LAFIYA STRATEGY

Assessing Whole-Person Needs and Whole-Person Ministries

Lafiya's ministry of whole-person healing begins with an understanding of real human needs, spoken or unspoken. The basic strategy within a congregation is tuning into human needs and developing ministries to meet those needs. Those who become sensitive to the needs of others will find ways to develop needs-driven ministries. This section will explore the assessment of both needs and the congregational ministries intended to meet those needs. In other words, how well are a congregation's ministries meeting the needs of its members?

Discerning health needs is an ongoing task of Lafiya congregations. When thinking about needs assessment, it is useful to break whole-person needs into specific categories: emotional, relational, physical, mental, and spiritual. It's also useful to consider the different groups of people a needs assessment can address: individuals, families, entire congregations, communities, national concerns, and even global concerns. Those launching a Lafiya program must ask themselves, "Whose needs are we talking about?"

Any group in the congregation can get involved with needs assessment, such as a Sunday school teacher visiting class members and listening to their stories about real experiences, or a pastor and team of deacons who ask members as they visit them whether the church is meeting their needs. These are natural settings for congregational leaders to tune into the personal or family needs of members.

The assessment of needs can also begin with congregational or personal inventories, such as those shown on the next few pages. Surveys are a good beginning point since they help formalize the needs assessment, but many human needs are not so obvious and will not come to light through pencil and paper. That is why Lafiya care groups (see Part 5) are likely to be the most natural setting for assessing needs in all areas of congregational life. Time spent in small, safe groups will help a congregation begin sharing their most personal, hurtful stories.

But how well are ministries meeting our needs?

The previous pages provide tools for ongoing whole-person needs assessment. The next step is to examine how well congregational ministries are meeting those needs. Is there a strong connection between needs and ministries? Unfortunately, in many congregations, there is little connection. Church goes on as usual while real needs go unattended. The purpose of Lafiya is to bridge the two: personal needs with needs-driven ministries.

Lafiya leadership will evaluate all church program offerings from a whole-person perspective. What needs are being addressed through congregational worship? Sunday school? Support groups? Resource sharing? And so on.

The chart on the facing page shows six primary ministry contexts that should be evaluated in light of how well they are meeting members' needs. Whatever the area of focus, three questions need to be asked:

1. What is working?
Begin with the positive. The church by definition is a place of health and healing. In what ways is this already evident?

2. What is missing?
Having already identified what is working to bring health and healing, make a list of what could be done, were the resources and commitment within the congregation available. Let suggestions flow freely so that the ideal vision for healing within the congregation is broad and deep.

3. What will we add or do differently?
Only after group members have shared their visions with each other should they begin talking about strategies for implementing their visions. The "dream lists" may need to be shortened in light of a realistic assessment of resources and commitment to change on the part of individuals and groups.

The process outlined above will succeed only in a safe environment in which to address these questions. Whether in a group or a one-to-one setting, nonjudgmental listening is essential if people are expected to share their stories about what they need and their dreams about what their community of faith might become. Here especially, leaders have the opportunity to model active listening and open sharing, training others to do the same.

Too often leaders advocate vulnerability for others without modeling it in their own lives. Thus, the important place to begin assessing whole-person health needs is with the pastor, the Lafiya steering committee, and the Lafiya health promoter (see pp. 74-77). Prior to a congregation's "launching weekend," the steering committee should have at least six sessions in which they learn about whole-person health needs by listening to each other's stories.

