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**PRACTICING FAITH, FRIENDSHIP, AND COMMUNITY:
VOICES OF SPIRITUALLY BASED SERVICE PROVIDERS**

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The Role of Faith-Based Organizations in the Social Welfare System

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Practicing Faith, Friendship, and Community: Voices of Spiritually Based Service Providers

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As religious communities and organizations are being encouraged to share greater responsibility for American social services, it is likely that increased collaborations between faith-based and secular providers will occur (Cnaan & Boddie, 2002). Though secular and religious social services have co-existed throughout the history of social work, organizations have functioned fairly autonomously with little shared professional knowledge or communication. In the conclusion of his book, *The Newer Deal: Social Work and Religion in Partnership*, Ram Cnaan (1999) recommends further study of organizational behaviors and management of religious-based social service agencies to enrich social work macro-practice curriculum and other venues of professional knowledge concerned with bridging religious and secular service strategies and ideologies.

The following paper is based on a study seeking to gain greater understanding of the values and practices guiding faith-based service organizations. Situated in the discipline of social work, the study offers insights regarding shared goals and values of secular and faith-based service providers, and ways professional theory and practice skills can be integrated in service collaborations. The relevance of spiritual/religious values and beliefs to social work practice has become a central issue in controversies surrounding the profession's relationship to faith-based services. The National Association of Social Workers (NASW) has consistently opposed faith-based initiatives and directives, expressing concerns about their political, economic, and moral implications, as well as the competence of faith-based providers to address complex psychosocial situations (NASW, 2002). Though collaborations among secular and religiously oriented providers may seem an appropriate means of addressing some of these concerns, historical tensions, cultural differences, and ideological conflicts have limited development of such partnerships (Cnaan, 1999). To better understand these issues, the following research project focused on the spiritual values and practices characterizing faith-based service delivery.

Twenty-two providers of faith-based social services in northwestern and midwestern regions of the U.S. participated in semi-structured interviews which asked: (1) how the program's spiritual base was integrated in activities and interpersonal relationships; (2) what characterized this "spiritual" base (values, religion, practices such as prayer, attendance of services, etc.); (3) the distinction between a spiritually-based service *community* and social service *program*; and, (4) the distinction between a social service *ministry* and social *work*. Interviews were audio-recorded, transcribed, and analyzed by multiple readers using grounded theory methodology. Having occurred between 2000 and 2002, interviews frequently

included themes related to faith-based service initiatives, and ways providers were attempting to engage congregations in efforts to assist families affected by welfare reform and other social issues.

Efforts were made to identify all social service programs and organizations that identified as “faith-based” in a mid-size northwestern city and a small midwestern city, and letters were sent to providers requesting interview participation. Of the 22 programs and organizations that agreed to participate, most identified as Catholic and/or Christian, and fourteen were involved in housing and shelter services for homeless individuals and families. Others included a hospice strongly influenced by Tibetan Buddhism, a community center for American Indians, and a large Catholic service organization with multiple programs. Though all programs described strong reliance on volunteers, four programs focused specifically on bridging congregational commitments to spiritual nurturing and social activism through engaging congregational teams in service provision. One of these programs provided mentoring for mothers in high-risk situations, one matched congregational volunteer teams with families attempting to end welfare dependency, one coordinated congregational team support for elderly community members, and one organized the preparation of free lunches at a congregate meal site. This paper will be organized to report findings of the entire study, using provider quotes to illustrate major themes, and then focus on specific circumstances of programs relying on volunteer teams from congregations. The concluding discussion will reflect the conference topics of developing effective collaborations between secular and faith-based service providers and understanding connections between congregational commitments to spiritual nurturing and social activism.

In response to the first interview question regarding how the program’s spiritual base was integrated in activities and interpersonal relationships, each of the 22 programs described the importance of values such as dignity, respect, recognizing the worth of every person, compassion, and empathy. Interview excerpts included the following:

A lot of times when they come in here, the last thing they have is their dignity, and to treat them like garbage is just, you know, to put salt in the wound. So what I try to accomplish is when a client comes here is I always refer to them as ma’am or sir, you know; treat them with respect like every person deserves.

