (Faithful Reflection), and Future (Enduring Stewardship). Each phase builds on the one before. The book is organized in six Parts that give the phases the space they need. You can read it straight through. For team training, you can use the five-session curriculum in Chapter II-7.

Twenty-one practical tools accompany this guide: assessments, covenants, selection instruments, care mapping workbooks, role guides, and sustainability tools. They are available separately as fillable PDF forms. Each tool is referenced at the appropriate place in this guide so you know exactly when to use it.

Whatever Your Place in the Sending

Churches come to this work from three positions, and the model serves all three. If yours is the **formal sending church**, the congregation that commissioned this worker, this book is your direct path from here. If yours is **one supporting church among many**, the worker was sent through an organization and is anchored in another church. Chapter V-2's participating-congregation and shared-missionary patterns show how you take your faithful part. The churches agree, explicitly and once, which one hosts the team, and every other church strengthens it. If yours is the **home church of a worker who went independently**, your church is the only layer of support. Chapter II-4's independent-missionary guidance and Chapter V-3's closing section name what your church must deliberately build. In every case the missionary is cared for the same way. Only the structure around them changes.

To find where to begin reading, see Start Here at the front of the book. The five-phase pathway shapes the whole model. The Pathway and the Parts, at the close of Part I, shows how the phases and the six Parts fit together. Every fillable tool is available at crossingcultures.care/cc-care-teams.

Glossary of Key Terms

Advocacy Team / Barnabas Team / Missionary Support Team

Alternative names for the structured lay care team this guide describes. The model is the same; the names vary by sending network.

Alignment Review

A scheduled check of how the team itself is doing, rated across nine areas such as meeting rhythm and missionary trust, using the Support and Care Alignment Review (Tool 14). Quarterly in Year One and twice a year after that. Once a year it includes the missionary's own Evaluation of Care.

Attrition

Departure from the field before the missionary intended. Research indicates 71 percent of missionary attrition is driven by preventable causes.

Booster Conversation

A short team check-in at months three, six, and twelve of the first year, built on four questions: Are our meetings happening? Is every domain being addressed? Is every member in real contact? Is the coordinator connected to pastoral leadership?

Care Coordinator

The team member who convenes the monthly meeting, keeps the team's records, and serves as its link to pastoral oversight. The coordinator is named first, before any other member is invited.

Care Discernment Review

A planned pause at the end of Year One, at Year Three, and at each major transition to ask whether the team's care is still serving the missionary well and what should change (Tool 17).

Care Mapping

The practice of structured whole-person assessment across eight domains of a missionary's life, using Tool 13 in this guide.

Consent Rule

Nothing about the missionary leaves the team without their knowledge and consent. The single exception is a risk of harm to self or others, including any suspicion that a child is being harmed. Even then, the missionary is told what is happening as soon as it is safe.

Covenant of Shared Stewardship

The written commitment (Tool 11) that team members read aloud and sign together, with pastoral oversight as a party. It turns good intentions into shared accountability.

Escalation Pathway

The five levels for responding to a concern (Tool 15). The first four move from increased presence to team consultation, referral support, and professional referral, each with the missionary's consent. The fifth is the immediate response to a risk of harm.

Evaluation of Care

The missionary's own assessment of the team's care, given at least once a year to the coordinator or privately to pastoral oversight.

Fidelity

How closely a team is actually following the model it agreed to. Once a year, the Model Fidelity Self-Check, printed with Tool 14, reads each part of the model as faithful, drifting, or lapsed. Fidelity is also the short name of the fourth phase, Faithful Reflection, when the team examines itself on a schedule.

Five Phases

The arc of the Care Team model, named on the cover: Foundation (Leadership Readiness), Formation (Thoughtful Team Formation), Function (Sustained Ministry Rhythm), Fidelity (Faithful Reflection), and Future (Enduring Stewardship). Each phase builds on the one before. The Pathway and the Parts, at the close of Part I, shows how the phases and the book's six Parts fit together.

Home Assignment

A season in the home country between field terms, sometimes called furlough, usually combining rest, reconnection with supporting churches, and preparation to return.

Member Care

The care a sending organization provides its missionaries, often including counseling, debriefing, and crisis support. A Care Team works alongside it, not in place of it.

Minimum Standards

The five qualities every team member must have at the time of joining, whatever their strengths elsewhere: a record of confidentiality, long-term commitment, basic

crisis awareness, a settled faith, and willingness to work within the team's rhythms (Chapter II-5).

MK (Missionary Kid)

A child raised by missionary parents, often navigating multiple cultures and educational transitions.

Natural Supports

Relationships the missionary holds independent of the church program: friends, family, and longtime colleagues whose connection began before the Care Team was formed.

Pastoral Oversight

The named pastor or elder who stands behind the team: supporting its functioning, helping it make appropriate referrals, meeting with the Care Coordinator at least quarterly, and receiving any risk-of-harm concern immediately. Signs the covenant as a party, not a witness. Not the default destination for the missionary's personal struggles.

Re-entry

The transition a missionary goes through when returning to their home culture. It is often more disorienting than the first departure.

Relational Liaison

The team member whose primary role is consistent, personal friendship with the missionary, at a contact rhythm the missionary sets, often twice a month.

Sending Organization

The mission organization a missionary serves with. It leads on field placement, member care, and crisis response; the church leads on its own relationship with the missionary (Chapter II-4).

TCK (Third Culture Kid)

A child who has spent a significant part of their growing-up years outside their parents' home culture. Most MKs are TCKs, and many feel most at home with others who grew up the same way.

Term

A defined period of service on the team — eighteen months, renewable. Terms are staggered so the team never turns over all at once.

Triangle

What happens when a third person is drawn into a disagreement or a confidence between two others. Triangles make conflict harder to resolve. That is why the team holds confidences together and does not take sides between the missionary and their organization.

Whole-Person Care

Care that addresses all eight Care Mapping domains of the missionary's life — spiritual, emotional, marriage and family, cultural, ministry and organizational, physical, practical and financial, and children — rather than only ministry performance.

PART I

Foundations

The Send-Off

The send-off was beautiful. Remember it: the packed sanctuary, the commissioning prayer with a dozen hands on two sets of shoulders, a gift presented, the banner the youth group made. Cornerstone Church had never been prouder than the Sunday it sent the Bennetts to the field. People wept. People pledged. The pastor said, and meant, "You will never walk alone."

For a while, it was true. The emails came weekly and were answered. Care packages went out at Christmas. A Sunday school class adopted the family and put their photo on the wall.

Then — nothing happened. That is the part no one warns you about: nothing happened. There was no crisis, no failure, no falling-out. The associate pastor who championed the family took another call. The Sunday school class finished its study year. The photo stayed on the wall. And the emails, which had taken the Bennetts an hour to write around language school and two small children, began coming back … slower. Then thinner. Then mostly not at all.

Eighteen months in, Sarah Bennett wrote in her journal a sentence that missionary care workers have read, in one wording or another, a thousand times: "I think they have forgotten we are here." Her husband never read it. She never sent it anywhere. They stayed — the Bennetts were the staying kind — but something in the sending had quietly gone out, and both of them worked the next years carrying a weight that was supposed to have been shared.

No one at Cornerstone decided this. That is the point of the story. Everyone at Cornerstone loved the Bennetts — loves them still, would say so today, would be stunned and hurt to read Sarah's journal. The church did not lack love. It lacked structure: nobody's job was the Bennetts, and a responsibility that belongs to everyone belongs, eighteen months later, to no one.

Now imagine the same sanctuary, the same tears, the same banner — and one thing more. Before the commissioning Sunday, six people signed a covenant. One of them has known the family for years and holds the whole picture. One writes, and the writing never stops. One prays from a list that changes weekly because someone keeps it current. One watches over the children by name. One shows up at the airport, both directions, every time. One stands ready to fill whatever gap opens next. They meet monthly whether it is interesting or not. When the associate pastor leaves, it changes nothing, because the promise was never his to carry alone. Eighteen months in, on a hard night in a hot kitchen far away, Sarah knows — not hopes, knows — that on the other side of the world there is a short list of people who could tell you, this week, how she actually is.

The difference between those two stories is not devotion. Cornerstone had devotion both times. The difference is a structure — small, ordinary, and kept — and building it is what this book is for. The research that follows will tell you the first story is common. Read it knowing the second story is available to any church willing to do what the next two hundred pages describe.

Introduction

From Good Intentions to Intentional Stewardship

> **IN SHORT** Churches love their missionaries, but love alone does not keep care steady over years. Missionaries carry far more stress than most people at home realize, and most of it builds slowly. This book treats care as a stewardship the church owns, not a program it runs.

Churches love their missionaries. They pray faithfully. They give sacrificially. They send care packages. They celebrate stories from the field. They display photos in hallways and commission families with tears and applause.

And yet, across denominations and sending networks, one quiet reality persists: missionary strain often deepens long before anyone notices. Emotional fatigue is minimized. Marriage strain is absorbed privately. Isolation becomes normalized. Exhaustion becomes routine. Children silently struggle through cultural transitions. Sending-church tension goes unspoken.

Rarely does missionary attrition result from a single catastrophic event. More often, it is the cumulative weight of unmanaged strain. This is stress that was never dramatic enough to trigger alarm, but never light enough to disappear.

What the Research Tells Us

The stress that cross-cultural workers carry is not ordinary stress. Psychiatrists Thomas Holmes and Richard Rahe developed a widely used Life Stress Inventory that assigns weighted values to major life changes and predicts health outcomes. Scores above 300 are associated with a markedly higher risk of stress-related illness; the average American scores around 200.

The average cross-cultural missionary scores approximately 600.

That number deserves a moment. It means the typical missionary is not living with manageable stress. They are living in chronic overload. They carry more life-change weight than most crisis intervention thresholds recognize, often without adequate support structures in place to help them bear it.

My research included 93 missionaries serving across 40 countries. The data confirmed something that practitioners had long suspected: most missionaries are not carrying manageable levels of stress. They are carrying chronic overload at extraordinary levels, for extraordinary durations, without adequate structural support.

What the Research Also Tells Us About Support

In 2020, a global survey of 89 missionary care practitioners — 31 serving internationally and 58 in the United States — asked them to name and prioritize the values most essential to sustainable advocacy-team care. Ten principles emerged, among them relationship, missionary voice and choice, whole-person care, and proactive prevention.

The good news: values can be built into how a team works. The model in this guide gives each of them a structure — named roles, a regular meeting rhythm, a written covenant, and whole-person Care Mapping — so that what practitioners said matters most does not depend on any one person's memory or energy.

The Stewarded Support Framework

The Crossing Cultures Care Teams model is built on a single conviction: missionary care is not a program. It is stewardship.

A program has a launch date and an end date. It belongs to whoever runs it and quietly dissolves when they leave. A stewardship has owners. These are people who have accepted responsibility not just for a season of enthusiasm, but for another person's flourishing over the long term.

The Stewarded Support Framework holds three commitments in tension:

- Relational depth that hears the person, not a template
- Structural clarity that makes care consistent and transferable
- Organizational accountability that ensures the team has what it needs to function

Remove any one of these and the model weakens. A team with relational depth but no structure drifts. A team with structure but no relational depth becomes a committee. A team with both but no organizational accountability collapses when it needs pastoral support and finds none.

The Research Foundation

What Practitioners, Researchers, and Missionaries Have Been Telling Us for Nearly Two Decades

> **IN SHORT** This chapter shows what the model is built on: missionary care practitioners who named the values that make care last, and missionaries who described the load they carry. Ten principles come out of that research. The chapter closes with the few things the model cannot do without, and the many things your church is free to adapt.

Before a guide can ask a church to build something, it should be honest about what it is building on. The Crossing Cultures Care Teams model is not a new invention. It is a structured, values-based response to a conversation that has been going on in the missionary care community for at least a generation. That conversation has named the same problem again and again. It has been waiting for the research and the frameworks needed to address that problem at the level it actually requires.

This chapter traces that conversation in three parts. It begins with a writer in 2008 who named the problem directly. It continues with doctoral research that reframed the question. That research asked not merely why advocate teams fail, but what values a team would need to share from the beginning in order to keep working well over time. And it ends with ten principles that came out of that research. They are stated here as the values a Care Team should hold in common before it does anything else.

None of this is original to me alone. What may be new is the attempt to ground a practical guide in a values-based foundation, hold it together in one place, and offer tools a local church can actually use.

The Problem Was Named Before It Was Solved

In July 2008, Ellen Livingood of Catalyst Services published an essay titled *Revisiting Advocate Teams* in her *Interchange Postings* newsletter. By then, the advocate-team concept had already been part of American missionary care for decades. Sending organizations had promoted it, and sending churches had adopted it. Countless missions committees and global outreach pastors had refined it through practical experience. Yet Livingood, who wrote as both a mission-organization veteran and a local-church missions director, acknowledged a pattern she had seen too often.

“Too often advocate teams either never get off the ground or have spotty success.”

She did not soften the observation. She named the obstacles directly. Teams that never truly came together as teams. Potential members who could not picture what they would do. Advocacy roles that were poorly defined. These were reduced to care packages and housing during home assignment, while the larger work of representing the missionary to the congregation was quietly dropped. Inertia: the slow, unconscious assumption that once launched, a team would simply keep running. Loss of leaders, which left teams without anyone to hold them together. Too little interaction between team and missionary. Lack of empowerment to address real needs. Service that was never meaningfully recognized or renewed.

Eight obstacles. Each one is still recognizable today in churches that have been trying faithfully to care for their missionaries. Year after year, these churches find that the care they imagined giving has quietly become less than what they hoped.

Livingood did not leave the problem unanswered. She proposed tactical responses to each obstacle. Among other ideas, she suggested recruiting missionaries themselves to build their teams and holding introductory sessions for potential members. She also suggested giving advocate teams specific opportunities to keep their missionary visible, and bringing team leaders together quarterly to share ideas and encourage one another. Her instincts were sound. Several of those responses are kept, in adapted form, in this guide.

What her 2008 essay could not yet offer was an answer to a deeper question. That question stands behind all eight of the obstacles she named. If advocate teams fail this predictably, across denominations, decades, and regions of the world, is the problem merely tactical? Or does the repeated failure suggest that something more basic is missing? Not better procedures. Not better recruiting. But a shared foundation that members would work from in the first place.

That is the question the research underlying this guide set out to answer.

A Values-Based Approach to Sustainable Care

The research underlying this guide was conducted as part of my doctoral work at Louisiana Baptist University and Seminary. Its design was also shaped by my earlier professional experience implementing and evaluating evidence-based care models in state behavioral health. That experience informed the structure described in the appendix For Leaders and Reviewers. The research began from a premise that reframed the question Livingood's essay had left open.

Teams function best when their members operate from a shared set of values. Procedures change. People come and go. Enthusiasm rises and falls. What holds a team together across years is not its meeting schedule or its communication tools. It is the convictions its members hold in common about *why* they are doing the work

and *what faithful care actually requires*. Where those values are unstated or unshared, structure alone cannot sustain the team. Where those values are named, affirmed, and put into practice, structure becomes the visible expression of a deeper agreement.

This values-based premise shaped the research design. Rather than ask practitioners to diagnose failure, the research asked them to describe, from their own experience, the principles they considered most essential to lasting advocacy-team care. The goal was not a catalog of problems. It was a foundation, affirmed by practitioners, on which care that lasts could be built.

The 2020 Practitioner Survey

Between August and October of 2020, 89 missionary care practitioners responded to a survey. It was distributed through the Global Member Care Network, Asian and European member care networks, and selected sending churches and organizations. Respondents included both international and U.S.-based practitioners: 31 international and 58 U.S.

The survey brought out and ranked the values practitioners affirmed as most essential to advocacy-team effectiveness. From that work, ten principles emerged. I did not impose these principles on the data. They are values the research itself produced, affirmed by the practitioners who took part. According to the practitioners closest to this work, they are the shared foundation that lasting care actually works from.

These ten principles make up the rest of this chapter. Each principle below is a value practitioners themselves named as essential. Together, they answer the question Livingood's essay left open. They are the values-based foundation for building faithful advocacy-team care from the start, not merely rescuing it after it has begun to drift.

The 2022–2023 Missionary Stress Assessment

The second part of the research addressed a different question. The 2020 survey identified the values that sustainable care would work from. The 2022–2023 assessment asked what the missionaries those teams serve are actually carrying. Between July 2022 and July 2023, 93 cross-cultural missionaries serving across 40 countries completed the Cerny Smith Assessment. This is a validated assessment tool that measures coping capacity in five domains: Organizational, Cultural, Relational, Resilience, and Foundational.

The results were striking. Average domain scores ranged from the upper 30s to low 40s. That placed most participants **below the 50th percentile of coping capacity** compared with the assessment's normed peer group (the comparison

group its scores are measured against). This was true across *every* domain the instrument measures.

Comparable earlier research offers context for why. Larry and Lois Dodds' cross-cultural adaptation of the Holmes-Rahe Life Stress Inventory found that the average American scores approximately 200 on that scale. The average cross-cultural worker scores approximately 600. On the original scale, scores above 300 are associated with a markedly higher risk of stress-related illness. Most missionaries, by this measure, are living at twice that threshold.

These numbers are not a side issue in the question of what values an advocacy team should be built on. They are the reason values-based foundations matter more, not less. Consider a team whose members do not share a working conviction about whole-person care. Under the growing pressure of what these missionaries are carrying, that team will gradually narrow to what is comfortable: ministry updates, financial needs, the visible domains. What gets missed is exactly what the stress data suggests is most at risk. These are the domains where strain deepens quietly, over years, without anyone naming it.

What the Research Together Points Toward

The two parts of this research are not separate studies that happened to point the same way. They look at a single question from two angles. The 2020 survey asked what values would make advocacy-team care sustainable. The 2022–2023 assessment established why sustainability matters. The people these teams serve are, on average, carrying loads that make drift not merely unfortunate but genuinely dangerous.

Livingood, writing in 2008, recognized the drift. Her essay proposed that the concept of advocate teams was worth keeping. The research summarized above agrees with her and goes further. The concept is worth keeping *and* can be built from the start on a values-based foundation. That foundation makes the tactical failures she listed substantially less likely to occur. The ten principles that follow are that foundation.

Ten Principles That Should Drive Every Care Team

Before we talk about what a Care Team does, we need to talk about what it believes. Every team has a hidden set of assumptions: about why they exist, about what the missionary needs, about whose agenda drives the plan. When those assumptions go unexamined, they become the unseen cause of drift.

That is why this guide begins with principles — not procedures.

#	Principle	What It Means
1	**Relationship Focused**	Trust, openness, mutual concern, cooperation, and shared responsibility are the vital ingredients. A Care Team is not a committee. It is a covenant community.
2	**Spiritual Health**	Spiritual health is the foundation for team resilience. A Care Team that is not spiritually vital cannot sustain the weight of what it is carrying.
3	**Servant Leadership**	The Care Coordinator is not the most important person on the team. They are the person most committed to everyone else's effectiveness.
4	**Commitment**	Commitment means the whole team can clearly articulate why this Care Team exists — and stays committed to that purpose even when enthusiasm fades.
5	**Missionary Voice and Choice**	The missionary's own perspectives are intentionally elicited and prioritized in every decision the Care Team makes.
6	**Cross-Cultural Awareness**	Care Team members need to understand the cultural context in which the missionary is serving — not to become experts, but to listen well.
7	**Professional Standards**	The team operates with clear boundaries, documented commitments, and a defined escalation pathway. Professionalism is what makes trust sustainable.
8	**Whole-Person Care**	Effective Care Teams attend to every domain of the missionary's life — all eight Care Mapping domains, not only the visible ones.
9	**Organizational Integration**	Care Teams function within the church's larger missions and pastoral structure, not independently of it.
10	**Proactive Prevention**	The most effective missionary care is the care that prevents crisis. Regular whole-person check-ins and attentiveness to early strain indicators are the practices of a wise team.

Faithful, Not Guaranteed

In the end, our theology of stewardship has the final word. Stewards are not required to guarantee outcomes. They are required to be found faithful with what has been entrusted to them (1 Corinthians 4:2). A Care Team that implements this model faithfully has done what faithfulness requires, whether or not every missionary they serve thrives. That means monthly meetings kept, all domains regularly visited, the escalation pathway honored, and the missionary's voice given priority. Missionary thriving is shaped by many forces beyond what any Care Team can control.

What stewardship does invite is ongoing learning. The first-year booster conversations, the alignment reviews, the discernment reviews, and the Team Evaluation (Tool 21) are how each team keeps learning what is actually helping the

missionary it serves. Through them, the missionary's own voice is heard directly. That is not a gap in the model. It is the model doing what stewardship requires of it: staying accountable to the experience of those who are doing the work.

Pastors and reviewers who want the research behind the model's structure, including the two behavioral health models it adapts, will find it in the appendix For Leaders and Reviewers. That appendix comes at the close of the narrative chapters.

What This Model Requires — and What It Does Not

Fidelity and Flexibility in Context

Not every church is the same. A congregation of eighty members in a rural county cannot staff a Care Team the same way a church of two thousand in a city can. A missionary serving in a restricted-access country communicates differently than one in Western Europe. The relationships on a Care Team supporting a single woman on the field look different from those on a team supporting a family of five.

This guide was written for all of them.

The question every coordinator will eventually face is this: how much of this can we adapt to our situation? That is a good question, and the answer matters, because adapting carries risk in both directions. Adapt too little, and the model becomes rigid. Adapt too much, and the missionary is left with something that feels like care but gives none of the protection the structure provides.

One distinction makes adaptation safe. Some elements of this model are structural. They carry the model's effectiveness, and removing them removes what makes it work. Others are contextual. They are expressions of the model, not its foundation, and they can and should be adjusted to fit the setting.

A Note on What Grounds These Structural Claims

The ten principles that open this guide come from research with practitioners. They are values that 89 missionary care practitioners, serving across multiple continents, affirmed as essential. The specific structure that follows includes six named roles, eight Care Mapping domains, monthly meetings, and quarterly whole-person mapping in Year One. That structure rests on my doctoral research and my thirty years of behavioral health practice, the last decade of it in missionary care. It also rests on the common practices of effective Care Teams I have observed or consulted with over those years.

These structural elements are treated as essential for a reason. Experience and research consistently indicate that when any one of them is substantially weakened, the model's ability to protect the missionary weakens with it. They are not, however,

the only possible way to put the ten principles into practice. Churches will find faithful adaptations for their own settings. What follows names what must not change.

What Must Not Change

The following elements are the structural core of the Crossing Cultures Care Teams model. Research on care team effectiveness, and the practitioner data underlying this guide, consistently point to these as non-negotiable. Removing or significantly weakening any of them is not adaptation. It is a different model.

The missionary directs the care. "Nothing about us without us" is this model's first structural commitment. This conviction lies behind Wraparound's principle of family voice and choice, and it was carried over from the disability rights movement. The church offers a team, and the missionary says yes. The missionary chooses the Care Coordinator, either from candidates the church presents or someone they name who meets the same criteria. The missionary also approves every other member for relational fit. Once formed, the team follows the missionary's direction within what it has agreed to offer. It says honestly when a request exceeds its resources. The Care Coordinator runs the team, and the church, the missionary, and the coordinator hold it accountable together.

The six roles must be named and filled. A Care Team without all six defined roles is a group of friends, not a Care Team. The structure spreads care across every part of the missionary's life and keeps the team from depending on any one person. In a small church, one person may hold two adjacent roles, but each role must be clearly owned by someone. When the roles are unnamed, they go unfilled. When they go unfilled, the missionary eventually notices.

The covenant must be read by the whole team together and signed. The covenant is not a formality. Signing it is what turns good intentions into accountability. Teams that sign without reading produce volunteers who cannot explain what they committed to. Teams that skip the covenant altogether produce volunteers who feel free to drift when life gets busy. The covenant is the team's reference point for every hard conversation that will come later about whether the team is keeping its commitments.

The escalation pathway must be named before it is needed. A missionary may share a marriage crisis, a mental health concern, or a desire to leave the field. When that happens, the Care Coordinator needs to know exactly where to turn for help. That means a named person, a clear process, and an assured response. If that pathway does not exist before the team launches, the coordinator will eventually

carry what they cannot carry alone. That is not just a possible risk. It is what can be expected to happen.

Care Mapping must address all eight domains. Narrowing care to the spiritual and financial domains, the most visible and most comfortable ones, misses most of the areas where missionaries actually struggle. The structure of the Care Mapping tool is not arbitrary. It exists because of what missionaries have reported, in both research and field experience. Their emotional health, their marriages, their children, and their organizational relationships are the domains where strain deepens without anyone noticing. All eight domains must be visited. This does not mean every meeting, but often enough that none goes unexamined for more than one quarter.

Meetings must be monthly and documented. The research literature on care team failure consistently identifies two structural factors that predict failure: the absence of a regular meeting rhythm, and the absence of a written record. Monthly meetings may feel frequent. They exist because a month is how long it takes for a significant development in a missionary's life to go unnoticed. Minutes exist because, without a written record, care starts over at every meeting.

"What the team holds together in structured memory, the missionary carries less alone."

What Can Be Adapted

Within the structural requirements above, a great deal can be adjusted to fit the setting, and it should be. ***A model that cannot flex to its host setting will eventually be abandoned in favor of something that fits, however informal and underpowered that something may be.***

Contact frequency and method. Contact with the missionary follows the rhythm the missionary sets for each role, often twice a month for the Relational Liaison. The missionary can change it as seasons change. The method depends on the field. In restricted-access contexts, real-time communication may be limited or monitored. There, teams adapt to contact that does not happen live: voice messages, written check-ins, and pre-agreed language that lets a missionary signal a concern without naming it directly. The principle is consistent contact, at the missionary's pace, by whatever means the field allows. The team's own monthly meeting is not part of this flexibility; it holds regardless.

Meeting format. Monthly team meetings can be in person, by video, or by phone. They can be sixty minutes or ninety. They can open with a devotional or close with one. What they cannot do is become a check-in without whole-person attentiveness.

A quick exchange cannot take the place of the structured movement through care domains the model requires.

Role distribution in small churches. In churches with limited volunteer capacity, one person may hold two adjacent roles. Examples include the Spiritual Encouragement Lead and the Relational Liaison, or the Logistics Support Lead and the Secondary / At-Large Member. What should not happen is collapsing all roles into one or two people. The role structure exists to give the missionary broad relational support and to spread the load. When the coordinator ends up doing the whole team's work, the model has failed at what it was designed to do.

Tool sequencing in the first year. This book recommends completing the readiness tools (1–4) before formation and the formation tools (5–11) during it. It recommends closing out the Pre-Launch Checklist (Tool 12) by the end of Session Five, then using Tools 13 and 14 quarterly after that. In some contexts, this sequence will need to be shortened. Examples include a missionary already on the field with no existing care structure, or a situation that requires a team to form right away. The principle is this: do not skip the covenant and do not skip the readiness assessment. The sequence of other tools can be adjusted as the situation requires.

Care Mapping frequency after Year One. The guide recommends quarterly mapping in Year One and biannual mapping thereafter. Teams with high relational contact may find that formal mapping can shift to annual, with informal checks on each domain built into monthly meetings. If a team reduces its formal Care Mapping schedule, it should make up for it with more explicit domain-by-domain attention in regular meetings. The risk of mapping less often is that strain slowly builds up in domains no one has named.

Cultural and denominational expression. The language of covenant, stewardship, and shared responsibility carries different weight in different church cultures. Teams should use terms that connect with their congregation's vocabulary, without changing the commitments those words describe. The relational informality of some churches may shape how the covenant conversation feels. It should not change whether the covenant is signed.

The test for any adaptation Before modifying any element of this model, ask: Does this change preserve the missionary's ability to trust that their whole life is being attended to, by a structured team, with accountability for follow-through? If yes — adapt freely. If uncertain — consult someone who has run a Care Team longer than you have before proceeding. If no — hold the line.

The core of this model is not a format. It is a promise. A structured group of people makes that promise to a missionary. They have committed in writing, before God and

their church, to care for the missionary as a whole person and to stay present through the long years of their calling. Adaptation is faithful when it protects that promise. It becomes drift when it quietly weakens it.

The Theology of Shared Stewardship

Order, Responsibility, and Whole-Person Care in the Body of Christ

> **IN SHORT** Sending is something the whole church does, and caring for those it sends is the church's continuing responsibility. Scripture treats people as whole persons and gives care defined roles. Structure, rightly used, is not cold; it is how love lasts.

The church does not send individuals into ministry as isolated agents. It sends members of a body.

From the beginning of Scripture, God's work unfolds communally. Abraham is called into covenant community. Israel is formed as a people. The apostles establish churches, not private ministries. When Paul plants churches, he travels with teams. Missionary service is no exception.

When a church sends, it does not merely commission. It remains responsible.

A Whole-Person Theology of the Missionary

Scripture presents human beings as integrated persons: spirit, soul, and body (1 Thessalonians 5:23). We are not merely spiritual instruments. We are relational, emotional, physical, and spiritual beings. The weight of cross-cultural ministry presses on every one of these areas at the same time.

Consider what a missionary carries in any given week. There is spiritual leadership under scrutiny and the daily exhaustion of thinking and relating in a language not their own. There is emotional strain from cultural dislocation and the slow pressure of a marriage under prolonged stress. They are parenting children across cultures. They feel the anxiety of a support base that must be actively sustained from the field. They are accountable to a sending organization. They carry physical fatigue from a body working in an unfamiliar climate and conditions. These are not separate stressors. They are one compounding weight.

Elijah, after one of the greatest spiritual victories in Scripture, collapsed in exhaustion and asked to die. God did not rebuke him for weakness. He gave him rest, food, water, and a gentle question: "What are you doing here?" (1 Kings 19). God met the whole person before resuming the mission.

Whole-person care is not psychological innovation. It is theological consistency.

The Body of Christ and Defined Responsibility

"There are varieties of gifts, but the same Spirit... To each is given the manifestation of the Spirit for the common good" (1 Corinthians 12:4, 7).

When responsibility is undefined, some people overextend. Others quietly disengage. Confusion replaces clarity. The Acts 6 account is instructive: the apostles did not question the church's compassion when the widows were being neglected. They strengthened the structure. They appointed defined roles so that care would not be neglected and ministry focus would remain intact.

That was not bureaucracy. It was stewardship.

The Theology of Burden-Bearing — and Its Limits

"Bear one another's burdens, and so fulfill the law of Christ." — Galatians 6:2

Burden-bearing assumes proximity, awareness, willingness, and capacity. It also assumes limits. No individual believer carries every burden alone. The body of believers shares the weight. When a burden exceeds ordinary capacity, wisdom seeks counsel (Proverbs 11:14). In missionary care, this means shared responsibility rather than heroics. It means escalation when strain deepens. It means recognizing that some burdens require pastoral or professional intervention.

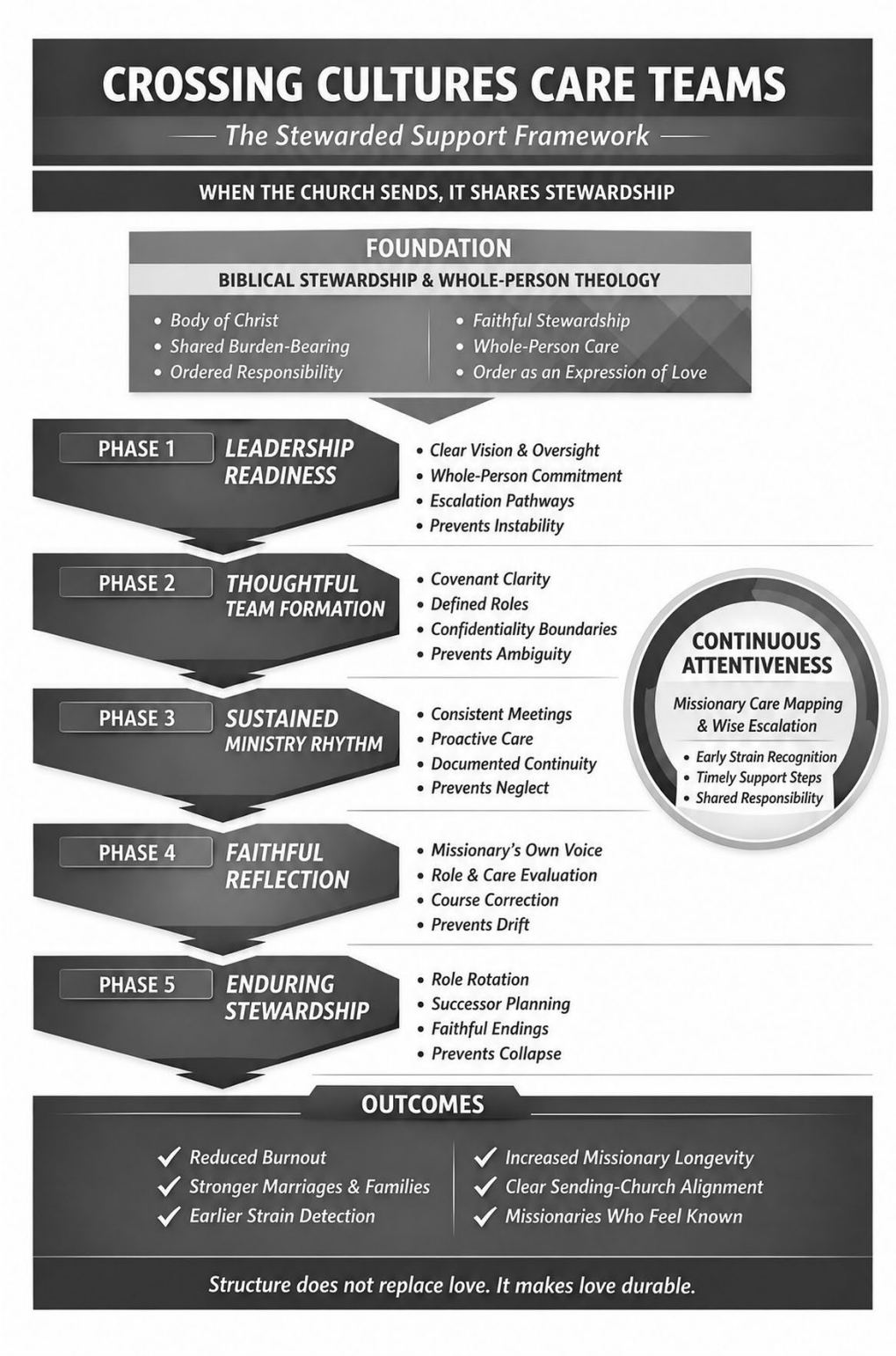
Wise escalation is not weakness. It is humility.

Order as an Expression of Love

Modern Christian culture sometimes contrasts structure with warmth, as if organization signals coldness. Scripture presents a different picture. "Let all things be done decently and in order" (1 Corinthians 14:40).

Without structure, care becomes personality-dependent. With structure, care becomes sustainable. Order is not the opposite of compassion. It is compassion made durable.

THE STEWARDSHIP FRAMEWORK



The Philosophy of Sustainable Care

Eight Convictions That Shape How We Show Up

> **IN SHORT** Eight convictions shape how a Care Team shows up for its missionary. In plain terms: see the whole person, stay present before trouble comes, be clear, plan to last, hold one another accountable with grace, and stop regularly to check how you are doing.

