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**SOCIAL WORK AND THE AFRICAN AMERICAN CHURCH: USING A
COLLABORATIVE APPROACH TO ADDRESS SERVICE DELIVERY**

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Abstract

The black church plays an important role in the lives of African American people and often functions as a helping network in meeting their emergency service needs. This article will examine strategies for how African American churches and social service agencies can collaborate to address the social welfare needs of African American people.

Introduction

Congregations in America are the most prevalent and trusted community organizations. They are hubs of social concern and pro-social human nuclei (Cnaan, Sinha, & McGrew, 2004).

Among African American communities, the role of the congregation is particularly prominent. Scholars of the African-American experience often identify the black church as the cultural, social, economic, and political anchor of the black community (Lincoln & Mamiya, 1990).

Accordingly, the church is considered the only community organization capable of reaching every person in need on an ongoing basis (Cnaan, Sinha, & McGrew, 2004).

This is evidenced by previous survey results which suggested that nearly 9 of 10 black Americans view black churches as fulfilling multifaceted roles in black communities and as having a positive influence on their lives (Taylor, Thornton, & Chatters, 1987). In an analysis of the National Survey of Black Americans, Taylor, et. al. (1987) report that 82.2% of African Americans surveyed said that the black church has helped the condition of blacks Americans.

Public health parishioners, researchers, and policy makers recognize the role the church plays in the lives of African American people and as a result are increasingly utilizing church to gain access to African Americans for health improvement efforts (Aaron, Levine, & Burstin, 2003).

The religious experiences of African Americans consist of many different orientations which include eight major historically black Christian churches: African Methodist Episcopal

(AME); African Methodist Episcopal Zion (AMEZ) Church; Christian Methodist Episcopal (CME) Church; Church of God in Christ (COGIC); National Baptist Convention of America (NBCA); National Baptist Convention, USA (NBC); National Missionary Baptist Convention (NMBC); and Progressive National Baptist Convention (PNBC). There are at least an additional nine certified religious training programs operated by accredited seminaries that are directed towards ministry in black churches and black faith communities. More recently among them has been the Full Gospel Baptist Church Fellowship (FGBCF) which has gained prominence (Dilulio, 1998). Together, the eight major black denominations alone encompass some 65,000 to 75,000 churches in the United States with an estimated membership between 20 to 24 million (Lincoln & Mamiya, 1990; Dilulio, 1998).

Today African American congregations, along with meeting spiritual needs, are highly involved in practical service provision (Cnaan & Bodie, 2001). In one study of 635 black churches in Northeast and North Central United States, the researchers found that the overwhelming majority of black churches, irrespective of denominational affiliation and theological orientation, regarded their mission as incorporating the provision of practical assistance (Caldwell, Chatters, Billingsley, & Taylor, 1995). Research further suggests that almost nine of every ten congregations, regardless of size and ethnic composition engage in at least one form of social service provision albeit after school and recreation programs, financial assistance, or clothing and food panties. The most commonly served groups were children and youth, the elderly, people who are economically disadvantaged, and the homeless (Cnaan, Sinha, & McGrew, 2004).

When addressing outreach in terms of racial composition, isolated ethnographic accounts and small-scale studies have documented church-sponsored programs (McAdoo & Crawford,

1990) and community economic development initiatives (Williams & Williams, 1984) aimed at developing collaborative alliances. For example, Eng and Hatch (1991) developed one of the most notable church sponsored programs, collaborating with area service agencies to use rural churches in North Carolina as a focus for health promotion activities. This and other variations of community-based partnerships recognize that religious institutions occupy a position of trust and respect in black communities. In collaborative arrangements with black churches, these efforts can work to improve the physical and mental health conditions of community members who have had longstanding traditions of reliance on churches (Eng & Hatch, 1991; Eng, Hatch, & Callan, 1985; Hatch & Jackson, 1981).