We’re continually trying as native people to help native people instead of always having to go outside. There’s something kind of shameful or it doesn’t feel good, always having to go to a non-Indian agency. What we’ve found, especially with state programs and stuff like that, the attitude of the workers is really... We’ve had people that would come back from just going to fill out welfare papers in tears because of the way that they were treated. And so what we’ve done is tried to find somebody that’s really sensitive to native people within those communities that would treat them with respect, but then also teach our people that they have a right to go in and expect to be served without being looked down upon or talked down to.

Another central value in our approach to the folks on the streets, which is respect. Just a basic human dignity and respect, a way of treating--it seems so simple--simply treating them as equals,

but that's rare. That's rare in their experience, that they're treated as a full human being. Respect, hospitality, compassion, and again, building relationships one on one, informally, sitting down at tables with them, coming to them as an equal, not as someone who's telling them what to do or asking them what they've done wrong, or trying to convert or change them in some way or thinking of them as people who have really screwed up and need help.

So we really seek to welcome our guests as if we're welcoming our god. With that also, talk about speaking to the Christ in them from the Christ in us, recognizing that divine spark in every human being. That also informs in large part the basis of our hospitality. We don't call our folks who come to us clients; we call them guests. We seek to again welcome them as if we were welcoming Christ and, again with that, I think is also the basis of another central value in our approach to the folks on the streets, which is respect. Just a basic human dignity and respect, a way of treating--it seems so simple--simply treating them as equals, but that's rare. That's rare in their experience, that they're treated as a full human being. Respect, hospitality, compassion, and again, building relationships one on one, informally, sitting down at tables with them, coming to them as an equal, not as someone who's telling them what to do or asking them what they've done wrong, or trying to convert or change them in some way or thinking of them as people who have really screwed up and need help.

Seventeen programs described themselves as based in Christianity, and several specifically referred to the Gospel of Matthew as providing an organizing doctrine for service activities:

The scripture tells us very clearly what we're to do, feed the hungry, clothe the naked, visit those in prisons. . .

We really take the last part of Matthew--I think it's the Gospel of Matthew, Chapter 23—where it's the end time; it's the final banquet and Jesus is talking about separating the sheep from the goats and they ask him what will separate them and he says, "If I am hungry and you clothe me, if I am sick and you heal me, if I am in prison and you visit me, then you will inherit eternal life. When you've done it to the least of us, my brothers and sisters, you've done it to me." And so we really take that and incorporate that into our approach with those on the streets, those who have great needs, those who are hungry, who need clothing.

Though mostly affiliated with Christian organizations, 21 of the 22 providers described respect for multiple religious perspectives, and thirteen expressed the importance of having staff members with different religious and spiritual orientations. In their discussions of multi-faith approaches to service organization, several providers focused on the spiritual value of service rather than religious doctrine:

When my friend Betty passed away, we took her body back up to Swinomish, which was her reservation, and we had a rosary, which was Catholic, but in that rosary there was a Shaker Church, the Pentecostal Church, the smokehouse, and the Presbyterian Church, all took part, had a small part of it. I mean, no one was lord over the whole thing; everyone contributed. And then at the funeral it was the same thing. We did bless, native blessings, and that, but she also received the blessings in the Catholic way, so there's always been a mutual respect, I believe, in Indian country. No one has tried to make me a smokehouse person, or tried to make me a Shaker person, just because I go to the services. They just respect the fact that I'm there to support them.

I don't ask what their religious base is, but I know there's a Buddhist, a Catholic, to everything under the sun here, and whatever. Again, it is something that we'd... It's the right thing, just the general values of how we see ourselves as an organization. Everyone has a right to their own beliefs and their history, and that's where it's at.

Our own faith and spirituality definitely feeds us and propels us to do what we do in the way that we do it, but also really qualifying that to never require others to believe that or force that down anyone's throat. Or try to convert anyone to our way of believing. And we're very firm about that. I would say that our spiritual base specifically is Christian and, more specifically, it's Catholic-based, but the center has really over the last twenty years become more and more ecumenical. I'm a Presbyterian minister, so this is their real big break with having a Protestant lead the organization. We begin, on staff, we begin each morning in a meditation, prayer of some kind, fifteen minutes before we open. And again, even with those on staff, we are definitely Christian-based. There's plenty of diversity on staff, and some who aren't Christian on the staff, but even so they have some kind of spirituality, whether it's the Tao, or the mother goddess, or whatever it is that, probably even more deeply, just, you know, some kind of spirituality with that, that really marches your soul.