Sustainable Care Teams are not built on enthusiasm alone. They are built on convictions about what the missionary needs, what the team exists to provide, and what faithfulness actually requires across time. The following eight convictions are the core philosophy of this model.

1. The Missionary Is a Whole Person, Not a Ministry Function

Effective care attends to all eight domains of a missionary's life: spiritual vitality, emotional health, marriage and family relationships, cultural adaptation, ministry and organizational functioning, physical health, practical and financial wellbeing, and children/MK wellbeing. Care that attends only to spiritual and financial domains misses the majority of where missionaries actually struggle.

2. Relational Faithfulness Precedes Crisis Response

Healthy Care Teams are built on steady presence: consistent contact, genuine interest, and predictable attentiveness. When a missionary trusts their Care Team, they will tell them something is wrong before it becomes catastrophic. Care that waits for visible crisis is already late.

3. Clarity Is an Expression of Love

Ambiguity is exhausting. Missionaries already serve in environments saturated with ambiguity. Their support structure should be a source of stability. When a Care Team is clear about its roles, its rhythms, its boundaries, and its commitments, the missionary can trust it.

4. Sustainable Care Requires Intentional Stewardship

Care that depends on a single person's energy is fragile. Sustainable Care Teams plan for this from the beginning: shared roles, staggered terms, documented practices, and regular renewal conversations.

5. Mutual Accountability Reflects Shared Burden-Bearing

Grace without accountability drifts. Accountability without grace hardens. Healthy teams hold both. They are honest with one another about how things are going. They

surface concerns early, and they bring pastoral leadership into the loop before problems become crises.

6. Faithfulness Requires Ongoing Reflection

'It is required of stewards that they be found faithful' (1 Corinthians 4:2). Even well-intentioned teams drift. Periodic reflection is what interrupts drift before it becomes visible as failure. That reflection is built into the team's rhythm, not triggered by crisis.

7. Preventative Care Reflects Wisdom

'The prudent sees danger and hides himself, but the simple go on and suffer for it' (Proverbs 22:3). The most effective missionary care is the care that prevents crisis.

8. Shared Stewardship Embodies the Body of Christ

Missionary service is shared calling. When a church sends, it participates. A Care Team makes that participation visible and tangible. It is the body of Christ organized around a specific member serving in a specific place.

The Pathway and the Parts

From Conviction to Stewarded Practice

> **IN SHORT** The model moves through five phases, from getting leadership ready to keeping care going for years. Each phase builds on the one before, so take them in order. This page shows which part of the book covers each phase and which tools go with it.

Every phase in this pathway builds on the one before. Skipping a phase doesn't save time. It creates problems that surface later. Move through these phases deliberately. Not quickly.

Phase	Name	When	Tools
One	**Leadership Readiness**	Before recruiting any team members	**Tools 1–4, 12**
Two	**Thoughtful Team Formation**	Before the first team meeting	**Tools 5–11**
Three	**Sustained Ministry Rhythm**	Ongoing — monthly meetings, quarterly/biannual Care Mapping	**Tools 13, 15**
Four	**Faithful Reflection**	Quarterly (Year 1), biannually thereafter	**Tool 14**
Five	**Enduring Stewardship**	At Year 1, Year 3, major transitions, term renewals	**Tools 16–21**

Phase One — Foundation (Leadership Readiness)

It begins with the missionary. The church offers a team approach to support and care, and nothing is formed until the missionary says yes. Then, before a single volunteer is asked, pastoral and missions leadership do the internal work of readiness. Readiness is a set of conditions, not a feeling. This phase produces what a team will later depend on. That includes a named pastoral owner who will stand behind the team through hard things and a documented referral pathway. It also includes a real budget line, an honest score on the six readiness areas, and leadership's commitments signed rather than assumed. What goes wrong when this phase is skipped is predictable. A church launches on enthusiasm. Later the missionary brings the team something leadership is not prepared to hold, and the team quietly stops asking honest questions. **Chapter II-1 is this phase in full, including the build pathway for a church whose score says "not yet."**

Phase Two — Formation (Thoughtful Team Formation)

The people you bring together, the expectations you set, and the covenant you establish shape everything that follows. Formation runs in a deliberate order. The coordinator is named first and helps build everything after. Safeguarding is settled

before any contact with children. The missionary tells the church how their organization works before the team forms; the church does not contact the organization. Members are invited against defined criteria, never recruited by announcement, and the missionary has a meaningful voice in every name. The phase ends with six clear roles, a covenant read aloud and signed with pastoral oversight as a party, and a team trained together. What goes wrong here is choosing people because they are available instead of because they fit. Another mistake is accepting a reluctant maybe, which erodes everything later. **Chapters II-2 through II-7 are this phase in full.**

Phase Three — Function (Sustained Ministry Rhythm)

Care that is reactive is fragile. Care that is rhythmic is stable. This phase is the model's long middle. It includes the monthly meeting that actually happens, contact rhythms the missionary can feel, and whole-person Care Mapping across all eight domains. That way the team sees the marriage, the body, the children, and the joy, not just the ministry updates. The phase produces a longitudinal record of a family's wellbeing. It also produces a missionary who never wonders whether they have been forgotten. The threat to this phase is never dramatic. It is drift: polite, gradual, and unnoticed until the team has quietly stopped keeping its promises. **Chapters III-1 through III-3 are this phase in full, including the team's own inner life and the field visit.**

Phase Four — Fidelity (Faithful Reflection)

Healthy teams examine themselves on a schedule, not when trouble forces it. Alignment reviews happen quarterly in the first year and biannually after that. They check care quality and relational quality in both directions. The first-year booster conversations at months three, six, and twelve catch early patterns while they are still easy to address. This phase produces drift caught early and course corrections made calmly. That happens because the structure puts the noticing on the calendar, instead of waiting for a tired team to notice its own drift. Without this phase, familiarity becomes the problem. The team that knows the family best slowly stops seeing them freshly. **Chapter III-1 carries this phase; Tool 14 (Support and Care Alignment Review) is its instrument.**

Phase Five — Future (Enduring Stewardship)

Faithful care does not merely continue. It discerns. Terms are defined and staggered, and successors are identified before they are needed. Three thresholds give structure to the years of care: the end of Year One, Year Three, and every major transition. This phase helps the family come home well. It names endings out loud instead of letting them fade. It also takes up the hardest question a reconciled relationship can face: whether the partnership should continue. It produces what the whole model

exists for. That is care that outlasts any single roster, and endings that are talked through together rather than avoided. **Part IV is this phase in full.**

A church working through the phases is also working through the Parts of this book. The phases are the same; the Parts give each one fuller treatment. Part V then looks beyond one team to the second team, the next church, the relationship with the sending organization, and the whole sending congregation. Part VI holds every tool the phases use, numbered broadly in the order a church first needs them.

PART II

Building the Team

Chapter II-1 — Ready Before Willing: Leadership Readiness and Counting the Cost

"For which of you, desiring to build a tower, does not first sit down and count the cost?"
— Luke 14:28

> **IN SHORT** Before anyone is invited onto a team, the church's leaders make sure they are ready to stand behind it. This chapter walks them through an honest readiness check, what the model will cost in time and money, a path for churches that are not ready yet, and a signed page of leadership commitments.

Everything in this Part assumes that one thing is already in place: a church that is truly ready to support what a Care Team builds. That includes the coordinator, the safeguards, the selection framework, and the training. Readiness is a set of conditions, not a feeling. The question is not whether a congregation loves its missionary. Nearly every church that opens this book does. The question is whether the structure around that love can hold up under real demands. A team launched before the church is truly ready does a specific kind of damage. It creates an expectation in the missionary's mind, and then quietly fails to meet it.

A Care Team is only as strong as the leadership that stands behind it. This chapter is where that preparation happens. It covers the readiness assessment, an honest count of what the model costs, and a build-up pathway for churches not yet ready. It ends with a signed declaration that turns leadership's good intentions into named commitments.

Learn Before You Lead

Before a new Care Team holds its first meeting, someone should visit an established team that has met many times. Before the covenant is signed, the coordinator and at least one other prospective team member should visit another church's Care Team. That team should have been functioning for at least two years. They should attend an actual meeting, not a presentation about meetings. The host team's missionary must consent first, and the confidential portion of the meeting is closed to visitors (Chapter V-2). A ninety-minute visit teaches what ninety pages cannot: the unhurried pace, how a Care Map conversation actually sounds, and how ordinary faithfulness looks. There are established teams to visit, and Part V describes how to find them.

The Readiness Assessment

Before a single volunteer is recruited, pastoral and missions leadership complete the Leadership Readiness Assessment together. It rates the church across six areas: clarity of purpose, pastoral ownership, whole-person commitment, the

confidentiality framework, sustainability planning, and pastoral readiness to support the team through what the missionary may bring to it. Churches most often overrate that last area. Score each area honestly on the 1–5 scale. The total produces a documented decision, not a general impression: 25–30, proceed; 19–24, proceed with modification; 12–18, delay; below 12, pause and rebuild.

◆ **TOOL 1 · Leadership Readiness Assessment** *(Part VI)*

Use NOW — before any volunteers are recruited. Complete with pastoral and missions leadership. ► *Available separately as a fillable PDF form.*

The assessment tells a church scoring 12–18 to delay. The next section is what to build during the delay.

When the Score Says Delay: The Capacity-Building Pathway

A delay score tells you which way to go; it is not a verdict. It means the desire has gotten ahead of the structure. That is the most common condition a sending church can be in, and the most correctable. The pathway below turns the delay into a building sequence: three seasons, each completing one pair of the assessment's six areas, and each ending with a re-score. A season ends when its work is truly done, not when a date arrives. Most churches move through a season in two to four months, but the calendar matters less than genuinely completing the work.

Season One — Clarity and Ownership (Areas 1–2)

- **State the purpose in one paragraph.** Leadership writes, in its own words rather than this book's, what this team will do, what it will not do, and what whole-person care includes beyond the spiritual and financial. If the paragraph cannot yet be written, use Part I as the study text: three or four leadership sessions working through the theology of shared stewardship and the ten principles.
- **Name the pastoral owner — provisionally.** A specific pastor or elder accepts the oversight role for the build itself. That means keeping the quarterly rhythm, being available when the team needs help, and being willing to stand behind the team through hard things. Naming this person now, before there is a team, is the single strongest predictor that the rest of the pathway will be completed.
- **Make the visit.** The Learn Before You Lead visit moves earlier, into the build. The provisional owner and one likely coordinator candidate visit an established team during this season, not after it.

Season Two — Structures (Areas 3–4)

- **Adopt the whole-person definition.** Leadership works through the eight domains of Care Mapping. In a recorded decision, it affirms that all eight are the church's business, including the ones that feel private: marriage, children, and emotional health.
- **Write the confidentiality framework.** Decide what stays in the team, what reaches pastoral oversight (and only with the missionary's consent), and the single exception: a risk of harm to self or others. Draft this now, calmly, rather than improvising it later around a real person's crisis.
- **Document the referral pathway.** At least one missionary-focused counselor or member care organization identified by name, with contact information on file. This is an afternoon of work that churches postpone for years.

Season Three — Sustainability and Reception (Areas 5–6)

- **Propose the budget line.** Using the sample budget later in this chapter, missions leadership brings a real number to the church's ordinary budgeting process. Approval can follow the church's calendar, but the number exists and someone is responsible for it.
- **Rehearse reception.** Leadership walks through the list of what the team will actually bring. That list includes a marriage under sustained pressure, a depression referral, a conflict with the sending organization, a missionary questioning the field, and an MK needing specialized support. For each one, leadership answers three questions. How is the missionary asked? Who could carry this with them? How would leadership help the team respond? Thirty minutes of tabletop rehearsal turns "we would respond well" from a hope into a plan.
- **Re-score and decide.** Retake the full assessment. At 19 or above, proceed with modification, and the remaining weaker areas become named items on the coordinator's pre-launch checklist. At 25 or above, proceed. If the score is still below 19 after three genuine seasons, the honest reading is usually not "try harder" but "different role." The church may serve its missionary best as a participating congregation in another church's team, a pattern Part V describes. That may be better than serving as a host not yet able to support the structure.

The missionary does not wait uncared-for. During the build, pastoral oversight maintains a direct, regular relationship with the worker. This is the same principle that applies to a church with no ready coordinator. A delayed launch is a faithful launch. A rushed launch is the first form of drift.

Counting the Cost: Time, Money, Attention

Part I told leadership what this model requires: real pastoral oversight, real escalation authority, and real commitment to the missionary's whole life. This section turns those commitments into the three currencies every church actually

spends: time, money, and attention. None of the numbers below is large. All of them are real. Naming them before launch keeps them from turning into resentments after launch.

Time

A Care Team runs on small, protected amounts of time, given consistently. These are monthly figures for ordinary seasons. Crisis seasons ask for more, and that is exactly why ordinary seasons must not.

Role	Monthly hours	Where the time goes
Care Coordinator	2–4	Team meeting, missionary check-in, pastoral oversight rhythm, tool upkeep
Spiritual Encouragement Lead	1–2	Prayer rhythm, spiritual check-ins, Care Mapping input
Relational Liaison	1–2	Personal contact rhythm with the missionary
Logistics Support Lead	1–2	Practical needs, care packages, stateside errands
MK Lead	1–2	Age-appropriate contact with each MK, transition tracking
Secondary / At-Large	1	Backup coverage, surge support in high-need seasons
Pastoral Oversight	1	Quarterly check-in with the coordinator; escalation availability

Two cautions. First, do not recruit anyone whose life can offer these hours only in theory. The model fails quietly when commitment is only hoped for. Second, do not let anyone offer double these hours at launch. Doing too much at the start is how teams burn out their best member by month eight. The warning about drift applies to enthusiasm as much as to neglect.

Money

A Care Team is not a funding channel and never touches the missionary's support account. But faithful care has costs. A team without a budget line will do one of two things. Either its members quietly spend their own money, which is unsustainable and unaccountable, or the team quietly stops doing anything that costs money. A modest annual line, approved before launch, prevents both.

A Sample Annual Care Budget

The figures below are a worked example for a church caring for one missionary family, at United States prices, in an ordinary year. They are planning ranges, not prescriptions. A single worker in a nearby time zone costs less. A family of six in a

region with high shipping costs will cost more. What must not vary is the approach: every category answered on purpose, in writing, before launch.

Category	Annual range	The rationale
Care packages and shipping	$400–800	Typically the largest line, and the one churches underestimate by half — international shipping often costs more than the contents. Assume quarterly boxes and price the shipping first.
Communication	$100–250	The team's own meeting-platform account and the credits that keep video calls and messaging reliable on both ends. Unreliable contact is a care failure that costs a few dollars a month to prevent.
Travel reserve	$300–600	A designated reserve accumulated toward emergency travel — not the full cost of a crisis response, but the line that makes the church's written policy on escalated travel visible in the budget.
Professional care posture	$0–900	Not necessarily a standing amount — a written answer. If the posture is "the church funds the initial sessions of a professional referral," reserve accordingly; if it is "decided by the elders on referral," the line may be zero with the decision pathway named.
Training and materials	$100–200	Copies of this book for coordinator and pastoral owner, the fillable tool set, launch-curriculum materials. Largely a first-year and new-member cost.
Hospitality and re-entry welcome	$250–500	Meals, airport runs, a stocked pantry when the family lands. Concentrated in home-assignment years; hold a smaller standing amount in ordinary years.
Team sustainability	$150–300	One annual gathering that is not a meeting. Teams that only ever work together drift; teams that occasionally eat together last.
Ordinary-year total	**≈ $1,300–2,650 before any professional care funding**	A home-assignment year adds roughly $500–900 in hospitality and re-entry costs. Round up, not down; an underfunded line teaches the team to stop asking.
Startup equipment (one time)	$600–1,200	A church-owned team laptop, kept by the Care Coordinator and handed off at succession, and a conference microphone that picks up the whole table. A first-year cost, outside the ordinary-year total.

Set the number in its true context. A church supporting a missionary family is already investing many times this figure every year in the sending itself. The care line is a low single-digit percentage of that investment. The research in Part I is blunt about what it protects against: the preventable departures that follow when support

exists on paper but is absent in practice. Compare it with the cost of a family leaving the field, both financially and in every way that matters more than finances. Measured that way, this is one of the lines in the missions budget that does the most good.

◆ **TOOL 2 · Care Team Annual Budget Worksheet** *(Part VI)*

Complete during leadership readiness, before any invitation is extended; review annually at the alignment review. Includes the written posture on escalated care. ► *Available separately as a fillable PDF form.*

Money and gifts: a statement of accountability. Once a church knows a team exists, people will bring their generosity to it. A class wants to send a box. A grandparent has a check. A member hears of a need and asks the team to "get this to them." That generosity is a gift to the missionary, and the team welcomes it. It also puts the team in the position of handling other people's money and other people's gifts. That calls for accountability anyone could examine.

The team does not handle money. No team member receives cash, checks, or transfers for the missionary, holds funds in a personal account, or sends money on anyone's behalf. Financial gifts go through the sending organization, following its policy, or through the church's own designated process. Giving through the sending organization keeps gifts accountable, receipted, and, where applicable, tax-deductible. When someone offers money, the team's answer is simple and the same every time: "Here is how to give it so it reaches them properly."

The missionary decides what is sent. Before items are collected or shipped, the Logistics Support Lead asks the missionary what they actually want and need. Well-meant boxes can cost a family customs duties, a day at the post office, or attention they cannot afford; some fields restrict what may be sent at all. What the missionary declines is declined with thanks to the giver.

Shipping is recorded. When the team ships donated items, it keeps a simple record: what was received, from whom, what was sent, when, and at what cost. Shipping paid from the team's budget follows the church's ordinary receipt and reimbursement process, and no member pays out of pocket on another's behalf without that record.

Two people, not one. Donated items and any church funds for shipping are handled by two people: the Logistics Support Lead and one other member or church staff person. They are never handled by one person alone.

Security governs in restricted fields. In restricted-access fields, packages can draw attention to a family. The organization's security guidance decides whether, how, and with what labeling anything is sent, and it overrides every good intention.

Team members, too. Members who want to give money do so the same way everyone else does, through the sending organization. A member who becomes the missionary's private benefactor quietly changes the friendship. Small personal gifts, like a birthday package, are ordinary kindness and need no rule.

Attention

Attention is the rarest currency, and it is the one leadership actually contributes. The model asks pastoral oversight for one protected quarterly hour with the coordinator and genuine availability at escalation. It also asks leaders to treat the Care Team's reports as information the church wants, not interruptions it tolerates. This is simply the ordinary work of shepherding, extended across an ocean. Leaders are keeping watch over souls, as those who will give an account (Hebrews 13:17). If the church cannot fund the time and money lines, the launch waits. If it cannot fund the attention line, the launch should not happen. The Readiness Assessment exists to say so kindly before experience says it painfully.

Named Commitments: The Leadership Declaration

Everything this chapter has established can be agreed on in a leadership meeting and still fade over a three-year term as staff change and memories soften. That includes the purpose, the pastoral owner, the referral pathway, the budget, and the posture on escalated care. The remedy is one signed page. It is not a checklist of concepts affirmed. It is a declaration of named commitments: which pastor, which counselor, which number, which posture, and who decided.

The declaration does three things a checklist cannot. First, it survives transitions. When the named pastoral owner moves on, the page itself calls for a successor. A blank where a name used to be is easy to notice; a lapsed intention is not. Second, it gives the coordinator standing. The quarterly hour is not a favor requested but a commitment kept. Third, it closes the readiness season with an action rather than a feeling. Leadership does not drift into a launch; it signs one.

◆ **TOOL 3 · Leadership Commitments Declaration** *(Part VI)*

Signed by pastoral and missions leadership at the close of readiness: the Care Team's purpose in the church's own words, the approved budget line, the written posture on funding escalated professional care, and the named pastoral oversight contact. Reviewed and re-signed at each annual alignment review. ► *Available separately as a fillable PDF form.*

The signed page lives with the team's formation records, beside the covenant. The covenant is the team's promise to the missionary; this page is the church's promise to the team.

From Ready to Building

With the assessment passed, the cost counted, and the commitments signed, the church is ready for the most important sequencing decision in the launch. It is the single subject of the next chapter: name the coordinator before you form the team.

Chapter II-2 — Selecting the Care Coordinator

"Pick out from among you seven men of good repute, full of the Spirit and of wisdom, whom we will appoint to this duty." — Acts 6:3

> **IN SHORT** The coordinator is chosen first, before any other team member, and the missionary makes the choice. This chapter gives five questions for weighing candidates and tells you what to do when no one fits yet.

Before you form the team, name its coordinator. This is the single most important decision about order in the whole launch, and it is the one churches most often get backwards. The natural instinct is to gather willing people first and sort out leadership later, assuming leaders will emerge. What happens instead is that the team takes its shape from whoever talked most in the first meeting. The coordinator is then asked to lead a structure they had no part in forming.

Formation and leadership belong together. When the coordinator is recruited first, they take part in every later step of forming the team: the missionary consultation, the invitations, the observation visits, the training. By launch day, the team is not something that happened to them. It is something they built. That sense of ownership is not just a nice extra; the team depends on it. Tool 12 (Coordinator Pre-Launch Checklist) makes choosing the coordinator first a launch requirement, and this chapter is the practice behind that checkbox.

The Five Questions

Selection is a matter of discernment, not a vote. The five questions below are the working criteria. For each candidate, leadership should be able to answer all five with evidence, not impressions. The Coordinator Selection Worksheet puts them in worksheet form.

1. Does this person already have trust with the missionary family? The coordinator role depends on trust that already exists. A coordinator the missionary barely knows spends the first year building the trust the role assumed on day one. Meanwhile, the missionary spends that year being cared for politely, but at a distance. Existing trust is not something to compromise on. Everything else builds on it. This is also why the missionary's approval of membership, required throughout this model, matters twice as much for this role.

2. Can they realistically give two to four hours a month — for the whole term? Do not ask "are they willing," since almost anyone godly and kind will say yes to that. Ask "is it realistic," which is a question about their actual calendar, season of life, and existing commitments. Ask about the hardest months of the term that you

can predict, not the launch month. The right person in the wrong season is the wrong person for now, and saying so honors them.

3. Do they carry relational authority — the standing to ask hard questions and to carry a concern forward without being prompted? The coordinator must be able to ask the missionary a direct question about their marriage, their discouragement, or their children, and get an honest answer rather than a managed one. Once the missionary has said yes, the coordinator must also be able to walk into pastoral leadership's office with a concern before anyone has asked them to. Edwin Friedman called this a well-differentiated leader. Such a leader is defined enough to stay connected without being absorbed, and able to act without waiting for permission the structure has already given them.

4. Can they receive difficult information without minimizing or overreacting? Coordinators hear hard things: marriages under strain, faith in a dry season, a child struggling. There are two ways to fail here, and they are opposites. The minimizer reassures the missionary until they stop talking. The alarmist's anxiety teaches the missionary to protect the coordinator from the truth. What the role needs is a steady, non-anxious presence: someone able to hear it, hold it, and route it wisely through the escalation pathway.

5. Do they understand that they hold the team's faithfulness — not the missionary's primary relationship? The coordinator's first responsibility is the health and faithfulness of the structure: meetings that happen, rhythms that hold, tools that get used, escalation that works. Some of the most loving candidates fail here. What they really want is to be the one giving the care, rather than the one making sure the care happens. A coordinator who becomes the missionary's primary relationship has recreated the dependence on one person that this whole model exists to prevent. The intentions are better, but the result is just as fragile.

When No One Fits

Before concluding that no one fits, look beyond your own membership. The coordinator does not have to come from the sending church. Someone from another congregation, such as a friend of the missionary's or a leader from a participating church, may serve if they meet the same criteria and answer the same five questions. The covenant, pastoral oversight, and the team itself still belong to the sending church. Sometimes, even then, the honest answer to all five questions is: not yet. Take that answer seriously. A church with no ready coordinator has three faithful options, in order of preference. First, wait. Pastoral oversight stays in relationship with the missionary directly while a coordinator develops, and a delayed launch is a faithful launch. Second, separate developing a candidate from giving them the role.

Invite a promising candidate to spend a season visiting an established team (the learn-before-you-lead requirement) before any commitment is made. Third, and only for a short time, pastoral oversight may convene the exploration itself. This is done with the clear understanding that it is convening, not coordinating, and that no team launches until a coordinator is named. What a church must not do is hand the role to the most available person and hope the questions answer themselves later. They will, and the answers will be costly.

A Caution for the Coordinator: You Stand at the Gate

More of what your missionary shares will pass through you than through anyone else on the team, and you are the team's link to pastoral oversight. That makes you the gatekeeper of the missionary's trust, in both directions.

Keep this boundary gently but without exception. Before anything leaves the team, ask the missionary. When pastoral oversight asks how the missionary is doing, answer with what the missionary has agreed to share, and let that be enough. When a team member is tempted to handle something "quietly" with someone outside the team, name it and bring it back inside the team. And when the rare risk-of-harm exception does apply, tell the missionary what you are doing and why, as soon as it is safe to. Acting beyond their choice is sometimes necessary; acting without their knowledge is not.

Your missionary will likely never know how many small moments of discretion protect them. They will know whether they feel safe. That is your measure.

The Invitation

The missionary chooses. Leadership presents candidates who meet these criteria, often two or three and sometimes one. Or the missionary names someone of their own who meets them. Either way, the missionary chooses the coordinator, and every candidate is held to the same five questions. Then invite the coordinator the way you will teach them to invite everyone else. Offer a defined role, a defined term, defined hours, the covenant in hand, and the expectation that a successor will be named before the term ends. Give them this book, and give them a week. A candidate who asks hard questions before saying yes is showing you criterion three in action. A candidate who says yes in the first five minutes may be showing you how criterion five can fail. Gently slow them down and give the week time to do its work.

◆ **TOOL 4 · Coordinator Selection Worksheet** *(Part VI)*

Complete during leadership readiness — one worksheet per candidate, evidence not impressions, with the missionary's choice recorded. Keep with the team's formation records.
► *Available separately as a fillable PDF form.*

Chapter II-3 — Safeguarding Before You Start

"Whoever receives one such child in my name receives me."
— Matthew 18:5

> **IN SHORT** If the missionary family has children, the MK Lead completes the church's child-protection screening and training before the team begins. This chapter explains why that protects everyone and how to keep every contact with a child open to the parents.

The MK Lead is the only role on the team whose core work is ongoing personal contact with minors. That one fact makes safeguarding a launch requirement, not something added to policy later. This book says so directly. Before the team launches, the MK Lead completes the church's child-protection screening and training (Tool 12, Coordinator Pre-Launch Checklist). The MK Lead also keeps all direct communication with MKs observable (Tool 9, Role Clarification Guide). This chapter is the practice behind those lines.

Why This Protects Everyone

Safeguarding is often introduced apologetically, as if it implied suspicion of good people. It implies nothing of the kind. Structure is what makes trust safe. A clear safeguarding framework protects the child, first and always. It also protects the MK Lead, whose observable, well-documented ministry can never be misunderstood. It protects the parents, who can see every contact. And it protects the church and the mission, whose credibility they are also responsible to guard. This model holds that structure serves love rather than competing with it, and that conviction is nowhere more true than here.

The Standard

The standard is simple to state: the same standard your church applies to children's ministry volunteers applies to the MK Lead. Do not build a separate system. If your church has a child-protection policy, the MK Lead comes under it, with the same screening, the same training, and the same renewal cycle. If your church does not have one, pause here. That is a larger gap than this book can close, and the Care Team launch is the wrong way to close it. Get the policy; then launch.

The Working Elements

- **Screening** — the church's standard background check and reference process, completed before the covenant is signed, renewed on the church's normal cycle.

- **Training** — the church's standard child-protection training, plus one addition specific to the Care Team. This addition covers two points: MK strain often shows up in behavior before words, and the MK Lead's response to any disclosure is escalation, never investigation.
- **Observable communication** — platforms and channels the parents can see; a parent copied on written contact with younger children; no unaccompanied in-person time. Keeping contact observable is what makes it possible to check that every other norm is being kept.
- **Parental involvement** — parents are always involved before direct contact begins, and they remain part of it from then on. This is already the model's boundary; safeguarding simply makes it enforceable.
- **Factual documentation** — a simple contact log: date, channel, topic. Facts, not interpretations. If something concerns the MK Lead, the log records what was observed. What it means is a conversation for the Care Coordinator and, where the church's policy requires, for its child-protection process.

If a Concern Arises

Two pathways exist, and they must not be confused. A concern about an MK's wellbeing (strain, sadness, a hard transition) travels the escalation pathway. It goes from the MK Lead to the Care Coordinator promptly (Tool 15), and the parents are brought in; they decide what happens next for their child. A concern that touches abuse, neglect, or a child's safety travels the church's child-protection policy immediately, including any mandatory-reporting obligations under law. This is the one place where the family's preference does not govern. The MK Lead's job in both cases is the same: notice faithfully, report factually, escalate promptly, and never carry it alone. The MK Lead investigates nothing.

Restricted-Access Contexts

In security-sensitive fields, some channels are unavailable and some records are unwise to keep. There, this book's restricted-access adaptations govern. Adapt the channels, never the principles. Contact stays parent-involved and observable to the family, even where it cannot be logged in detail. The documentation standard leans toward recording as little as possible, with the sending organization's security guidance as the reference. When in doubt, the parents and the organization's security protocols decide what is written down.

◆ **TOOL 5 · Safeguarding Readiness Checklist** *(Part VI)*

Complete before the covenant is signed; file with the church's child-protection records and the team's formation records. Covers policy alignment, screening and training, and working

norms, signed by the MK Lead and the church's child-protection lead. ► *Available separately as a fillable PDF form.*

Chapter II-4 — Working with the Sending Organization

"I thank my God … because of your partnership in the gospel from the first day until now."
— Philippians 1:5

> **IN SHORT** Most missionaries also belong to a sending organization with its own member care. That care belongs to the organization, and the church does not contact it. Before the team forms, the coordinator and pastoral oversight ask the missionary six questions about their organization, and the missionary gives a crisis contact to those two people only. The team never takes sides in a disagreement between the missionary and their organization.

Most missionaries a church cares for are also members of a sending organization. That organization has its own member care structures, which are sometimes strong, sometimes in name only, and occasionally excellent. Settle with the missionary how that structure and yours relate before the team forms, for a simple reason. Being unclear about who is responsible for what is not harmless. It leaves a gap, and gaps are where care fails, right when it is needed most.

The Map: Two Layers, One Missionary

The healthiest arrangement is layered, not competitive. The organization's member care department typically owns the professional and organizational layer: policy, crisis protocol, field leadership, formal debriefing structures, and clinical referral networks. The church's Care Team owns the relational and congregational layer: consistent presence, attention to the whole person, practical support, and the long faithfulness of a community that knew the missionary before they were a missionary. The missionary needs both layers, and neither replaces the other. The Care Team is not the organization's local reporting channel, and it is not its rival.

Six Questions for the Missionary

During leadership readiness, after the missionary's yes, the coordinator and pastoral oversight sit down with the missionary and ask how their organization works. The church does not call the organization's member care office, before formation or after. Member care is part of the organization, answers to it, and keeps strict confidentiality. In many settings, even acknowledging that a family serves with a mission organization can expose them to risk. A call from a church, however well meant, also puts the church in the middle, between the missionary and the people they work for, and that is a triangle a team should never be part of. So the missionary is the church's only source of information about their organization, and the missionary decides what to share. The questions to ask:

SIX QUESTIONS FOR THE MISSIONARY

1. If there is a crisis, or a concern that someone is being harmed, whom should we contact, and how, including after hours? (This name and number go to pastoral oversight and the coordinator only.)
2. What does your organization do in a crisis, and how would you want the church to help within that?
3. What care does your organization already provide (check-ins, field visits, debriefing), so we complement rather than duplicate?
4. What, if anything, would you want your organization to know about this team? That is yours to tell them, when and how you choose.
5. What security or communication constraints apply to your field that our team must honor?
6. Is there anything else about your situation that would help us serve your family well?

Record what the missionary is comfortable sharing, and bring what the team needs into training. The crisis contact is different. It is held by pastoral oversight and the coordinator only, and it is written into their copy of the escalation pathway for the Immediate Safety Response. No other team member has the name or the number. If you have to search for a phone number during a crisis, you have found it too late.

Confidentiality Across Two Systems

The covenant's confidentiality commitment binds the team, while the organization has its own information practices. The missionary stands between the two, and the rule is simple: nothing flows from the team to the organization. The missionary carries their own concerns to their organization, in their own way and their own time. There is a single exception, which the covenant already names: a risk of harm to self or others. That goes to pastoral leadership without delay. Pastoral oversight or the coordinator then uses the crisis contact the missionary provided, and the law may require a report. Make this explicit with the missionary at formation. Saying it once, early, prevents a hundred awkward judgment calls later.

When the Missionary and Their Organization Disagree

Sometimes a missionary and their organization will see a situation differently. The family may want a season at home while field leadership sees a rough patch to push through, or the reverse. The Care Team has no authority in that decision, and it does not take a side. A team that forms its own position against the organization creates a triangle of team, missionary, and organization. Triangles make conflict harder to resolve, not easier. The team's part is to stay present: listen, pray, help the missionary think through how to bring their own concerns to their organization, and keep caring whatever is decided. Presence, not taking sides. The sending church does

not step into the disagreement either: not the team, and not its leadership. The missionary's relationship with their organization is theirs. The church's part is to stand with the missionary, not between the missionary and their organization (Chapter V-3).

The Independent Missionary

Some missionaries serve unaffiliated, or with a sending structure too thin to count as a care layer. In that case the church's layer carries more. The referral list required by Tool 12 (Coordinator Pre-Launch Checklist) matters more, and so does the professional care posture from Chapter II-1. Pastoral oversight should also say out loud, at launch, that this team is the primary care structure this family has. Nothing about the model changes. There is simply no longer any room for the team to drift, and that is worth saying to the team on training night.

Chapter II-5 — Selecting the Team: Twelve Competencies, Six Levels

"And let them also be tested first; then let them serve…"
— 1 Timothy 3:10

> **IN SHORT** Team members are chosen for fit, not just availability. This chapter describes twelve qualities to look for, a simple scale for reading where each person is, and five standards no one can skip. A church that already knows its people well can keep this process light, as long as the minimum standards are met.

A Care Team is only as durable as the people on it, and who is on it depends on how they were chosen. Most churches select care team members the way they fill most volunteer roles: an announcement, a sign-up, and a grateful yes to whoever steps forward. That method finds people who are available. Being available is not the standard for choosing.

This chapter gives selection the same structure the rest of the model gives meetings, escalation, and review. That means a shared vocabulary, defined criteria, minimums that cannot be waived, and instruments that turn impressions into evidence. The framework draws on implementation fidelity scales. These scales rate how closely practice follows a model's defined parts, using levels tied to observable behavior. Here the same approach is applied to the individual: twelve competencies, each read against six levels of formation.

The Six Levels

The levels describe growing degrees of formation, from openness to deeply settled practice. They are not a ladder of worth. Most candidates, including strong ones, sit at different levels in different competencies, and the profile is designed to show exactly that.

