

# How to Create Effective Care Teams at Your Church



by BRAD HAMBRICK

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If you have been a part of a church for some length of time, it is likely that you've been served by, or served on, a care team. Care teams are one way churches help to bear the burdens of others who are going through a hard time or significant transition (Gal 6:2). In fact, care teams are the duct tape of church ministry; we set up care for anything that is broken. But they are not always successful in achieving their goals, and therein lies the problem.

At times, these teams are a beautiful expression of one-another ministry. Other times, they can be a well-intended, confusing mess that inadvertently results in hurt feelings and strained relationships. As the situation of the person in need becomes more complex, the moving parts and varying expectations for these teams can become more complicated to manage than may be evident to church leaders. Good intentions are not always enough to carry a care team to a good finish. Therefore, the primary goal of this article is to help churches create care teams that succeed in providing effective care. In addition, I want individuals who

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receive care to appreciate their church more, and the care team members to trust their pastors more because the process was smooth and common mistakes were avoided.

My key premise is that we need to recognize that different types of situations call for different types of care teams. Care teams are not one-size-fits-all. When we as church leaders ignore or do not understand this truth, we unintentionally set teams up to fail. For example, a care team for a family that just had a baby is different than a care team for a family who just lost their teenage son in a drinking and driving accident. And a team assigned to someone who is resistant to help needs different characteristics than a team whose help is welcomed.

Though care teams must be set up differently for different situations, there are at least five descriptors that they have in common. All care teams are:

1. *Peer-based.* Care teams are non-professional. They are *friends helping friends*. The guiding principle for honoring each other's personal information is to avoid gossiping rather than adhering to a code of confidentiality.
2. *Voluntary.* Both sides of the relationship are voluntary. Care recipients agree to who is on their team and the caregivers agree to be on the team. No one is arbitrarily assigned.
3. *Actively supportive.* A care team is not an advisory group. Their role is to support the individual receiving care so that the person has the capacity to implement the counsel of others (if needed).
4. *Short-term.* A care team is not a small group. Small groups involve ongoing relationships. When the distress that prompts the formation of a care team is chronic (meaning no definite end is in sight), the duration of the care team should be established early on.
5. *Pastorally-supervised.* A care team is an extension of a church's care, and should therefore have a pastor or elder to report to. The more severe the need, the more frequent and involved this pastoral supervision becomes.

As we look at the various types of care teams, we will reflect further on the implications of these five qualities. Let's now discuss the three types of care teams, their roles, formation, and communication needs.

I will also address how team members can avoid becoming enablers instead of helpers.

### The Basic Care Team

The *basic care team* is for short-term, service-oriented needs that arise from common life experiences. It is what most people think of when they agree to be on a care team. Thinking through how to form and supervise a basic care team helps you do the basics well before you try to set up a more advanced care team. This is the proverbial “You have to walk before you can run” rationale. When you understand the parameters of a basic care team, it allows you to communicate more effectively about differences that are present with more advanced care teams. Just as a baseball pitcher needs to understand how to throw a fastball before learning how to throw a curveball, so a pastor needs to be clear about how to set up a basic care team before rallying a more advanced care team.

Different types of situations call for different types of care teams.

***Basic care teams form to help with common situations.*** Think of the family who loses a loved one. The church sends out a meal train invitation to friends of this church member. They rally a few people to check in regularly to “just listen” and “be there.” They ask, “What things need to be done so you can focus on your family and grieving well?” Then, those close to the person take care of tasks such as yard work or driving children to extracurricular events for a period of time.

Or think of the couple who just had a child. The church responds in a similar way. Meals are delivered and as much help as possible is provided to offset the sleep deprivation. When the situation merits a basic care team, the teams form and dissolve with almost no effort at all. Often, it is so organic that it may not feel like there is an official “team.” This is why the “leader” of a basic care team may be as simple as the person who takes the initiative to set up the meal train.

Grief and the birth of a child are not the only two occasions for a basic care team. Help after surgery or support while a parent is away on National Guard duty are other examples. These examples share four

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