

Sun 25 May 2014



In May 2014, diocesan ministry development officers gathered in Brisbane for a national conversation about revitalising the Anglican Church nationally. The relationship between busyness and effectiveness stood out prominently. Without exception, diocesan leaders spoke about how parish life seemed busier than ever and yet parochial vitality seemed to be diminishing. Dioceses are addressing this problem in distinctive ways.

The first solution focussed on improving the quality of congregational life. The Revd Dr Ralph Bowles shared about his project where over 60 parishes or 44% of ministry units in the Diocese of Southern Queensland voluntarily participated in a diocesan Natural Church Development (NCD) project. The project has reached a critical phase where it is three years into a four-year process.

NCD is an assessment and diagnostic tool designed to help congregations grow by addressing the factors that hold parishes back. It explores congregational life as a system where eight mutually dynamic factors are associated with growth. These include: empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism and loving relationships. All eight factors are vital for growth and none are optional. Congregations can't get by on three, four or five strengths while neglecting the others. Only when all eight factors are high does a congregation begin to experience dynamic growth.

The project works by having parish members fill out a survey once a year. Although this feedback is criticised for being subjective, it provides a more fulsome picture of parish life than the alternative, which is to rely entirely on the clergy's own subjective impressions.

According to Dr Bowles, the health of participating parishes has lifted substantially over the past two to three years. This change is not simply that people have become better at filling out forms. Rather, the feedback from the annual survey has allowed parish leaders to make better decisions. It has encouraged them to focus on addressing key problems and by set new priorities the quality of parish life has improved overall.

Dr Bowles noticed that the profiles of Anglican parishes in Queensland were similar to Anglicans elsewhere. The lowest scores were associated with passionate spirituality and need-oriented evangelism. Parishes have benefited from a renewed emphasis on Bible reading and learning how to share stories of faith.

Based on congregational scores, Dr Bowles classified parishes into four broad categories. Those with the lowest scores often had the least capacity and so the NCD experience was akin to a patient entering intensive care. Those with a low capacity or marked imbalance in their scores were also in need of profound change akin to a lifestyle shift. As far as the

diocese was concerned, the goal was to get these parishes into the third or zone where a parish is viable and sustainable. The vitality zone is the final category where parishes not only have well developed but balanced strengths. These parishes experience significant numerical growth.

Poor health, in both a congregation and an individual, is the cumulative result from years of poor decision-making and avoidance. Recovery is a slow process so that moving from viability to vitality is never guaranteed. Nevertheless, the process appeared to help parishes find their own solutions by cutting through the busyness of parish life. Such feedback helped parishes to set new priorities by focussing their decision-making on those elements that would make the biggest improvement to their overall effectiveness.

Three things struck me about Southern Queensland's approach and its relevance to us in southern NSW and the ACT.

First, if diocese wants to address the health of its units it takes a substantial upfront investment of money and time by both central agencies and parishes. All too often, leaders want instant results without considering what kind of long-term investment is required to produce the desired harvest. The danger is that congregational attention, diocesan funds or episcopal patience will expire before the majority of participants have attained the requisite level of health to achieve numerical growth.

Second, improving the health of congregations requires cultural change, in particular truth listening. The UK process was underpinned by the spiritual practice of repentance. Such an attitude has been absent from the Australian scene. Yet repentance allows congregations to be open and honest about what is working and what is not. Although painful, truth-listening allows congregations to reshape their common life in more productive ways.

Third, improving health can be a cooperative and collaborative exercise. With so many parishes sharing the journey, I hope that they are finding opportunities to share ideas and solutions with each other. Such a collaborative venture would certainly make deanery meeting more interesting!

A markedly different approach has been adopted in Melbourne and my next article will explore their approach which rests on coaching and the development of clear pathways for discipleship.

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