Collaborations can be the vehicle used to open the door to wider participation and representation from many African American church groups which encompass subgroups that otherwise would be excluded (Cnaan, Sinha, & McGrew, 2004). The lack of available information in the social work literature on how social services agencies can best collaborate with African American churches leaves us with limited knowledge on how to work with African American churches in joint ventures. Therefore, the purpose of the paper is to review practical strategies on how professionals in health-related fields can begin the process of entering into collaborative alliances with African American churches.

Brief History of African American Churches as Service Networks

Historically, service provision has been central to the mission of African American churches (Caldwell, Chatters, Billingsley, & Taylor, 1995). From its beginnings, the black church set out to do for its constituency of black slaves and freed men what no one else was willing to do

(Billingsley, 1999). The mission of black church's were twofold: first, it placed emphasis on getting black people to know God more intimately, and second, it prepared the ex-slave for full participation in the body politic (Billingsley, 1999). After the Civil War and the end of slavery, African Americans built churches in unprecedented numbers to better meet the particular ministerial needs of black congregations and communities (Martin & Martin, 2002). For instance, between 1790 and 1820, African Americans founded churches within the Episcopalian, Methodist, Baptist, and Presbyterians denominations (Sherkat & Ellison, 1991; Calhoun-Brown, 1996). These churches represented the antebellum expression of blacks' religious independence from white control (Sherkat & Ellison, 1991; Calhoun-Brown, 1996) and formed the institutional structure for the development of free black communities (Raboteau, 2001). These newly formed churches also became the places where members sought comfort in the face of oppression and economic disadvantages (Brammer, 2004).

The black church concerned itself with matters of the soul but also with social, economic, and political issues. It was viewed as a response to the needs of African American people requiring social services after slavery (Martin & Martin, 2002). To illustrate how the black church's outreach tradition as a service network has been transmitted, let us briefly offer an example. One of the earliest records of outreach in the African American church occurred between 1882 and 1895 when the seventeenth pastor of First African Baptist Church of Savannah, Reverend Thurmond Neill Tillman, combined the church's "spiritual or privatistic mission with its social or communal mission" to develop church anchored programs for neighborhood youth, including juveniles who had gotten into trouble with the law (Burris & Billingsley, 1994). Additionally, in a 1920's study by Mays and Nicholson (1933) of 609 urban churches and 185 rural churches, the researchers found that 97 percent of the black churches

provided community outreach programs which included activities aimed at addressing health needs, such as (1) economic relief for the poor, (2) programs to feed the unemployed, (3) free health clinics and benevolent societies, (4) recreational activities, and (5) child care programs. Further, the National Negro Movement of 1915 represents another great historical example of how public health service organizations utilized the church for outreach and social networking. From 1915 to 1950 in a national strategy to bring public health practices to blacks, churches coordinated efforts with public health agencies in a movement known as, “Health Improvement Week” (Healthy People, 2000). The movement’s objectives were for church leaders to consult with state health officers on public health problems within the black community and use churches and their personnel as vehicles for disseminating information about preventable illness among black people. As such, African American churches would give sermons on health and healthy living. They would also organize mass meetings, invite speakers to talk about health and use expressions such music and song to get the message across (Healthy People, 2000). The black church’s historic role was further instrumental in the success of the Civil Rights Movement of the 1950s and 1960s. It was the black church that became the core institution for organization and dissemination of information and the vehicle for action in African-American communities (Schiele, 2000).

More recently, in their book *The Black Church in the African American Experience*, Lincoln and Mamiya (1990) report on data from over 2,100 black churches as service networks. In their research is was noted that some 71 percent of black clergy reported that their churches engaged in community outreach programs, including daycare, job search, substance abuse prevention, food and clothing distribution, and many others. Moreover, Billingsley (1999) in his book, *Mighty Like a River: The Black Church and Social Reform*, showed that 66 percent of the