In several organizations, increased religious diversity was described as having gradually evolved according to community needs, and growing recognition that "living faith" was more important than particular religious beliefs and practices.

This was originally a Catholic community, but we have communities in India that Hindus, Muslims, and Christians are trying to live together. So you have people exploring how do you live community with people of different religious traditions and still find a place of unity and spiritual expression, honoring the uniqueness and not just folding, amalgamating everything into something, but even letting specific traditions live in the midst of differences. It's really a learning curve in a very real way. And then you have to get to the underlying value, because it's not just around the specific religious expression or guidelines of that church, but where's our place of unity? And so I think it does come down to the values of what is core that may manifest in different religious expressions, but what's underneath that we feel. And it's around the dailyness of life, the natural rhythms of life, why we care.

And at various times we've had members of the community who don't identify as Christian: folks who do identify as both Christian and Catholic but also practice Native traditions as well. I had a Buddhist guy here for a while. There's no sort of expectation on the part of community members that you have a particular belief system, except in terms of sort of an obligation to serve one another and the idea that poor people deserve to live with dignity. We have a pretty activist spirituality, that the way... sort of the justice component of what we believe is a really important part of how we live. We've chosen to live in community and not on our own, so community's also a spiritual value.

The concept of "living faith" was described by sixteen providers, and seemed central to connecting spiritual nurturing and social activism. Living faith was described in several service contexts, and was particularly apparent in descriptions of efforts to motivate volunteers:

They [staff and volunteers of a welfare-to-work mentoring program] live out their faith by just building the relationship, so there's not, you know, evangelizing or anything to that effect. The focus is relationship, and a lot of people integrate their activities just by

forming a relationship.

The volunteers [of an elderly support program] who help are doing this out of a faith-based caring for other people, expressing love in a variety of practical ways.

Faith is a personal thing, obviously, and so whatever that faith means to each person is how they live it out in our Habitat community, whether it's their feeling that they're volunteering as a witness, or whether it's faith in action. That's a big thing for Habitat, actually--faith in action, to show your faith. Rather than just talk the talk, you're actually walking the walk. Social justice is a big deal as well for having faith and making sure everyone has a fair chance.

“Living faith” was also characterized as the willingness to develop friendship relationships with people receiving services, rather than focusing on one's helping role. Such friendships were especially emphasized by shelters and drop-in centers considered spiritual communities:

We train our staff to, as their first priority, to sit down and get to know our guests, just informally, casually. So we end up doing a lot of counseling, a lot of information and referrals and things like that. But they all come out of first becoming friends.

Build a relationship with people, don't just pound them upside the head with the Bible. Build a relationship, become their friend, truly become their friend. The life we live should speak so loud that people don't hear a word we say, right? So, by living the life and just being a witness and an example, God will always make sure that the opportunity is there to tell people about Him.

Other aspects of the spiritual base included spiritual practices like prayer, described by 15 of the 22 providers and participation in worship services, mentioned by eleven providers. Sixteen providers described openness to spiritual and religious discussions with people receiving services as a vital part of their program's spiritual base, with spirituality broadly defined to include issues of compassion, meaning, and gratitude:

When we have staff meetings and we're talking about [hospice] residents, their care plans or recent behavior, I kind of see it as my mission [as director] to gently guide people to a place where they view each other and the residents openly and compassionately without deciding this is this way or this is that way. . . So those kinds of discussions ultimately, for me, always come back to a spiritual basis: what are we as humans to each other and what is respectful for us to do on each other's behalf and what is not?

We have responded variously to residents' spiritual needs as they are expressed, however subtly or openly that may be. Sometimes it's very, very subtle. I consider it a spiritual need when they just need something; they just need someone to be with them when they're sad or sorrowful.

Every morning we have devotions... Everybody reads the Scripture, and then we go around, we ask about the miracles for the previous day, and to share this, or share that... Like I tell the ladies, what you hear here, let it remain here--to share personal things of that nature. So what kind of miracles do they share? Here? One young lady says, “You know, I'll have a bed tonight and I won't have to worry about where I'm sleeping or where do I get

food.” Or just, “I’ve had a good meal today. It was great.” “I got to sleep. I didn’t have to be afraid for my life.”