- **Curious.** Interested and open to learning, but not yet practiced.
- **Open.** Receptive; some practice but inconsistent.
- **Willing.** Says yes and acts when invited; engages when prompted.
- **Committed.** Reliably shows up and follows through; this is part of how they live.
- **Devoted.** Integrated into how they see themselves and operate.
- **Anchored.** Settled, immovable; a stabilizing presence for others.

Read the levels in one direction only. Start at Curious and move upward, stopping at the first level that no longer describes the person. The stopping point is information,

not judgment. A team does not need every member Anchored in every competency. It needs honest knowledge of where each member actually is, so that the team as a whole covers what no one member can.

The Twelve Competencies

The competencies group into four clusters. The first two clusters describe who the person is. The second two describe what the person does. Selection weighs all four, but not equally. The minimum standards below name what cannot be waived.

Foundations — who they are before the Lord and toward the task

- **Biblical Foundation for Care.** Care work understood through a theology of sending, suffering, and perseverance. Care is gospel ministry, not organized kindness. A member who cannot say from Scripture why this is so will not last once the work is no longer new.
- **Cross-Cultural Literacy.** A working grasp of culture stress, identity in transition, TCK dynamics, and re-entry. With it, the worker does not have to keep explaining their own world to the people caring for them.
- **Personal Spiritual Maturity.** A settled walk that can give without needing the worker's affirmation to stay stable. The team needs people whose own spiritual life is a source of steadiness, not a second care project.

Relational Capacity — how they hold people

- **Listening and Presence.** Unhurried attention; noticing what is unsaid; following up later on what was shared. Every other form of care depends on presence.
- **Confidentiality and Trust.** A demonstrated record of holding sensitive information. It also means knowing the single circumstance in which a confidence cannot be kept: a risk of harm to self or others.
- **Conflict Navigation.** Willingness to engage hard conversations without avoidance and without harshness. This applies inside the team first, and with the worker when faithfulness requires it.

Engagement — what they reliably do

- **Communication Discipline.** Contact that is regular, thoughtful, and timed to the worker's rhythms. The measure is simple: the worker never wonders whether they have been forgotten.
- **Prayer for the Worker.** Specific, sustained intercession: by name, with detail, tracked over time. This is prayer that follows up on its own requests.
- **Practical Support.** Tangible help with logistics, hospitality, re-entry, and family care, offered reliably. With maturity, this help is anticipated before it is asked for.

Advanced — what the whole team must contain

- **Long-Term Commitment.** A counted cost and a defined term, kept through transitions and hard seasons. It is a calling, not a slot to fill.
- **Crisis Readiness.** Recognizing burnout, trauma, and family strain. It also means understanding that referral to pastoral or professional help is a strength of the model, not a failure of the member.
- **Team Collaboration.** Care discerned together. Members attend meetings, keep the team's rhythms, and do not freelance. A gifted member who works alone is a liability on a Care Team.

The Minimum Standards

Most competencies can grow and mature over time. Five cannot wait for that. These are minimum standards: thresholds a candidate must meet at the time of joining, regardless of strength anywhere else. A team that waives a minimum standard to gain a gifted candidate has traded the worker's safety for the team's convenience.

- **Confidentiality.** A demonstrated track record of holding sensitive information, at Committed or above on the profile. References can speak to it.
- **Long-term commitment.** Able and willing to commit to a defined eighteen-month term, with the expectation of renewing at least once (about three years in all), and to stay through transitions. Drop-in availability is not enough.
- **Basic crisis awareness.** Understands they are not a counselor, that some situations exceed lay capacity, and that escalation is a strength. Willing at joining; Committed by the end of training.
- **Genuine, settled faith.** A mature believer, active in the local church, stable independent of the worker's affirmation.
- **Submission to team rhythms.** Operates within shared discernment rather than as an independent agent. Freelancing on a Care Team causes harm.

Assess couples individually. When recruiting couples, each spouse is read against the minimum standards separately. Uneven commitment between spouses is one of the most common care-team failure patterns, and it cannot be seen when a couple is scored as a unit.

Capacity is a separate question. Strong competencies with no spare time or energy is a setup for burnout. Life stage, family demands, work, and existing commitments are asked about directly. Ask before the invitation, not after the covenant.

The worker's voice shapes the minimum standards. This book requires the missionary's approval of membership. Ask the worker what they most need from this team. Their answer may make a competency a minimum standard for this team. For example, a family with young children may make Cross-Cultural Literacy and the MK

dimension non-negotiable. A worker in a restricted context may do the same for Communication Discipline.

The Selection Sequence: Four Instruments, One Discernment

The framework works through four instruments, used in order. Three are printed in Part VI (Tools 6–8). The Role Description is available with them as a fillable PDF at crossingcultures.care/cc-care-teams.

- **1. The Role Description.** This is handed to the prospective member first. In plain language, it describes what the team is, what members actually do, the minimum standards, the aspirations, and what the commitment looks like in hours and years. It deliberately uses no level vocabulary, so it can be read with no background.
- **2. The Personal Reflection Guide (Tool 7).** The candidate's private work: two opening discernment questions, then all twelve competencies with writing space and a self-marked level. It is for their eyes only unless they choose to share. The guide tests for the one competency no interview can produce: self-awareness.
- **3. The Structured Interview (Tool 8).** The coordinator's conversation, scripted in full in Part VI: minimum standards first, then the four clusters, then capacity. Evidence, not impressions.
- **4. The Selection Profile (Tool 6).** After the interview, interviewer and candidate complete the twelve-competency profile independently, then compare. The gaps between the two readings usually reveal more than either reading alone. Those gaps become the agenda for the follow-up conversation.

The sequence ends where Phase Two always ends: the observation visit, the week of unhurried prayer, and the Covenant of Shared Stewardship. The covenant is signed as a free choice, not because the process has carried the person along.

Beyond Selection: The Same Ladder, the Whole Congregation

The six levels were built to select team members, but they describe something larger. They show how any believer grows from interest to anchored participation in the church's sending work. A congregation full of people at Curious and Open is not a recruiting problem. It shows the church where to begin mobilizing people. Part V takes this up directly: the sending congregation, engaged beyond the team.

◆ **TOOLS FOR THIS CHAPTER** *(printed in Part VI)*

Care Team Role Description — share before any conversation; available as a fillable form at crossingcultures.care/cc-care-teams.

Personal Reflection Guide (Tool 7) — the candidate's private discernment, before the interview.

Structured Selection Interview (Tool 8) — the coordinator's script: minimum standards, clusters, capacity.

Care Team Selection Profile (Tool 6) — twelve competencies, six levels; completed independently by both parties and compared. *Each ► available separately as a fillable PDF form.*

Chapter II-6 — Inviting the Team

"Let what you say be simply 'Yes' or 'No.'"
— Matthew 5:37

> **IN SHORT** Care Team members are invited personally to a defined role, never recruited by announcement. This chapter covers how to ask, how to receive a no and how to say one, and how to match people to the right roles.

With the coordinator named, the safeguards set, and the missionary's six questions answered, formation turns to its most visible work: filling the roles. Three disciplines guide this work. They are how to ask, how to handle a no in either direction, and how to match real people to defined roles. Care Teams are invited, not volunteered. That sentence sums up most of this chapter. General announcements, such as the bulletin notice, the moment from the stage, or the sign-up sheet, recruit people who are available. Availability is not the standard. Personal invitation recruits people who fit, and it lets you shape the role before anyone fills it. The missionary approves membership before anyone is invited (Tool 12, Coordinator Pre-Launch Checklist). Everything below assumes that consultation has already happened.

The Art of the Ask

Five Principles of Invitation

- **Invite to something defined.** A role with a name, a written description (Tool 9, Role Clarification Guide), a term with an end date, and an honest hours figure. Vagueness feels gentler in the moment, but it recruits people who drift. "Would you pray about being part of something for the Alvarez family?" produces a different team than "Would you consider serving as their Logistics Support Lead, here is the role sheet, it runs one to two hours a month for eighteen months."
- **Show the covenant before asking for an answer.** The Covenant of Shared Stewardship (Tool 11) is the honest summary of what this costs. If anyone is surprised by it at training, their invitation was incomplete.
- **Build in the observation step.** Before committing, the candidate attends a team meeting. During your first launch, this is a meeting of an established team at another church; for later additions, it is your own team's meeting. Where possible, the candidate also joins one direct contact with the missionary. Either way, the missionary whose meeting or contact it is consents first. Observation is required before the covenant. In practice, it turns an abstract yes into an informed one, and it gives hesitant candidates an honorable middle step.
- **Ask for prayer and a week, not an answer.** An invitation answered on the spot was answered out of politeness. During the week, the person checks the

calendar, asks their spouse, and finds the honest no if there is one. You want all of these outcomes before the covenant, not after.

- **Never negotiate the structure to land a candidate.** If someone can serve only without the meetings, only without the term, or only informally, they are kindly telling you the answer is no. Receive it as the next section describes.

The Invitation Conversation

A SAMPLE INVITATION — ADAPT FREELY

"I want to invite you into something specific, and I want to give you everything you need to answer honestly — including saying no.

"Our church is forming a Care Team for the Alvarez family — a small team with defined roles that carries their care together for a defined term, so it never depends on one person's heroics or fades when the send-off excitement does. Maria and David were part of shaping who we'd invite, and your name came up for a particular reason: the Relational Liaison role is about consistent, ordinary friendship — and you already have that with them.

"Here's the role sheet and the covenant we all sign. It's one to two hours a month, an eighteen-month term, one team meeting a month. Before you decide anything, I'd like you to sit in on a team meeting so you can see what this actually is.

"Don't answer now. Take a week, pray about it, talk it over at home. A clear no helps this team as much as a yes — what we can't build on is a reluctant maybe."

The Written Invitation

Some candidates, and some cultures within a congregation, receive a letter better than a conversation. A letter also works well as the follow-up after a conversation. Keep it to one page: the family being cared for, the specific role and why this person, the term and hours, the covenant enclosed, the observation step offered, and the one-week, no-pressure close. The letter has the same goal as the conversation: a yes that is informed, unhurried, and free to be withdrawn until the covenant is signed.

After the Yes

A yes is not a covenant. Record it in the Recruitment Tracker, and schedule the observation visit if it has not happened yet. If the role is MK Lead, complete the MK Lead's safeguarding items. Then tell the candidate what happens next: training begins on a set date, the covenant is signed together in Session Three, and until that signing, either party can still step back with no awkwardness. Saying that last part out loud is what makes the covenant, when it comes, a free choice and not just momentum.

When Someone Says No — and When You Must

"Faithful are the wounds of a friend; profuse are the kisses of an enemy." — Proverbs 27:6

A team formed by people who could not say no is a team formed by pressure. Pressure is a poor foundation for an eighteen-month covenant. So recruitment asks two hard but merciful things of us: receiving a no well, and giving one.

Receiving a No

When a candidate declines, take three steps, in order. **Thank them for the honesty**, and mean it. A clear no protects the covenant from the slow damage a reluctant yes can do. Saying so out loud teaches your congregation that this ministry runs on truthfulness. **Leave the door open by term, not by pressure**. You might say, "terms renew every eighteen months; may I ask again next cycle?" That turns the no from a final verdict into a matter of timing. **Offer the wider circle**. Many who cannot carry a role can still support the family through prayer, through hospitality when the family is stateside, or through a place on the practical-help list the Logistics Support Lead keeps. The Care Team is small on purpose; the caring church around it is not.

What you must not do is shrink the role to turn the no into a yes: fewer meetings, no term, "just help when you can." That does not gain a team member. It loses the structure, one exception at a time.

When You Must Say No

Harder than receiving a no is giving one: declining or redirecting someone who wants to serve. It happens in every launch. Pretending it does not leaves coordinators making up the most delicate conversation of formation as they go. The common reasons a willing person is not a fit:

- **Capacity that is love-shaped but not calendar-shaped** — the person's season simply cannot sustain the hours, however much their heart can.
- **A history with confidentiality** — the covenant depends on its confidentiality commitment. If the church's honest experience of this person says otherwise, the answer is no, whatever their other gifts.
- **Unresolved history with the missionary** — the missionary's decision governs here, and it is final.
- **A rescue orientation** — the person who is drawn to the drama of care rather than the long, steady work of it. This person will take on too much at every sign of strain and be worn out or resentful by month eight. These are often deeply loving people. They are also the type most likely to recreate the single-thread dependency the model exists to prevent.

- **Inability to stay in role** — some gifted people cannot work within the limits of a defined role. Every structure they join becomes their structure. The team needs its roles more than it needs any one person in them.

The Redirect Conversation

A faithful decline has three parts: honor the love, name the structure, and offer a real alternative. In practice: "Your heart for the Alvarezes is exactly what this church needs, and I want to be straight with you about the team itself. Every role on this team is shaped before it is filled. The hours, the term, the boundaries are fixed, because that's what makes the care durable. I don't think this role, in this season, is the right fit, and I'd rather tell you that plainly than set you up for eighteen months that don't fit your life. Here's where I'd genuinely love your help instead…" Notice what the conversation does not do. It does not make up a reason that sounds like a committee decision, promise a future role it cannot promise, or pass the no off onto the missionary ("they wanted a smaller team"). The structure gives the reason; the coordinator gives the respect.

The Missionary's Approval

The coordinator, with input from the missionary and the church, identifies and presents candidates. The missionary approves each one for relational fit. This does not mean the missionary is recruiting their own team. They are only making sure that every person on it is someone they can be known by. If the missionary declines a proposed member, that decision is final, unexplained, and confidential. The coordinator absorbs it without passing it on: the candidate hears only that the team came together differently. This is one of the places where the coordinator quietly bears the cost of the structure so the missionary never has to. It is exactly what builds the missionary's trust in the whole team.

When the No Must Travel Uphill

Occasionally the candidate who does not fit is prominent: a major donor, a beloved elder, the missionary's relative, the pastor's friend. The structure must apply to people of status too, or it is not really structure. The church that holds the faith of our Lord Jesus Christ shows no partiality (James 2:1), and a care structure is one of the places that command gets tested. This is exactly why the covenant names pastoral oversight as a party and not a witness. The coordinator should never carry a no to a prominent person alone. Bring it to pastoral oversight first, agree on the answer together, and where needed let oversight deliver it. A church that bends its care structure for status has shown its missionary, through that very structure, what its care is really made of.

Matching People to Roles

"As each has received a gift, use it to serve one another, as good stewards of God's varied grace." — 1 Peter 4:10

The Role Clarification Guide (Tool 9) defines what each role does. This section is about discernment in the other direction: looking at an actual person and recognizing which role, if any, fits their gifts. This follows the way the body works: many members, differing gifts, each with its own function (Romans 12:4–6). For each role below, you will find what to look for and what should give you pause. "Pause" never means disqualify. It means have one more honest conversation before assigning.

Spiritual Encouragement Lead

- **Look for:** a private prayer life that began before this invitation; comfort asking direct spiritual questions without interrogating; the discernment to sense spiritual dryness behind polished updates.
- **Pause if:** their spiritual encouragement leans toward fixing and exhorting rather than walking alongside. In a dry season, the missionary needs a companion, not someone who stands outside it giving advice.

Relational Liaison

- **Look for:** existing friendship with the missionary; natural, low-maintenance consistency (the person who already remembers birthdays without a system); conversational ease that holds up across time zones and bad connections.
- **Pause if:** the friendship is so close that role and relationship will blur. The liaison must be able to bring a concern to the team, and a purely private friendship can make that feel forbidden. Name this tension out loud at assignment. Once it is named, it can be managed.

Logistics Support Lead

- **Look for:** proven follow-through, since in this role reliability is the spiritual gift; comfort with unglamorous tasks; some practical skill with shipping, paperwork, and stateside errands.
- **Pause if:** they are already the person every ministry in the church leans on. The most capable people are asked most often, and this role's quiet tasks are the first to be dropped when someone's plate is too full.

MK Lead

- **Look for:** genuine ease with children and teenagers, ideally seen firsthand and not assumed; patience with the slow trust-building that distance requires; willingness to learn about third-culture-kid development. Goodwill without understanding misreads MK life constantly.
- **Pause if:** any part of the safeguarding process is incomplete. This is the one role where a pause is mandatory until it is complete. Also pause if their interest

is in the missionary parents, with the children as an add-on. The role exists precisely because MK wellbeing must never be an add-on.

Secondary / At-Large Member

- **Look for:** flexibility without unreliability; contentment with a behind-the-scenes role; often, a candidate you suspect could coordinate one day. This seat is the model's natural apprenticeship, and the succession planning in Tool 18 (Structural Stewardship Guide) can say so explicitly.
- **Pause if:** they accept the seat while wishing for another one. Unspoken disappointment about a role shows up later as drift or friction, so bring it up now instead.

Combining Roles in a Smaller Church

Role combinations are permitted where a church cannot field six people, and formation is when combinations are set. Two rules keep them safe. First, combine roles whose loads fit together: Spiritual Encouragement with Relational Liaison, or Logistics with At-Large. These pairings share a rhythm rather than doubling it. Second, never dilute the MK Lead. Whoever holds it, alone or combined, carries the full safeguarding standard and gives this separate area the full attention the model requires. A three-person team with clear roles is the model working. Six overlapping helpers with no clear roles is not a smaller version of the model; it is no model at all.

The Pre-Assignment Conversation

Before training begins, the coordinator sits down with each member and their role sheet from Tool 9 to go over responsibilities, boundaries, hours, and term. Then the coordinator asks the one question that prevents most later friction: "what would make this role hard for you, honestly?" Write the answer in the role sheet's notes block. Half the value is the information. The other half is teaching, before the covenant is ever signed, that this team tells the truth about hard things.

◆ **TOOL 10 · Team Recruitment Tracker** *(Part VI)*

Maintained by the Care Coordinator through Phase Two; filed with formation records at launch. One row per candidate; confidential to the coordinator and pastoral oversight, because it records the missionary's approvals and declined invitations. Includes the MK Lead safeguarding status block and the covenant log. ► *Available separately as a fillable PDF form.*

Chapter II-7 — Training the Team

"Two are better than one … a threefold cord is not quickly broken."
— Ecclesiastes 4:9, 12

> **IN SHORT** Five training sessions turn the people you invited into a team. The covenant is signed in the third session, and the fifth is the team's first real meeting. The chapter ends with the one skill every member needs: listening well to someone who lives far away.

Training is where recruited individuals become a covenanted team. The curriculum walks the whole team through this book in five sessions. The section that follows it trains the one skill every role shares: listening well to someone whose life is lived far away.

The Five-Session Launch Curriculum

There are five sessions of seventy-five minutes each, held weekly or every other week. The coordinator facilitates. Every member attends all five, and pastoral oversight attends at least Sessions One and Three. Each session assigns reading in advance. The curriculum assumes it has been done, and the coordinator should say so warmly and mean it. The covenant is signed in Session Three. That means Sessions One and Two are still an honorable part of everyone's discernment: until the signing, stepping back carries no shame. Session Five is not a rehearsal. It is the team's actual first meeting, with the team still learning as it goes.

Session 1 — Why This Model Exists

Session text. *Know well the condition of your flocks, and give attention to your herds (Proverbs 27:23).*

Purpose. Ground the team in the problem this structure solves, so that every later requirement reads as protection rather than bureaucracy.

Read ahead. The Send-Off, the Introduction, and the Ten Principles (in The Research Foundation).

Agenda (75 minutes)

- Welcome; pastoral oversight opens with why the church is doing this (10 min)
- The research story: what actually erodes missionary endurance, and what the data says churches can do (20 min)
- The Ten Principles, read aloud around the circle, one each (15 min)
- Discussion (25 min)
- Assign Session Two reading; close in prayer for the missionary by name (5 min)

Discussion questions

- Which finding from the research surprised you — and which one did you recognize from missionaries you've known?
- Where have you seen well-intended care collapse for lack of structure — in missions or anywhere else in church life?
- Which of the Ten Principles will be hardest for this church, honestly?
- What would our missionary say the send-off promised — and what would they say actually followed?

Tool work. None assigned. The coordinator reports the current status of the Coordinator Pre-Launch Checklist (Tool 12) so the team sees the launch checklist working from day one.

Coordinator's note. Resist the urge to defend the model against every objection tonight. Let the research and the principles do the persuading. The objections that are still standing after Session Two are worth engaging directly.

Session 2 — The Theology and Philosophy of Shared Stewardship

Session text. *Therefore we ought to support people like these, that we may be fellow workers for the truth (3 John 8).*

Purpose. Move the team from 'this is wise' to 'this is ours' — the convictions beneath the structure.

Read ahead. Part I: the Theology of Shared Stewardship and the Eight Convictions.

Agenda (75 minutes)

- Opening prayer; one-minute recap of Session One (5 min)
- The theology: sending as the church's shared act, care as its shared continuation (20 min)
- The Eight Convictions: each member takes one or two and presents them in their own words (25 min)
- Discussion (20 min)
- Distribute role sheets (Tool 9) for reading before Session Three (5 min)

Discussion questions

- Where does Scripture show care as structure and not only sentiment?
- Which conviction most challenges how our church has treated missionary care until now?
- What is the difference between caring about our missionary and being answerable for their care? What changes when you say it the second way?
- As you read your role sheet this week: what in it looks life-giving, and what looks costly?

Tool work. Role sheets reviewed together (each member received theirs at invitation). Members read their own role and one other, so no role is invisible to the rest of the team.

Coordinator's note. When a member restates a conviction in their own words, they have just taken ownership of it. Note who has not spoken across two sessions, and draw them in gently next week. Silence in training predicts silence in escalation.

Session 3 — Roles, Rhythms, and the Covenant

Session text. *Two are better than one … a threefold cord is not quickly broken (Ecclesiastes 4:9–12).*

Purpose. Confirm every role, set every rhythm, and end the night with everyone's signature. This is the session where the team becomes a team.

Read ahead. Tool 9 (Role Clarification Guide) (all roles) and Tool 11 (the covenant) — read the covenant slowly, alone, before tonight.

Agenda (75 minutes)

- Opening; pastoral oversight present for the whole session (5 min)
- Around the circle: each member states their role, its rhythm, and its boundaries in their own words; coordinator confirms hours and terms (25 min)
- The communication map: who contacts the missionary, how often, by what channel; calendar the monthly meeting for the full term (15 min)
- The covenant, read aloud together — every commitment, unhurried, questions welcome between sections (15 min)
- Signing, including pastoral oversight as party; prayer of commissioning over the signed page (15 min)

Discussion questions

- Say your role's boundaries out loud: what is yours to do, and what is deliberately not?
- Which covenant commitment will cost you most — and do you want this team to hold you to it anyway?
- What should we do, concretely, the first time one of us misses the rhythm we just calendared? And how does the covenant's commitment to address things directly apply to that conversation?

Tool work. Tool 11 signed by all members and pastoral oversight. The covenant items on the Coordinator Pre-Launch Checklist (Tool 12) are checked tonight.

Coordinator's note. Do not rush the reading. The covenant's own instruction (read aloud together, do not rush past this) is the point of the whole evening. A covenant read quickly is a form signed; a covenant read slowly is a promise made.

Session 4 — Care Mapping and the Escalation Pathway

Session text. *Bear one another's burdens, and so fulfill the law of Christ (Galatians 6:2).*

Purpose. Train the team's two core disciplines: seeing the whole person, and responding at the right level.

Read ahead. The Missionary Care Mapping Workbook (Tool 13) and When Strain Deepens (Tool 15).

Agenda (75 minutes)

- Opening; recap of the covenant's 'care for the whole person' commitment (5 min)
- Care Mapping walkthrough: the domains, what belongs in each, what a team note is (20 min)
- Practice mapping: in pairs, one plays the missionary from a provided vignette, one practices drawing out a single domain; debrief what was easy and what was awkward (20 min)
- The escalation pathway: the five levels, with local names and numbers attached — with the crisis contact held by pastoral oversight and the coordinator only, not handed out (20 min)
- The consent rule and its one exception, stated plainly and repeated: nothing moves beyond the team without the missionary's consent. The one exception is a risk of harm to self or others, which goes to pastoral leadership immediately. The team never waits for a meeting (10 min)

Discussion questions

- Which care domain will our team most naturally attend to — and which will we forget without the map in front of us?
- In the practice conversation: what did it feel like to ask the second question instead of moving on?
- Walk the pathway with a scenario: three flat calls in a row and a missed check-in. What level is that, and what happens next, by name?
- Who among us is most likely to sit on a concern rather than escalate it — and may the rest of us name it when we see it?

Tool work. The team schedules the baseline Care Map conversation with the missionary (or confirms it, if already done) — a Tool 12 (Coordinator Pre-Launch Checklist) launch item.

Coordinator's note. The pairs exercise will be awkward, and the awkwardness is the training. Training the Team's Ears, later in this chapter, exists because this session always shows the need for it. Assign it as the bridge reading.

Session 5 — The First Meeting

Session text. *Let us not grow weary of doing good, for in due season we will reap, if we do not give up (Galatians 6:9).*

Purpose. Stop training and start. Session Five is the team's first real monthly meeting, built on the monthly order in Chapter III-1 with the launch business added.

Read ahead. Training the Team's Ears (this chapter); review your own role sheet once more.

Agenda (75 minutes)

- Open as every meeting will open: prayer for the missionary and family, by name, by domain (10 min)
- Around the roles: each member reports actual contact since Session Four — the rhythms began at the covenant, not at launch (20 min)
- The baseline Care Map: review it together if completed; finalize its logistics if not (20 min)
- Close out Tool 12 (Coordinator Pre-Launch Checklist) item by item; whatever cannot be checked gets an owner and a date (15 min)
- Calendar the first-year boosters (months three, six, twelve) and the quarterly alignment reviews. Begin Tool 18 Section 1. Close with communion of some kind: a shared meal, a shared table, a shared sending (10 min)

Discussion questions

- What did we just do in this meeting that we want to protect for eighteen months?
- Where is our first drift most likely to come from — and what did we covenant to do about it?
- What does our missionary need from us in the next thirty days that no one else is positioned to give?

Tool work. Tool 12 (Coordinator Pre-Launch Checklist) completed or paused with owners and dates. Tool 18 Section 1 begun. Boosters and reviews calendared.

Coordinator's note. End on time. A meeting that starts and ends when it said it would is the first sustainability gift the team gives itself. It is also the first proof to every member that this structure keeps its word.

Training the Team's Ears

"The purpose in a man's heart is like deep water, but a man of understanding will draw it out." — Proverbs 20:5

This book names the center of the model: structured listening. That means consistent, whole-person, attentive listening across the whole course of the missionary's life. The book also names what the team is not. Team members are not counselors, therapists, or crisis responders. They are attentive stewards who notice faithfully, respond wisely, and escalate appropriately. This section trains that listening. Listening is not a personality trait some members have and others lack. It is a discipline with moves that can be learned, the posture James commends: quick to hear, slow to speak (James 1:19).

The Second Question

Most care conversations end at the first answer. “How are things?” “Busy, but good!” Then the conversation moves on, and nothing real has been shared. The single most valuable skill on a Care Team is the second question: the one that goes toward the person instead of past them. For example: “What’s been the best part of busy? What’s it been costing you?” “What was that like for you?” “You said the word ‘tired’ twice; which kind of tired?” The second question does not interrogate. It gently declines to accept the brochure version of a life. Missionaries are well practiced at giving the brochure version, and they can usually name the exact moment someone asked a second question.

The Care Map as a Listening Grid

The domains of the Care Map (Tool 13) are more than a way to keep records. They are also a guide for listening. Carried into a conversation, they tell you what you have not yet heard. Thirty minutes on ministry and logistics is a fine conversation, but an incomplete one. The domains quietly ask: Has anyone heard about the marriage lately? The body? The friendships? The joy? Team members need not cover every domain in every contact, but the team should cover them across a month. That is what the meeting’s Care Mapping review is checking.

Receiving Hard Information

Sooner or later, something real comes up. It usually comes to the member the missionary trusts most, in the channel they find easiest. The marriage is strained, the faith is dry, a child is not okay, or the missionary wonders if they can continue. What happens in the next sixty seconds teaches the missionary whether honesty was safe. The moves:

- **Stay steady.** Your calm is what tells them it is safe to be honest. If you show alarm, they learn to protect you from the truth, and from that day on you will hear the brochure version.
- **Thank them before anything else.** “I’m really glad you told me that.” Being honest just cost them something, so acknowledge what it cost.
- **Do not fix.** The reflex to solve (verses, advice, action items) turns their disclosure into your project. Ask what it has been like before asking what they will do: he who gives an answer before he hears, it is folly and shame (Proverbs 18:13).
- **Do not spiritualize prematurely.** Prayer and Scripture are vital to the team’s life, but used too quickly they work as a polite change of subject. Job’s friends were never wiser than during the seven days they sat with him in silence (Job 2:13). Stay in the hard place with them first, and weep with those who weep (Romans 12:15). Then pray with them while you stay there, not instead of staying.

- **Do not minimize.** "Every marriage has seasons" may be true and is, in that moment, a door closing.
- **Ask what support would look like.** Ask, "What would help, and who else should know?" This invites them into the escalation decision instead of making that decision without them.
- **Remember what you carry and what you don't.** You are not the intervention; you are the connection to one. The pathway (Tool 15) exists so this moment never depends on your improvising. A risk of harm to self or others goes to pastoral leadership immediately. The missionary should hear that from the covenant, not discover it from events.

Reporting Without Interpreting

When a member brings a concern to the team, the discipline is to report what they observed and what they interpret separately. "She canceled twice and her messages have gone short" is data the team can weigh. "She's pulling away from us" is a theory presented as if it were data. The honest form gives both, labeled: "Here's what I've noticed; here's what I'm wondering; what are the rest of you seeing?" Teams that keep this separation make better escalation decisions and gossip less. The two benefits are related.

Three Practice Exercises

Use these in training, and again at any alignment review where Tool 14 flags relational quality. In pairs, ten minutes each, then swap:

- **The brochure.** One partner answers everything in polished update-letter language; the other practices second questions until something true appears. Debrief: which question opened the door?
- **The disclosure.** Using a provided vignette, one partner shares something genuinely hard, and the other practices the receiving moves. Afterward, the observing partner names out loud every fix, spiritualization, and minimization. Expect to be caught. Everyone is.
- **The report.** After the disclosure exercise, the listener reports it to an imagined team in two sentences of observation and one labeled sentence of wondering. This practices keeping the two clearly separate.

Teams that train these three moves (the second question, the steady reception, the labeled report) have trained perhaps ninety percent of the listening the model asks of them. The remaining ten percent is faithfulness over time, and no exercise teaches that. The first year does.

Churches that would like help launching (facilitated training for the team, or consultation for the coordinator and pastoral leadership) can find it at crossingcultures.care. Everything in this chapter is complete without it.

PART III

Sustaining the Team

Continuous Attentiveness: Care Mapping and Wise Escalation

> **IN SHORT** The heart of a Care Team's work is listening, steadily, to the whole person. Team members are not counselors; their job is to notice, respond, and bring in the right help. Nothing leaves the team without the missionary's consent unless someone is at risk of harm.

At the center of the Crossing Cultures Care Teams model is a simple but demanding commitment: structured listening. This means consistent, whole-person, attentive listening across the whole course of the missionary's life.

You Are Not Expected to Fix Everything

Care Team members are not counselors, therapists, or crisis responders. They are attentive stewards. Their job is to notice faithfully, respond wisely, and escalate appropriately.

The Escalation Pathway

Every level of the pathway runs through the missionary. The team notices, asks, and offers; the missionary decides what happens next. Only a risk of harm to self or others moves without their consent.

- Level 1 — Increase Presence: When you notice emotional heaviness, low energy, or subtle withdrawal, offer more presence, and let the missionary decide what form it takes. Ask more direct questions.
- Level 2 — Team Consultation: When concerns persist beyond two or three check-ins, show up in more than one domain, or leave the team unsure how to respond, bring the full team together. Do this outside the regular meeting if needed. Compare what each member has observed, pray, and agree on specific responses.
- Level 3 — Referral Support: When the concern is significant, when marriage strain is named, or when the team feels out of its depth, the team helps the missionary find the right person to carry it. That may be a counselor, the organization's member care, a mentor, or a pastor of their choosing, who may or may not be from the sending church. The Care Coordinator may consult pastoral oversight about referral options and how the team can best help, without sharing the missionary's story beyond what they allow. If the missionary declines, the team honors it. It stays present, keeps the offer open, and is honest about its limits.
- Level 4 — Professional Referral: When the missionary expresses symptoms of significant depression, anxiety, trauma response, or relational crisis, the team offers referral as something good for them, not a judgment on them. The team helps the missionary find a missionary-focused counselor if they choose to go. The choice is theirs.

- Immediate Safety Response: When there is any indication of a risk of harm to the missionary or to someone else, contact pastoral leadership immediately, whether or not the missionary agrees. This includes any suspicion that a child is being harmed. This is the only circumstance in which the team acts beyond the missionary's choice. Even then, it does not act beyond their knowledge: the Care Coordinator tells the missionary what is happening and why as soon as it is safe to. Do not wait for the next team meeting.

The pathway runs continuously. Between the formal Care Mapping sessions described in Chapter III-1, a concern may surface: a shift in tone, an absence, a comment that seemed off. When it does, it does not wait for the next meeting. The team acts.

◆ TOOL 15 · When Strain Deepens Use CONTINUOUSLY — whenever a concern surfaces, not only in confirmed crisis. Five response levels: Level 1 (Increase Presence) → Level 2 (Team Consultation) → Level 3 (Referral Support) → Level 4 (Professional Referral) → Immediate Safety Response. CONSENT NOTE: Levels 3 and 4 proceed only with the missionary's consent. SAFETY NOTE: Any risk of harm to self or others requires immediate escalation. Do not wait for the next meeting. ► Available separately as a fillable PDF form

Chapter III-1 — The Sustained Rhythm

> **IN SHORT** The team meets monthly, keeps in touch at the rhythm the missionary chooses, and uses Care Mapping so no part of the missionary's life goes unnoticed. On a regular schedule, the team also stops to check its own faithfulness, so small drift is caught early.

The team is covenanted, trained, and launched. What follows is the long middle of the model: the ordinary months when nothing dramatic happens, yet everything important does. This chapter covers the pathway's two sustaining phases. The ministry rhythm keeps care whole, and the scheduled reflection keeps the rhythm honest.

Phase Three: Sustained Ministry Rhythm

Ongoing — the team's active care life

Care that is reactive is fragile. Care that is rhythmic is stable. Rhythm is what transforms good intentions into reliable care.

Meeting Cadence

The full Care Team should meet together at minimum once a month. Monthly meetings serve three purposes: to share observations and concerns about the missionary's wellbeing, to coordinate care responsibilities across team members, and to pray together. A typical Care Team meeting moves through five elements:

- Opening prayer and Scripture (5 minutes)
- Whole-person check-in using Care Mapping domains (20 minutes)
- Identify emerging strain or support needs (15 minutes)
- Assign specific actions (10 minutes)
- Prayer for the missionary and family (10 minutes)

Decisions Inside the Team

The missionary directs the care. Within that direction, the team still has its own decisions to make: scheduling, who covers what, and how best to carry out something the missionary has asked for. The Care Coordinator makes those decisions after hearing the team. Anything that touches the missionary goes to the missionary. When the team disagrees about how to follow the missionary's direction, the coordinator decides, with pastoral oversight available through the covenant's conflict path.