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Assessing Whole-Person Health Needs

1. The context for heath care assessment may be individual, family, congregation, community, nation, or planet.
2. The process of health needs assessment involves creating a safe place for persons to disclose their whole-person health needs, engaging in mutual listening, empowering, resourcing, evaluating, and prioritizing health needs.
3. Categories of health needs assessment include:

	Congregational Worship	Christian Education	Health Promotion/Prevention	Health Resource Mobilization	Support Networks	Health Leadership Training
Assess	Assess existing worship opportunities.	Assess existing opportunities (for example, Sunday school, adult classes, and so on).	Assess existing whole-person health promotion and prevention programs.	Assess existing whole-person health resources available within the church and community.	Assess existing whole-person support networks (care groups, pastoral care, others).	Assess existing whole-person training opportunities: new members, teachers, deacons, others.
Evaluate	What is working? What is missing?	What is working? What is missing?	What is working? What is missing?	What is working? What is missing?	What is working? What is missing?	What is working? What is missing?
Plan	What will we add or do differently?	What will we add or do differently?	What will we add or do differently?	What will we add or do differently?	What will we add or do differently?	What will we add or do differently?

Remember: Whole-person health includes meeting emotional, relational, physical, mental, and spiritual needs.

ONE CONGREGATION'S STORY

At any kind of Lafiya meeting, stories are shared. That is the heart of the Lafiya ministry: the creation a safe place where people can share the hurts and hopes that make them who they are. Following is a story from a congregation that dared to ask: What is working? What is missing? What will we do differently?

It had been a long journey. They were tired travelers. They had no place to go. No one who knew their story. No one who cared. *No room in the inn.*

But there was an innkeeper. The rooms in his inn were all full, but he saw that the woman, Mary, was heavy with child, and he saw the weariness in her husband Joseph's eyes. So the innkeeper found a place of shelter for them in the stable.

No money. No leadership. No commitment. Many stairs, which, for the handicapped, meant there was no room for them in the inn. No room for them in the church. An elevator for the church building was impossible, they said. They talked about it and rejected it again and again.

Then Lafiya came to the church. It opened our eyes to the people around us. We shared each others' stories. No longer were the questions of money or leadership the most important. Now we looked at the twelve-year-old boy in the wheelchair and wondered what it felt like to be carried up and down the stairs to Sunday school and fellowship activities. Now we looked at the woman with multiple sclerosis and asked how much she missed by not being able to go down the stairs to celebrate the Lord's Supper. Now we looked in the eyes of the man with one leg and said, "We cannot listen to your needs without responding."

Soon we had the elevator, along with handicapped-accessible lavatories, a ramp and a covered entryway, and a new area for after-worship fellowship. Just before Christmas, we gathered while the boy, the woman, and the man cut the ribbon across the elevator door and rode to the fellowship hall.

Now they had found room in our church, but more importantly, they had found room in our hearts.

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The strong feelings that are generated by this process will be a useful guide for assessing areas of community life in need of change and the likelihood of persons to make the necessary changes. No program will work until there is a strong inner feeling that life must and can be different. This is why spiritual transformation must be at the heart of Lafiya.

Below are themes that expand the concept of whole-person, needs-based ministries.

Meeting the needs of the whole person through worship

Worship is meeting God, growing in love received from God, and learning to give love back to God. Worship is a whole-person experience that can occur privately, as family devotion, as a congregational service, or in an ecumenical gathering of Christians. Worship is health-giving by its very nature, though its potential for health and healing diminishes when the practice becomes rote and rigid, it fails to address spiritual needs, or when it becomes exclusive rather than inclusive.

Meeting spiritual needs is the primary health-giving potential in worship. Everybody has spiritual needs. Spiritual needs are needs of the human spirit that must be met for a person to be whole, such as the need for meaning and purpose, for relationships, for forgiveness, for hope, for reassurance, for self-esteem, and for peace. Spiritual needs can be met through the relationships we form and the life goals we set, but they can be met ultimately only in relation to God through worship. Thus worship is absolutely essential for attaining and maintaining spiritual health.

How can church leaders know if worship practices are adequately meeting the spiritual needs of the congregation? One way is to distribute a list of spiritual needs such as forgiveness or peace on sheets of paper with plenty of space between each item for writing. Each person can then comment on each need in relation to others and in relation to God, asking themselves What is working? What is missing? What will I add or do differently? Some members may be even willing to share their reflections at a special church service or care group meeting.