The topic of proselytization emerged in most interviews, with four providers asserting that proselytization could potentially play an important role in service delivery, and fifteen providers describing such activity as inappropriate. Providers supporting proselytization remarked:

All that we do is a ministry, and so we try to teach the caseworkers to turn around and express that towards the clients by inviting them to pray if they need prayer, encourage them to go to a local church if they have a church of their own or if you can, invite them to the church that’s provided here. Of course it’s all optional and it doesn’t affect any services that they would receive if they choose not to participate. But we try to encourage them to get involved and to trust God in everything, in everything that they do. We trust God. Especially when you’re working with people who are kind of down and out, you know; they need hope. They need to know that things won’t always be bad. So coming from a spiritual base, we show them how trusting God and letting God be more involved in their life can help them to get back up on their feet. If they let God handle it and turn things over to God and learn how to depend on God, talk to God, don’t be angry at God about the situation but talk to Him about it.

They have to go to church--they pick their own churches)--we do devotions every morning, we have Bible studies three times a week, we have Bible classes. We also have chemical dependency classes, anger management, one-on-ones, and we work toward giving them the focus to turn to the Lord.

Organizations with the strongest convictions related to Salvationism and the Bible were most likely to condone proselytization, though even some of these providers were ambivalent about the relationship of organized religion to service provision:

It’s about a personal relationship with Christ. Leading people into a personal relationship with Christ. In my mind, in the understanding that we all work by here is that that’s not a religious thing. A lot of people feel that Christianity is just another religion and we come from the perspective of a relationship, the fact that Jesus died on the cross for our sins and rose again with all power and is right now at the right hand of the Father. We can have light and He died that we could have light, so teaching people that we’re not asking you to be part of a church or we’re not asking you to be part of a religion. Personally, I feel that religion kills. Some of the most vicious wars in history have been fought around religion, but when you come from a perspective of relationship, this is a personal, one on one relationship between you and your savior, and He talks to you, and it’s a daily communication with God, you know. That is what this ministry is all about, is teaching people how to walk in a personal relationship with Christ.

I mean, we’re a lot more interested in their belief systems about going to work and taking care of their children than we are about what their personal beliefs are. Although the nice thing for them, by traveling from church to church, they’re able to make informal choices about whether they choose to partake in that or not. Very few of our guests actually go to church at the churches that we send them to (where homeless families can sleep) and some don’t go at all, but... Yeah, I think that they sense it, but it’s not really spoken.

Providers opposed to proselytization typically voiced the importance of living faith, and suggested that spiritually guided actions and nonjudgmental attitudes could provide more powerful expressions of faith than evangelism:

I claim to be a Christian, but come out of the social gospel tradition. And basically this agency has come out of that tradition, which really I think distinguishes itself in many ways from a more proselytizing position. So as you walk around this agency you will not see any crosses or Christian sort of symbolism, except for some references on our signs and stuff to being a mission agency of the general board of United Methodist Church. We do not promote or do we have any prayers or religious services or anything else like that around here. For two reasons: one, because the general belief of how you represent what your faith is about, and I think it's represented through action.

There are different shelters that you have to be there at a certain time or there are church services and if you are there then you can have a bed that night or then you can have the meal. We don't do anything like that. Over and over again in the bible it talks about Jesus being present with the poor, with the outcasts, and in that group, with the untouchables, with the sick. And so it's really presumptuous of us to try and convert them. It's actually, when we minister to the needs of people coming to the door, when we feed people and give them clothing and just sometimes just listen, it's us that have been converted by them it's just the opposite of what I've believed my whole life.

Tensions between religion and social services were also reflected in responses to questions about program funding. Nine of the 22 organizations accepted some government funding, but were careful to mention that this funding was not used to support any kind of religious activity:

Yes. I would like it (prayer and church attendance) to be mandatory, but because we use government funding, we can't make it a requirement. Ideally, I would like to make them think mandatory. But, you know, I appreciate the funding from the government and I don't want to interfere with, you know, what their rules are so we do what we can without trying to step over a line.