Meeting Across Distance

Most of this team's time with the missionary happens across distance. That includes Care Mapping, liaison calls, the Evaluation of Care conversation, and much of re-entry planning. A team that does everything else well can still lose the missionary on a bad call. The missionary may be a small face on a screen, watching five people talk to one another, or the audio may fail at the moment something heavy is said. Meeting well across distance is part of the care, not a technical detail beside it. Part VI carries a one-page quick reference.

The missionary chooses. They set the time, in their own time zone. They also choose the platform their field can reliably and safely use, and the format. Video is the default whenever the connection allows, because much of what a team notices comes through the face. Audio-only is a respected fallback when bandwidth, security, or the missionary's preference in a given season calls for it.

One laptop, one account. The team meets from a church-owned laptop, which the Care Coordinator keeps and hands off at succession. The meeting account belongs to the team. It is set up with a dedicated team email, not a church staff account and not anyone's personal login. The coordinator and a named backup hold the login, and the password changes whenever anyone with access steps off the team. Personal computers are not used to host team meetings, hold the account, or store anything about the missionary. The privacy and ownership of both the team's work and the missionary's story depend on it.

Sound that reaches the field. A laptop's built-in microphone hears the person nearest it and loses everyone else. When the team meets in one room, use a conference microphone that picks up the whole table. Test it from every seat before the missionary joins, not just from the chair in front of the screen. One device carries the room's audio. Any others join muted with speakers off, or on headphones, to prevent echo. Before a Care Mapping conversation, run a short test call with someone listening on the far end.

A closed room. Every meeting has a passcode and a waiting room. Links go directly to participants and are never posted on a calendar or in a newsletter. The coordinator hosts: admitting participants by name, watching the participant list throughout, removing anyone not authorized, and locking the meeting once everyone expected has arrived. A co-host is named as backup in case the host's connection drops.

Privacy on both ends. Everyone joins from a private space, with headphones where others are nearby. Before sensitive topics, ask who is within earshot on the missionary's end, since children and colleagues change what can be said. Care conversations are never recorded, and no one takes screenshots. Notes follow the

consent rule and are kept only where the team's records are kept. In restricted-access fields, the organization's security guidance governs the platform, the vocabulary, and whether names or places are ever typed, and nothing sensitive goes into a chat box or an email.

When the connection fails. Agree on the fallback in advance: audio only, a phone call, or a voice-message thread. A call that drops in the middle of something hard gets a callback within minutes, not next month.

Presence still comes first. Start with the person, not the agenda. One person leads, and people take turns. Leave room for silence; lag makes every pause feel longer than it is. And the missionary is never the only face on the screen watching a room full of people talk to one another.

Where the Team's Records Live

A team keeps records so that care does not depend on memory. These records include minutes, Care Maps, the Evaluation of Care, and the tools the team completes. They hold some of the most private material in the missionary's life, and they need a home chosen as carefully as the team's promises.

One place. Records live in the team's own account storage, attached to the team's dedicated email, or on the team laptop. They are never kept on members' personal devices, and never on church staff servers or shared drives.

Few hands. The Care Coordinator and the named backup hold access. Other members see what their role requires, usually through what is shared in the meeting itself.

Nothing about them without them. The missionary may see anything the team has written about them, at any time, on request.

Write what was observed. Minutes record what was seen and said, not what the team concluded about it, and name interpretations as interpretations.

Paper, too. Printed forms are kept by the coordinator in a secure place, and are scanned into the team's storage or destroyed once they are no longer needed.

Until the end. Records are kept for the life of the team. When the team concludes, the Ending Protocol (Tool 19) governs what is transferred with consent, archived under confidential keeping, or destroyed.

Remembered Dates

The Spiritual Encouragement Lead keeps a simple shared calendar of the family's dates. It includes every birthday, the wedding anniversary, the anniversary of their sending and of their arrival on the field, and the home-country holidays that are

hardest to spend far away. Hard anniversaries, such as a loss, an evacuation, or a crisis, go on the calendar only if the missionary wants them remembered. Some would rather not be reminded, and that choice is theirs. A card that arrives on the right day tells a family they are known.

The Home Front

Some of a missionary's heaviest worries are back home: aging parents, adult children, a house or a car in storage, and mail and paperwork that will not wait. At the missionary's request, and only then, the team can help at home with a visit to a parent, a ride to an appointment, or a check on the house. The team does this to help the missionary, not to report back on anyone. What it learns about a parent belongs to that parent and the missionary, not to the team's notes. A parent is visited only if they welcome it.

Whole-Person Attentiveness: Care Mapping

On a regular schedule, the team uses the Care Mapping Workbook to make sure all eight domains of the missionary's life are being addressed. This happens quarterly in the first year and twice a year after that. The eight domains are spiritual vitality, emotional resilience, marriage and family, cultural adaptation, ministry and organizational relationships, physical health, practical and financial wellbeing, and children/MK wellbeing.

Care Mapping is not an audit. It is structured listening. When you use this tool, begin by reminding the missionary why you are asking: not to evaluate them, not to report on them, but to see them. The missionary rates their own domains. Ideally the team is present, so members can ask clarifying questions and understand each rating in the missionary's own words rather than reading it later in notes. The team's observations sit alongside the missionary's rating, never over it. When an observation differs from the rating, members say so gently in the room, as a question rather than a correction: "You marked Emotional as Stable. You seemed tired on our last two calls. What has that been like?"

◆ TOOL 13 · Missionary Care Mapping Workbook Use AT FORMATION for a baseline, then QUARTERLY in Year One, BIANNUALLY from Year Two, and at EVERY MAJOR TRANSITION. Eight domains: Spiritual, Emotional, Marriage and Family, Cultural Adaptation, Ministry and Organizational, Physical Health, Practical and Financial, and Children / MK Wellbeing. ► Available separately as a fillable PDF form

Care Mapping sets the team's rhythm of listening; it does not limit it. When a concern surfaces between sessions, the escalation pathway that opens Part III governs the response, and Tool 15 is its instrument.

Phase Four: Faithful Reflection

Quarterly in Year One, biannually thereafter

Even healthy teams gradually narrow their focus. Phase Four is the practice of scheduled self-examination. It happens not because something has gone wrong, but because faithfulness requires it.

Teams do not usually collapse. They drift. A meeting gets moved, then it gets shortened, and then it gets skipped. This is not moral failure. It is the predictable pull of every volunteer structure toward whatever requires the least energy.

◆ TOOL 14 · Support and Care Alignment Review Use QUARTERLY in Year One, then BIANNUALLY, and after any significant events (crisis, transition, coordinator change). Rate team health across 9 areas using a 1–5 consistency scale: Meeting Rhythm, Whole-Person Coverage, Relational Quality, Coordinator Health, Missionary Trust, Escalation Pathway Clarity, Team Communication, Pastoral Engagement, Covenant Fidelity. MISSIONARY'S EVALUATION: At least once a year, the missionary evaluates the team's care directly. ► Available separately as a fillable PDF form

First-Year Booster Conversations

Three booster conversations are recommended during the first year: at month three, month six, and month twelve. Four questions structure each conversation:

- Are our meetings happening as committed?
- Is every domain of the missionary's life being addressed?
- Is every team member in real contact with the missionary?
- Is the coordinator connected to pastoral leadership as a regular rhythm?

"It is required of stewards that they be found faithful." — 1 Corinthians 4:2

One line in the alignment review needs special attention: **Relational Quality** looks in both directions. It asks how the team relates to the missionary and how the team is doing as a team. Chapter III-2 gives the vocabulary for the second. It also hears from the missionary directly. At least once a year, the missionary completes their own Evaluation of Care and returns it to the coordinator or privately to pastoral oversight. Once a year, the coordinator or pastoral oversight also asks in person, because a form opens that conversation but cannot replace it. The church, the missionary, and the coordinator hold the team accountable together. A flagged score sends the team back, together, to the listening exercises from training.

Once a year, the alignment review adds a second check: the Model Fidelity Self-Check, printed with Tool 14 (Support and Care Alignment Review). It names twelve marks of the model, such as the mapping rhythm, the meeting, the missionary

directing the care, the escalation pathway, the roles, and the safeguards. Each mark is read honestly as faithful, drifting, or lapsed, and each is answered with action rather than a grade. The question it asks is the covenant's own: are we still the team we promised to be?

Chapter III-2 — The Team's Own Life: Conflict, Fatigue, and Staying Human

"...eager to maintain the unity of the Spirit in the bond of peace."
— Ephesians 4:3

> **IN SHORT** A Care Team is made of ordinary people who also get tired and sometimes disagree. This chapter names the common conflicts, the signs of fatigue, and what to do when a confidence is broken or a member needs to step off.

This book has spent every chapter so far pointing the team outward, toward the missionary. This chapter turns the attention inward, for one simple reason. A Care Team is also a small group of ordinary people. Everything this model says about missionaries is true of the people caring for them: they carry more than they show, strain left unattended builds on itself, and structure is what lets love last. A worn-out team cannot notice faithfully. A team that is quietly divided cannot discern together. The team's own life is not a soft topic added on to the real work. The real work depends on it. And it fails the same way everything else in this model fails when no one tends it: gradually, politely, and then all at once.

The Weight the Team Carries

Care Team service has a cost that the invitation described in hours but not in emotional weight. Members hear hard things and keep them in confidence. That means they carry things they cannot talk through with their usual people. They pray over situations that do not resolve on any schedule. They love a family whose suffering they can see but cannot fix, from an ocean away. Over months, that combination of real burden, real confidentiality, and real helplessness produces a kind of fatigue that caring professions have long recognized. It is a slow wearing down that comes not from caring too little but from caring steadily without being renewed. Lay carers are not exempt from it because their motives are good. They are more exposed to it, because no one trained them to expect it.

The signs are ordinary and easy to explain away. One member's prayer updates have become generic. Another starts arriving late to a meeting where they used to be the steady presence. Another's contact rhythm quietly stretches from monthly to occasional. Another talks about the missionary's situation with a flatness where there used to be feeling. None of these is failure. All of them are information. It is the same kind of information the team is trained to notice in the missionary, now noticed in themselves.

What Keeps a Team Human

- **The meeting asks about the team, too.** Once a quarter, the monthly meeting spends ten minutes on one question: how is this work sitting with each of us? This is not a therapy session. It is a brief, honest report on how each person is doing. The coordinator goes first, honestly, because the coordinator's answer shows everyone else how honest they are free to be.
- **Confidence has a shared container.** What a member cannot carry alone, the team carries together. That is what the meeting's consultation structure is for. The covenant's confidentiality binds the team as a body, not each member in isolation. A member holding something heavy brings it to the whole team rather than working around it. Two limits keep the team trustworthy. A member never agrees to hold something apart from the rest of the team. When a missionary asks, the member gently explains why and leaves the choice with the missionary: share it with the team, keep it to themselves, or take it to pastoral oversight or a counselor outside the team. Private channels inside a team become triangles, and triangles are how teams quietly divide. And each person's confidences are their own: the team never carries what one family member shares to another. For children, that line leans toward the parents. A concern about a child's wellbeing goes to them, and the child is told honestly that it will. A child's safety follows the church's child-protection policy.
- **The gathering that is not a meeting.** The annual budget includes a line for it on purpose. Teams that only ever work together drift apart; teams that sometimes eat together last. Protect it especially in a crisis year. That is the year it stops being optional.
- **Overfunctioning is named early.** The member doing double their hours is not the team's best member. They are the team's first casualty; it just has not happened yet. The at-large seat exists so the team has extra help in seasons of heavy need. Use it. And let the coordinator say this sentence out loud when needed: your faithfulness is not measured in exceeded hours.
- **Terms end on purpose.** The defined term is there to keep service sustainable. It is not an administrative detail. A member who finishes a term and rests has served the model. A member who cannot imagine the team without themselves is carrying something the structure was built to prevent.

The Four Ordinary Conflicts

Conflict on a Care Team is not a sign the team is failing. It is a sign the team is real. The covenant commits every member to address concerns directly, and the commitment in Tool 11 (Covenant of Shared Stewardship) exists for exactly this. Addressing concerns directly is easier when the team can name what kind of conflict it is having. Four kinds account for nearly all of it:

1. Rhythm friction. Someone misses part of the rhythm, such as the meeting, the contact, or the follow-through. The faithful response is the one the team practiced in

training. The coordinator asks a direct question that does not accuse, early and in private. “You’ve missed two rhythms; what’s true in your life right now?” Most rhythm friction comes from a season of life, not a flaw in character, and the question helps tell the two apart. What damages teams is not the missed rhythm but the months of silence around it.

2. Lane friction. A member drifts across role boundaries. The liaison starts giving spiritual counsel, the encourager starts running logistics, or someone starts making contact on their own outside the team’s rhythm. The role sheet settles the question. The conversation is not “you are doing something wrong” but “here is what we each signed.” Handled early, lane friction is a five-minute conversation. Handled late, it has become part of how the person sees themselves, and that is very hard to talk someone out of.

3. Discernment disagreement. The team reads the missionary’s situation differently. One member sees a crisis forming; another sees an ordinary hard season. This is the healthiest conflict a team can have. The reporting discipline from training gives it structure: observations are shared openly, interpretations are labeled as interpretations, and the escalation pathway’s levels give the team shared words for what happens next. A team that never disagrees about discernment is a team where someone has stopped saying what they see.

4. Personal offense. Two members simply rub each other the wrong way, or one hurts another. This is the ordinary friction of people working closely together. The pathway is the one Scripture gives and the covenant repeats: go directly, first, and privately. If a direct conversation does not resolve it, the coordinator hosts one conversation with both members. If that fails, or if the offense involves the coordinator, it goes to pastoral oversight. That is one more reason the covenant makes oversight a party and not a witness. The third option every church knows is not available: handling the relationship by avoiding it, while the team’s meetings become guarded and shallow.

When a Confidence Is Broken, or a Member Must Step Off

Most of what can go wrong inside a team is ordinary and can be repaired. A broken confidence is a different kind of problem, because it touches the one promise the missionary’s trust rests on. It still happens, usually through carelessness and rarely on purpose. How the team responds matters as much as the breach itself.

Respond promptly and privately. The coordinator speaks with the member directly and soon. This is the covenant’s first step. The goal is to understand what was shared, with whom, and how.

Contain it. Where it is possible, the coordinator or the member asks whoever received the information to hold it and go no further.

Tell the missionary. Do this honestly, without softening what happened, and with an apology. Hiding a breach to protect the team would be a second breach. The missionary's approval of membership still stands. Whether the member stays on the team after a breach is, first, the missionary's call.

Involve pastoral oversight as needed. When repair needs it, the coordinator brings the breach itself to pastoral oversight. In doing so, the coordinator adds no more of the missionary's story than the missionary allows.

When a Member Must Step Off

Sometimes a member cannot keep the covenant. This may look like a pattern of absence, a confidence broken more than once, or conduct that damages the missionary's trust. The coordinator and pastoral oversight have an honest, private conversation with the member. Wherever possible, it ends in an honorable exit rather than a dismissal. The missionary is told plainly, and without gossip, that the member has stepped off. If they ask why, they are told in general terms. Access changes the same day, including the team account password, shared files, and any group messages. The Structural Stewardship Guide (Tool 18) covers the role's handoff.

Most members who step off do so for reasons that have nothing to do with failure: a move, an illness, a new child, a demanding season at work. Stepping back well is part of faithfulness, not a failure of it. That means giving notice, making a handoff, and saying a real goodbye to the missionary.

What Team Conflict Must Never Touch

One boundary governs all four kinds: the team's conflict never travels to the field. The missionary hears outcomes, such as a role changing hands or a rhythm being adjusted, but never disputes. A missionary drawn into their own care team's friction has been handed a burden the team exists to carry. They are also left quietly wondering whether the team will hold together. That is the exact opposite of care. The coordinator absorbs this cost the same way they absorb the missionary's veto: silently, as part of the role. Pastoral oversight helps carry what the coordinator cannot. If a conflict has grown large enough that the missionary would eventually sense it, then by definition it has already grown beyond the team, and it belongs with oversight now.

The Structural Catch-Points

None of this chapter depends on the team remembering to be healthy. The structure does the checking. The alignment review (Tool 14) examines the quality of relationships alongside the quality of care. A flagged review sends the team back to the listening exercises from training, together, which both shows the problem and helps fix it. The annual health check in the discernment arc asks the questions a tired team stops asking itself. And the term boundary arrives on the calendar whether or not anyone felt ready to evaluate. That is the point. The model does not assume the team will notice when it is worn down, any more than it assumes the missionary will announce it. It builds the noticing in.

Chapter III-3 — Field Visits Done Well

"Let us return and visit the brothers in every city where we proclaimed the word of the Lord, and see how they are." — Acts 15:36

> **IN SHORT** Visiting the missionary on the field can be the richest care a team gives, and it can also go wrong. This chapter covers who should go, when, how to prepare, and how to be a help rather than a burden while you are there.

At some point in a healthy team's life, someone will say it: we should go see them. They are right, and how the team goes matters as much as whether it goes. A visit is the fullest act of care this model contains. It brings presence that no call can match, a week of shared meals that does what a year of video calls cannot, and the missionary's world finally seen instead of described. It is also the care practice with the most ways to go wrong. That is why a visit is both beloved and risky, and why it gets a chapter instead of just an encouragement.

What a Visit Is — and Is Not

A field visit is care delivered in person. That one sentence settles most of the questions a team will face in planning one. It is not an inspection. The team evaluates nothing and reports on no one. It is not a vision trip. The church may run those, but not through this team and not under this name. It is not a vacation with a ministry label, and it is never a surprise. An unannounced visit is not a gift; it is a burden delivered in person. The missionary's voice governs the visit the way it governs everything else in this model: whether it happens, when, who comes, and what the days hold.

Who Goes, and When

- **Small.** One or two people, usually the coordinator or the member with the deepest existing trust. A visiting group creates hosting work for the missionary, while a visiting friend brings care. The size of the party decides which one arrives.
- **Not in year one, usually.** The first year builds the rhythms a visit deepens. A mid-term visit builds on a relationship the team has already earned. An early one asks the missionary to host people they are still learning to trust.
- **On the missionary's calendar, not the church's.** Never visit during their busiest seasons, such as language school intensives, ministry high seasons, or the arrival of new teammates. School breaks in the church calendar are exactly when everyone else visits too. Ask, and believe the answer.
- **Coordinated through the missionary.** The missionary's organization knows the field's security constraints and how worn down the field already is by visitors. The missionary checks with them, and the team follows what the

missionary passes on. In restricted-access contexts, that guidance is not merely advice. Travel language, communication norms, and what is photographed or posted all follow the organization's security protocols and the missionary's explicit instructions, without exception and without improvisation.

- **If the MK Lead goes:** the safeguarding norms travel too. Observable contact and parental presence are not stateside conveniences. They are the standard, on any continent.

Before You Book

BEFORE YOU BOOK — SIX QUESTIONS THE TEAM ANSWERS FIRST

1. Has the missionary said — freely, not politely — that a visit would serve them this year? ("We'd love to see you" under gentle pressure is politeness, not invitation.)
2. Whose presence did they ask for — and is that who is going?
3. Has the missionary confirmed timing and security parameters with their organization?
4. Is the full cost carried by the church — budgeted as its own line in visit years — never by the missionary's hospitality, table, or support account?
5. Is lodging arranged so the family gains guests without gaining boarders — nearby, self-sufficient, short? (Under a week, as a working rule.)
6. Has the missionary written the visit's shape — the days, the rest, the off-limits — and has the team received it as the plan rather than a draft?

During the Visit

The posture is the second question, practiced in person. Presence comes first: unhurried meals, walks, and the conversations that only happen after the second day. Service comes second: childcare so the couple gets an evening, errands the family never has time for, and a Sunday where someone else worries about everything. Observation comes third, and gently. The visit naturally fills in Care Map domains no call reaches (the home, the neighborhood, the faces of the children when they think no one is watching). That helps the team pay attention, but it is not a data-collection assignment. Follow the family's lead in everything local: what is eaten, what is worn, what is discussed in public, and what the visit is called if anyone asks. The missionary has spent years earning a place in that community. A visitor can complicate it in a single afternoon.

After the Visit

The visit ends the way every significant contact ends. The visitor reports to the team in the trained discipline, with observation and interpretation labeled separately, and the Care Map is updated with the missionary's knowledge and consent. The return brings two temptations. The first is a trip report that quietly becomes an evaluation,

and the discipline prevents it. The second is the visitor becoming the team's final word ("well, when I was there…"), letting a week of vivid memory outrank every other member's ongoing contact. The coordinator names this kindly and early. The visit deepened the team's shared knowledge, but it did not create a senior member.

One kind of visit belongs to a different chapter. When the family comes home for furlough, home assignment, or re-entry, the team's work changes completely. That is the subject of Part IV.

Chapter III-4 — One Team's First Year

"And let us not grow weary of doing good, for in due season we will reap, if we do not give up." — Galatians 6:9

> **IN SHORT** This chapter follows one example team, at a church of about three hundred, through its first year with a missionary family. It shows the whole model at work, including the ordinary moments when things slip and the structure catches them.

A note before the story. Grace Community Church, the Alvarez family, and every person in this chapter are composites — assembled from patterns the research and years of practice make familiar, resembling no single church, family, or field. The tools shown are illustrative samples, abbreviated for print. Any resemblance to your own first year is not coincidence; it is the point.

The Setting

Grace Community Church runs about three hundred on a Sunday. David and Maria Alvarez were members for eleven years before they were missionaries. They serve with an organization in Southeast Asia with their three children: Sofia, fourteen; Marcus, eleven; and Elena, seven. Their first term went well, and Grace has been good to them. The church prayed for them by name, funded them fully, and welcomed them home warmly for home assignment. Three months before the family returns to the field for a second term, the missions chair reads this book and brings it to the elders with one sentence: *"They go back in April. Let's send them the way we'd want to be sent." Nothing is wrong. That is the best time to build.*

Months One and Two — Formation

Leadership does the unglamorous part first. Pastoral oversight is named (Pastor Jim, the associate). The Leadership Readiness Assessment is scored honestly, and a three on escalation clarity prompts a real conversation. The missions budget gains a Care Team line. Pastor Jim and the missions chair ask David and Maria the six questions on a video call. David gives Pastor Jim one crisis contact, along with what the team needs to know about security on their field. The contact goes no further, except to the coordinator once one is named.

Leadership brings David and Maria two names for coordinator, and they choose Dana Whitfield. She is not the most available candidate, but she is the right one. She is the Alvarezes' former small-group leader, calm under pressure, with no patience for drama, and in a season with genuine margin. She takes her week and asks two hard questions about pastoral backing. She also drives ninety minutes with a prospective member to observe an established Care Team at a sister church. Dana

brings David and Maria each candidate who meets the minimum standards, and they approve the roster name by name. One warm, well-meaning candidate never reaches them. Dana and Pastor Jim agree that this person would not keep the covenant's confidentiality line, so they redirect that person to the hospitality circle. Six members sign on: Dana coordinating, Ruth (Spiritual Encouragement), Tom (Relational Liaison, and David's college roommate), Keisha (Logistics), and Ben (MK Lead). Ben is screened and trained under the children's ministry policy before his invitation is even final. The sixth, a retired teacher named Carol, takes the At-Large seat. Training runs five Tuesday nights. The covenant is signed on the third night, with Pastor Jim's signature in the party line. Sofia is in the room for the closing prayer, and she asks the question that becomes the team's unofficial motto: *"So you're, like, going to actually keep doing this?"*

Two Sundays before the family flies, Grace recommissions the Alvarezes. It is the same sanctuary, the same prayer, and the same hands on shoulders. And six people who have signed a covenant stand at the front with them.

Month Three — The Baseline Care Map

The baseline mapping conversation happens in person, across two evenings the week before the family flies. It takes place in the Alvarezes' home-assignment rental, with David and Maria together and Dana and Ruth on the team side. David and Maria rate each domain themselves. Dana and Ruth listen, ask what the ratings mean, and add a short note. Mapping before departure means the team's first reference point is set face to face, not across twelve time zones. The abbreviated map:

Domain	Baseline Notes (abbreviated)	Their Rating · Team Note
Spiritual	Personal devotion steady; corporate worship in trade language still feels like work; David misses being pastored	Stable · note: David's spiritual input
Emotional	Maria eager to return to clinic ministry; David "fine" — flat delivery noted, not interpreted	Maria: Thriving; David: Stable · note: David, gently
Marriage and Family	Marriage "busy but us"; extended family close and supportive	Stable
Cultural Adaptation	Strong field friendships; language solid; will miss unhurried stateside friends	Stable
Ministry and Organizational	Term goals clear; a leadership transition looming at the field office	Stable · note: transition timing
Physical Health	Maria's sleep poor in hot season; David's back; healthcare adequate locally	Stable · note: for logistics

Domain	Baseline Notes (abbreviated)	Their Rating · Team Note
Practical and Financial	Support fully funded; field housing confirmed for the return	Stable
Children / MK Wellbeing	Sofia thriving socially, college horizon rising; Marcus uneasy about friend-group churn waiting on the field; Elena "easy" — team notes 'easy' children are the ones most often unmapped	Stable · note: Marcus; keep Elena visible

Nothing in the map is alarming. That is what a baseline is for. It turns "fine" from a word that ends the conversation into a reference point.

Months Four and Five — Ordinary Faithfulness

The family lands, and the unspectacular months begin. Later the team will recognize these as the months that made the rest of the year work. Tom and David talk basketball and, twice, actual life. Ruth's prayer rhythm produces a shared document, and the Alvarezes start adding to it without being asked. That is the first clear sign of trust. Keisha's first care package costs half again the budget estimate in shipping, and Tool 2 (Care Team Annual Budget Worksheet) gets a penciled correction. The package arrives containing, per Elena's later review, "the good macaroni." Ben's observable-channel calls with Marcus find their rhythm on the third try: a shared online chess app, with parents in the loop. Sofia answers his check-ins with the two-word replies typical of fourteen-year-olds. Ben, well trained, does not take it personally and does not stop.

Month Six — When Strain Deepens

Ruth notices it first, as the Spiritual Encouragement Lead often does. David has gone quiet in the prayer document, and on the monthly call his voice has the careful evenness of a man managing himself. When Tom is asked at the meeting, he confirms two short calls and a canceled one. Following Tool 15 (When Strain Deepens), the team is already at Level 1 without ceremony: increased presence and more direct questions. On the next call Tom asks a second question and waits through the silence after it. Then David tells him. The field office transition has landed on him, he is functionally leading two teams, and he and Maria are "running the household like colleagues." He has not said the word *burnout* and will not for another month.

Dana convenes a Level 2 team consultation, which adds fifteen minutes to the regular meeting. David's disclosure is brought inside the team's circle, as he knew from formation it would be. The minutes from that section are written in the factual style Chapter II-7 teaches:

FROM THE TEAM MINUTES — MONTH SIX (STYLE SAMPLE) Level 2 consultation re: David — with his consent. Observed: reduced prayer-doc entries since [date]; two shortened calls, one canceled; self-report to Tom of doubled vocational load and marital strain ("colleagues"). Not observed: any safety concern; any withdrawal from Maria's side of contacts. Wondering (labeled): whether vocational overload is the driver and the marriage strain downstream. Agreed: Dana to check in with David directly — name what the team sees, ask who he would want to walk with him through this (Level 3), and offer Level 4 — professional referral — as an available good, not a verdict; Ruth to continue rhythm unchanged; crisis contact held by Pastor Jim and the coordinator confirmed current with David. Review in four weeks or sooner.

Dana's call to David shows the model working as designed. She names what the team sees and asks what support would look like. Then she puts the church's written posture from Tool 3 (Leadership Commitments Declaration) on the table. The church will fund six sessions with a counselor experienced in missionary care. The counselor comes from the church's referral list or from David's own organization, which David asks himself, and meets by video, on their schedule. David's first response is that he doesn't want to be a project. Dana's answer comes straight from the covenant's words, a person to accompany, not a project to manage: "You're not a project, David. You're our friend, and walking with you is what we said yes to. Nobody's going to push this. The door's open whenever you want it." He is quiet for a moment, then asks her to send the referral list. Before they hang up, Dana asks whether there is anyone else he would want in his corner. He names an older pastor friend from seminary and, after a pause, Pastor Jim, and says he would rather tell them both himself. He does, that week.

Months Seven and Eight — The Drift, Named

Summer arrives and does what summer does. The July meeting is moved for three vacations, then shortened for a fourth. Keisha's August package slips to September. Nothing is wrong, and that is exactly when drift sets in most easily. The meeting that got moved becomes the meeting that got shortened, on its way to becoming the meeting that got skipped. What catches it is not anyone's watchfulness but the structure itself. The quarterly alignment review (Tool 14) comes in late August, and the team's honest scores put Meeting Rhythm at a two. Carol (At-Large, retired teacher, unafraid) reads the covenant's 'reflect honestly' line out loud and says, *"That's us, presently."* The team laughs, winces, and re-calendars. The month-later entry in Tool 14's follow-up line reads, in Dana's writing: *"Rhythm restored. Drift is not a moral failure. It is also not nothing."*

Months Nine and Ten — The MK Lead Earns His Role Sheet

Ben notices Marcus's chess-app messages going terse, and it isn't Sofia's cheerful kind of terse. Games are abandoned mid-play, a joke falls flat, and then: *"school is dumb here."* Ben has been trained that MK strain shows up in behavior before words.

He does exactly what his role sheet says: he involves the parents the same week, escalates to Dana promptly, and investigates nothing. The picture comes together quickly with Maria's side of it. The friend-group changes noted on the baseline map have turned out badly, and Marcus is the one left out. It is not a crisis. It is an eleven-year-old having a hard season eight thousand miles from his grandmother. The team's response is proportionate. Ben keeps his rhythm steady and unforced, and Keisha's next package is clearly put together with Marcus in mind. Ruth adds him to the prayer document by name and by need. The Care Map's watch column gets one line, reviewed monthly and resolved by spring. In the annual review Maria will name this, and not the counseling referral, as the moment she trusted the team completely: *"You saw him. Everyone sees us. You saw him."*

Month Eleven — Succession, Unhurried

Renewal conversations begin early, per Tool 18 (Structural Stewardship Guide). The first terms end at eighteen months, and the team would rather ask a season ahead than a week behind. Ruth renews, and so does Tom. Keisha renews with a flagged travel season, and Carol is slated to cover it. Ben asks for a co-observer arrangement to develop a second screened MK-Lead candidate, and with the Alvarezes' agreement he gets it. His reason is one a good teacher would state, and Carol states it: *"every role one deep is a role one illness from empty."* Dana names the person she sees as her successor: Carol. Carol accepts, observing that she has been apprenticing all year without being told. Nothing about the conversation is dramatic, and the team has learned to recognize that as a sign the model is working.

Month Twelve — The Year Reviewed

The annual review (Tool 14, Support and Care Alignment Review, with the Evaluation of Care) includes the missionary's voice directly. David and Maria join on video for forty minutes and are asked the questions this book asks the team to be brave enough to ask. Their summary, verbatim in the minutes: *"We stopped writing the newsletter version of ourselves to you sometime around June."* The end-of-year-one Care Discernment Review (Tool 17) runs the following week and produces two sharpened commitments. David's vocational load remains the team's standing note, and Elena, still "easy," gets deliberate attention in year two. The team marks the anniversary with a shared meal and no agenda. That was Carol's idea, and it becomes tradition.

What the Year Was

Count what actually happened: twelve meetings, two of them rescued; one escalation carried through Levels 2 and 3 and one referral accepted; one drift named and reversed; one eleven-year-old seen; one covenant kept by seven ordinary people. Nothing in this year was dramatic. That is the point. The model does not promise a

church rescue stories. It promises that the missionary will be *known*, continuously, structurally, and on purpose. And it turns out that being known is what makes endurance possible. This book calls it love made durable. The Alvarezes call it Tuesday.

Chapter III-5 — When Crisis Comes

"God is our refuge and strength, a very present help in trouble." — Psalm 46:1

> **IN SHORT** Crises happen: evacuations, accidents, medical emergencies. The sending organization leads on the field; the team supports the family and the church at home. What a team can do in the first days depends on what it settled beforehand, so this chapter shows what to settle now.

Most of this book is about the long middle: strain that builds slowly and care that keeps pace with it. Sometimes it does not build slowly. The phone rings at three in the morning. It may be an evacuation, a coup, an earthquake, a car accident on a mountain road, a medical emergency far from good care, a detention, or a kidnapping. What a team does in the first days of a crisis depends almost entirely on what it settled before the crisis came.

The sending organization leads on the field. They have crisis plans, trained responders, and relationships with embassies and security advisors. A church team has none of these and must never run a parallel operation. The team does not contact field authorities, embassies, employers, or the media. It does not make its own travel or security arrangements for the family on the field. The crisis contact the missionary gave at formation (Chapter II-4) exists for this moment. Pastoral oversight and the coordinator know exactly whom to call, and no one else on the team needs to.

The missionary's direction still governs — decided in calm. A crisis is the worst time to ask a family what they want, and sometimes they cannot be reached at all. So at formation, and again at each home assignment, the coordinator sits down with the missionary for a short crisis-preferences conversation. It covers who the team should call first; who may be told what, and in what words; who speaks to the congregation; who cares for the children, the home, and extended family at home; and what the missionary does not want done. When the missionary cannot be reached, the team acts on what they said in calm. The consent rule and its one exception do not change in a crisis.

The First Days

One point of contact. The Care Coordinator is the single link between the team, the organization, and (when reachable) the missionary. Information that comes to any other member goes to the coordinator, not around the team.

One voice to the congregation. Pastoral oversight speaks to the church in words agreed with the missionary. If the missionary cannot be reached, it stays within what

their crisis preferences allow and what the organization advises. A congregation that hears one calm, accurate word does not fill the silence with rumor.

Prayer without details. Mobilize the church to pray immediately, and give it almost nothing to repeat: names only if the missionary has allowed it, no locations, no speculation.

The home side, carried. This is where the team is irreplaceable. Flights and airport runs when the family comes home; a furnished place to land; a car; meals; clothes for people who left with a suitcase; care for extended family at home who are frightened and waiting for news. The Logistics Support Lead carries this, funded under the church's written posture.

The children, by name. The MK Lead's attention goes to the children, in step with the parents: what they have been told, what they need, and who they can talk to.

When silence is safety. In a kidnapping, a detention, or a security crisis, public silence may be what keeps someone alive. The organization governs every word. Nothing is posted, forwarded, or shared, even in prayer, until they say it may be.

After the Crisis Response Ends

An organization's crisis response usually winds down within weeks. The effects do not. This is the team's long work. The team stays present in the months after, when everyone else has returned to normal. A debrief is offered through the organization or a referral, as the family chooses. The Care Map is revisited when the missionary is ready and not before. The anniversary of the event is remembered, if the missionary wants it remembered. The team also looks after itself. Members who stayed up through a night of bad news carry something too, and Chapter III-2 applies.

When Someone Dies

Death comes to every long ministry, and it rarely arrives on schedule. The team's posture is the same in every case. Grief is not a strain to be escalated. It is a sorrow to be accompanied. Normal grief needs presence, practical help, and time. Referral is offered when grief becomes complicated, meaning it deepens rather than softens over months. As always, the choice is the missionary's.