Worship as community

The above exercise is for assessing an individual's personal spiritual needs, but the same process works for assessing the spiritual needs of the congregation as they are met, or not met, through public worship. For example, how effectively is the need for forgiveness being met in worship services? Answers may reveal that the worship leader is effectively communicating God's forgiveness but the congregation would prefer more personal and direct assur-

ances of forgiveness such as the laying on of hands.

Any assessment of spiritual needs within a church will most certainly reveal that members strongly desire relationships and bonding within a spiritual context. Nowhere is our relationship to others more closely tied to our relationship with God than in worship. How hospitable are we as a community? How welcome do strangers feel in our midst?

A healthy community is not only open to strangers but reaches out to draw them in, especially those who are suffering and in need of healing. How inclusive are our communities in relation to gender, race, and life-style?

Whole-person health promotion and prevention

What are the existing health promotion and prevention programs within the congregation? Every congregation has an educational program, so that's a good place to begin. The educational committee might review the curriculum of the Sunday school and the adult forum for the past year, as well as any special programs or workshops sponsored by the congregation. Does the current program include biblical applications relating to health promotion and prevention? What is missing? A concern for the environment? A concern for justice in health care delivery? What could be added?

Care groups are vital for health promotion and prevention within the congregation and the surrounding community it serves. Other than the formation of Lafiya care groups, how effective are existing care groups in health promotion and prevention?

Youth groups, men's and women's groups, and any self-help groups sponsored by the congregation can assess health needs within their own sub-communities. In addition, people within the church can look at the needs outside the church body: How willing has the congregation been to share its facilities with community self-help groups such as Alcoholics Anonymous? What can a church do to target needs for health promotion and prevention within the surrounding community? What can a church do at the national and global level to promote health and prevent disease?

Discovering what health resources are already available

In the early planning stages, a Lafiya congregation should survey what is being done in health promotion and prevention by other congregations and agencies within the community. Every effort should be made to avoid duplication. As mentioned before, a survey will be helpful in identifying the unique contributions a congregation can make to the health of its members and people in the community.

Strong evidence of cooperation among churches is already underway. In

1992, the National Council of Churches published the results of a survey entitled *Church Involvement in Health* (send requests for copies to 475 Riverside Drive, New York, NY 10115). The publication reveals how churches in 16 Protestant denominations perceive the health needs in their congregations and communities and how they are mobilizing their resources to meet those needs. The survey sample of over 132,000 congregations demonstrates that the church as a whole is interested in whole-person health. This resource will be an incentive for those churches interested in mobilizing their resources with others who share similar health and healing goals.

It will be helpful to distinguish between the resources needed to meet the health needs of congregational members and those needed by the the greater community. They are likely to coincide since every congregation is a sample of the community, but the vast majority of congregations perceive the health needs of the community to be greater than those of the congregation.

It is also important to remember that congregational members are both users and dispensers of health resources. Providing health care to others even at a cost to ourselves is an expression of whole-person health that will need to be taken into consideration when allocating resources. As churches become more aware of their own needs, they must resist the temptation to focus only on meeting those needs. If Jesus is our model of whole-person health, then the cross is a symbol for the sacrifice we may need to make in order that others might be whole.

Whole-person support networks

The most powerful resource for health in any congregation is care. It is not an oversimplification to say that a caring congregation is a healthy congregation. An examination of its support network is the most important area of health needs assessment within a congregation.

Everybody needs support, though the ideal of rugged individualism in Western culture contributes to the denial of that need, especially among men. Christians come to church dressed in their Sunday best, with their hunger for healing and support carefully hidden from others. This is why all members need to be affiliated with a Lafiya care group and urged to attend regularly (see Part 5 on forming care groups).

Churches that have begun a Lafiya whole-person health ministry say that the care group structure has become the primary support network within their congregation. Listening, empowering, and resourcing are powerful tools for supporting others in their quest for health and healing.