About 90% of our funding is through public funds, through federal and state contracts, and we want to keep a very clean image about that--that who is served here, it doesn't matter about your race, religion, whatever, and we're never gonna put that on you either, for employees or for program participants. So we keep that separate. But what we don't keep separate is that what I think is inherent in the Christian faith, is in values. Values about the dignity of every person who's born on this earth and how we treat them when we walk through the door, whether they're a program participant or you're a staff member.

Fourteen programs relied primarily on individual and church contributions, and feared acceptance of public funding would compromise their spiritual base:

We don't receive any government funds. We are based solely on individual and church contributions. And then we do get grants, too, from different foundations, and we get some United Way money. I believe deeply that how you're funded shapes who you are. I'm a big believer in that. Our program has, through the years, had a lot of debates on this issue of whether or not we accept government funds. We have still held out that it would compromise our spiritual base, our spirit--we say our spirit--too much to accept them.

We don't have a 501c3. Part of the philosophy of the Catholic Worker is that we don't accept government funding and that we also don't offer people a tax deduction, the idea being that folks should give to us because this is work that they want to support rather than that this is a way to get a tax break. So all of our money comes through donations, but if we have a special project, we'll often do a specific fund-raiser.

Our program is Christ-centered. We do not take state funding because we have to have Christ in our program.

The importance of spirituality to both service delivery and provider motivation to serve was expressed in responses differentiating social service ministry from social work. No consistent themes emerged in analysis of this question, though several providers described impressions that faith-based services could be more personal due to lack of regulations and restrictions:

There are a lot of agencies out there doing a lot of good social programs, but social programs, in my opinion--this is just from eight-plus years in this type of work and my educational background--social programs, in my opinion, don't change lives the way that a spiritual community can. Social programs are all good, but when a program or a ministry is really a faith-based, for lack of a better word, for a faith-based effort, that faith will be integrated in every part and the people that are working in that will express that faith. Not in a way that's offensive or that beats people down or anything like that, but in a way that goes right to the heart. It gets right to where a person is.

I have never been a social worker, but I think that what I see the difference being is that social work in large part is, I think it's more concerned with making good citizens out of people.

I think that, at its worst, social work and social service agencies tend to "clientize" people. I hope that what we do meets them at a level of compassion and humanity.

A social service ministry, I think, is maybe a deeper commitment to assisting people that you would do it whether you were being paid or not. Maybe that would be the difference—employed or not employed.

Responses to questions about whether providers viewed their services as being reflective of a community or program yielded perceptions similar to those distinguishing service ministry and social work. Some providers based their responses to the question on whether they received public funding (if they did, they self-identified as a program), while others were clearly communal in both organization and shared residence. These communities, including the Catholic Worker and L'Arche, were not interested in public funding, but often sought collaborations with secular service providers to meet the mental health needs of guests and core residents. In programs where services were provided by congregational teams, providers tended to describe their service efforts as programs rather than communities, both because of the task-centered nature of team activities, and because service recipients often did not belong to larger congregational communities. The exception to this was Habitat for Humanity, where providers in both

the Midwest and Northwest discussed connections between local affiliates and the international Habitat community:

I think that we are probably the spiritually-based service community, whereas we want to serve others because of the faith, typically. It's not across the board of course, but a social service program is perhaps funded by government money or just has a different reason for helping people out. Our reason for helping people out is to make sure that God's people have a place to live. So the community aspect is pretty important, actually, in Habitat as well--that when we have a Habitat family come in and be selected for a house, they join this Habitat is all the volunteers and all the homeowners that we've built for, and even all the homeowners and volunteers internationally, so it's quite a community and really supportive.