A parent or family member at home. This is the death missionaries most often face, and one of the hardest: a parent dying while they are an ocean away, sometimes before they can get home. The team moves quickly and asks what the family wants. If they are coming home, the team handles flights, a place to stay, a car, meals, and help with the funeral. If they cannot come, the team can be present at the funeral on their behalf if the family wishes. It can arrange for them to watch or join by video,

and make sure someone they love is not grieving alone at the graveside. Grief that arrives far from home is often delayed, so the team watches the months after, not only the week of.

A spouse or a child. The organization and pastoral leadership lead the immediate response. The team carries the home side, as in any crisis, and then stays for years, not weeks. Children who have lost a parent or a sibling are the MK Lead's first concern, in step with the surviving parent.

The missionary. The team does not disband. It walks with the surviving family through the funeral, the return, the paperwork, and the long first year, for as long as they want it to. Only later, and with the family, does the team conclude, following the Ending Protocol (Tool 19).

A team member. The team grieves together first. The missionary hears it personally from the coordinator, by call, and never through a newsletter or a group message. The member's role is covered quietly for a season, and succession waits until the team is ready.

PART IV

Transitions and Endings

Chapter IV-1 — The Discernment Arc

"And I am sure of this, that he who began a good work in you will bring it to completion…"
— Philippians 1:6

> **IN SHORT** Faithful care does not just continue; it stops at set points to ask whether it is still serving well. This chapter covers terms of service, passing roles to successors, and three checkpoints: the end of Year One, Year Three, and every major transition.

Everything in this Part flows from one conviction the first three Parts have been building toward: faithful care does more than continue. It discerns. Volunteer fatigue is predictable. Leadership transitions are inevitable. Seasons end, families come home, and callings come to completion. The Care Team that does not plan for its own sustainability will eventually collapse. It will not happen dramatically, but gradually, the way care always collapses when structure is absent. This chapter is the model's answer: a built-in arc of scheduled discernment. It asks the hard questions because the calendar says it is time, rather than waiting for a crisis to ask them.

Term Limits and Succession

Care Team members serve in defined eighteen-month terms, which are renewable, and they are asked at invitation to expect at least two. Staggered terms ensure the team never turns over entirely at once. Every Care Coordinator keeps a successor in view. Identify your successor before you need one, and give every role transition a four-to-six-week overlap so the rhythm continues through the handoff. The Leadership Commitments Declaration (Tool 3) carries the same discipline at the oversight level: the named pastoral owner's obligation to name a successor is written on the page itself. Terms are not administrative housekeeping. They are what keeps service sustainable, a season rather than a life sentence. Chapter III-2 already named their quieter gift: the member who finishes a term and rests has served the model.

◆ **TOOL 18 · Structural Stewardship Guide** *(Part VI)*

Use at formation (Section 1), then at each alignment review (Section 2), and at each term renewal (Section 3). A minimum 4–6 week overlap is strongly recommended for every role transition. ► *Available separately as a fillable PDF form.*

The Three Thresholds

Three thresholds structure care discernment across the team's life. At each one, the team pauses its rhythm long enough to examine it — always with the missionary's voice included before any discernment conclusion is finalized.

- **End of Year One** — when early patterns have been established and care should be sharpened. The first-year boosters (months three, six, and twelve) feed into this threshold. Its work is to fine-tune care, not to evaluate it.
- **Year Three** — when familiarity can lead to blind spots. The team that knows the family best is the team most at risk of no longer seeing them with fresh eyes. This threshold checks the Care Map against three years of built-up assumptions.
- **Major Transitions** — re-entry, field change, crisis recovery, or term end. Each transition threshold now has its own chapter of practice. When the family comes home, Chapter IV-2 is the guide. When any ending comes into view, Chapter IV-3's protocol governs. Sometimes a reconciled relationship leaves the partnership question open, whether in the missionary's world or in the team's own renewal. Then Chapter IV-4's five questions are the discernment tool the arc has always implied.

◆ **TOOL 17 · Care Discernment Review** *(Part VI)*

Use at the end of Year One, at Year Three, and at every major transition. Always include the missionary's voice before finalizing discernment conclusions. ► *Available separately as a fillable PDF form.*

The Annual Health Check

Between thresholds, two standing disciplines keep the arc honest. The annual health check inside the alignment review asks the questions a tired team stops asking itself. At least once a year, that includes hearing the missionary's voice directly rather than through a report. The Team Evaluation (Tool 21) asks what the team's own experience has taught: which tools are earning their place, whether the model is running as the covenant describes, and where the team was not ready. It is completed after the first six months and at every ending (Chapter IV-3 makes it a protocol step). The coordinator reviews it with pastoral oversight so its answers shape the team's next season.

Where the Arc Leads

The discernment arc is honest about where it can lead. Some reviews sharpen a team and send it back to Part III's ordinary faithfulness for another season. That is the most common outcome, and the best one. Some reviews see a homecoming approaching and open Chapter IV-2 early. Some conclude that a season is truly ending, and Chapter IV-3 turns that conclusion into a faithful protocol instead of letting it simply fade. And some raise the hardest question: reconciled, but should the partnership continue? Chapter IV-4 equips a team to host that question. Discernment is not an interruption of care. It is care examining itself so it can keep its word.

Chapter IV-2 — Homecomings: Furlough, Home Assignment, and Re-entry

"And when they arrived and gathered the church together, they declared all that God had done with them…" — Acts 14:27

> **IN SHORT** When the family comes home, the team's work changes shape. This chapter covers planning for their arrival, helping facilitate the debrief, helping the children, the rhythm of a home season, and sending the family back out well.

The first missionary journey in the New Testament ends with a homecoming, and the church gathered to receive it. This chapter is about doing what that Antioch church did, and doing it on purpose. When the family comes home for furlough, home assignment, or the end of a term, the team's work does not pause. It changes shape entirely. A team that keeps running its field-season rhythms through a home season will be faithfully doing the wrong things.

Two truths govern everything in this chapter. First, coming home is a transition, not a vacation. The family is leaving one life and re-entering another that moved on without them. The strain of that is the reverse of the culture stress the team has learned to watch for. It is real and common, and the church almost always underestimates it, because the church sees only the arrival and not the departure it also is. Second, the two timelines never match. The logistics of re-entry are settled in weeks; the inner arrival takes months. A team that measures the homecoming by the settled apartment will declare victory a season before the family has really settled in.

Before They Land: The Re-entry Care Plan

Four to six weeks before arrival, the coordinator builds the Re-entry Care Plan (Tool 16) with the missionary. It is built with them, not for them. The plan gathers in one place what the team will handle, so the family does not arrive to a to-do list. That includes housing and its basics, a vehicle, phones and connectivity, and school enrollment where MKs are entering stateside classrooms. It includes the medical and dental catch-up appointments that field life put off. It also includes the small logistics, such as a stocked pantry, the airport pickup, and a meal calendar for the first week, that tell a tired family they were expected.

The plan's most important line is not logistical: the protected decompression window. For the first two weeks (longer after a hard term), the family owes the church nothing. That means no Sunday-morning stage moment, no scheduled reports, and no round of small-group visits. The team guards this window, and pastoral oversight enforces it from the leadership side. The pressure to produce a returning-hero moment comes from loving people who have not thought about what

it costs. Write the window's dates into the plan and treat them like any other covenant commitment.

Helping Facilitate the Debrief

Every return deserves a structured debrief, not only the hard ones. Debriefing is not a conversation about the trip. It is a guided, confidential process in which the worker walks through the whole term with someone trained to hear it: what happened, what it cost, what it built, and what still aches. Long-serving workers name it more consistently than any other practice as the difference between terms whose weight simply piles up and terms that each build on the one before.

The team's role is precise: the team helps facilitate the debrief as the family directs, but it does not provide it and never conducts it. The sending organization usually provides the debrief, often through its member care office (one of Chapter II-4's six questions). The team's part is to ask. Before the family comes home, the coordinator confirms with the missionary that a debrief is planned. If the organization does not offer one, the team raises the question and helps the family find someone qualified to lead it, using the church's referral infrastructure and professional-care posture from Chapter II-1. In that case the team may also help with scheduling, and with funding according to the written posture. Team members never serve as debriefers. Formal debriefing is a structured process, and it should be led by someone trained in it and familiar with how it works. Caring well for a family is not the same as being prepared to debrief them. As for timing, the debrief comes after the decompression window, within the first six to eight weeks. That is late enough to breathe and early enough that the term is still fresh enough to put into words. The team treats the debrief as normal ("most families debrief; it is how this church does homecomings") and receives nothing from it except what the worker chooses to share. Each family member is offered a debrief, including the MKs in age-appropriate form.

The MKs Come Home to a Home They Have Never Lived In

For the parents, re-entry is a return. For most MKs, it is another departure. They leave the country that actually feels like home, the friends who actually know them, and the identity that actually fits. They move into a place everyone confusingly calls home and expects them to recognize. The MK Lead's work grows more intense in a home season rather than easing. It includes a contact rhythm that survives the move, a welcome that does not require performance, a close watch on the school transition, and the same attention to behavior the safeguarding training taught. MK strain shows up in behavior before words, and re-entry is the season it is most likely. Domain 8 of the Care Map (Children / MK Wellbeing) carries the domain detail. This

chapter adds the timing: the first ninety days home are the MK Lead's busiest of the whole term.

The Home Season's Rhythm

- **The Care Map continues — the domains change content, not relevance.** Support-raising pressure, housing uncertainty, ministry identity on hold, marriage rhythms disrupted by closeness to extended family: the map's questions stay the same, and the answers move to the new setting.
- **The team becomes the calendar's gatekeeper.** A home assignment can quietly become a speaking tour, with every supporting church, class, and committee wanting its evening. The coordinator gathers the church's requests into one conversation with the missionary. The missionary accepts what helps and declines what wears the family out, and the team absorbs the awkwardness of saying no. Shielding the family from too many requests is care.
- **Presence outranks programming.** The best thing most team members do in a home season is ordinary: meals, help with errands the family forgot how to do here, and unhurried time with no agenda. For years the family has had to be interesting as part of their work. Let them be uninteresting at your table.

Leaving Again

If the family returns to the field, the departure is a transition of its own. The team that walked them home walks them out. That means reversing the arrival logistics, holding a re-commissioning that is smaller and deeper than the first one, and re-confirming the contact rhythms against the new term's realities. It also means refreshing the Care Map's baseline, so the next season starts with the family clearly seen. If the family does not return to the field (by completion, reassignment, or a harder road), the next chapter is theirs.

◆ **TOOL 16 · Re-entry Care Plan** *(Part VI)*

Begun by the coordinator with the missionary four to six weeks before arrival: arrival and the protected decompression window, logistics with owners and dates, the debrief (confirm with the family that the organization is providing one, or find a referral if it is not; the family's choice), a plan for each MK, and church-calendar agreements. Reviewed at the first meeting after landing and at the 90-day mark. ► *Available separately as a fillable PDF form.*

Chapter IV-3 — Concluding Well: When a Team Ends

"For everything there is a season, and a time for every matter under heaven."
— Ecclesiastes 3:1

> **IN SHORT** Every team ends someday. The worst ending is a quiet fade; a good ending is named, finished, and handed over well. This chapter gives the steps for ending well, including what happens to the team's records.

This model has an ending built into it on purpose: the defined term, the succession page, the discernment thresholds. Yet most teams that end do it badly, for a reason this book has named from the first chapter. That reason is drift. Teams rarely decide to stop. They fade. A missed meeting becomes two, a rhythm loosens, and eighteen months later the missionary quietly notices that the covenant's promises stopped arriving and nobody ever said so. The quiet fade is the worst ending possible, because it teaches the missionary that the structure's word was good only while it was easy. A team that concludes well does the opposite. It names the ending, finishes its commitments, and releases everyone (missionary and members) with gratitude instead of ambiguity.

The Three Ordinary Endings

1. The missionary's season ends. This may be the completion of a calling, retirement from the field, or reassignment to a role that carries its own care structure. The discernment arc's thresholds (Tool 17, Care Discernment Review) usually see this coming. The team's work is to finish alongside the missionary. That means the final home transition described in the last chapter, done once more and done fully.

2. The team's season ends. Terms conclude without renewal, a church's capacity genuinely changes, or the structural review (Tool 18) concludes the team should not continue in its current form. This ending is legitimate, and it carries one non-negotiable: the care question must be answered before the team question is closed. Who carries this missionary's care now? It might be a successor team, pastoral oversight directly for a season, or another congregation in the network (Part V). Something must be named before the last meeting. A church may faithfully end a team. It may not faithfully end the care.

3. The care transfers. The missionary's sending relationship moves, as with a church merge, a relocation, or a new primary sender. The ending here is a handoff. The receiving structure gets what serves continuity (the model, the tools, the rhythm). Confidential content moves only with the missionary's explicit consent,

item by item. The missionary's history is theirs to carry forward. It is not the team's to pass along.

The Hard Ending

And then there is the ending nobody plans: the family comes home broken. The cause may be burnout, crisis, moral failure, a field that closed, or a call that ended in grief instead of completion. This is where the model's logic is tested most sharply. The covenant promised care for the person, not the ministry. The person coming home in pain needs the team most at the very moment the ministry identity that brought the team into being is gone. In a hard ending, the team's posture is the same in kind and twice as important. The team offers presence without interrogation and confidentiality without exception beyond the covenant's one exception for risk of harm. It offers professional care through the pathways built in calmer seasons. And it takes no part at all in the congregation's appetite for the story. What the wider church hears, pastoral oversight communicates as agreed with the missionary. The team's only public word is its faithfulness. Where a church-discipline or legal process is involved, it runs through its own channel and does not loosen the team's confidentiality. Teams that walk a hard ending well often do the most important work of their whole term in its last, worst months.

The Ending Protocol (Tool 19)

However the ending arrives, the same protocol closes the team — the structural opposite of the fade:

- **Name it.** The coordinator and pastoral oversight state, in a meeting and in writing, that the team is concluding, when, and why. They tell the team, the missionary, and the congregation (in oversight's words, as agreed with the missionary). No team should go on existing in name only.
- **Answer the care question.** Who carries the care now — named, agreed, and introduced before the team's last meeting, whenever any care remains to carry.
- **Hold the final Care Map conversation.** One last whole-person conversation with the missionary — partly for the handoff, mostly because being seen all the way to the end is the promise the covenant made.
- **Complete the record's disposition.** Confidentiality outlives the team. The team's working materials are inventoried: what transfers (with the missionary's consent), what archives under pastoral oversight's confidential keeping, what is destroyed. The MK Lead's contact log follows the church's child-protection retention policy, not the team's preference.

- **Finish with the Team Evaluation.** The Team Evaluation (Tool 21) is completed at every ending and reviewed with pastoral oversight. The missionary's final Evaluation of Care is invited alongside it, so every team's experience strengthens the next.
- **End at a table.** The last gathering mirrors the first. It is unhurried, thankful, and shaped like communion: a shared meal, the missionary's blessing spoken over the team and the team's over the missionary. It closes with a release that lets ordinary friendship continue without the structure it no longer needs. Teams that end at a table stay friends. Teams that end by fading away avoid each other in the lobby.

◆ **TOOL 19 · Ending Protocol** *(Part VI)*

Opened by the coordinator with pastoral oversight when any ending is named: how the ending is communicated (to the congregation as agreed with the missionary), who carries ongoing care, the final Care Map conversation, records disposition, and the closing gathering.
► *Available separately as a fillable PDF form.*

Chapter IV-4 — Beyond Reconciliation: Discerning Faithful Partnership

"If possible, so far as it depends on you, live peaceably with all." — Romans 12:18

> **IN SHORT** Sometimes, after a conflict has been reconciled, people still have to decide whether to keep working together. This chapter offers five questions for that decision. The team's role is to walk alongside, never to decide for the people involved.

Sooner or later, a Care Team walks with someone through a conflict. It may be between the missionary and a field teammate, between the missionary and their organization, or occasionally within the sending relationship itself. The church's peacemaking resources will serve that season well. This model assumes the biblical process of confession, forgiveness, and reconciliation, and adds nothing to it. This chapter begins where most of that literature stops. It begins with the question that follows a genuine reconciliation: we are at peace; should we still be working together?

Those are two different questions, and treating them as one causes quiet damage in both directions. The first question is relational: can we be reconciled as brothers and sisters in Christ? Scripture's answer is that we must pursue it, always, as far as it depends on us. The second question is organizational: should we continue serving in the same roles and structure for the sake of the mission? Scripture never folds the second question into the first. A Care Team that knows the difference can spare a missionary years of confusion or false guilt. It can also spare them a partnership kept going after it has stopped bearing fruit, in the name of a unity it no longer serves.

The Biblical Warrant

Paul and Barnabas separated over John Mark. It was a sharp disagreement between two faithful men, and it ended in two missionary teams instead of one (Acts 15:36–41). Luke records it without a word of condemnation, and over time the story moves toward restoration. Years later Paul asks for Mark by name, "for he is very useful to me for ministry" (2 Timothy 4:11). Relational restoration occurred. The original partnership never resumed. Scripture holds both without embarrassment, and the mission multiplied. Romans 12:18 completes the picture: peace is commanded as far as it depends on us, but permanent organizational partnership with everyone is commanded nowhere. Peace and partnership are related. They are not identical.

Two Ways to Leave, and the Difference

Not every departure after conflict is faithful. The team should know the difference between the two ways a person leaves a strained system. The first is escape: leaving because the discomfort is too much to bear. Escape moves the pattern somewhere else rather than resolving it, and the person who leaves to escape usually meets the same conflict, in a different form, in the next assignment. The second is principled repositioning: changing one's place in a structure because staying would require abandoning conviction, integrity, or health. It is leaving toward faithfulness rather than away from discomfort. The test is not whether a person leaves. It is the reason for the leaving. Two questions usually reveal it: Could you stay without abandoning what God requires of you? And is what draws you out in front of you, or only what pushes you behind?

The Diagnostic: Has the Conflict Become the Ministry?

Some conflicts resolve. Some persist at low, livable levels. And some take over the system that hosts them. The meetings center on the relationship, the supervision hours go into it, and the prayer requests keep returning to it. The emotional energy of a whole team goes into managing one dynamic. Eventually, by any honest accounting, managing the conflict has become the ministry, and the mission is what happens in the time left over. When a system reaches that point, restructuring is not failure. It is stewardship of the mission and of every person the system was quietly wearing out. This is the single diagnostic the team should carry into any long-running partnership strain. It is deliberately measurable: count where the hours and the energy actually go.

The Five Questions

When the diagnostic applies, or when a reconciled relationship faces the renewal question, discernment works through five questions, in order. The order matters. The first two keep organizational convenience from cutting short the biblical process. The last three keep a genuine peace from being mistaken for a workable partnership.

1. Have we been faithful to the full biblical process? Confession where owed, forgiveness sought and extended, the direct conversations actually had. This question comes first because restructuring must never become a shortcut around repentance. A partnership dissolved to avoid the hard conversation has not discerned anything. It has simply run away.

2. Have we achieved genuine relational peace, even without full agreement? Reconciliation does not require everyone to agree. It requires the end of hostility and the restoration of goodwill. Paul and Barnabas did not come to agree

about Mark. In time, they came to peace. Peace, not agreement, is the threshold this question tests.

3. Is there sufficient trust to actually fulfill our shared responsibilities? Mission work requires dependability and shared vision, not forgiveness alone. I can forgive a brother completely and still know, honestly, that I cannot depend on him in the way this particular work requires. He may know the same of me. This is the question where feelings most want to overrule honesty. Let it be answered with evidence.

4. Is the conflict consuming disproportionate resources? This is the diagnostic, asked plainly and counted: the meetings, the supervision, the emotional energy, and the attention of people not party to the conflict. A partnership that costs the mission more to maintain than it contributes has answered a stewardship question, whatever the relational answer.

5. Would restructuring better serve both the people and the mission? The question is not "would separation punish the problem," but "would a different arrangement — role, supervisor, team, location — let both parties flourish and the mission advance?" Sometimes the honest answer is no: the partnership, repaired, remains the best structure. Sometimes it is yes, and two teams go out where one went before. That, after all, is how the second missionary journey began.

The governing premise beneath all five is this: the goal of biblical peacemaking is not to preserve relationships or organizations as ends in themselves. It is to preserve faithfulness to Christ. Sometimes that leads to renewed partnership, and sometimes to gracious realignment. Both outcomes, reached honestly, are obedience.

The Team's Role: Accompany, Never Decide

This chapter describes a Care Team skill, and that skill has firm limits. The team hosts the questions; it does not answer them. The parties answer. The decisions belong to the authorities God has actually placed over the partnership. The organization decides field assignments, church leadership decides the sending relationship, and the parties themselves decide what only they can settle. The team's work is what it has always been. It offers presence through a season the missionary should not walk alone. It provides a structure in which the five questions can be asked slowly and in order. It escalates when the strain exceeds lay capacity. And it keeps strict neutrality, the same presence-not-partisanship boundary that governs the team in every disagreement with the organization. One bright line, stated once and absolutely: everything in this chapter concerns ministry partnerships only. It has no application to marriage, none at all. Marriage is covenant, not collaboration, and is governed by entirely different promises.

For the full treatment of this framework, including the three faithful paths, the process, and the organizational determination, see my book *Peace, If Possible: Three Faithful Paths Through Conflict in Ministry*. This chapter covers what a Care Team needs. That book covers what the season may require.

◆ **TOOL 20 · Faithful Partnership Discernment Instrument** *(Part VI)*

For the question that follows genuine reconciliation: we are at peace — should we still be working together? Hosts this chapter's five questions in four movements. Ministry partnerships only, never marriage, and never a substitute for the biblical process of reconciliation. ► *Available separately as a fillable PDF form.*

PART V

Beyond One Team

Chapter V-1 — The Second Team: Scaling Within a Church

"So the church throughout all Judea and Galilee and Samaria had peace and was being built up… and it multiplied." — Acts 9:31

> **IN SHORT** When a church sends a second missionary, it forms a second team rather than stretching the first. This chapter shows what teams can share, what they must never share, and when a church needs someone to lead its whole care ministry.

A church that runs this model well will eventually face a good problem: a second missionary, a second family, a second sending. The instinct is to copy. One line of reasoning says to take the team that works and let it care for both families. Another says to copy its roster wholesale for the new one. Both instincts misread what made the first team work. This chapter is about growing the structure without watering it down. The model multiplies well, but only when it grows the way it was designed to.

What Scales

- **The model itself.** The tools, the covenant, the training curriculum, and the escalation pathway all transfer to the second team unchanged. The second launch is faster than the first, because the church has already done the organizational work of Part II. The readiness is established, the referral infrastructure exists, and the safeguarding framework is in place. The Leadership Commitments Declaration needs a new family's lines, not a new theology.
- **Pastoral oversight.** One named pastoral owner can faithfully hold the quarterly rhythm for two or three coordinators, since the hours were always modest. What must stay clear is the escalation line. Each coordinator has the same direct access, and a concern from the newest team gets the same reception as one from the oldest. Because pastoral oversight supports teams and their referrals rather than carrying each missionary's struggles directly, one pastor can serve several teams well.
- **The budget architecture.** The categories from Chapter II-1 repeat for each family. That means a care line for each missionary unit, not one line stretched across two. A single unchanged budget quietly caring for twice the families is drift in financial form.
- **Training.** The five-session curriculum works very well for two teams at once. Sessions One and Two (the why and the theology) are shared. Team-specific work begins in Session Three, where each team's covenant, rhythms, and family belong to it alone. Joint training also lays the groundwork for the coordinators' huddle described below.

What Never Scales

- **Coordinators.** One coordinator per team, one team per family, without exception. The Five Questions of Chapter II-2 are answered about a specific family. The existing trust, the relational authority, and the receiving capacity all belong to one particular relationship. A shared coordinator does not hold two teams. They give each family half their attention, and both families can tell.
- **The missionary's voice.** Each family shapes its own team's membership, with the same input and the same veto. The second family inherits the model, never the roster.
- **Confidentiality circles.** Teams never share content across teams: not in the coordinators' huddle, not in joint training, not in the lobby. Patterns and practices travel between teams; the families' lives do not. Say this out loud at the second launch. In a friendly multi-team culture, this is the boundary people will drift across first, with warm intentions.
- **The team itself.** A church tempted to stretch one six-person team across three families does not have one efficient team. It has three under-cared-for families and six exhausted members. The model's unit is one team, one family, because whole-person care does not divide.

The Care-Ministry Threshold

At three or more teams, the structure justifies one addition: a care-ministry lead. This is a coordinator of coordinators, usually a completed-term coordinator. The lead carries what the multiplied structure needs and nothing that belongs to any single team. The role has four parts. Convene a monthly coordinators' huddle (patterns, practices, calendar, never content). Keep the shared training calendar and tool versions current. Combine the alignment-review health scores into one annual picture for pastoral leadership. And look after the bench, meaning the at-large members and completed-term veterans from whom the next teams will form. Here is what the role is not: a super-coordinator with access to the teams' confidential life, a replacement for pastoral oversight, or a required position for a church with one or two teams. The threshold is real. Below it, the role is overhead.

Everything else the multiplied structure needs, the model already contains: the discernment arc runs per team, the endings protocol runs per team, and the congregation that can staff three teams is a congregation Chapter V-4 has been quietly building.

Chapter V-2 — The Next Church: Coaching and the Network

"...and what you have heard from me in the presence of many witnesses entrust to faithful men, who will be able to teach others also." — 2 Timothy 2:2

> **IN SHORT** Churches learn this model best by watching another church keep its word. This chapter covers hosting a visiting church, coaching a new coordinator, and how churches that cannot field a full team can still take part in one.

This model asks every launching church to visit an established team before it builds. That means every established team is a training site for other churches, whether it planned to be or not. This chapter equips the established side of that exchange. It covers how to host a visit without breaching a confidence and how a coordinator who has finished a term coaches a launching one. It also covers the patterns by which churches that cannot field a team can still faithfully participate in one. The model spreads the way it was always going to spread: not by promotion, but by one church watching another keep its word.

Hosting the Observation Visit

When a launching church asks to sit in, say yes, and prepare. A visit will show either what is best about the model or where it is weak. Show them a real meeting, not a performance: the opening prayer by name and domain, the around-the-roles reports, the Care Mapping review, the unhurried pace. Protect the family while you do it. The missionary consents to the visit in advance. The meeting's confidential content is handled in a closed segment after the visitors leave. Say so openly, because watching a team protect a confidence is itself the best training the visitors will get. The visitors hear process, never particulars. Afterward, give the visiting coordinator thirty minutes of honest debrief: what they saw, what surprised them, and what your team would do differently if it were starting again. That last question is where a visit becomes a gift.

Coordinator-to-Coordinator Coaching

The most valuable person in a launching church's first year is a coordinator who has finished a term somewhere else. Where the network makes it possible, pair them for a monthly call from readiness through the first annual alignment review, roughly a year. The coaching covers what only experience teaches. That includes how the invitation conversations actually go, what Session Three feels like, what the first escalation is like from the inside, and which parts of the rhythm start to slip first. Its boundaries are as important as its content. The coach advises and never decides. The coach has no access to the coached team's confidential content and does not ask. And the coach is not the launching church's pastoral oversight; the named owner on that

church's own Declaration holds that role. A coach who becomes an unofficial authority has recreated, between churches, the freelancing the model forbids within one church. Coaching is a natural next role for a coordinator who has completed a term. A multi-team church finds its coaches on the care-ministry lead's bench (Chapter V-1).

The Participating Congregation

Chapter II-1 named the honest end point of some capacity-building pathways: a church that cannot yet host a team can still faithfully participate in one. The pattern is simple, and it works. The sending or host church holds the team (its covenant, its oversight, its coordinator), while the missionary directs its care. The participating congregation contributes what it genuinely has. It offers a member or two who serve on the team under the host's covenant and oversight, prayer and practical support in the wider circle, and sometimes a share of the care budget. Two rules keep it clean. First, there is one covenant and one oversight, the host's, so a team member never reports to two churches. Second, the participating church's pastor is kept informed and gives a blessing, and is never bypassed. For the small church, participation is not a consolation prize. It is the apprenticeship from which its own first team eventually comes.

The Shared Missionary

Most missionaries are supported by several churches and sent by one. The model assigns roles to fit that reality. The sending church hosts the Care Team. Supporting churches participate in the wider circle, in the budget, and occasionally with a member on the team under the host's covenant. What the missionary must never inherit is a committee of churches, each running its own partial care. Three churches' uncoordinated kindness produces four calendars' worth of obligations and no one accountable for the whole person. If the sending church cannot host, the churches agree, explicitly and once, which one will. The others take the participating pattern. The agreement takes one meeting. Without it, the problem takes years to notice, and the family pays the most.

Churches looking for an established team to visit, or for a coach, can connect through crossingcultures.care, the same place the tools live.

Chapter V-3 — The Church and the Organization: Who Owns the Care

"I planted, Apollos watered, but God gave the growth."
— 1 Corinthians 3:6

> **IN SHORT** When both the church and the sending organization care for the same missionary, each owns its own part, and neither owns the missionary. This chapter shows how the two stay out of each other's way, and what a church does when it is the only one caring.

Chapter II-4 built the working relationship: the map of two layers, the six questions asked of the missionary, and the rule that nothing flows from the team to the organization. It set aside one question on purpose, because a launching church does not need it and a seasoned one cannot avoid it. When church and organization are both genuinely active in a missionary's care, who owns it? This chapter answers at the only level where the answer works: governance.

Shared Stewardship, Not Shared Confusion

The model's answer begins by rejecting the question's worst assumption: that the missionary is a possession with one rightful owner. Nobody owns the missionary. The church owns its covenant: the sending relationship, the congregational care, and the promises this book has spent five Parts making keepable. The organization owns its assignment: field placement, member care, crisis protocol, and the structures of accountability the church cannot see from home. God owns the growth. Paul's picture of the field is not decoration here. It is the governance model: distinct workers, distinct work, one field, and the foolishness of planters and waterers arguing over who owns it. Ownership language fails exactly where stewardship language works. Church and organization each answer fully for their own layer, and neither answers for the other's. The missionary stands inside both as an adult, and the arrangement exists to serve the missionary's own freedom to choose, not to manage it.

Staying Out of the Middle

When a missionary and their organization disagree, and eventually they will, one rule prevents most of the damage: the church stays out of the middle. The disagreement belongs to the missionary and their organization. Neither the team nor the church's leadership steps into it, takes a side, or carries it to the organization. The church does not contact the member care office; outside a crisis, everything about the organization comes through the missionary. A church that enters the dispute turns a two-party conversation into a triangle, and triangles make conflict harder to resolve,

not easier. Two practical rules follow from this. First, the church never becomes a channel. It does not relay the missionary's frustration to the organization or the organization's to the missionary, and it does not ask the missionary to carry messages either way. Second, disagreement never suspends care. Whatever the missionary and their organization are working out, the team's rhythm of care for the family continues unchanged. From the inside, the family should notice no difference.

The Three Ordinary Disputes

1. The church sees a need the organization's plan does not. The family is asking for a season at home; field leadership sees a rough patch to push through. The church's move is not toward the organization at all. The team supports the family as they bring the need to their organization themselves — helping them think it through, praying with them, and caring for them whatever is decided. Field assignment is the organization's call; the family's own decision remains the family's. The team takes no side. Its job is to make sure the family is truly seen, not to win.

2. The organization decides something the church questions. A reassignment, a policy, a field closure. The church does not ask, press, or appeal. It remembers what it is not: the missionary's employer, the field's strategist, or the appeal court. Its covenant obligations do not change with its opinion of those decisions. The team cares for the family through the reassignment it would not have chosen.

3. The philosophies differ. Some organizations provide extensive member care and welcome a structured church team as reinforcement. Some provide little and lean on it. A few regard an organized church presence as interference. The church's posture is the same across all three: open about the model wherever the missionary chooses to share it, generous about credit, and immovable about the covenant. A church may adjust how its care coordinates. It does not adjust whether its promises hold.

When the Partnership Itself Is the Question

Occasionally the accumulated disputes stop being separate episodes and become the whole relationship. The church is then discerning whether to keep sending its people through a particular organization at all. That question deserves better than a frustrated budget meeting, and the book has already built the means to answer it. Chapter IV-4's five questions apply to organizational partnerships exactly as they apply to personal ones. Has the church been faithful to the full process, with the direct conversations actually had at the right level? Is there genuine peace even without full agreement? Is there sufficient trust for the responsibilities this partnership actually carries? Has managing the relationship become a ministry of its

own? Would a different arrangement better serve the people and the mission? The same premise governs: the goal is faithfulness to Christ, not preservation of the arrangement. Gracious realignment between organizations, reached honestly, is obedience, not scandal. Through any such transition, the missionary's care is the one constant, because covenants outlast contracts.

The Church Alone

For the independent missionary, this chapter's governance questions come down to one sober sentence from Chapter II-4: the church's layer is the only layer. What an organization would carry (crisis protocol, field-informed counsel, professional referral networks, the after-hours number), the church must deliberately build or contract for. That means the referral infrastructure on the Declaration, a written crisis plan, and a standing relationship with a missionary-care organization that can supply the field expertise a congregation cannot. Independence changes how the arrangement is structured. It does not lower the standard of what the family is owed.

Chapter V-4 — The Sending Congregation: Engagement Beyond the Team

"For as his share is who goes down into the battle, so shall his share be who stays by the baggage; they shall share alike." — 1 Samuel 30:24

IN SHORT Most church members will never serve on a Care Team, but every one of them has a part in sending. This chapter shows how the whole congregation can stay involved, with the missionary's approval of what is shared.

This book has a third purpose, and it has been in view since the selection chapter without being named. The first purpose is the missionary's endurance, and the second is the team that sustains it. The third is the congregation around them both. That is the great majority of believers who will never board the plane and never sign the covenant, and who are not spectators because of that. David's statute at Ziklag settles the theology in a sentence: the ones who stay by the baggage share alike, because the battle and the baggage are one campaign. Sending is not what a church does to a missionary at a commissioning service. It is what a congregation is, all the time. This chapter is the participation pathway for everyone in it.

The Ladder, Read Outward

Part II introduced six levels (Curious, Open, Willing, Committed, Devoted, Anchored) to select team members. Applied to the whole church, the same ladder describes a congregation. Every believer in the sanctuary stands somewhere on it in relation to the church's sending work. The church's calling is not to recruit everyone to Anchored. It is to help each person take one honest step. A congregation is not a pool of talent for the team to use up. It is a place where people are formed, and the team's existence quietly helps disciple them. Once a year, leadership can use the ladder to ask an honest question: where is our congregation? That reading informs everything, including the capacity-building pathway of Chapter II-1, the recruitment horizon of Chapter II-6, and the succession bench of Chapter V-1.

Engagement at Every Level

- **Curious — let them hear it told well.** The missions moment that names a real family and a real week of their life, the update rewritten without newsletter-speak, the map that stays on the wall. Specific details feed curiosity. Nothing raises a congregation's basic level of interest like the missionary becoming a real person to them.
- **Open — give them one small act.** The prayer card in the pew rack, the care-package packing night, the birthday card table in the foyer. Open people say yes to invitations that cost an hour and require no meeting.

