

## Church Health Network

Growing Healthy Churches  
by Jack De Vries

**T**he Christian Reformed Churches in Australia are committed to growing healthy churches. As church leaders gathered for the triennial Synod in Sydney (06-11 May 2012), among other things, the churches approved the establishment of a church health network. But this should not surprise those of us who are part of the CRCA.

Church health has always been a priority in our churches. Church health is part of our confessions. When our forebears discussed what marked the true church, they identified three marks: *“The church engages in the pure preaching of the gospel; it makes use of the pure administration of the sacraments as Christ instituted them; it practices church discipline for correcting faults.”* (Belgic Confession Art. 29) The Confession goes on to point out that this really means that the church “governs itself according to the pure Word of God, rejecting all things contrary to it and holding Jesus Christ as the only Head.” All of our churches are wise to regularly ask themselves, “Are these marks of the true church evident in our congregation? Are we governing ourselves according to the pure Word of God?”

But church health is not just a point of our confessions. When CRCA churches come



together and meet as a Classis, a key task in those meetings is to check whether or not we as churches are discharging our calling and task faithfully. (See CRCA Church Order Art. 44) And when churches are visited by Classis appointed Church Visitors, they are to “ascertain whether the office bearers faithfully perform their duties, adhere to sound doctrine, properly promote the edification of the congregation and evangelism....” (C.O. Art. 45)

Church health matters in the CRCA. But how effective are Classis meetings and/or church visits in promoting healthy churches?

Our Lord Jesus is also very concerned about healthy churches. Just read the seven letters to the churches in the book of Revelation. Through the apostle John Jesus has both words of commendation and warning for the seven churches. Jesus does not mince his words. He clearly points out areas where the churches were healthy and unhealthy. (See Revelation 2-3) In my church work over the past three decades I have often returned to these seven letters as a way to gauge how healthy we are as churches.

In a report to Synod 2012 the Ministry Formation Workgroup reported that “There is also a very strong sense that [church] growth includes church health, spirituality, and a deepening engagement with God’s mission in

established churches.... Consequently, we should not only be planting healthy churches, but also encouraging those churches already established into increasing health. Healthy churches are growing churches. Healthy churches also have strong and responsible pastoral care. Healthy churches share an enduring commitment to our confessions and reformed heritage.”

One of my ministry priorities in the CRCA has been to assist churches in becoming healthier. In addition to utilising Biblical teachings, confessional statements, and church order provisions, I have also used the diagnostic tool development by Natural Church Development (NCD). We have seen a marked increase in the number of churches (currently 15 CRCA congregations) utilising NCD tools as a church health measurement tool and engaging me as they seek to implement new initiatives to increase church health. A number of churches have done three or more NCD surveys over the past four years. NCD is based on the premise that if you focus on church health, church growth in spirit and number will happen “all by itself.”

Some churches and leaders are uneasy linking church growth with church health. I appreciate what Harry L. Reeder III writes in his helpful book, *From Embers to a Flame*. He writes:

The objective should not be church growth, but church health, because growth must proceed from health. When my children were

growing up, my wife and I did not stand them next to the height marks on the wall and say, ‘Now, by next year you must be taller than these marks. We will be very disappointed if you are not.’ We did not make growth our goal for them, but we focused on feeding them and caring for them. And we know that if they were healthy, they would grow. The church, as the body of Christ, works the same way. If a body is healthy, it will grow. And although

growth in the church will usually include more people coming that is not always the case. We should focus on the health of the church and let God take care of the growth. (29)

So what can we as a CRCA do to focus on the health of the church? This is why Synod 2012 established the idea of a “Church Health Network.” The Church Health Network is where local churches will, relying on God’s grace and goodness, regularly encourage one another to become the healthiest expression of Christ’s new community that they possibly

can. Imagine a pastor linked to another pastor who will mentor him in his preaching skills. Imagine a church struggling with how to establish holistic small groups being encouraged by a church which has a healthy small group ministry. Imagine in each state people trained to guide churches and leaders through a NCD survey process. Imagine discussion forums on the CRCA website where people can discuss how to improve ministry effectiveness. Imagine churches in each state coming together for a day of encouragement – learning new skills, supporting one another, and being challenged in gospel work. Some of this might be already happening – but the CRCA is committed to **intentional ministry**

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- Harry L. Reeder III

**formation.** The operative word is “intentional.” Rather than simply hope that ministry formation will take place, the CRCA seeks to ensure that it will happen. The goal of the Church Health Network is to make sure that we as churches are the healthiest we can be as the body of Christ.

Here then is the vision and mandate of the Church Health Network adopted by Synod 2012:

## Church Health Network

### Guiding Principle

Healthy churches are growing churches.

### Mandate

1. In consultation with Classis, Church Health coaches will be identified in every state and given training in church health principles and the use of the NCD survey and related materials.

2. These coaches, together with the Ministry and Leadership Development Coach (DC), will form a Church Health Network assisting churches in their respective state to maximise church health in areas such as:

- a. the marks of the true church as identified in the Belgic Confession;
- b. CRCA Church Order distinctives: worship, faith nurture, pastoral care and oversight, and missions;
- c. the eight characteristics of a healthy church as identified by NCD; and
- d. other church health issues raised by individual congregations.

3. The Network will assist churches so that local initiatives are leveraged for gospel and kingdom growth.