As previously stated, all programs and organizations participating in interviews described strong reliance on volunteers, who were often recruited from congregations. In order to recruit volunteers, program coordinators often spoke at services, engaged with congregational leaders, and frequently offered ongoing training, consultation, and support. While shelters and missions involved the largest number of volunteers, their roles tended to be the least clearly defined. Many engaged in different kinds of tasks depending on shelter needs, and were involved in meal preparation, shopping, organizing clothes, cleaning, or simply "hanging out" with shelter guests and residents. In programs with a specific task focus, like the free lunch program and Habitat for Humanity, volunteers engaged in clearly defined tasks for a specific time period, and were not expected to develop close relationships with people receiving services. In programs emphasizing mentoring and relationship building, volunteer training and support activities were often organized by trained social workers affiliated with professional service organizations. The kind of leadership provided by social workers varied according to the psychosocial complexity of presenting situations, and several providers clarified the support function of volunteers:

We match families that are currently in transition from welfare to work to teams within the religious community, so two to five people partner with one family that is currently in transition, and basically they provide or they wrap around a support system around the family. And so depending on the family's needs would be what the goals are that they would work on together. But primarily it's by giving emotional, spiritual support, you know, for the family, and the team members commit to making weekly contact with the family and they work with the family for a year, so relationships are definitely formed. The families that are not currently matched with a team or ready to be matched with a team, Gina, our case manager, works with them on a weekly basis. She provides more of the intensive services. And we are contracted with DSHS, so we get referrals straight from DSHS.

So the basis of the program is women who have problems parenting or who are single moms are encouraged to form relationships with support moms who have successful parenting experiences, and who are trained, oriented to be support moms. They're matched in teams of about three; that seems to work the best.

What we do is, we go in to a congregation and we organize their volunteers and provide them with some training and show them some methods for providing the services to their own people, their own members and, if they're willing, to people in their own neighborhood, which is the way

I define the community for a particular congregation. The idea is to provide help to people who are elderly for the most part, have perhaps been active in the congregation and no longer are able to take care of some of their practical needs. A lot of churches don't seem to have organized plans for doing this, so the elderly people become sort of forgotten, unless they ask for help or they're very popular. But a lot of times the help isn't delivered in a consistent way, so churches are responding because, for them, this is a way to honor their elderly people and maybe handicapped people in their congregation as well, who have needs. Some of the churches say we want to connect and help people in the community, kind of in our own neighborhood, but we don't know how to make that connection. So through this office we can make referrals, which often come from state agencies--caseworkers from the county or caseworkers from the state or even private caseworkers who are not able to help a client because of income restrictions or something. The faith aspect motivates the churches to respond to the needs of their own people.

Activities described by these providers were consistent with the support role:

We teach the support moms to listen, not to make changes. We tell them that's not their role. Their role is to listen, and by listening, then it helps their partners to problem-solve and analyze things on their own.

We have a number of teams, a number of congregations; their volunteers become teams. And we encourage team meetings, "we" meaning this office. The teams meet periodically; it might be monthly, every six weeks, or something like that, for a variety of reasons. One is kind of like a support group. At a time like that people can share. It's for the caregivers, not for the care recipients. It's for the caregivers to share their concerns about the people they're helping, frustrations they may run into, joys that they experience, seek additional information about services that may be available, maybe get some pointers on how do you assist somebody who's in a wheelchair to get into your car, other kinds of realities. . . . Some of the team meetings begin with a prayer, some with reading from the Bible, some of them with just words of wisdom, something uplifting or whatever. And then they may end the same way, or they may not. All the teams are a little bit different, so there's not a common approach, although I've given them sample agendas and in the sample agenda I encourage them to start with some inspirational word or message, and it could be prayer and scripture, it could be just the uplifting kind of idea or something like that. It depends on what the leader is comfortable with, or if they want me to do that, I'll do that, but I will tailor it to the situation.

Well, the teams, see they get the families that are a little more motivated and so forth. So a lot of what they do, is they may go out for coffee, they go out for picnics quite a bit, they go out to parks, they meet in the home a lot, and just talk. A lot of times they purposely will call a person over the phone because the conversation may be a little better over the phone. They may help as far as getting transportation. A lot of the team members are either transporting the family that they're working with to different appointments, but in doing that we try to work up a plan to where the family will have transportation resolved, but initially the team may help out.

The issue of volunteer boundaries surfaced in most interviews, and providers indicated that discussions of boundaries were common in training and consultation. Having teams matched to individuals and families seemed to help volunteers set boundaries, as they could share responsibilities and communicate easily about their experiences with others:

The fact that they're part of a team means that they're not the only ones who are

responsible for providing a service and so, not only is the workload spread, but there's peace of mind in the sense that if you're not able to help somebody who's become dependent on your help, there is somebody else who's available, who is known to your care partner--the care receiver feels comfortable with. So if you're sick or your child has a problem or you're going to be out of town or some conflict comes up, the service is still provided and you're sharing them out.