- **Willing — put them in the wider circle.** Chapter II-6 named it: the practical-help list the Logistics Support Lead keeps, hospitality during home assignment, airport runs, the meal calendar. In the wider circle, the congregation takes part in the care without holding its confidences.
- **Committed — discipline the connection.** The intercessor who prays weekly from the family's actual requests, the giver who gives with understanding, the household that hosts the family's stateside visits as a standing offer. Commitment is wider-circle involvement with a regular rhythm.
- **Devoted — name them advocates.** The handful who carry the family deeply and personally. They notice when the congregation's attention drifts and quietly bring it back. Some of these belong on a future team, and all of them are natural allies of the advocacy function.
- **Anchored — this is the bench.** This is where the next team's members, the next coordinator, and the eventual care-ministry lead are formed. It happens in the congregation's ordinary sending life, long before Part II's instruments ever ask about them. A church that engages its congregation never has to start recruitment from nothing.

The Congregational Advocate

One function connects the team to the congregation, and the model assigns it explicitly: congregational advocacy. This means keeping the missionary in the mind of the whole church between the big moments. The Spiritual Encouragement Lead carries it, and the Care Coordinator is accountable for making sure it happens. That includes the missions moment scheduled and prepared, the corporate prayer that names the family, the update turned into something a ninth-grader would read, and the anniversary of the sending remembered out loud. What is shared is the missionary's to approve: names, photos, stories, and prayer requests alike. In restricted-access fields, the organization's security guidance governs every detail. The covenant's congregational-advocacy commitment and the Role Clarification Guide's named owner exist for this chapter's sake. Advocacy is not promotion. It is the discipline of not letting a congregation forget the people it promised to remember. The research in Part I is blunt about what congregational forgetting does to the people on the field.

No posting without express approval. No team member posts anything about the missionary or their family without the missionary's express approval. That means no photos, names, locations, prayer requests, check-ins, tags, or "praying for our friends in [country] today." This applies to every platform and every group, including private ones and church prayer chains, because private groups do not stay private. In restricted-access fields, the organization's security guidance governs even what the missionary may approve. When in doubt, don't post.

The Team Is the Congregation's Organ, Not Its Substitute

A caution, learned from every ministry a church has ever delegated: the existence of a Care Team can teach a congregation that care is handled. That belief is what the advocacy function must always work against. The team is deliberately small because whole-person care requires covenant and confidence. The sending is deliberately congregation-wide because that is what sending is. Say both from the front: this team carries the covenant so that all of us can carry the family. The Ziklag statute applies both ways. The baggage-keepers share the victory, and they share the campaign. A congregation that hands its sending over to six people has not built a Care Team. It has built an excuse.

Here the book's design connects back to where it began. The congregation this chapter forms is the congregation from which Chapter II-5's candidates emerge, already halfway up the ladder. That is why a church that works Part V never really starts Part II from the beginning again. Sending congregations grow care teams naturally and inevitably, in season.

Conclusion — Love Made Durable

Missionary endurance is rarely sustained by intensity alone. It is sustained by community: steady, structured, faithful community that shows up not just at the beginning of a calling, but across the whole of it.

A missionary who knows they are not forgotten is a more resilient missionary. They know there is a team of people at home who are tracking their whole life, praying specifically, noticing early, and committed to the long haul. The care does not remove the difficulty of cross-cultural life. What it does is share the weight.

That is what the body of Christ is designed to do.

"Bear one another's burdens, and so fulfill the law of Christ." — Galatians 6:2

Crossing Cultures Care Teams is not a program. It is the body of Christ, bound together by covenant and organized for the work of missions stewardship. Through it, the church takes seriously what it means to send. That means more than a commissioning service and a financial commitment. It means sustained, structured, whole-person presence across the years.

Structure does not replace love. It makes love durable.

Missionaries should not navigate cross-cultural strain alone.

Churches should not rely on good intentions alone.

Shared stewardship requires thoughtful design.

You have that design now. Build it with care. Build it with the ten principles in view. Build it to last.

The missionary you are sending is worth it.

Frequently Asked Objections

Every launch meets these four. They deserve straight answers, and leadership should have them ready before the congregation asks.

"We're a small church. We can't field six people."

You may not need six. This book's adaptation provisions allow related roles to combine, and Chapter II-6 shows how. A faithful three-person team with clear roles, a signed covenant, and a working escalation pathway is the model, full stop. What a small church cannot do is skip the structure and call its informal care a smaller version. The honest small-church question is not "can we find six people?" but "can we find one right coordinator and protect a modest budget line?" Many churches of eighty can. Some churches of eight hundred cannot, and size was never what mattered. Scripture speaks to this: do not despise the day of small things (Zechariah 4:10).

"Our missionary's organization already provides member care."

Good. That is a reason to launch, not a reason not to. Chapter II-4 maps the two layers. The organization owns the professional and organizational layer, and the church owns the relational and congregational one. No member care department, however excellent, can supply what only a sending congregation holds: the people who knew this family before the field, the community they will re-enter, and the church that made promises at the commissioning. This book's conviction, drawn from practice, is that missionaries do not primarily burn out for lack of professional services. They wear down for lack of being consistently known. Organizations provide services. Churches provide belonging. The missionary needs both, and asking the missionary the six questions in Chapter II-4 lets the layers work together instead of colliding.

"Our missionary says they don't want a team."

Listen carefully to which sentence they are actually saying, because it is usually one of three. Sometimes it is *"I don't want surveillance"*. The covenant itself answers this: confidentiality, the missionary's voice prioritized, their veto over membership, and the promise that nothing flows from the team to the organization. Sometimes it is *"I don't want to be a burden"*. The theology answers this. Care is not a favor pulled out of busy people but a stewardship the church already owns. The team gives a responsibility a formal shape; it is not an act of pity. And sometimes it is *"I tried honesty with a church before and paid for it"*. Only patience and structure can answer this. Begin smaller, let the missionary shape the roster completely, and let a year of kept confidences prove what no brochure can. What a church should not do is force the model on an unwilling missionary, because covenant care cannot be

imposed. Ask once more, gently and later. If the answer is a considered no, honor it, keep pastoral oversight in direct relationship, and leave the door open.

"We tried something like this before and it faded."

Almost certainly it faded for one of four reasons you can find. Without a covenant, commitment was a matter of mood. Without defined roles and terms, no one was clearly responsible. Without an escalation pathway, hard information had nowhere to go. Without a pastoral oversight rhythm, the structure left the team on its own. Name which one it was, since the people who watched it fade can tell you. Notice that each one is exactly what this book's launch requirements exist to prevent. The previous attempt is not evidence against the model. It is local evidence for why the model insists on the parts that feel like overbuilding. This framework does not treat drift as merely possible. It treats drift as the default, and it was built to work against it.

Appendix — For Leaders and Reviewers

This appendix is for pastors, missions leaders, and reviewers who want to know where the model's structure comes from. A Care Team does not need it to do its work; the chapters before it are complete without it.

Engaging the Implementation Conversation on Its Own Terms

Implementation research — the body of work that studies how structured programs maintain integrity between their stated design and their actual practice — has spent the last two decades documenting why care structures of every kind drift, decay, and quietly fail. The concerns this literature raises are consistent: unclear roles, the absence of regular rhythms, the gap between what a program claims to deliver and what it actually delivers, the narrowing of attention to what is comfortable rather than what is needed, the erosion of accountability when no one is watching. These are not abstract academic concerns. They are the same patterns Livingood named in 2008 and that sending churches have watched play out in advocate-team after advocate-team ever since.

This guide takes those concerns seriously and addresses them consistently — through means appropriate to the church. Where implementation research calls for explicit operationalization of core components, this guide answers with the Covenant of Shared Stewardship, read by the whole team and signed. Where it calls for structured fidelity checkpoints, this guide answers with monthly meetings, quarterly Care Mapping, and scheduled alignment reviews. Where it calls for participant responsiveness measurement, this guide answers with the Missionary Voice principle, operationalized across multiple tools. Where it calls for quality-of-delivery safeguards, this guide answers with the five-level escalation framework of When Strain Deepens (Tool 15) and required pastoral oversight. Where it calls for sustainability planning, this guide answers with the structured succession of the Structural Stewardship Guide (Tool 18). The structural accountability is no less real for being covenantal. It answers to different warrants, in a different grammar, but it engages the same dynamics.

A note on the model's implementation lineage is worth offering here. The framework this guide uses — operationalized core components, structured team meetings, fidelity checkpoints, participant-voice safeguards, outcome monitoring, and sustained commitment through difficulty — is adapted from two evidence-based practices with substantial histories in behavioral health: Assertive Community Treatment (ACT), developed and disseminated through SAMHSA's Evidence-Based Practices KIT series, and the Wraparound process articulated by the National Wraparound Initiative, which is the practice model most commonly associated with Child and Family Teams. Both have been the subject of extensive longitudinal

research. ACT in particular has a well-documented fidelity-outcome correlation: programs that adhere more closely to the model's core components consistently produce better outcomes than those that do not. Wraparound's ten principles — family voice and choice, team-based collaboration, natural supports, individualized planning, unconditional commitment, outcome-based monitoring, and others — provided much of the values grammar that this guide translates into covenantal form. I implemented, monitored, and evaluated both models through my prior work in state behavioral health, and the structural choices in this guide reflect that practitioner-level familiarity with what these frameworks require in order to maintain integrity over time.

What this lineage can and cannot establish is worth stating plainly. The implementation architecture this guide adapts has demonstrated its fidelity-outcome correlation in behavioral health. Whether that correlation holds when the same architecture is applied to church-based missionary care is an empirical question that has not yet been studied, because the longitudinal work required to answer it has not yet been possible to conduct. What this guide can say is that the structural elements it treats as load-bearing are drawn from frameworks whose load-bearing capacity has been tested extensively in analogous work with populations carrying complex, long-duration needs — and that those elements address the same failure patterns practitioners in missionary care have consistently identified as preventable across nearly two decades of observation.

PART VI

The Tools

Quick Reference: The Tools

Every instrument the model uses prints here, in one sequence, ordered by the book's own flow — the table below maps each tool to its phase, its use, and its primary users: the tools of readiness and formation first (Part II), then rhythm (Part III), then transitions and endings (Part IV). Churches and sending organizations that have purchased this book may reproduce the tools for use within their own care team ministry; all other reproduction requires written permission. Every tool is also available as a fillable PDF at crossingcultures.care/cc-care-teams.

#	Tool	Phase	When to Use	Primary Users
1	**Leadership Readiness Assessment**	1	Before formation begins	Pastoral Leadership, Missions Leadership
2	**Care Team Annual Budget Worksheet**	1	During leadership readiness; reviewed annually	Missions Leadership, Care Coordinator
3	**Leadership Commitments Declaration**	1	Close of readiness; re-signed at each annual alignment review and at any change of named owner	Pastoral and Missions Leadership
4	**Coordinator Selection Worksheet**	1	During readiness — one per candidate	Pastoral Leadership, Missions Leadership
5	**Safeguarding Readiness Checklist**	2	Before the covenant is signed	MK Lead, Church Child-Protection Lead
6	**Care Team Selection Profile**	2	Before and after each selection interview	Candidate and Care Coordinator
7	**Personal Reflection Guide**	2	The candidate's private discernment, before the interview	Prospective member
8	**Structured Selection Interview**	2	Once per candidate, before the observation visit	Care Coordinator
9	**Role Clarification Guide**	2	Formation; each term renewal; annual recalibration	Care Coordinator, Full Care Team
10	**Team Recruitment Tracker**	2	Through formation; filed at launch	Care Coordinator (confidential)
11	**Covenant of Shared Stewardship**	2	At formation; each term renewal; new members	Full Care Team + Pastoral Oversight
12	**Coordinator Pre-Launch Checklist**	1	Once, before launch	Care Coordinator, Pastoral Leadership
13	**Missionary Care Mapping Workbook (+ Modules 1–2)**	3	Quarterly (Yr 1), biannually, at every major transition	Full Care Team with Missionary
14	**Support and Care Alignment Review**	4	Quarterly (Yr 1), biannually, after significant events	Full Care Team

#	Tool	Phase	When to Use	Primary Users
15	**When Strain Deepens**	3	Whenever a concern surfaces	Full Care Team, Care Coordinator
16	**Re-entry Care Plan**	5	4–6 weeks before each homecoming; 90-day review	Care Coordinator with Missionary
17	**Care Discernment Review**	5	End of Year One; Year Three; at major transitions	Full Care Team with Care Coordinator
18	**Structural Stewardship Guide**	5	Formation; each alignment review; each term renewal	Care Coordinator, Pastoral Leadership
19	**Ending Protocol**	5	When any ending is named	Care Coordinator + Pastoral Oversight
20	**Faithful Partnership Discernment Instrument**	5	After reconciliation, when the partnership itself is in question	The parties + a facilitator
21	**Team Evaluation**	5	After the first six months; at every ending	Care Coordinator

TOOL 1 · Leadership Readiness Assessment

Phase One — complete before recruiting any team members

Frequency: Before formation begins	**Primary users:** Pastoral Leadership, Missions Leadership

About This Tool

This assessment is completed by pastoral and missions leadership — not the Care Team — before any team members are recruited. It evaluates whether the church has the foundational structures in place to support a Care Team: clarity of purpose, pastoral ownership, whole-person commitment, confidentiality framework, sustainability planning, and pastoral readiness to support the team through what the missionary may bring to it. A team launched before the church is genuinely ready does a specific kind of damage: it creates an expectation in the missionary's mind, and then quietly fails to meet it.

> **WHEN TO USE THIS TOOL**
>
> **BEFORE FORMATION** — Complete this assessment with pastoral and missions leadership before recruiting any team members. Score each section honestly. Use the results to identify what needs to be established before proceeding. A team launched before the church is genuinely ready creates an expectation in the missionary's mind, and then quietly fails to meet it.

What This Tool Does

- Rate church readiness across 6 key areas on a 1–5 scale
- Identify gaps that need to be addressed before formation begins
- Provide a documented decision point: Proceed / Modify / Delay / Rebuild
- Create accountability for pastoral leadership around team oversight
- Establish a baseline against which future alignment reviews can be measured

TOOL 1 · Leadership Readiness Assessment

Phase One — complete before recruiting any team members

Rating Scale

1	2	3	4	5
Not present or not considered	Early awareness, no concrete plan	Partial — discussed, not fully resolved	Clear — established and communicated	Strong and sustainable — embedded

ASSESSMENT AREA	KEY QUESTIONS	RATING (1–5)
1. Clarity of Purpose *Leadership must articulate what this team will do, what it will not do, and what whole-person care includes.*	• Can we state in one paragraph what this team does? • Do we know what this team is not responsible for? • Have we defined whole-person care beyond spiritual and financial?	**1 2 3 4 5** / 5
2. Pastoral Oversight *There must be a clear pastoral owner who stands behind the team, supports its referrals, and provides accountability.*	• Is a specific pastor or elder assigned to oversee this team? • Is the escalation pathway clearly defined and communicated? • Does the Care Coordinator know who to call and when?	**1 2 3 4 5** / 5
3. Whole-Person Commitment *Does leadership genuinely affirm that emotional strain, marriage stress, and physical fatigue are legitimate areas of care?*	• Are we prepared for the team to hear about marriage strain? • Do we affirm emotional fatigue as a legitimate care need? • Are we committed to preventative care, not just crisis response?	**1 2 3 4 5** / 5
4. Confidentiality Framework *Confidentiality is the environment that makes honesty possible. The team must have clear guidelines before its first meeting.*	• Is there clarity about what stays in the team? • Does the missionary understand what will be shared publicly? • Is the one exception — risk of harm to self or others — clearly defined?	**1 2 3 4 5** / 5

ASSESSMENT AREA	KEY QUESTIONS	RATING (1–5)
5. Sustainability Planning *Volunteer fatigue is predictable. The team that launches without a sustainability plan will eventually collapse.*	• Are team terms defined before launch? • Is there a plan for role rotation after the first term? • Have we identified a potential backup coordinator?	**1 2 3 4 5** / 5

ASSESSMENT AREA	KEY QUESTIONS	RATING (1–5)
6. Pastoral Leadership Readiness *A missionary who trusts a Care Team will bring it things that pastoral leadership must be prepared to help the team respond to well.*	• Does pastoral leadership understand what a well-functioning Care Team will bring them? • Is there a clear pathway for the coordinator to bring the team's needs for help without waiting for a crisis? • Has pastoral leadership committed to regular check-ins with the coordinator?	**1 2 3 4 5** / 5

TOTAL SCORE: _____ / 30

SCORING AND DECISION

Score	Decision	Guidance
25–30	**Proceed**	All areas are strong. Launch formation with confidence.
19–24	**Proceed with modification**	Identify areas scoring below 4 and address them concurrently with early formation steps.
12–18	**Delay — address gaps**	Significant foundations are missing. Work the capacity-building pathway in Chapter II-1, then re-score.
Below 12	**Pause and rebuild**	The foundation is not yet ready. Bring pastoral and missions leadership together for a focused planning conversation.

Areas requiring attention before launch:

Action steps and timeline:

Completed by *Role / Title* *Date*

TOOL 2 · Care Team Annual Budget Worksheet

Phase One — complete during leadership readiness — before any invitation is extended · Review annually at the alignment review

ANNUAL BUDGET BY CATEGORY

Category	Annual $	Notes / Assumptions
Care packages and shipping		
Communication (team meeting account, subscriptions, credits)		
Travel reserve		
Professional care subsidy posture		
Training and materials		
Hospitality and re-entry welcome		
Team sustainability (annual gathering)		
Startup equipment, one time (team laptop, conference microphone)		
Other		
TOTAL		

THE WRITTEN POSTURE ON ESCALATED CARE

In one or two sentences, record the church's answer: if the escalation pathway reaches professional referral (Tool 15, Level 4), what is this church prepared to do financially, and who decides?

APPROVAL

Approved by (missions leadership)	Approved by (pastoral oversight)	Date / Budget year

TOOL 3 · Leadership Commitments Declaration

Phase One — close of readiness; re-signed at each annual alignment review

ABOUT THIS TOOL. One signed page that converts leadership's readiness into named commitments: which pastor, which counselor, which number, which posture, decided by whom. The covenant is the team's promise to the missionary; this page is the church's promise to the team.

WHEN TO USE. At the close of leadership readiness (Chapter II-1), before any invitation is extended. Re-signed at each annual alignment review and at any change of the named pastoral owner. Filed with the team's formation records, beside the covenant.

OUR PURPOSE

In our own words, this Care Team exists to:

It is not responsible for:

Whole-person care in this church includes all eight Care Mapping domains. ☐
Affirmed by leadership on (date) _____

PASTORAL OVERSIGHT, BY NAME

_____ (name, role) will maintain a quarterly rhythm with the Care Coordinator beginning _____ (month), support the team's functioning and referrals, receive any risk-of-harm concern immediately, and name a successor to this page before stepping away from the role.

REFERRAL INFRASTRUCTURE

Our documented referral contacts for professional missionary care (at least one organization or counselor, with contact information on file at the church office):

FINANCIAL COMMITMENTS

The annual Care Team budget line of $_____ is approved for budget year _____ (Tool 2).

Our written posture on funding escalated professional care is:

…decided by _____ .

SIGNATURES

Pastoral oversight _____ · Missions leadership _____ · Date _____

Reviewed and re-signed: _____ · _____ · _____ · _____

TOOL 4 · Coordinator Selection Worksheet

Phase One — complete during leadership readiness — one worksheet per candidate · Keep with the team's formation records

Candidate	Prepared by / Date

THE FIVE QUESTIONS — EVIDENCE, NOT IMPRESSIONS

Question	Rating 1–5	Evidence
1. Existing trust with the missionary family		
2. Realistic capacity: 2–4 hours monthly for the full term		
3. Relational authority to ask hard questions and carry concerns forward unprompted		
4. Receives difficult information without minimizing or overreacting		
5. Understands the role: holds the team's faithfulness, not the primary relationship		

☐ This candidate has been presented to the missionary, and the missionary's choice is recorded below.

☐ The candidate has visited (or will visit) an established Care Team before committing (Chapter II-1).

☐ The candidate has received this book, and at least one week to respond.

MISSIONARY'S CHOICE / NOTES

DECISION

Decision (invite / wait / decline)	Term proposed	Successor conversation date

TOOL 5 · Safeguarding Readiness Checklist

Phase Two — complete before the covenant is signed · File with the church's child-protection records and the team's formation records

POLICY ALIGNMENT

☐ The church has a current child-protection policy, and the MK Lead role has been placed under it.

☐ The person responsible for the church's child-protection compliance knows the Care Team exists and knows who the MK Lead is.

SCREENING AND TRAINING

☐ The MK Lead has completed the church's standard background check and reference process.

☐ The MK Lead has completed the church's standard child-protection training.

☐ The MK Lead has reviewed the role's boundaries in the Role Clarification Guide (Tool 9), including the safeguarding bullets, and affirmed them in writing (initials on their role sheet).

☐ Renewal dates for screening and training are calendared on the church's normal cycle.

WORKING NORMS

☐ Parents have been involved and have affirmed the contact plan for each MK (channels, rhythm, and any age-specific norms).

☐ Communication channels are observable, and a parent is copied on written contact with younger children.

☐ A simple factual contact log exists, with its location and access agreed (adapted for restricted-access contexts as needed).

☐ The two concern pathways are understood and written down: wellbeing concerns → Care Coordinator (Tool 15); safety concerns → the church's child-protection policy and applicable law, immediately.

MK Lead (signature)	Child-protection lead (signature)	Date completed

TOOL 6 · Care Team Selection Profile

Phase Two — before and after each selection interview

ABOUT THIS TOOL. A diagnostic profile of twelve competencies read against six levels of formation — Curious, Open, Willing, Committed, Devoted, Anchored. Used three ways: candidate self-assessment before the interview; recruiter or pastor diagnostic from observation; and team composition, plotting candidates side by side. Its design draws on implementation fidelity scales, applied to individuals.

HOW TO READ. For each competency, read the levels from Curious upward and check every one that honestly describes the candidate. Their current level is the highest one checked before the first gap. The minimum standards (Chapter II-5) are non-negotiable regardless of strength elsewhere. Assess spouses individually. After the interview, interviewer and candidate complete the profile independently and compare — the gaps are the follow-up agenda.

CLUSTER ONE — FOUNDATIONS			
LEVEL	**Biblical Foundation for Care**	**Cross-Cultural Literacy**	**Personal Spiritual Maturity**
ANCHORED Settled, immovable; a stabilizing presence for others.	☐ Has internalized a robust theology of suffering, sending, and perseverance; shapes care biblically.	☐ Deep, lived grasp of culture stress, identity in transition, TCK dynamics, and re-entry.	☐ Spiritually settled, consistent in disciplines, a source of stability for others under pressure.
DEVOTED Integrated into how they live and serve.	☐ Regularly draws on Scripture to encourage workers; sees care as gospel ministry, not just kindness.	☐ Actively studies cross-cultural realities; spots culture stress before the worker names it.	☐ Walks closely with the Lord; spiritual life is evident and woven into daily rhythms.
COMMITTED Reliably shows up and follows through.	☐ Has thought biblically about the sending church' s role in worker care and can articulate it.	☐ Has read and reflected on cross-cultural ministry literature and worker experience.	☐ Active in personal devotion, prayer, and church involvement; growing steadily.
WILLING Says yes and acts when invited.	☐ Familiar with key passages on sending, suffering, and endurance; growing in application.	☐ Aware that workers face context-unique challenges; willing to learn.	☐ Consistent in core spiritual practices; faith is genuine and visible.
OPEN Receptive; some practice but inconsistent.	☐ Some exposure to biblical teaching on missions and care through sermons or studies.	☐ Some secondhand exposure to cross-cultural ministry; thinking is forming.	☐ Genuine faith but inconsistent in disciplines or growth patterns.
CURIOUS Interested and open to learning.	☐ Interested in learning the biblical basis for cross-cultural care.	☐ Limited exposure but interested in beginning to learn.	☐ New or growing believer; needs further maturation before serving in care.

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CLUSTER TWO — RELATIONAL CAPACITY			
LEVEL	**Listening & Presence**	**Confidentiality & Trust**	**Conflict Navigation**
ANCHORED Settled, immovable; a stabilizing presence for others.	☐ Workers seek this person out; their unhurried, attentive presence feels deeply safe.	☐ Workers trust this person with sensitive struggles; track record over years is unbroken.	☐ Skilled in stepping into hard relational dynamics with grace, clarity, and biblical wisdom.
DEVOTED Integrated into how they live and serve.	☐ Consistently makes space for unhurried conversation; notices what' s unsaid and follows up.	☐ Demonstrably trustworthy; understands the weight of pastoral confidence and guards it.	☐ Engages conflict honestly rather than avoiding it; helps others move toward resolution.
COMMITTED Reliably shows up and follows through.	☐ Regularly available and attentive; asks good follow-up questions.	☐ Holds confidences well in normal situations; knows when to escalate appropriately.	☐ Willing to have hard conversations and does so respectfully.
WILLING Says yes and acts when invited.	☐ Listens well when asked; participates in structured care conversations.	☐ Generally discreet; growing in awareness of confidentiality boundaries.	☐ Aware that cross-cultural ministry involves conflict; growing in capacity to engage it.
OPEN Receptive; some practice but inconsistent.	☐ Listens deeply on occasion, usually in response to a clear need.	☐ Means well but occasionally shares more than they should.	☐ Prefers to avoid conflict but can engage when required.
CURIOUS Interested and open to learning.	☐ Interested in growing as a listener but not yet practiced.	☐ Not yet demonstrated capacity to hold sensitive information well.	☐ Tends to avoid conflict or escalates it; needs growth in this area.

CLUSTER THREE — ENGAGEMENT			
LEVEL	**Communication Discipline**	**Prayer for the Worker**	**Practical Support**
ANCHORED Settled, immovable; a stabilizing presence for others.	☐ Reliable, thoughtful, timely in every form of contact; workers never feel forgotten.	☐ Worker-specific intercession is a settled daily practice; the worker feels prayed for.	☐ Anticipates practical needs (logistics, hospitality, re-entry, family) and acts unprompted.
DEVOTED Integrated into how they live and serve.	☐ Consistent rhythms of written and verbal contact; respects time zones and field realities.	☐ Prays regularly and specifically for the worker, family, and field; tracks requests.	☐ Actively offers tangible help and follows through reliably.
COMMITTED Reliably shows up and follows through.	☐ Communicates regularly with workers, with only occasional lapses.	☐ Prays weekly for the worker and follows up on specific requests.	☐ Responds well when practical needs are communicated.
WILLING Says yes and acts when invited.	☐ Sends notes, prayer messages, or check-ins roughly monthly.	☐ Prays for the worker as part of broader prayer rhythms.	☐ Helps with specific tasks when asked.
OPEN Receptive; some practice but inconsistent.	☐ Communicates occasionally, often around holidays or events.	☐ Prays occasionally for the worker, especially when prompted.	☐ Occasionally helps with logistics or hospitality.
CURIOUS Interested and open to learning.	☐ Interested in growing in regular communication habits.	☐ Interested in beginning to pray regularly for a cross-cultural worker.	☐ Interested in helping practically as opportunities arise.

CLUSTER FOUR — ADVANCED			
LEVEL	**Long-Term Commitment**	**Crisis Readiness**	**Team Collaboration**
ANCHORED Settled, immovable; a stabilizing presence for others.	☐ Committed for the long haul — through transitions, hard seasons, and returns; turnover is rare.	☐ Trauma-informed, knows when to refer to professionals; calm and capable in crises.	☐ Functions seamlessly within a care team; values shared discernment over solo action.
DEVOTED Integrated into how they live and serve.	☐ Counts the cost and commits to multi-year involvement; treats it as a calling, not a slot.	☐ Recognizes signs of crisis (burnout, trauma, marital strain) and knows escalation pathways.	☐ Actively contributes to team meetings, defers to team rhythms, and avoids freelancing.
COMMITTED Reliably shows up and follows through.	☐ Willing to commit to a defined term and likely to renew.	☐ Aware that crises occur on the field; willing to learn appropriate responses.	☐ Works well alongside others on the team; communicates openly.
WILLING Says yes and acts when invited.	☐ Willing to commit for one term and see how it goes.	☐ Understands the basics of member care and crisis referral.	☐ Participates in team meetings and follows team decisions.
OPEN Receptive; some practice but inconsistent.	☐ Available for short-term or project-based involvement.	☐ Limited exposure to crisis dynamics; would need training.	☐ Prefers individual engagement but can work with a team when needed.
CURIOUS Interested and open to learning.	☐ Interested but not yet ready to make a defined commitment.	☐ New to the concept of crisis care; interested in learning.	☐ Tends to operate independently; needs growth in collaborative work.

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TOOL 7 · Personal Reflection Guide

Phase Two — for your eyes only — a tool for discernment, not evaluation

BEFORE YOU BEGIN

This guide is for you. No one else will see your answers unless you choose to share them. Its purpose is not to grade you, qualify you, or disqualify you. Its purpose is to help you think honestly about whether God is calling you into Care Team work in this season, and where you might want to grow if you say yes.

There are no right answers. There is no passing score. The questions that feel hardest to answer are often the ones that matter most. Take your time. Pray as you go. Come back to it across several days if that helps.

How to use this guide. For each of the twelve areas below, read the description, sit with the reflection question, and mark where you honestly believe you are today on the six-level scale. The levels are not a ladder of worth — they describe growing degrees of formation. Most people will sit at different levels across different areas, and that is exactly what the guide is meant to show.

A note on honesty. The temptation will be to score yourself higher than you are because you want to be useful, or lower than you are because you feel unworthy. Both distortions block discernment. Try to answer as a trusted friend would describe you on a normal day.

THE SIX LEVELS — A QUICK ORIENTATION

Each level describes a different posture toward the area being considered. They run from openness to deeply settled practice:

Curious. Interested and open to learning, but not yet practiced.

Open. Receptive; some practice but inconsistent.

Willing. Says yes and acts when invited; engages when prompted.

Committed. Reliably shows up and follows through; this is part of how you live.

Devoted. Integrated into how you see yourself and operate.

Anchored. Settled, immovable; a stabilizing presence for others.

OPENING REFLECTION

Before working through the twelve areas, sit with two larger questions. Your answers here will shape how you read everything that follows.

1. Why am I considering this? What is drawing me toward Care Team service right now — and what, honestly, might I be hoping it gives me?

2. What season am I actually in? Looking at my family, work, health, church involvement, and inner life — is this a season for taking on a multi-year ministry commitment, or might it be a season for something else?

TWELVE AREAS TO REFLECT ON

For each area: read the description, sit with the question, mark where you honestly are today, and use the writing space to capture anything you want to remember.

1. BIBLICAL FOUNDATION FOR CARE

Caring for cross-cultural workers is gospel work. It rests on a biblical theology of sending, suffering, perseverance, and the role of the sending community.

When you think about caring for a cross-cultural worker, what Scriptures shape your understanding of the work? Where might your thinking still be more sentimental than biblical?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

2. CROSS-CULTURAL LITERACY

Cross-cultural workers face realities — culture stress, identity in transition, re-entry — that are invisible to most people at home. Care work asks you to learn that world so the worker is not always explaining it.

How much do you actually understand about the worker's context and the cross-cultural experience in general? What would you need to learn?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

3. PERSONAL SPIRITUAL MATURITY

Care work draws on your own walk with the Lord. You cannot give what you do not have. A team member needs settled faith — not perfection, but stability.

If a worker called you in a dark moment, would your own spiritual life be a source of stability for them, or would you be drawing on theirs?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

4. LISTENING AND PRESENCE

Workers often most need someone who will simply hear them without rushing to fix, advise, or interpret. Presence is one of the most pastoral gifts a team can offer.

Think of the last time someone shared something heavy with you. Did you listen, or did you rush to respond? What does that tell you?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

5. CONFIDENTIALITY AND TRUST

Workers will share things with the team that cannot go elsewhere — struggles, doubts, family difficulties, ministry frustrations. The team must hold these as sacred trust.

Is there evidence in your life that people trust you with sensitive things? When was the last time you held something hard and did not share it with anyone else?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

6. CONFLICT NAVIGATION

Care work involves hard conversations — within the team, and occasionally with the worker. Avoidance damages care just as harshness does.

How do you typically respond when conflict arises? Avoidance, escalation, or honest engagement? What would those closest to you say?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

7. COMMUNICATION DISCIPLINE

Workers are sustained, in part, by knowing they are not forgotten. Care teams that communicate erratically — or only when convenient — leave the worker uncertain.

Are you a reliable communicator in your other relationships? Do people typically hear back from you, or do messages sit unanswered?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

8. PRAYER FOR THE WORKER

Prayer is not a token contribution. It is the team's most important and enduring work. It asks for sustained, specific intercession over years.

Right now, who are you praying for by name, with detail, over time? What would it cost you to add a cross-cultural worker and family to that list?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

9. PRACTICAL SUPPORT

Care also takes tangible form — logistics, hospitality, re-entry help, family support, care packages, airport runs. Practical service is love made visible.

What practical contributions are realistic for you given your current life? Where might you give more than you think? Where would you overpromise?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

10. LONG-TERM COMMITMENT

Care Team service is not a short-term project. It asks for an eighteen-month term and the expectation of at least one renewal — about three years in all. Workers are harmed by team turnover.

Can you honestly commit to multiple years, including through life changes you cannot foresee? What might pull you away, and how would you handle that?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

11. CRISIS READINESS

Sometimes a worker is not just tired — they are in crisis. The team needs members who can recognize the difference, respond calmly, and know when to escalate to professional or pastoral help.

Have you walked with anyone through real crisis — illness, grief, breakdown, trauma? What did that teach you about your capacity and your limits?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

12. TEAM COLLABORATION

Care is stronger when it is discerned together. Soloists, however well-intentioned, undermine care teams. Members defer to shared rhythms and contribute to the group's discernment.

Are you naturally a team player, or do you prefer to operate independently? When have you submitted your judgment to a group's discernment, and how did it go?

Mark where you honestly are today:

☐ Curious	☐ Open	☐ Willing	☐ Committed	☐ Devoted	☐ Anchored

LOOKING AT THE WHOLE PICTURE

Now that you have worked through the twelve areas, step back and look at your responses as a whole. The point is not to add up a score — there is no score. The point is to see the pattern.

Where am I strongest? Which two or three areas show the most settled practice? What does this tell me about how I might contribute to a team?

Where am I weakest? Which two or three areas would I most need to grow in, or rely on teammates for? Are any of them in the 'minimum standard' categories — confidentiality, long-term commitment, basic crisis awareness, settled faith, willingness to work as a team?

What surprised me? Did anything in this reflection catch me off guard — a strength I had not named, a weakness I had been avoiding, a fear, a sense of invitation?

What is the Spirit drawing me toward? Sit with this question in prayer. Not 'what should I do' — that comes later — but 'what is God showing me about myself and this calling right now?'

DISCERNMENT QUESTIONS

Before you respond to whoever invited you to consider this role, take time with these final questions. If you are married, work through them with your spouse.