Those who are sick, disabled, emotionally disturbed, unemployed, drug dependent, bereaved, chronically ill, dying, homeless, and abused especially need the support and accountability the care group structure can provide. What are churches doing at the present time to provide this support for people in need? Are churches open to developing care groups as the needs arise,

such as a group for those who are grieving a recent loss?

Pastoral care is the support that most people turn to in times of crisis, such as a death in the family or a fatal illness. A pastor can provide support through an embrace and word of encouragement as people leave church on Sunday morning. But a Lafiya care group might ask during a needs assessment: What is missing? What could be added or changed concerning the care structure of our church?

In most cases, a congregation's need for caring will exceed what any pastor or even team of pastors can provide. But spiritual care is a particular kind of pastoral care, and Christians have a built-in need for the support and direction of others, especially gifted leaders. As people within a care group begin to share their stories, some form of mutual spiritual care will inevitably happen. It may also become obvious that some people are developing a special gift for spiritual direction. When this happens, the pastoral care that congregations need is multiplied on a layperson level.

Whole-person leadership training

Leadership in health ministry is related to role and opportunity. For example, parents are leaders at home but not at school. Sunday school teachers are leaders in the classes they teach but probably not in the adult Bible class. This makes the assessment of leadership training rather difficult. Who should be trained for what and by whom?

If we start with the assumption that every adult should be trained to be a leader in health ministry, what should the leaders be trained to do? The answer is the same, no matter what area of health ministry is being assessed. Leaders need to be skilled in listening, empowering, and resourcing so that they can facilitate listening, empowering, and resourcing in others. This is true for parents, pastors, teachers, deacons, and fellow Christians caring for each other. Whenever this happens in relationships between people and in groups, whole-person health needs are being met.

Below are three questions often asked about needs assessment:

What are some of the opportunities for training people to listen, to empower, and to mobilize health resources for themselves and others?

For most congregations Lafiya care groups will provide the best opportunity for introducing these principles to adult members. Groups that are defined by age (youth, elderly) or need (bereaved, chronically ill) offer other opportunities. Orienting new members to the congregation is an excellent training opportunity. Because of their natural leadership roles, teachers, deacons, and pastors are prime candidates for training.

Should there be formal training sessions for developing skills in listening, empowering, and resourcing?

In most cases, yes, though each congregation, as well as various groups

within each congregation, will determine how this should be done. Normally small group leaders will be trained prior to the formation of Lafiya care groups (see care group facilitator training notebook, p. 103), but the goal of the leaders will be to facilitate mutual listening, empowering, and resourcing within the group, making the leadership role less and less necessary for the functioning of the group.

How would one describe the leadership structure of Lafiya?

The concept of leadership in Lafiya is egalitarian rather than hierarchical. Leadership functions are determined by the situation, not by a predefined role. The pastor is rightly seen as the leader of the congregation, but he or she needs to be listened to and empowered like anyone else. Thus leadership training is training in skills that can be used in relationships and groups both in and outside the congregational setting.

Special considerations for needs assessment

Lastly, the following structural elements need to be kept in mind as Lafiya congregations consider mobilizing resources with others interested in whole-person health:

- First, is there a congregational contact person for information about health resources? In most congregations the task is likely to fall on the pastor by default, but perhaps a lay person or team of laypeople should assume this responsibility.

- The second issue is advocacy for those who have the greatest need for health resources but the most limited accessibility, an issue that needs to be examined at the congregational, community, national, and global levels.

- The third issue is cooperation among churches in mobilizing health resources. Wherever possible, planning ought to be done ecumenically, leading perhaps to an interfaith resource committee or center.

- Finally, be sure to include people with overt needs in the program planning that follows any form of congregational needs assessment. Those with needs must be involved in the shaping of programs designed to meet those needs. An important Lafiya principle is to empower people to take action and make decisions for themselves. Doing for people what they can and should do for themselves is disempowering—the exact opposite of what Lafiya is meant to do.

Needs assessment can become one of the most exciting perspectives a church can adopt. A church that is attuned to meeting the needs of its members will continually experience the grace of God as people learn to help heal each other.