In the volunteer team programs, program success was linked to outreach efforts by social work organizations and effective communication with congregational leaders. Connections between congregational commitments to spiritual nurturing and social activism became especially apparent in relationships that developed between volunteers and clients of different socio-economic backgrounds, as volunteers became more aware of systemic injustice:

But in the course of the relationship, you can see the volunteers or the team members becoming aware of the obstacles families face just for being low-income. So it brings more of a better understanding to the team members as far as the realities that low-income families face, and so it almost shifts to where it's not so much the individual. It shifts to where it's the problem, as far as low-income families, because when you get to know somebody on a personal basis, you begin to have a whole different experience, if that makes sense. Initially, it could be the individual--well, they're low-income--but after you get to know the individual on a personal basis, you start to view a whole different perspective as far as the issues of low-income families as a whole versus, you know...

The team model of voluntarism demonstrated by these programs is gaining popularity as communities attempt to provide support to vulnerable individuals and families with increasingly limited resources. Private organizations are also working to better understand how to optimize collaborative potential between religious and secular service providers. The Robert Wood Johnson "Faith in Action" program, designed to support homebound individuals experiencing chronic illness, disability, or infirmity, is the largest in the foundation's history, with a budget of \$112 million over seven years (Jellinek, 2001). The program matching congregational teams with community elders is a Faith in Action program under the auspices of Lutheran Social Services. Such partnerships are likely to become more common as the faith community is asked to assume greater responsibility for social care.

It is important to keep in mind that each of the service efforts described in this study emphasized their intention for volunteers to provide a support role not one involving counseling, treatment for chemical dependency, or any attempt to resolve an individual or family problem. Such approaches are consistent with research recommendations to maintain government responsibility for addressing social problems, both through social welfare spending and allocating funds to organizations with trained workers competent to address complex conditions such as those involving chemical dependency and/or addiction (Cnaan, 1999, Monsma, 1996, Wineburg, 2001). In the study described, very few providers attempted to address addiction and mental health issues, though these were common in shelter populations. Because most shelter and drop-in center policies required minimal disclosure from guests,

rules tended to focus on violence and other social behaviors rather than individual drug use. When asked about the problem of drug use, most providers stated that their programs were unable to adequately address the issue, both because of its pervasiveness and lack of staff time and expertise. Similar concerns were described in reference to mental health issues. While most faith-based providers were aware that their regular guests had mental health case managers, it seemed that contact was minimal unless there was a health emergency or jail sentence. Guest/client preferences regarding confidentiality contributed to lack of provider communication, though the apparent void between secular and faith-based service provision seemed likely to compromise safety and well-being. Staff at shelters and drop-in centers often had intimate knowledge of people's daily lives, yet lacked knowledge of mental and physical health conditions likely to affect safety. Case managers were often perceived as concerned with diagnoses and state interests to the exclusion of holistic well-being. While some shelters had specific chemical dependency programs, these often lacked mental health components and relied heavily on the twelve steps of Alcoholics Anonymous. Collaborations between faith-based shelters and professional health/mental health services exist in many areas throughout the U.S., but none were located in the communities studied. An intention of faith-based service directives is to promote the potential of such collaborations to maximize service effectiveness, yet the realization of such an intention will depend on provider communication and mutual trust. In many situations, government helping efforts may be enhanced by close collaborations with faith-based organizations able to provide various forms of support and assistance with concrete needs such as food, shelter, child care, and others in which staff can receive appropriate training and links to formal resources.

Summary of findings and comparisons to other studies

Primary themes identified in interview analysis included understanding of spirituality as a deep level of human need and connection, the primacy of human relationships in all aspects of service delivery and organizational structures, emphasis on community (defined ideologically and geographically), awareness of individual/social problems requiring professional expertise (especially related to addiction and mental health), and ultimate reliance on spiritual faith to guide decision-making and work with people receiving services. Providers consistently described the importance of demonstrating faith through service, example, and behavior, and most believed that evangelism was inappropriate in service contexts. Social work was often perceived as a function of state interests, distinguishable from social service ministry in the ideological paradigms guiding service activities, program cultures, use of spiritual practices (mainly prayer), and the informality and flexibility of services characteristic of faith-based programs, especially when unconstrained by government regulations. Research findings demonstrated the tensions experienced by faith-based organizations attempting to integrate values of spiritual support,

community responsibility, and social justice with public funding mandates related to client self-sufficiency and program accountability. Several providers described organizational decisions to avoid government funding so they could maintain their religious identity and autonomy in service provision.