- Is the desire to serve coming from a settled place, or from guilt, obligation, or the need to be needed?
- Have I talked with my spouse, pastor, or a trusted friend about this? What did they see that I might not?
- Do I have the actual margin in my life — time, energy, attention — to sustain this for several years?
- Am I willing to grow in the areas where this reflection showed me weakness? Or am I hoping to serve from a place that does not stretch me?
- If I say yes, what would I need to say no to? Have I counted that cost honestly?
- If, after praying and reflecting, I sense the answer is 'not now' or 'not me' — am I at peace with that being an honorable answer?

A CLOSING WORD

Saying yes to Care Team service is a real and weighty commitment. So is saying no, or not yet. Both are honorable answers when they come from honest discernment.

If you sense the Lord drawing you toward this work, take what you have written here into your conversation with the team leader. Be honest about your strengths and your gaps. Ask what training and support will be available. Ask the team to be honest with you in return.

If you sense the answer is not now, trust that. The worker is best served by team members who are clearly called and unhurried, not by those who served out of obligation. Your honest no may be one of the most loving gifts you give.

“As each has received a gift, use it to serve one another, as good stewards of God’s varied grace.” — 1 Peter 4:10

TOOL 8 · Structured Selection Interview

Phase Two — once per candidate, before the observation visit

ABOUT THIS TOOL. A guided conversation for evaluating a prospective Care Team member against the twelve competencies and the five minimum standards. Used by the coordinator (with the missionary consulted beforehand and pastoral oversight aware). One interview per candidate; 45–60 minutes; unhurried.

WHEN TO USE. Phase Two, after the candidate has received the Role Description and completed the Personal Reflection Guide privately, and before the observation visit and covenant. The interview is discernment, not examination — say so out loud at the start.

BEFORE THE INTERVIEW

- The coordinator has presented this candidate to the missionary, and the missionary has approved moving forward.
- The candidate has had the Role Description for at least a week and has completed the Reflection Guide privately. They bring it only if they choose; the interviewer never asks to see it.
- The interviewer has reviewed the twelve competencies and knows which competencies this team has made minimum standards based on the worker's stated needs.

OPENING FRAME — IN THE COORDINATOR'S VOICE

"Thank you for taking this seriously enough to sit down with me. I want to say the most important thing first: this conversation is discernment, not a job interview. There is no score to pass. My work today is to help both of us see honestly whether this role, in this season, is the right yes for you — and a clear no would serve the family as much as a yes. What we cannot build on is a reluctant maybe. I'm going to ask about some specific areas. Answer as a trusted friend would describe you on a normal day — not the best day, not the worst."

PART ONE — THE MINIMUM STANDARDS

Ask all five. These gate the conversation: significant hesitation on any minimum standard is discussed honestly and, if it stands, ends in a warm redirect — not in creative accommodation.

1. *"Tell me about a time someone trusted you with something sensitive. How did you handle it — and who else ever learned of it?"*

Listen for: A concrete story, told without disclosing the confidence itself. A candidate who shares the sensitive details to prove the point has answered the question in the other direction.

2. *"This role runs in eighteen-month terms, and we ask members to expect at least two — about three years, through furloughs and hard seasons. Looking at your actual calendar and your family's next few years — not your willingness — what would make that term realistic or unrealistic?"*

> **Listen for:** Realism about the hardest predictable months, a consulted spouse, named competing commitments. "I'll make it work" without specifics is willingness, not capacity.

3. *"Suppose the worker shares something that worries you — beyond what a friend should carry alone. What do you do with it?"*

> **Listen for:** Instinct toward the team and the escalation pathway rather than solo counsel or silence. The right answer knows its own limits and calls referral a strength.

4. *"Tell me about your own walk with the Lord right now — not the ideal version, the actual one."*

> **Listen for:** Settled honesty. Present-tense practices, a real church life, stability that does not depend on being needed.

5. *"This team decides things together, and sometimes the team's discernment will differ from your instinct. Tell me about a time you deferred to a group decision you initially disagreed with."*

> **Listen for:** A true example with the disagreement intact. A candidate who cannot recall ever deferring is telling you how they will serve.

PART TWO — THE FOUR CLUSTERS

Two questions per cluster. Follow the candidate's actual answers; the script is a spine, not a cage.

FOUNDATIONS

6. *"When you think about caring for a cross-cultural worker, what in Scripture shapes how you understand the work?"*

> **Listen for:** Any genuine engagement — sending, suffering, perseverance, the body. Sentiment without Scripture locates the candidate at Curious or Open, which is information, not disqualification.

7. *"What do you know — firsthand or from reading and listening — about what culture stress or re-entry actually feels like?"*

> **Listen for:** Curiosity and any real exposure. Listen especially for teachability: "I don't know, and I'd want to learn" outranks confident generalization.

RELATIONAL CAPACITY

8. *"When someone tells you about a struggle, what do you find yourself wanting to do first?"*

> **Listen for:** Presence before repair. Fix-it energy is common and coachable; note it. Advice-giving as identity is harder ground.

9. *"Tell me about a hard conversation you didn't avoid. How did you enter it, and how did it land?"*

Listen for: Honesty and gentleness traveling together. Avoidance patterns and harshness patterns both surface here.

ENGAGEMENT

10. *"Walk me through what staying in touch with someone far away has actually looked like in your life."*

Listen for: Evidence of sustained rhythm anywhere — a parent called weekly, a friend written to for years. Past discipline predicts future discipline better than stated intention.

11. *"How does prayer for specific people work in your life right now — and how do you keep track?"*

Listen for: Specificity and follow-up. "I pray when they come to mind" is Open; a kept list with answered requests remembered is Devoted.

ADVANCED

12. *"If, eight months in, you realized a teammate was quietly doing this work solo — contacting the worker outside the team's rhythm — what would you do?"*

Listen for: Willingness to name it inside the team. This question doubles as teaching: it tells the candidate freelancing is watched for.

13. *"What would make you proudest about this team three years from now?"*

Listen for: Answers about the worker's flourishing and the team's faithfulness rather than the candidate's role in it. Criterion-five failure — wanting to be the care rather than steward it — often shows itself here.

PART THREE — CAPACITY AND CLOSE

14. *"Set the role aside — tell me about your margin. What is this season of life actually like?"*

Listen for: An honest inventory. Strong competencies plus zero margin is a redirect, said kindly and plainly.

15. *"What questions do you have for me — about the family, the team, the covenant, anything?"*

Listen for: Hard questions before a yes are criterion three in action. No questions at all may be politeness; offer some: "Most people ask about the time commitment, or what happens if life changes mid-term."

CLOSING — in the coordinator's voice.

"Here is what happens next, and none of it requires an answer today. You'll sit in on a team meeting so you can see what this actually is. Then take a week — pray, talk it over at home. Whatever you bring back, bring it honestly. And if it's yes: the covenant is signed together in training, and until that signing either of us can still step back with no awkwardness at all."

AFTER THE INTERVIEW

- Both parties complete the Selection Profile independently — the interviewer from evidence heard, the candidate as self-assessment.
- Compare the two profiles. Gaps of two or more levels in any competency are the agenda for one follow-up conversation — gaps are usually more revealing than the scores themselves.
- Check the minimum standards: every one at its required level, from evidence. There is no total score, and high strength elsewhere never offsets a minimum standard.
- Record the outcome (invite / wait / redirect), the missionary's approval, and the term proposed — with the formation records, alongside the Recruitment Tracker.

TOOL 9 · Role Clarification Guide

Phase Two — formation; each term renewal; annual recalibration

Frequency: Formation; each term renewal; annual review	**Primary users:** Care Coordinator, Full Care Team

About This Tool

This guide assigns specific responsibilities to each of the six Care Team roles before care begins. Ambiguity about who does what is one of the most common sources of team drift and coordinator burnout. Each role block includes a description, core responsibilities, and fillable fields for name, contact, start date, and term. The MK Lead role includes a dedicated Boundaries and Reminders section. Each role has an adjacent notes field for adjustments. The guide should be reviewed at every term renewal and whenever a role changes hands, ensuring that no gap in care goes unnamed.

> **WHEN TO USE THIS TOOL**
>
> **AT FORMATION** — Complete this guide before the first team meeting so every member knows their specific responsibilities before care begins.
>
> **AT EACH TERM RENEWAL** — Review and update as membership changes.
>
> **AT ANNUAL REVIEW** — Confirm that each role is functioning and that responsibilities still match capacity.

What This Tool Does

- Assign all 6 roles before the first team meeting: Care Coordinator, Relational Liaison, Logistics Support Lead, Spiritual Encouragement Lead, MK Lead, Secondary / At-Large Member
- Document name, contact, start date, and term for each role holder
- Review responsibilities at every term renewal and annual recalibration
- Ensure the MK Lead role is filled when the missionary has children
- Use the notes field to document any role adjustments specific to this team’s context

TOOL 9 · Role Clarification Guide

Phase Two — formation; each term renewal; annual recalibration

Missionary Name(s) *Care Team Launch Date*

Care Coordinator

The structural heart of the team. Facilitates monthly meetings, keeps records, maintains the escalation pathway, and connects with pastoral oversight.

CORE RESPONSIBILITIES

- Facilitate all team meetings
- Keep meeting minutes and care records
- Maintain quarterly contact with pastoral oversight
- Coordinate the Care Mapping schedule
- Serve as the first contact point for escalation concerns
- Ensure congregational advocacy happens (carried by the Spiritual Encouragement Lead)
- Guard the missionary's trust: nothing leaves the team without their yes; when the risk-of-harm exception applies, tell them what is happening and why as soon as it is safe
- Host team meetings from the team laptop and team account: admit participants by name, monitor access, remove anyone not authorized; name a backup host
- Keep the church's team laptop and the team's meeting account; hand both off at succession and change the password
- Make the team's internal decisions after hearing the team; anything that touches the missionary goes to the missionary
- Hold the missionary's crisis preferences and serve as the single point of contact in a crisis
- Hold the team's memory across transitions

THIS ROLE IS FILLED BY:
Name: **Contact:** **Start Date:** **Term:**

Notes / Adjustments for this role:

Relational Liaison

The team's primary relational connection to the missionary. Maintains consistent, personal contact — not just ministry updates, but genuine friendship.

CORE RESPONSIBILITIES

- Initiate direct contact with the missionary at the rhythm they set, often twice a month
- Provide emotional attentiveness between meetings
- Listen for what is not being said in newsletters
- Bring observations to the full team at each meeting
- Serve as the team's relational barometer

THIS ROLE IS FILLED BY:
Name: **Contact:** **Start Date:** **Term:**

Notes / Adjustments for this role:

Logistics Support Lead

Anticipates and addresses the practical dimensions of the missionary's life — housing, packages, MK care, re-entry planning, financial needs.

CORE RESPONSIBILITIES

- Coordinate practical support (care packages, housing resources, re-entry logistics)
- Track upcoming transitions and practical needs
- Liaise with the church's administrative support systems
- Anticipate practical needs before they become crises
- Mobilize the congregation for specific practical requests
- Handle gifts and shipping under the statement of accountability: no money handled, the missionary decides what is sent, two people, every shipment recorded
- At the missionary's request, help with the home front — parents, property, paperwork

THIS ROLE IS FILLED BY:
Name: **Contact:** **Start Date:** **Term:**

Notes / Adjustments for this role:

Spiritual Encouragement Lead

Holds the team's devotional and prayer life. Leads the prayer dimension of each meeting and cultivates a culture of Scripture-grounded encouragement.

CORE RESPONSIBILITIES

- Lead opening devotional at each team meeting
- Maintain a prayer calendar for the missionary and family
- Send regular Scripture-based encouragement directly to the missionary
- Coordinate the church's prayer mobilization around this missionary
- Carry congregational advocacy — keep the missionary present to the whole church, with their approval of what is shared (the Care Coordinator is accountable for its happening)
- Keep the family's calendar of remembered dates
- Bring spiritual attentiveness to the team's Care Mapping conversations

THIS ROLE IS FILLED BY:
Name: **Contact:** **Start Date:** **Term:**

Notes / Adjustments for this role:

MK Lead

The team's dedicated advocate for the missionary's children. Maintains consistent, age-appropriate connection with each MK and ensures their wellbeing is reviewed as a distinct domain — not assumed to be covered under general family care.

CORE RESPONSIBILITIES

- Maintain age-appropriate, consistent connection with each MK
- Track key transitions in each MK's life
- Monitor for early indicators of MK strain
- Coordinate practical support for MK-specific needs
- Serve as the team's primary resource on MK development and cross-cultural childhood
- Raise MK-specific observations during Care Mapping conversations
- Escalate promptly to the Care Coordinator, and involve the parents, when an MK shows signs requiring specialized attention

BOUNDARIES & REMINDERS

- You are not a counselor or educator — you are an attentive advocate for the child's wellbeing
- Always involve the parents before making direct contact with MKs, especially younger children
- If an MK's concerns require more than the team can offer, escalate to the Care Coordinator promptly and involve the parents
- Recognize that MK strain often surfaces in behavior before it is named in words
- Complete your church's child-protection screening and training before beginning this role — the same standard applied to children's ministry volunteers applies here
- Keep all direct communication with MKs observable: use platforms and channels the parents can see, copy a parent on written contact with younger children, and never arrange unaccompanied in-person time

THIS ROLE IS FILLED BY:
Name: **Contact:** **Start Date:** **Term:**

Notes / Adjustments for this role:

Secondary / At-Large Member

Provides flexible support across all roles. Serves as backup and transition support when other members need to step back.

CORE RESPONSIBILITIES

- Be available to fill gaps in all other roles
- Serve as primary backup to the Care Coordinator during absence
- Provide additional relational contact during high-stress seasons
- Assist with logistics during transitions or high-need periods
- Begin transitioning into a primary role as succession planning dictates

THIS ROLE IS FILLED BY:
Name: **Contact:** **Start Date:** **Term:**

Notes / Adjustments for this role:

Completed by *Role / Title* *Date*

TOOL 10 · Team Recruitment Tracker

Phase Two — maintained by the Care Coordinator through Phase Two · File with formation records at launch

One row per candidate. The tracker is confidential to the coordinator and pastoral oversight — it records the missionary's approvals and declined invitations, neither of which the wider team needs to see.

Candidate	Role Considered	Missionary Approval	Invited (date)	Observed (date)	Response

TOOL 10 · Team Recruitment Tracker (continued)

MK LEAD ONLY — SAFEGUARDING STATUS

Screening completed	Training completed	Contact plan affirmed by parents	Tool 9 filed (date)

COVENANT

All confirmed members	Role	Covenant signed (date)

TOOL 11 · Covenant of Shared Stewardship

Phase Two — sign before the team begins; revisit at each term renewal

Frequency: At formation; each term renewal; new members	**Primary users:** Full Care Team + Pastoral Oversight

About This Tool

The Covenant of Shared Stewardship is not a formality — it is the defining act of team formation. Read aloud together before signing, it names the commitments and acknowledgements that transform a group of volunteers into a care team. The conversation it generates around the table is often the most important formation conversation the team will have. It should be revisited and re-signed at every term renewal, and any new member should read and sign it before beginning their role.

> **WHEN TO USE THIS TOOL**
>
> **AT FORMATION** — Read this covenant aloud as a full team before signing. The conversation it generates is often the most important formation conversation the team will have.
>
> **AT EACH TERM RENEWAL** — Revisit and re-sign at each renewal cycle (every eighteen months).
>
> **WHEN A NEW MEMBER JOINS** — Any new team member should read and sign before beginning.

What This Tool Does

- Establish shared accountability for the missionary's whole-person flourishing
- Name the commitments the team is making before care begins
- Create a reference point for evaluating team health at term renewal
- Signal to the missionary that this team is operating with intentionality and structure
- Provide pastoral oversight with a signed record of team commitments

TOOL 11 · Covenant of Shared Stewardship

Phase Two — sign before the team begins; revisit at each term renewal

Read aloud together before signing. Do not rush past this.

We, the undersigned Care Team for _____, enter into this covenant together as an act of shared stewardship. We acknowledge that our missionary's sustained flourishing is a responsibility we hold together — not as individuals acting alone, but as a team operating in covenant with each other, with our missionary, and with this church.

WE COMMIT TO:

- **Show up consistently** — attending meetings, maintaining our assigned contact rhythms, and bringing our whole attention to this team's work.
- **Care for the whole person** — attending to every domain of our missionary's life: spiritual, emotional, marriage and family, cultural, ministry and organizational, physical, practical and financial, and our missionary's children.
- **Follow our missionary's lead** — letting them direct the care they receive within what we have agreed to offer, trusting their experience of their own life, telling them honestly when a request is beyond our resources, and helping pursue those resources elsewhere.
- **Maintain confidentiality** — keeping what is shared within this team, holding together what is told to any one of us, and never holding one member's confidence apart from the team, with the single exception of a risk of harm to self or others, which we will bring to pastoral leadership without delay — and posting nothing about our missionary or their family, anywhere, without their express approval.
- **Escalate wisely** — with the missionary's consent, helping them find the right person to carry what exceeds our capacity, seeking pastoral oversight's counsel on how best to help, and never waiting for a crisis.
- **Sustain our team** — planning for transitions, identifying successors, and prioritizing the health and continuity of this team as a care structure.
- **Reflect honestly** — participating in periodic self-assessments, inviting our missionary's own evaluation of our care, and being willing to name what is not working.
- **Address conflict directly** — bringing disagreement between team members first to one another, then to the Care Coordinator if unresolved, and then to pastoral oversight, so that no conflict is carried silently into this team's care of our missionary.
- **Keep our missionary present to our church** — carrying their story, with their approval, to our congregation, so the whole church keeps the promise it made at their sending.

WE ACKNOWLEDGE:

- That no single team member carries this responsibility alone — we are collectively responsible for the care this team provides.
- That this is a season of faithful service, not a vague commitment — and that when our term ends, we will facilitate an intentional handoff rather than a quiet departure.
- That our missionary is not a project to manage but a person to accompany — and that our job is to see them clearly, not to present them as fine.

PASTORAL OVERSIGHT COMMITS TO:

- Meeting with the Care Coordinator at least quarterly — not only in crisis.
- Supporting the team's functioning — helping it find the right people and resources for what it cannot carry, and responding within the agreed timeframe.
- Honoring our missionary's consent and this team's confidentiality, with the same single exception for risk of harm.

BEFORE YOU SIGN:

Talk these through together, aloud, before any signature is given.

- What would make your role hard for you, honestly?
- The first time one of us misses the rhythm we have calendared, how will we say so — directly, and kindly?

Missionary Name(s) *Field / Location*

SIGNATURES

Name	Role	Date Signed

Pastoral Oversight Representative:

Name *Signature* *Date*

Date of next covenant renewal *Term length agreed upon*

TOOL 12 · Coordinator Pre-Launch Checklist

Phase One — complete by the end of Session Five

Frequency: Once, before launch	**Primary users:** Care Coordinator, Pastoral Leadership

About This Tool

This checklist ensures that everything necessary for a healthy team launch is in place by the team's first working meeting (Session Five). It covers leadership and oversight, team formation, covenant and commitment, care mapping and roles, communication structures, escalation readiness, and sustainability planning. If any item cannot be checked, the launch should pause until the gap is resolved. A team launched on an incomplete foundation creates an expectation in the missionary's mind that it then quietly fails to meet.

WHEN TO USE THIS TOOL

BY THE END OF SESSION FIVE — This checklist consolidates pre-launch requirements into a single reference point. Complete it with pastoral and missions leadership by the end of Session Five, checking the covenant ite
ms in Session Three. If any item cannot be checked, pause and resolve it before proceeding.

What This Tool Does

- Confirm that pastoral oversight is named and the escalation pathway is clear
- Verify that the team has been formed with the missionary's approval
- Ensure the Covenant has been read and signed before care begins
- Check that all roles are assigned and the Care Map baseline is scheduled
- Calendar the first-year booster conversations at months 3, 6, and 12

TOOL 12 · Coordinator Pre-Launch Checklist

Phase One — complete by the end of Session Five

LEADERSHIP AND OVERSIGHT

☐ A specific pastor or elder is named as pastoral oversight and understands the role: supporting the team and its referrals, and receiving any risk-of-harm concern immediately.

☐ The Leadership Readiness Assessment (Tool 1) has been completed and scored by pastoral and missions leadership.

☐ Scores below 4 in any area have been addressed or have a documented action plan.

TEAM FORMATION

☐ The missionary has said yes to a Care Team, chose the Care Coordinator, and approved each member for relational fit.

☐ The missionary has set the contact rhythm they want with each role, and knows how to change it.

☐ The missionary has shared their crisis preferences: whom to call first, what may be shared and with whom, who speaks to the congregation, and who cares for the children and home (Chapter III-5).

☐ Every member understands that nothing is posted about the missionary or their family, on any platform, without the missionary's express approval.

☐ A Care Coordinator has been selected before the rest of the team was recruited.

☐ All team members have observed an established team meeting before signing the covenant (Chapter II-6).

☐ The potential successor to the Care Coordinator has been identified.

☐ The MK Lead has completed the church's child-protection screening and training, consistent with the church's existing children's ministry policy.

COVENANT AND COMMITMENT

☐ The Covenant of Shared Stewardship (Tool 11) has been read aloud together as a team.

☐ All team members have signed the covenant and received a copy.

☐ Pastoral oversight has signed the covenant as a party, not merely a witness.

CARE MAPPING AND ROLES

☐ The Care Coordinator has read the Missionary Care Mapping Workbook (Tool 13) and can explain it to the team.

☐ The Role Clarification Guide (Tool 9) has been reviewed and all roles are assigned.

☐ A baseline Care Map has been completed with the missionary — or is scheduled for the first or second meeting.

COMMUNICATION AND DOCUMENTATION

☐ A confidential shared document (digital or physical) exists for meeting minutes and care records.

☐ The communication rhythm for each role is established: how often each member will contact the missionary and by what means.

☐ The Care Coordinator's quarterly check-in rhythm with pastoral oversight is confirmed and calendared.

ESCALATION READINESS

☐ The escalation pathway is clear to every team member: who to call, when, and how.

☐ The missionary has heard, in plain words, how the team's confidentiality works: what they tell one member, the team holds together, so no member keeps anything from the rest of the team; what they share is their choice; nothing leaves the team without their consent — and the one exception, a risk of harm to self or others.

☐ The missionary has answered the six questions (Chapter II-4) and has given a crisis contact to pastoral oversight and the coordinator only.

☐ Tools 2, 3, 4 and 5 are complete, and the Recruitment Tracker (Tool 10) is filed with the formation records.

☐ The coordinator and at least one other member have visited an established Care Team (Chapter II-1).

☐ A documented list of professional care referral resources exists and is accessible to the Care Coordinator.

☐ The church's policy on financial support for escalated professional care or emergency travel is documented.

SUSTAINABILITY

☐ Term lengths for each team member are defined and documented.

☐ The Structural Stewardship Guide (Tool 18) has been reviewed.

☐ The three first-year booster conversation dates are calendared (months 3, 6, and 12).

Notes — Items Requiring Follow-Up Before Launch:

Missionary Name(s)	*Field / Location*	*Date Completed*

TOOL 13 · Missionary Care Mapping Workbook

Phase Three — quarterly in Year One, biannually thereafter, at each major transition

Frequency: Quarterly (Yr 1), biannually thereafter, at every major transition	**Primary users:** Full Care Team with Missionary

About This Tool

Care Mapping is the practice of attending to the full arc of the missionary's life — not just ministry updates. This workbook guides the team through all eight domains of care: Spiritual, Emotional, Marriage and Family, Cultural Adaptation, Ministry and Organizational, Physical Health, Practical and Financial, and Children / MK Wellbeing. Each domain has the missionary's own status rating, conversation questions, team notes, and action fields. The workbook closes with a Care Map Summary, follow-up actions, and a signature table for those who participated. Missionary strain rarely presents in one domain — Care Mapping is the practice of seeing the whole person, consistently and intentionally.

WHEN TO USE THIS TOOL

AT FORMATION — Complete a baseline Care Map at the beginning of the team's work.

QUARTERLY — In the first year, use this Care Map every quarter.

BIANNUALLY — After the first year, use this Care Map twice a year at minimum.

AT EVERY MAJOR TRANSITION — Return to this tool at re-entry, end of term, field change, crisis recovery, or any significant life change.

When you use this tool, begin by reminding the missionary of why you are asking: not to evaluate them, not to report on them, but to see them. The missionary rates their own domains — ideally with the team present, so members can ask clarifying questions and understand each rating in the missionary's own words rather than reading it later in notes. The team's observations sit alongside the missionary's rating, never over it. When an observation differs from the rating, members say so gently in the room, as a question rather than a correction: "You marked Emotional as Stable — you seemed tired on our last two calls. What has that been like?" And then listen more than you speak.

What This Tool Does

- Conduct whole-person care across all 8 domains at every review
- The missionary rates each domain — Thriving / Stable / Needs Attention / Wants more help — with the team present to listen and ask clarifying questions
- Assign specific follow-up actions per domain with named responsible parties
- Create a longitudinal record of missionary wellbeing across terms
- Ensure the Children / MK Wellbeing domain is reviewed as a distinct area of care

TOOL 13 · Missionary Care Mapping Workbook

Phase Three — quarterly in Year One, biannually thereafter, at each major transition

Missionary Name(s) *Date of Care Map* *Lead*

1 Domain 1: Spiritual

Faith vitality, connection to Scripture and prayer, sense of calling, community worship

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- Describe your spiritual life right now in a sentence or two.
- What's feeding you spiritually? What's draining you?
- Where is God showing up for you — and where does he feel distant?
- How is your prayer life? Scripture?
- Are you in meaningful Christian community on the field?

Team notes:

Specific actions assigned from this domain:

2 Domain 2: Emotional

Emotional resilience, processing capacity, indicators of burnout, anxiety, grief

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- How are you feeling — honestly, not ministry-wise?
- What has been emotionally heavy over the last few months?
- Are you able to rest and recover, or does it never really stop?
- Are there feelings you haven't had space to process?
- How would you describe your emotional energy on most days?

Team notes:

Specific actions assigned from this domain:

3 Domain 3: Marriage and Family

Marital health, intimacy, parenting pressures

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- How are you and [spouse] doing — not ministry-wise, just as a couple?
- What's been hardest on your marriage in this season?
- How is parenting landing on the two of you right now?
- Is there anything in your family life you've been absorbing privately?
- What does your family need that they're not currently getting?

Team notes:

Specific actions assigned from this domain:

4 Domain 4: Cultural Adaptation

Language fatigue, cultural dislocation, field relationships, sense of belonging

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- What's your relationship with the host culture like right now?
- Language fatigue — how is it landing?
- Do you have meaningful relationships with local believers?
- What aspects of the culture are you still navigating or struggling with?
- Where do you feel most at home right now — and where do you feel most foreign?

Team notes:

Specific actions assigned from this domain:

5 Domain 5: Ministry and Organizational

Effectiveness, role clarity, co-worker relationships, relationship with the sending organization

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- How is the work actually going — beyond the newsletter version?
- What's your relationship like with your team or organization?
- Is your role clear? Do you feel aligned with what you were sent to do?
- Where is there friction — with leadership, co-workers, or expectations?
- What would make your ministry situation more sustainable?

Team notes:

Specific actions assigned from this domain:

6 Domain 6: Physical Health

Physical vitality, chronic health conditions, sleep, access to healthcare

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- How is your physical health? Anything you've been managing?
- Are you sleeping? Eating reasonably well?
- Any health concerns that haven't been addressed?
- Do you have access to adequate healthcare?
- What does physical rest and recovery look like for you right now?

Team notes:

Specific actions assigned from this domain:

7 Domain 7: Practical and Financial

Financial stability, housing, logistics, practical support needs

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- How are things practically — finances, housing, logistics?
- Is your support level stable? Any concerns about funding?
- Are there practical needs your team or church should know about?
- What's coming up — any major transitions, purchases, or logistical challenges?
- What would make your day-to-day life more manageable?

Team notes:

Specific actions assigned from this domain:

8 Domain 8: Children / MK Wellbeing

Developmental wellbeing, relational belonging, educational continuity, TCK identity

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help □ N/A — no children

Conversation questions:

- How are your children doing overall — emotionally, socially, educationally?
- Are they building meaningful friendships? Is there a TCK community or peer group available?
- Are there educational transitions coming up the team should be planning around?
- How are you navigating your role as a parent in this cultural context?
- Is there anything your children have said or shown recently that is weighing on you?

Team notes:

Specific actions assigned from this domain:

CARE MAP SUMMARY

Overall status this meeting (agreed with the missionary): □ Thriving □ Stable □ Needs Attention □ Wants more help

Domains most needing attention:

Specific follow-up actions and who is responsible:

Date of next scheduled Care Map:

CARE MAP COMPLETED BY

Name	Role	Date

TOOL 13 MODULES — CARE MAPPING SUPPLEMENTS

TOOL 13 · MODULE 1 Living as a Single Person

Phase Three — a population-specific module of the Missionary Care Mapping Workbook

Frequency: At every Care Mapping session, in place of Domain 3, for single missionaries

Primary users: Full Care Team with Missionary

About This Module

Many missionary care models are implicitly built around married couples with children. Single missionaries carry a different relational texture: belonging, companionship, support networks, and identity questions that the Marriage and Family domain does not reach — and pressures that affect resilience, longevity, and ministry effectiveness just as directly. This module is used in place of Domain 3 for single missionaries, in the same way Domain 8 is marked "N/A" for missionaries without children. It does not add a ninth domain. The eight-domain architecture of the Care Mapping Workbook remains intact; this module is simply the form Domain 3 takes for this population.

Begin with strengths, not deficits. This module does not assume loneliness. It opens with what is life-giving and moves toward what is difficult, so the missionary is seen as a whole person rather than assessed against a married template.

What This Module Does

- Replace Domain 3 (Marriage and Family) at every Care Mapping session for single missionaries
- Attend to belonging, support networks, and significant relationships as legitimate whole-person care
- Open with strengths before exploring challenges
- Surface relational tensions, unmet desires, and difficult boundaries in a pastoral register
- Preserve the eight-domain architecture of the published model

WHEN TO USE THIS MODULE

AT EVERY CARE MAPPING SESSION — For a single missionary, use this module wherever the workbook calls for Domain 3 — at the baseline Care Map, quarterly in Year One, biannually thereafter, and at every major transition.

AT A CHANGE IN RELATIONSHIP STATUS — If the missionary marries, the team returns to the standard Marriage and Family domain at the next session.

When you use this module, begin the same way you begin every domain: remind the missionary that you are not evaluating them or reporting on them. You are asking because you want to see them. And then listen more than you speak.

TOOL 13 · MODULE 1 Living as a Single Person

Use in place of Domain 3 for single missionaries

Missionary Name(s)	Date of Care Map	Lead

3A Domain 3-Alt: Singleness and Significant Relationships

Relational wellbeing, belonging, companionship, support network, friendships and significant relationships

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- What is bringing you joy and satisfaction in this season?
- What has been most life-giving lately — and what has been most difficult?
- Who knows you well where you live? Who knows you well back home?
- If you had a hard week, who would you naturally reach out to?
- How are your friendships and significant relationships going — on your team and in your local community?
- Are there relational tensions, unmet desires, or boundaries that have become difficult to navigate?

BOUNDARIES & REMINDERS

- You are not a counselor or a matchmaker — you are an attentive companion to the missionary's relational wellbeing
- Let the missionary set the depth. Ask openly; never press for details about romantic relationships or singleness itself
- Never treat singleness as a problem to be solved — it is a season (or calling) to be supported
- Confidentiality applies with full force — relational disclosures are among the most sensitive things this team will hear
- If the conversation surfaces persistent loneliness, grief, or a relational concern beyond lay capacity, offer, with the missionary's consent, Tool 15's Level 3 (Referral Support) or Level 4 (Professional Referral)

Team notes:

Specific actions assigned from this domain:

TOOL 13 · MODULE 2 Living Between Two Worlds

Phase Three — a supplemental subsection of Domain 4 (Cultural Adaptation)

Frequency: At least annually, at every major transition, and whenever contact with home surfaces as a concern

Primary users: Full Care Team with Missionary

About This Module

Many missionaries describe feeling simultaneously rooted in two places — present in the host culture while still tethered to family, church, and supporters at home. Domain 4 already asks where the missionary feels most at home and most foreign. This module deepens that question. It is not a ninth domain. It is a supplemental subsection of Cultural Adaptation, used when the missionary's connection to home — family, sending church, supporters, and communication rhythms — deserves focused attention. It sits at the intersection of relationships, identity, and cultural adaptation.

The theme that ties this module together is identity and belonging. A single well-placed question — where do you most feel at home these days? — can open thirty minutes of meaningful conversation. Let it.

What This Module Does

- Deepen Domain 4 with focused attention on the missionary's connection to home
- Open with the two-worlds theme, then move through family, church, supporters, and communication rhythms
- Surface changes in identity and belonging across the past year
- Distinguish life-giving contact with home from draining obligation
- Preserve the eight-domain architecture of the published model

WHEN TO USE THIS MODULE

AT LEAST ANNUALLY — Include this module in one Care Mapping session per year, alongside Domain 4.

AT EVERY MAJOR TRANSITION — Re-entry, furlough, field change, and term end all reshape the missionary's relationship to home. Use this module whenever the workbook is used at a transition.

WHENEVER CONTACT WITH HOME SURFACES AS A CONCERN — Strained family communication, drifting supporter relationships, or a fading sense of connection to the sending church are all signals to bring this module into the next session.

TOOL 13 · MODULE 2 Living Between Two Worlds

Use alongside Domain 4 (Cultural Adaptation)

Missionary Name(s)	Date of Care Map	Lead

4B Domain 4B: Living Between Two Worlds

Connection with family, sending church, and supporters; communication rhythms; identity and belonging across two worlds

Missionary's rating: □ Thriving □ Stable □ Needs Attention □ Wants more help

Conversation questions:

- Many missionaries feel rooted in two places at once. How has that been true — or not true — for you recently?
- Where do you most feel "at home" these days?
- Has your sense of belonging changed over the past year?
- How is your contact with family and close friends back home?
- How connected do you feel to our church and to your supporters?
- Are your communication rhythms with home life-giving, draining, or somewhere in between?