congregations in his study sponsored family support programs, such as counseling and intervention. He characterized 40 percent of programs as instrumental in nature. Those programs included food and clothing distribution, emergency financial aid, referral services, homeless shelters, home-care programs, and, to a lesser degree, income maintenance. Other studies further illustrate similar patterns (Taylor, 1994) of activities involving the wider community, including employment counseling, senior citizens services, hospice care (Milbrath, 1991), and youth programs (Cook, 2000). As one can see, with each response, the church moved out beyond preaching, praying, and singing to community and political activism (Dilulio, 1998) while also responding to the conditions of black life (Collins, 2006). There are still concerns, however, that churches and social work and/or human services organizations may perceive themselves in competition for limited public funds, heightening whatever tensions may exist between religious social service providers and the social work profession (Tagenberg, 2005). Subsequently, forging a cooperative understanding between the groups may prove to be the best outcome for all parties in addressing social welfare service needs identified by black churches (Lewis & Trulear, 2008).

Defining the Role of Collaborative Arrangements

In an effort to understand collaborative arrangements, we will first offer an overview of collaboration and the role it plays in building community-based alliances. Collaboration is a method whereby local health and social service organizations and African American churches can increase their access to resources and create policy change (Bailey & Koney, 1996). By definition, it is a strategic alliance process in which parties work collectively by developing strategies toward the realization of a jointly determined purpose (Bailey & Koney, 2000). These strategic alliances, when developed, foster relationships among organizations that may not

ordinarily work together that results in stimulating new ideas for service delivery and organizational change (Bailey & Koney, 2000). If successfully implemented, these alliances can result in more efficient information gathering, dissemination, and service delivery (LaPiana, 1997; O'Looney, 1994).

Ideally, collaboration entails a common vision that goes beyond the involved parties' own limited visions of what is possible (Bailey & Koney, 1996). One means whereby communities (specifically church organizations) can be active members and leaders in visionary efforts for the constituents is through interorganizational community-based collaboration (Bailey & Koney, 2000). "An interorganizational collaborative is a group of independent organizations who are committed to working together for specific purposes and tangible outcomes while maintaining their own autonomy" (Abramson & Rosenthal, 1995, p. 1479). This collaborative structure allows individuals and local organizations to work together, thereby increasing their collective power and resources to affect change. According to Bailey and Koney (1995), in developing interorganizational community-based collaboratives, social workers must consider eight core components: leadership, membership, environmental linkages, strategy, purpose, tasks, structure, and systems.

A community-based collaborative's leadership are the individuals and organizations who formally and informally guide and direct the collaborative. Membership includes the individuals and organizations who work with the leaders within the collaborative unit. These leaders and members represent the primary stakeholders of the collaborative (Bailey & Koney, 2000). These leaders and members also solicit the assistance of environmental linkages which are external organizations and individuals. These linkages connect the collaborative with the rest of its stakeholders and subsequently expand the collaborative's full range of stakeholders. As

stakeholders are identified, the collaborative alliance should develop a specific structure and strategies for achieving the collaborative's purpose. These strategies should embody the shared values, purpose, and goals of the leadership, members, and stakeholders. It should also be task driven, encompassing a structure where specific activities are divided among the parties to operationalize the collaborative's strategy (Bailey & Koney, 1996). The final piece of the collaborative is the systems. These are the operating ties that hold the collaborative structure together and include the established mechanisms for resource allocation, decision making, communication, planning, administration, human resource management, and evaluation. If all components within the collaborative alliance are implemented as suggested, it offers the potential for a larger scale impact in relationship building, information sharing, service delivery, and policy reform (Bailey & Koney, 2000; Fisher & Karger, 1997; Haynes & Mickelson, 1997).

Collaborative Strategies

Since church is a potential resource for bridging the gap between formal social service agencies and the informal services provisions (Wilson & Netting, 1988), collaboration between agencies and religious organizations can offer new opportunities to meet the needs of parishioners and community members. There are several strategies that can be used when churches, specifically African American churches and social service agencies engage in collaborations. These strategies include:

A) Facilitating public meetings between the agency and community church leaders to address needed services. Through this collaborative arrangement member parties (church leaders and agency personnel) can develop a formal process for working together. Membership should be a formal alliance not only including church leaders and social workers or interorganizational contacts but also organizational staff and administrators (Bailey & Koney, 2000). Because

church leaders are frequently aware of community issues (i.e. poverty, physical and mental health issues, and incarceration) they can be strategically placed on the board of directors of service agencies to serve as brokers and providing oversight to interorganizational contacts of the needs of their constituents (Lewis & Trulear, 2008).