Most of the providers interviewed for the study were involved in various forms of congregational collaborations, and all utilized volunteers. Links between spiritual nurturing and social activism were typically found in shared values of justice, compassion, and community solidarity. None of the providers described any difficulty recruiting volunteers, especially if they were established strong relationships with congregational leaders. The ideology and practice of “living faith” provided a clear link between religious involvement and social helping. Use of teams provided social and physical support to volunteers, and assisted program coordinators in tailoring supervision and consultation to specific team concerns.

Findings of this study related to linking congregational commitments to spiritual nurturing and social activism are consistent with those of other research examining social service delivery by congregations and other religious non-profit organizations. Though the links between spiritual nurturing and activism are recognizable across research studies, there do appear to be geographic, cultural, and denominational differences in how these links are forged.

The unique contribution of this study was its focus on spiritual values guiding religiously-based social services. In regard to linking congregational commitments to spiritual nurturing and social activism, values that frequently emerged in interview analysis included living faith, friendship, and understanding community both as a physical and spiritual concept. Implications of the study related to effective collaborations between secular and faith-based providers seem more complicated. The faith-based providers interviewed in this study frequently described having no information about professional social work, and their perceptions were typically based on ways social workers were described by their program’s clientele. Many expressed concern about bureaucratic insensitivity and narrow service orientations that neglected holistic attention to body, mind, and spirit. Some providers viewed social work and social service ministry as fairly synonymous, especially if the social worker was motivated by spiritual faith, but even in these discussions there was minimal reference to collaborations. Collaborations were described only by programs using congregational teams, and these programs seemed to be functioning well as long as there was strong professional support and congregational leadership. Consistent with these caveats, analysis of the interviews revealed three identifiable forms of collaboration that existed in the communities studied. Providers from Habitat for Humanity and the free lunch program described how providers with different educational backgrounds and belief systems came together to work on projects where ideology and expertise were largely irrelevant. Shared concern for hunger and affordable housing often became a catalyst for communication about other concerns. At this level,

collaboration was not tied to service outcomes, but to community care. The second form of collaboration reflected referrals, usually from shelters, missions, and drop-in centers to secular services able to provide financial and medical assistance, as well as treatment for mental health and/or addiction. Several providers described reliance on formal service providers despite their concerns about how guests and residents were treated. No mention was made of referrals from secular to faith-based providers, though in both communities studied all services specifically for homeless individuals and families were organized by faith communities. This unidirectionality of referrals is consistent with research exploring social work attitudes toward religious providers (Sheridan & Amato-von Hemert, 1999). Examples of the third form of collaboration were the programs partnering professional service organizations with congregational teams. These were genuine collaborations joining volunteer interests and abilities with community needs, recognizing volunteer limitations and making professional services easily available. Volunteers in these programs were in support and mentoring roles, working in teams where they themselves received social and professional support. As collaborations between secular and religious providers expand, volunteer coordinators will likely bridge professional and spiritual roles. In each of the congregational team programs included in this study, supervision or program direction was offered by a masters-level social worker. Though workers' own spiritual beliefs are rarely addressed in professional education, workers able to bridge different service ideologies may play pivotal roles in collaborations.

In conclusion, the spiritual values and practices described in this study reflected considerable differences in the ideological and practical approaches of faith-based providers. While many of the values expressed by faith-based providers were absolutely consistent with professional social work, faith-based programs typically did not attempt treatment strategies requiring professional expertise. Collaborations among providers with different belief systems and skills appear necessary to provide for multiple social, physical, and spiritual needs. Increased communication and opportunities for different forms of collaboration may facilitate awareness of how providers can most effectively work together. As the desire to truly live their faith motivates volunteer involvement, so may shared values of respect and empowerment motivate collaborations that best serve the interests of vulnerable individuals and families.

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