Team notes:

Specific actions assigned from this domain:

Meeting Across Distance · Quick Reference

For every call with the missionary · goes with Chapter III-1

Item	Done
BEFORE THE CALL	
The missionary chose the time (their time zone), the platform, and the format.	☐
Video by default; audio-only when bandwidth, security, or the missionary's preference calls for it.	☐
Passcode and waiting room set; link sent directly to participants, never posted.	☐
Room audio tested from every seat with the conference microphone; test call held before a Care Mapping conversation.	☐
Agenda or domain questions sent ahead.	☐
Fallback agreed: audio only, phone call, or voice messages.	☐
EQUIPMENT AND ACCOUNT	
Team laptop (church-owned, kept by the coordinator) and the team's own meeting account — no personal computers.	☐
Coordinator and one named backup hold the login; password changed when anyone with access leaves the team.	☐
IN THE ROOM	
One device carries the room's audio; any others muted with speakers off, or on headphones.	☐
Everyone in a private space; headphones where others are nearby.	☐
DURING THE CALL	
Host admits participants by name, watches the participant list, removes anyone not authorized, and locks the meeting once all have arrived.	☐
Co-host named as backup host.	☐
Start with the person, not the agenda; one person leads.	☐
The missionary is never the only face watching a room.	☐
Allow for lag; leave room for silence.	☐
Ask who is within earshot on the missionary's end before sensitive topics.	☐
AFTER THE CALL	
Nothing recorded; no screenshots.	☐
Notes follow the consent rule and are kept only where the team's records are kept.	☐
A call dropped during something hard gets a callback within minutes.	☐
RESTRICTED-ACCESS FIELDS	
The organization's security guidance governs platform, vocabulary, and whether names or places are typed.	☐
Pre-agreed language set at formation.	☐
Nothing sensitive typed in a chat box or an email.	☐

TOOL 14 · Support and Care Alignment Review

Phase Four — quarterly in Year One, biannually thereafter, following significant events

Frequency: Quarterly (Yr 1), biannually thereafter, after significant events	**Primary users:** Full Care Team; the missionary (Evaluation of Care)

About This Tool

This review evaluates how well the Care Team is functioning — not how the missionary is doing, but how the team itself is performing its care responsibilities. Nine areas are rated on a 1–5 scale: Meeting Rhythm, Whole-Person Coverage, Relational Quality, Coordinator Health, Missionary Trust and Openness, Escalation Pathway Clarity, Team Communication, Pastoral Engagement, and Covenant Fidelity. Any area scoring below 3 becomes a priority for discussion. The missionary evaluates the team's care on their own form — the Missionary's Evaluation of Care — at least once a year and whenever they wish, and may return it to the Care Coordinator or privately to pastoral oversight. Their evaluation is read before the team finalizes its scores. Once a year, the coordinator or pastoral oversight also asks the missionary in person — the form opens that conversation; it does not replace it.

WHEN TO USE THIS TOOL

QUARTERLY — In the first year, complete this review every quarter.

BIANNUALLY — After the first year, complete this review at least twice per year.

FOLLOWING SIGNIFICANT EVENTS — After a crisis, major transition, or coordinator change.

MISSIONARY'S EVALUATION — At least once a year, and whenever the missionary wishes, the missionary completes the Evaluation of Care, returned to the coordinator or privately to pastoral oversight and read before the team finalizes its scores.

What This Tool Does

- Rate team health across 9 areas using a 1–5 consistency scale
- Identify areas scoring below 3 as priorities for team discussion
- Document agreed actions and a date for the next alignment review
- Include the missionary's own evaluation of the team's care
- Maintain a record of team health over time for pastoral accountability
- Once a year, complete the Model Fidelity Self-Check (annual supplement) with the full team

TOOL 14 · Support and Care Alignment Review

Phase Four — quarterly in Year One, biannually thereafter, following significant events

Date of Review *Completed by* *Year of Team Operation*

1	2	3	4	5
Rarely or never	Inconsistently	Sometimes, not reliably	Consistently in most areas	Consistently across all areas

AREA	REVIEW QUESTION	RATING
Meeting Rhythm	Are team meetings happening monthly, with minutes, and with consistent attendance?	1 2 3 4 5
Notes:		
Whole-Person Coverage	Are all eight domains of the Care Mapping Workbook being addressed — not just spiritual and ministry?	1 2 3 4 5
Notes:		
Relational Quality	Are team members in genuine personal contact with the missionary, beyond newsletters and group calls?	1 2 3 4 5
Notes:		
Coordinator Health	Is the Care Coordinator functioning without carrying an unsustainable weight? Are they connected to pastoral leadership?	1 2 3 4 5
Notes:		
Missionary Trust and Openness	Does the missionary appear to trust this team? Are they being honest, or managing their image?	1 2 3 4 5

Notes:		
Escalation Pathway Clarity	Does every team member know when and how to escalate a concern? Has this been used appropriately when needed?	**1 2 3 4 5**
Notes:		
Team Communication	Is information shared consistently across the full team, not just between two or three members?	**1 2 3 4 5**
Notes:		
Pastoral Engagement	Is pastoral oversight engaged and informed — as a regular rhythm, not only in crisis?	**1 2 3 4 5**
Notes:		
Covenant Fidelity	Is the team operating according to the commitments made in the Covenant of Shared Stewardship?	**1 2 3 4 5**
Notes:		

THE MISSIONARY'S EVALUATION OF CARE *completed by the missionary · returned to the coordinator or privately to pastoral oversight*					
How true is this for you?	**1**	**2**	**3**	**4**	**5**
I feel known by this team, not just updated on.	☐	☐	☐	☐	☐
The team follows my lead about the care I want.	☐	☐	☐	☐	☐
Contact comes at the rhythm I asked for.	☐	☐	☐	☐	☐
I trust the team with what I share.	☐	☐	☐	☐	☐
When I ask for something, it happens — or I am told honestly why not.	☐	☐	☐	☐	☐
Our children are seen and cared for (skip if not applicable).	☐	☐	☐	☐	☐
I can tell the team when something isn't working.	☐	☐	☐	☐	☐
Scale: 1 = rarely true · 3 = sometimes · 5 = consistently true					

What is helping most?
What would you change?
Anything you would like said privately (to the coordinator or pastoral oversight)?

Returned to: ☐ Care Coordinator ☐ Pastoral oversight (privately) Date _____

FOLLOW-UP

Areas scoring below 3 — priority for discussion:

Actions agreed upon from this review:

Date of next alignment review:

COMPLETED BY

Name	Role	Date

TOOL 14 · Model Fidelity Self-Check

Annual supplement — once a year, at one alignment review

ABOUT THIS SUPPLEMENT. Teams that stay close to the model keep its promises; teams that drift from it lose them gradually, and the drift is rarely visible from inside a busy season. The alignment review examines the care and the season. Once a year, this page asks the parallel question: **are we still running the model we covenanted to run?** Twelve marks, three honest readings each. Faithful — this is how we actually operate. Drifting — true some months, slipping. Lapsed — we have quietly stopped.

HOW TO USE IT. Completed by the full team together, once annually, as part of an alignment review — fifteen minutes, out loud. No score is totaled and nothing is reported; a mark in the Drifting or Lapsed column is an agenda item, not a verdict. The only required outcome is the movement line at the bottom: what we will move back toward, and who will carry it.

Core component of the model	Faithful	Drifting	Lapsed
Care Mapping is happening on its covenanted rhythm — all eight domains, every time	☐	☐	☐
Contact rhythms are being kept as covenanted — the missionary can feel them	☐	☐	☐
The team meeting is actually happening, monthly	☐	☐	☐
The missionary is directing the care — their choices honored, nothing shared without consent	☐	☐	☐
Concerns are escalated at the right level — the pathway is intact and used	☐	☐	☐
Confidentiality is holding — nothing leaves the team without consent except a risk of harm	☐	☐	☐
Pastoral oversight is keeping its quarterly rhythm with the coordinator	☐	☐	☐
All six roles are filled — or vacancies are named, with a plan	☐	☐	☐
Safeguarding discipline is current — MK contact per the church's policy	☐	☐	☐
The budget line is funded and actually being used for care	☐	☐	☐
Alignment reviews are happening on schedule	☐	☐	☐
Terms are current; the next successor is identified before being needed	☐	☐	☐

Our movement for the year ahead — the one or two components we will deliberately move back toward Faithful, and who carries each:

Completed on _____ · as part of the alignment review dated _____

TOOL 15 · When Strain Deepens

Continuous Attentiveness — use whenever a concern surfaces, not only in confirmed crisis

Frequency: Whenever a concern surfaces, not only in confirmed crisis	**Primary users:** Full Care Team, Care Coordinator

About This Tool

This tool equips the team to recognize, name, and respond to deepening strain before it reaches crisis. It is not a diagnostic instrument — it is a guide for faithful noticing. It includes a domain-by-domain strain recognition table, a five-level response framework (from Increase Presence through Safety Response), guidance for three difficult conversations teams most often avoid, a reflection form for documenting concerns when they arise, and adaptations for restricted-access and remote contexts. The safety row is highlighted in red throughout: any risk of harm to self or others requires immediate escalation, without waiting for the next meeting — the only circumstance in which the team acts beyond the missionary's choice.

WHEN TO USE THIS TOOL

- When a team member brings a concern to the group between meetings.
- When the missionary rates a domain "Needs Attention" or asks for more help.
- When the missionary's communication has noticeably changed in tone, frequency, or content.
- When a team member has a persistent sense that something is wrong that they can't yet name.
- **When any risk of harm to self or others — however small — surfaces.**

What This Tool Does

- Recognize early indicators of strain across Spiritual, Emotional, Marriage, Organizational, and Safety domains
- Select the appropriate response level: Increase Presence, Team Consultation, Referral Support, Professional Referral, or Immediate Safety Response
- Navigate the three most avoided conversations: minimizing strain, marriage questions, and professional referral
- Document concerns with facts (not interpretations) using the Reflection Form
- Adapt the tool for missionaries in restricted-access or low-bandwidth contexts

TOOL 15 · When Strain Deepens

Continuous Attentiveness — use whenever a concern surfaces, not only in confirmed crisis

You are not expected to diagnose. You are expected to notice faithfully.

RECOGNIZING DEEPENING STRAIN

DOMAIN	WHAT TO WATCH FOR	WHAT IT MAY INDICATE
Spiritual	• Persistent inability to find meaning in the work • Withdrawal from prayer, Scripture, or community worship • Expressions of feeling abandoned by God	→ Spiritual burnout or crisis of faith → Depression presenting spiritually → Calling confusion beyond normal questioning
Emotional	• Sustained flatness, numbness, or emotional unavailability • Significant change in tone — from hopeful to resigned or cynical • Expressions of hopelessness or worthlessness	→ Possible depression; consider professional referral (Level 4) → Trauma response from field experience → Burnout requiring rest and intervention
Marriage & Family	• Direct statement from either spouse that the marriage is in trouble • Extended silence about the marriage when directly asked • Reports of children showing significant behavioral regression	→ Marital crisis needing pastoral and/or professional support → Family breakdown being absorbed privately → MK crisis requiring specialized care
Organizational	• Escalating conflict with sending organization or team showing no resolution • Expressions of feeling trapped, controlled, or unseen by leadership • Talk of leaving the field that has moved from processing to planning	→ Organizational crisis requiring the organization's involvement → Vocational discernment needing pastoral support → A situation requiring mediation beyond team capacity
Safety	**• Any expression of self-harm or harm to others** **• A field situation posing physical danger — act with the missionary: the organization's crisis line, emergency services** **• Any indication that a child or vulnerable person is being abused or is at risk**	**→ IMMEDIATE ESCALATION REQUIRED** **→ Do not wait for the next meeting** **→ Contact pastoral leadership without delay**

THE RESPONSE FRAMEWORK

LEVEL	TRIGGER	RESPONSE
Level 1 — Increase Presence	Something has shifted but is not yet at crisis level. Early strain indicators in one domain.	Offer more contact, and let the missionary set its shape. Reach out personally. Ask more direct questions. Let the missionary know you've noticed and you're paying attention.
Level 2 — Team Consultation	Indicators are persistent across multiple contacts or multiple domains. The team feels uncertain about how to respond.	Bring the full team together outside a regular meeting if needed. Discuss what each member has observed. Pray. Identify specific responses. Document what was decided.
Level 3 — Referral Support	The concern is significant. Marriage strain has been named. The missionary asks for more help. The team feels out of its depth.	Help the missionary find the right person to carry this — counselor, member care, mentor, or pastor of their choosing. The coordinator may consult pastoral oversight on options, sharing only what the missionary allows. If they decline, stay present and keep the offer open.
Level 4 — Professional Referral	Indicators suggest clinical depression, trauma response, relational crisis, or any concern requiring specialized professional care.	Offer, don't impose. Normalize professional support: "What you're carrying deserves more than we can offer." If they choose to go, help identify a missionary-focused counselor. Follow up — don't refer and disappear.
IMMEDIATE — Safety Response	**Any risk of harm to self or others, including suspected abuse of a child or vulnerable person.**	**Contact pastoral leadership immediately, with or without the missionary's agreement. Tell the missionary what is happening as soon as it is safe. Do not handle this alone. If the missionary is in immediate physical danger, facilitate contact with emergency services.**

NAVIGATING DIFFICULT CONVERSATIONS

Scenario 1: The Missionary Who Is Minimizing Strain

You have noticed something — a change in tone, increasing flatness, a comment that didn't quite land right. The missionary says everything is fine. Your sense is that it isn't.

> *"I've noticed you seem a bit heavier than usual over the last few conversations — and I'm not asking you to confirm that or explain it. I just want you to know I've noticed, and I'm not going anywhere. Whenever you're ready to talk, I'm here."*

Scenario 2: Asking About the Marriage

The marriage domain is the one most often skipped. It feels intrusive. And yet it is one of the domains where missionaries are most silently struggling. Skipping it consistently sends its own message: that this is the domain the team doesn't want to know about.

> *"We ask everyone this, every time, because we know this context is genuinely hard on marriages — not because we're worried about yours specifically. How are you and [spouse's name] doing — not ministry-wise, just as a couple?"*

Scenario 3: Introducing the Idea of Professional Referral

You've reached the point where what the missionary is carrying is beyond what the Care Team can hold. A referral is not a retreat. It is an escalation of care — more, not less.

> *"What you're carrying right now is real, and it matters. We're not going anywhere — we're still here. But we want you to have access to the kind of support that goes beyond what a care team can offer. That's not us stepping back. That's us making sure you have everything you need."*

REFLECTION FORM — WHEN A CONCERN ARISES

Date of concern identified *Team member who first observed*

Describe what was observed or shared (facts, not interpretations):

What domain(s) of the Care Map does this concern touch?

Actions taken and by whom:

Follow-up scheduled:

Response level selected:

□ Level 1 — Increase Presence □ Level 2 — Team Consultation

□ Level 3 — Referral Support □ Level 4 — Professional Referral

□ **IMMEDIATE — Safety Response**

Missionary's consent (Levels 3–4): □ Given □ Declined — team stays present, offer stays open
□ Not required — risk of harm to self or others

ADAPTING FOR RESTRICTED-ACCESS OR REMOTE CONTEXTS

A delayed response is NOT itself a strain indicator in restricted or bandwidth-limited contexts — establish a communication baseline at formation and evaluate changes against that baseline.

Use asynchronous voice messages (WhatsApp, Signal) when real-time calls are not possible — voice conveys tone and emotional texture that text cannot.

In high-security contexts, establish pre-agreed language at formation that allows the missionary to signal concern without explicitly naming it.

Written Care Map check-ins using domain prompts are an effective substitute for synchronous mapping conversations.

See Meeting Across Distance (Chapter III-1) and its quick reference in Part VI. The escalation pathway does not change in remote contexts — the method of contact may. Urgency is not reduced by distance.

COMPLETED BY

Name	Role	Date

TOOL 16 · Re-entry Care Plan

Phase Five — four to six weeks before each homecoming; 90-day review

ABOUT THIS TOOL. One plan, built with the missionary — not for them — that gathers everything the team will handle around a homecoming, so the family does not arrive to a to-do list. Chapter IV-2 is the practice behind every line.

WHEN TO USE. Begun by the coordinator with the missionary 4–6 weeks before arrival; reviewed at the first team meeting after landing and at the 90-day mark.

Item	Owner	Date	Done
ARRIVAL			
Arrival date			
Airport pickup			☐
First-week meal calendar			☐
Pantry stocked			☐
PROTECTED DECOMPRESSION WINDOW *no church appearances or reports · longer after a hard term*			
From _____ to _____	Guarded by (pastoral oversight):		☐
LOGISTICS *each line has an owner and a date*			
Housing			☐
Vehicle			☐
Phones / connectivity			☐
School enrollment (each MK)			☐
Medical / dental catch-up			☐
Other			☐
DEBRIEF *offered to the family — their choice*			
Provider (organization / referral)			☐
Scheduled *within 6–8 weeks of arrival*			☐
Funding *per written posture, Tool 3*			☐
Each family member's debrief noted, MKs age-appropriately:			

MK PLAN — PER CHILD		
Name	**School and social transition notes**	**MK Lead's home-season contact rhythm**

CHURCH CALENDAR AGREEMENTS *speaking and report requests, collected by the coordinator*	
Accepted — the missionary's list	**Declined with thanks**

REVIEW First post-arrival meeting _____ · 90-day mark _____

TOOL 17 · Care Discernment Review

Phase Five — end of Year One, Year Three, and at major transitions

Frequency: End of Year One; Year Three; at each major transition	**Primary users:** Full Care Team with Care Coordinator

About This Tool

Care Discernment is the practice of stepping back — at defined thresholds — to ask whether the care this team is providing still fits this missionary in this season. It is distinct from the Support and Care Alignment Review (Tool 14), which asks how well the team is functioning. This tool asks a prior question: Is the team still functioning in the right direction? Three thresholds structure the review: End of Year One, when early patterns have been established and care should be sharpened; Year Three, when familiarity can breed blind spots; and Major Transitions — re-entry, field change, crisis recovery, or term end — when the missionary's needs are most likely to have shifted. At each threshold, the team moves through a set of discernment questions together and reaches a documented conclusion about what the next season of care should look like.

WHEN TO USE THIS TOOL

END OF YEAR ONE — Complete this review before or at the first annual renewal meeting.

YEAR THREE — Complete this review as the team enters its third year of operation.

AT MAJOR TRANSITIONS — Use this review at re-entry, term change, field transition, or crisis recovery.

NOTE — *Always include the missionary's voice before finalizing the team's discernment conclusions.*

What This Tool Does

- Provide structured discernment questions for three defined thresholds: End of Year One, Year Three, and Major Transitions
- Surface whether care is still calibrated to this specific missionary in this specific season
- Distinguish between familiarity and attentiveness — the team that has known a missionary for three years is not automatically the team that still sees them clearly
- Document what the team discerned and what adjustments to care the next season requires
- Include the missionary's voice directly: at every threshold, the missionary's own perspective is elicited before conclusions are drawn

TOOL 17 · Care Discernment Review

Phase Five — end of Year One, Year Three, and at major transitions

Missionary Name(s)	*Threshold*
Field / Location	*Date of Review*

THRESHOLD 1 — END OF YEAR ONE

Complete at first annual renewal

The first year is formative. By the end of it, the team has learned more about the missionary than they knew at the start — and the missionary has learned what this team is actually like. This discernment conversation asks: given what we now know, what shape should care take for the next two to three years?

▸ **What have we learned about this missionary — their patterns, their strain signals, their needs — that we did not know a year ago?**

▸ **Are our current roles still the right fit, or have we discovered that different gifts are needed for this particular person?**

▸ **Is the missionary genuinely trusting this team — or are they still managing their image with us? What evidence points either direction?**

▸ **What did we miss or underserve in Year One that we need to be more attentive to going forward?**

▸ **Is pastoral leadership engaged at the right depth for where this missionary is?**

Additional Observations — *anything unexpected or significant that surfaced in this conversation:*

THRESHOLD 2 — YEAR THREE

Complete as the team enters its third year

Long familiarity is an asset. It is also a risk. A team in relationship for three years can develop blind spots — domains where they stopped asking because the answers used to be stable. The year-three review asks: are we still asking the right questions, or have we begun managing a relationship rather than attending to a person?

▸ **Are there domains of this missionary's life we have not genuinely assessed in the last six months? Name them specifically.**

▸ **Has the missionary's world changed significantly — new assignment, team conflict, family transition, health concern — that has not yet been fully addressed in care?**

▸ **Are we as a team still bringing the same quality of attention we brought in Year One, or has our engagement become more routine than attentive?**

▸ **Does this missionary have adequate local community and access to professional support if needed?**

▸ **What would this missionary say, if asked honestly, about how well this team is currently serving them?**

Additional Observations — *anything unexpected or significant that surfaced in this conversation:*

THRESHOLD 3 — MAJOR TRANSITIONS

Use at re-entry, field change, or crisis recovery

Every major transition — returning home on furlough, ending a term, moving to a new field or role, recovering from a crisis — is a discernment threshold regardless of when in the team's life it occurs. Transitions routinely require more care than the current rhythm provides.

▸ **What does this missionary need from this team during this specific transition that they are not currently receiving?**

▸ **Who on the team is best positioned to increase contact and presence during this season?**

▸ **Are there practical needs this transition will surface — re-entry housing, finances, MK care, professional support — that require specific planning?**

▸ **After this transition stabilizes, what does sustained presence look like — and when will the team re-assess?**

Additional Observations — *anything unexpected or significant that surfaced in this conversation:*

MISSIONARY VOICE — Complete this section before finalizing discernment conclusions

Before the team draws conclusions at any threshold, the missionary's own perspective should be directly elicited. Ask them: ***How are you experiencing the team's care right now? What do you need more of? What is less helpful than it once was? What should we be watching for in you that you cannot always see clearly yourself?***

- **How is the missionary experiencing the team's care right now?**

- **What do they need more of — or less of — from this team?**

- **What should the team be watching for in them that they cannot always see clearly themselves?**

▸ **Anything else the missionary named that the team needs to hold:**

ANNUAL CARE TEAM HEALTH CHECK — Rate 1–5; discuss openly as a team

Once per year, step back from the missionary's situation to assess the team's own health as a care system. Rate each area 1–5. Areas scoring below 3 become priority discussion items.

AREA	RATING	SCORE
Meeting consistency — Are we meeting monthly as committed? If not, why not?	**1 2 3 4 5**	
Role clarity — Does every team member know their responsibilities and feel equipped?	**1 2 3 4 5**	
Missionary trust — Is the missionary being genuinely honest with this team?	**1 2 3 4 5**	
Responsiveness — When a concern surfaced this year, did the team respond appropriately?	**1 2 3 4 5**	
Leadership support — Is our pastoral contact engaged and do we have what we need?	**1 2 3 4 5**	

DISCERNMENT SUMMARY — What this threshold review concludes and what care should look like next

▸ **What is changing in how this team will show up for this missionary in the coming season?**

▸ **What specific adjustments to roles, rhythms, or focus areas are being made?**

▸ **What will the team watch for — and when will it next assess whether care is still well-calibrated?**

COMPLETED BY

Name	Role	Date

TOOL 18 · Structural Stewardship Guide

Phase Five — at formation, each alignment review, each term renewal

Frequency: Formation; each alignment review; each term renewal	**Primary users:** Care Coordinator, Pastoral Leadership

About This Tool

Volunteer fatigue is predictable. The Care Team that launches without a structural plan for its own sustainability will eventually collapse — not dramatically, but gradually, the way care always collapses when structure is absent. This guide has three sections: Section 1 documents term structure and succession pathways for all six roles at formation, so that sustainability is built in from the start. Section 2 is a sustainability practices checklist reviewed at each alignment review, ensuring that the conditions for durable care remain in place. Section 3 documents the specifics of each term renewal and transition — organizational memory transfer, overlap periods, and missionary introduction plans. Succession planning is not preparing for failure. It is building a team that can outlast any single member's season of service.

> **WHEN TO USE THIS TOOL**
>
> **AT FORMATION** — Complete Section 1 before the team launches. Define terms and succession before you need them.
>
> **AT EACH ALIGNMENT REVIEW** — Revisit Section 2 to ensure sustainability practices remain in place.
>
> **AT EACH TERM RENEWAL** — Complete Section 3 to ensure intentional handoffs and renewed commitments.

Missionary Name(s)

Planned team launch date

What This Tool Does

- Document person in role, term end date, identified successor, and introduction plan for all six roles at formation
- Review sustainability practices at every alignment review: staggered terms, capacity checks, records accessibility
- Complete a structured transition record at every term renewal, including organizational memory transfer
- Ensure a minimum 4–6 week overlap period is planned for every role transition
- Provide the Care Coordinator and pastoral leadership with a single document that holds the team's structural health across years

TOOL 18 · Structural Stewardship Guide

Phase Five — at formation, each alignment review, each term renewal

SECTION 1 — TERM STRUCTURE AND SUCCESSION · Complete at formation

Define every role's term and succession pathway before the team launches. A team with undefined terms will struggle to transition gracefully when the time comes.

Role	Person in Role & Term End Date	Identified Successor	Successor Introduction to Missionary — Planned Date
Care Coordinator			
Relational Liaison			
Logistics Support Lead			
Spiritual Encouragement Lead			
MK Lead			
Secondary / At-Large Member			

SECTION 2 — SUSTAINABILITY PRACTICES · Review at each alignment review

□ Staggered terms are in place — not all members renewing at the same time.

□ Each team member's current capacity has been checked — no one is carrying an unsustainable load.

□ The Care Coordinator has a named successor in view.

□ Meeting minutes and care records are stored where every team member can access them.

□ The team's covenant, care maps, and role guide are stored where a new coordinator could find them.

□ A review of team health has been conducted and any concerns have been named and addressed.

□ The three first-year booster conversation dates are calendared or have been completed (months 3, 6, 12).

Notes from sustainability review:

TOOL 18 · Structural Stewardship Guide

Phase Five — at formation, each alignment review, each term renewal

SECTION 3 — TERM RENEWAL AND TRANSITION · Complete at each term renewal

Every role transition is an opportunity to strengthen the team or to lose organizational knowledge. Complete this section for each member transitioning out. A minimum 4–6 week overlap period is strongly recommended to allow relationship transfer before the outgoing member steps back fully.

TRANSITION RECORD

Date *Member transitioning* *Role*

What organizational memory should be transferred to the next person in this role?

How will the outgoing member introduce the missionary to their successor before the full transition?

Overlap period planned (recommended minimum: 4–6 weeks):

Additional notes for this transition:

TRANSITION RECORD

Date	*Member transitioning*	*Role*

What organizational memory should be transferred to the next person in this role?

How will the outgoing member introduce the missionary to their successor before the full transition?

Overlap period planned (recommended minimum: 4–6 weeks):

Additional notes for this transition:

COMPLETED BY

Name	Role	Date

TOOL 19 · Ending Protocol

Phase Five — when any ending is named

ABOUT THIS TOOL. The structural opposite of the quiet fade: however an ending arrives, the same protocol closes the team — named, finished, and released with gratitude. Chapter IV-3 is the practice behind every line.

WHEN TO USE. Opened by the coordinator with pastoral oversight when any ending is named; filed with the formation records at completion.

Item	Who / notes	Date	Done
THE ENDING			
Type	☐ missionary's season ☐ team's season ☐ transfer of care ☐ hard ending		
Ending named			
Communicated to the team			☐
Communicated to the missionary			☐
Communicated to the congregation *by oversight, as agreed with the missionary*			☐
THE CARE QUESTION *required before the final meeting whenever care remains*			
Ongoing care carried by			
Agreed on			☐
Introduced to the missionary			☐
FINAL CARE MAP CONVERSATION			
Held			☐
Handoff items (with the missionary's consent):			
RECORDS DISPOSITION *confidentiality outlives the team*			
Transferred with consent			☐
Archived under oversight's confidential keeping			☐
Destroyed			☐
MK contact log handled *per the church's child-protection retention policy*			☐
TEAM EVALUATION			
Tool 21 completed and reviewed with pastoral oversight			☐
THE TABLE			
Closing gathering held *blessing exchanged, team released*			☐

Coordinator	Pastoral oversight	Date

TOOL 20 · Faithful Partnership Discernment Instrument

Phase Five — after reconciliation, when the partnership itself is in question

ABOUT THIS TOOL. For the question that follows genuine reconciliation: we are at peace — should we still be working together? Chapter IV-4 carries the framework; this instrument hosts the process. It applies to ministry partnerships only — never to marriage — and it is never a substitute for the biblical process: Movement 1 gates everything.

WHO IS IN THE ROOM. The parties; a facilitator who is not a party (pastoral oversight, the organization's member care office, or a mutually trusted third); the Care Team coordinator only if the missionary asks. Outcomes are recorded for the authority that owns them.

MOVEMENT 1 — REVIEW THE BIBLICAL PROCESS

What has been confessed, forgiven, and directly addressed — and what remains? Anything incomplete pauses this instrument and returns there.

MOVEMENT 2 — THE FIVE QUESTIONS (EACH PARTY ANSWERS IN WRITING, WITH EVIDENCE, BEFORE COMPARING)

1. Have we been faithful to the full biblical process?

2. Have we achieved genuine relational peace, even without full agreement?

3. Is there sufficient trust to actually fulfill our shared responsibilities — dependability and shared vision, not forgiveness alone?

4. Is the conflict consuming disproportionate resources — counted: the meetings, supervision hours, and emotional energy of the past six months?

5. Would restructuring — a different role, supervisor, team, or location — better serve both the people and the mission?

MOVEMENT 3 — THE OUTCOME, NAMED

☐ RENEW the partnership as it stands — repaired commitments written below.

☐ RESTRUCTURE — the different arrangement specified, with what each party carries into it.

☐ RELEASE — gracious realignment, with the relational commitments (peace, honor, prayer) that survive the working partnership.

The outcome, its commitments, and its reasons:

MOVEMENT 4 — REVIEW

Discernment is confirmed by fruit. Review date _____ · Signatures: Parties _____ / _____ · Facilitator _____ · Receiving authority _____ · Date _____

TOOL 21 · Team Evaluation

Phase Five — after the team's first six months; again at every ending

Frequency: After the first six months; at every ending	**Primary users:** Care Coordinator

About This Tool

This tool is designed to surface what the team has learned in its first six months with the Crossing Cultures Care Teams model. It is not about missionary wellbeing — it is about model fidelity, tool usefulness, and what the team still needs. Section 2 evaluates the core tools on usage and helpfulness. Sections 3–6 address meeting rhythm, escalation clarity, missionary response, where the team was not ready, and recommendations for the season ahead. The coordinator reviews the completed form with pastoral oversight and keeps it with the team's records.

> **WHEN TO USE THIS TOOL**
>
> **AFTER THE FIRST SIX MONTHS** — Complete this tool after the team's first six months with the Crossing Cultures Care Teams model. It is designed to surface what the team has learned — not missionary wellbeing. Review the completed form with pastoral oversight. AT EVERY ENDING — Complete it again as part of the Ending Protocol (Tool 19).

Church / Organization	*Date of completion*
Care Coordinator completing this form	*Months of operation*

What This Tool Does

- Evaluate the usefulness of each tool after six months of actual use
- Assess whether meetings, Care Mapping, and escalation are functioning as intended
- Capture the missionary's own response to the Care Team model
- Identify situations the team was not equipped to handle well
- Recommend changes to the team's own practice for the season ahead

The fillable form for Tool 21 begins on the next page.

TOOL 21 · Team Evaluation

Phase Five — after the team's first six months; again at every ending

SECTION 1 — LAUNCH AND FORMATION

- **What did your team find most helpful during the formation phase?**

- **What was most difficult or confusing during formation?**

SECTION 2 — TOOL USAGE		
TOOL	**USED?**	**HELPFUL?**
Tool 12 Coordinator Pre-Launch Checklist	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 11 Covenant of Shared Stewardship	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 1 Leadership Readiness Assessment	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 13 Missionary Care Mapping Workbook	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 9 Role Clarification Guide	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		

Tool 14 Support and Care Alignment Review	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 15 When Strain Deepens	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 17 Care Discernment Review	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		
Tool 18 Structural Stewardship Guide	□ Yes □ No □ Partially	□ Very □ Somewhat □ Not particularly
Notes		

Additional Tool Usage Notes

SECTION 3 — MODEL FIDELITY

- **Are monthly meetings happening as committed? If not, what has gotten in the way?**

- **Are all eight domains of the Care Mapping Workbook being addressed? Any being consistently skipped?**

- **Is the escalation pathway clear to all team members and to pastoral leadership?**

SECTION 4 — MISSIONARY RESPONSE

▸ **How has the missionary responded to the Care Team model? What feedback have they given (formally or informally)?**

SECTION 5 — WHERE THE TEAM WAS NOT READY

▸ **Is there a situation your team has faced that it was not equipped to handle well? What would have helped?**

SECTION 6 — RECOMMENDATIONS FOR THE SEASON AHEAD

▸ **If you could change one thing in how this team works, what would it be?**

- **Is there a practice, tool, or conversation the team should add?**

Thank you.

Your first six months are the best evidence of what this team needs next. Bring this form to pastoral oversight, keep it with the team's records, and return to it at the next alignment review.

COMPLETED BY

Name	Role	Date

NOTES & REFERENCES

Sources for the Statistics

1. Larry and Lois Dodds (1999), cross-cultural adaptation of the Holmes-Rahe Life Stress Inventory, as cited in Anna Hampton, Facing Danger: A Guide Through Risk (New Hope Publishers, 2016). The Dodds found the average American score was approximately 200; the average cross-cultural worker scored approximately 600.

2. William D. Taylor, ed., Too Valuable to Lose: Exploring the Causes and Cures of Missionary Attrition (Pasadena: William Carey Library, 1997); ReMAP II Global Missionary Attrition Study.

3. Anna Hampton, Facing Danger: A Guide Through Risk (Birmingham: New Hope Publishers, 2016). Hampton cites World Evangelical Fellowship data: 30,600 internationally located workers leave the field every four years; 71 percent leave for preventable reasons.

4. Semon, R.G. (2023). Effective Implementation of Advocacy Teams for Comprehensive Missionary Care: Proposed Guiding Principles. Doctoral dissertation, Louisiana Baptist University and Seminary. Practitioner survey administered August–October 2020 via SurveyMonkey, distributed through the Global Member Care Network Facebook group (4,500+ members), Asian and European member care networks, and select sending churches and organizations. Total responses: 89 (31 international, 58 U.S.).

5. Semon (2023). 93 Cerny Smith Assessments administered July 2022–July 2023. De-identified aggregate data used throughout this guide.

6. Ibid. The five CSA domains are: Organizational, Cultural, Relational, Resilience, and Foundational. Average domain scores ranged from the upper 30s to low 40s, placing most participants below the 50th percentile of coping capacity relative to the normed peer group.

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For training resources, speaking inquiries, feedback on this book, or information about implementing the Crossing Cultures Care Teams model, contact me through www.crossingcultures.care

Advocacy teams have been part of thoughtful missionary care for decades, and much of that work has been faithful and good. Yet across denominations and networks, a persistent pattern remains: teams that start strong quietly drift, whole-person care narrows to ministry updates, and missionary strain deepens long before anyone notices.

Crossing Cultures Care Teams offers churches and sending organizations a values-based, research-grounded framework for advocacy-team care that endures.

INSIDE THIS GUIDE

- Ten research-validated principles for sustainable care.
- A theology of shared stewardship rooted in Scripture.
- A five-phase implementation pathway — from leadership readiness to enduring stewardship.
- Six defined team roles, including a dedicated MK advocate.
- Care Mapping across eight domains of a missionary's life.
- Guidance for when strain deepens and when to escalate.

> *Structure does not replace love. It makes love durable.*

Second Edition — Revised and Expanded

Building on the research and foundational principles of the first edition, this revised and expanded guide offers a more comprehensive approach to establishing, equipping, and sustaining missionary Care Teams.

New and expanded material addresses team formation and training, safeguarding and confidentiality, organizational partnerships, whole-person care, crisis response, missionary transitions and re-entry, and long-term sustainability. Additional implementation tools help churches move from good intentions to faithful, enduring care.

Russell G. Semon, Ph.D. has spent thirty years working at the intersection of psychological health, spiritual formation, and Christian identity. His doctoral research focused on effective implementation of advocacy teams in support of cross-cultural workers and informs the values-based approach developed in this guide.

www.crossingcultures.care