B) Since collaborations enhance the potential for resource exchange and greater efficiency of service delivery (Alter, 1990; Benson, 1975; Knoke, 1990; Warren, 1967), prior to meeting, collaborative members (agency personnel) should invest considerable time and energy in cultivating relationships with the African American churches, their leadership, and parishioners (Adksion-Bradely et. al., 2005). This includes working with African American church leaders in identifying additional environmental linkages (i.e. community stakeholders) that understand strengths and needs of the community not identified by parishioners. Social work professionals are in key positions to take the lead in forming collaborative, community-guided initiatives. As advocates for social justice as well as individual and community empowerment, social work professionals bring essential skills to the task of developing interorganizational community-based collaboratives. Further, social workers possess both knowledge of and relationships in local neighborhoods to enable them to serve as links among community agencies, their consumers, and local residents (Bailey & Koney, 1996).

C) Since many African American congregations often lack experience in strategic planning or their plans and ideas may be inappropriate or unrealistic according to human service organization standards (Cnaan, Sinha, & McGrew, 2004), church leaders and interorganizational contacts should enter into a strategic alliance where they share knowledge and work together in developing appropriate strategic action plans. This should be a collective process in which partners operate in an integrated manner to achieve a collaborative purpose rather than focusing

on isolated issues affecting each individual party (Bailey & Koney, 2000). For example, these collaboratives can work together on how best to strategically access resources, research funding designed to increase the church's capacity to improve the quality of programs it offers, as well as identify and influence unfair social welfare policies or practices that impede effective service delivery (Lewis & Trulear, 2008). This approach will help to promote an equitable relationship between the agency and churches/community, with both becoming stakeholders by jointly developing strategies in the change effort.

D) Religious leaders can function as gatekeepers and mediators. In many instances, church members and the community residents place total confidence in the advice or guidance of their pastors and leaders regarding their spiritual, financial, and mental and physical well-being (Adksion-Bradely et. al., 2005). In studies by Richardson and June (1997) and Taylor, et. al. (2000) findings suggest that the number of collaborative relationships an African American minister had with community agencies was closely associated positively with the number of referrals clergy made with health professionals. Moreover, if conflicts arise between the collaborative parties (agency management and the congregation or community members) the church leadership can serve as a broker to reopen lines of communication that may have become strained as a result of misunderstanding. As collabortatives, the parties must go beyond respecting one another's differences and learn to manage them effectively to build consensus around goals and actions that must be taken as a group (Bailey & Koney, 2000).

E) Churches and social service agencies within their communities can collaborate to create information centers on the grounds of the church to assist parishioners and residents in connecting with existing services offered by agencies serving that community (Lewis & Trulear, 2008). The collaborative can work to arrange services such as health screening for mental and

physical illnesses, nutritional services, immunizations, etc. on church grounds. In this instance, the church can serve a two-fold purpose, functioning as a spiritual haven as well as a sub-outlet for parishioners and community members to connect with existing agency services.

Conclusion

The implications of the current political situation point to the need for social work education and practice to begin focusing on collaboration and the development of interorganizational community-based collaboratives (Gray, 1989). Collaboration creates an understanding of the importance of cultural responsive engagement. The agency must get an initial understanding of the historical context and current importance that the African American church has played in the lives of the African American community. As such, social workers should see the future client's spiritual or religious beliefs to be a source of strength. Through the use of culturally responsive practice these practitioners should develop a self-awareness which will prevent personal bias in making a diagnosis or doing assessment.

The social work profession risks losing relevance if they fail to acknowledge the usefulness of African American church leaders and congregations as a unique "context for action" (Wineburg, 1996). Therefore the agenda for the coming decade must include efforts to link social work with the church.

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