CHURCH SOCIAL WORK FOR A HOMELESS FAMILY: ECLECTIC PERSPECTIVES

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Abstract

Through efforts of a core group of committed volunteers and a pro-bono social worker, a church congregation -Christ in the community- rallied to provide essential services for 17 members of a family comprised of five households. Utilizing eclectic perspectives of (a) micro-meso-exo-macro systems, (b) behavioral cognitive therapies and crisis intervention approaches, and (c) spiritual assessments, the church group aided homeless members of this extended family to find housing, employment, transportation, food, clothing, education, disability services, spiritual development and physical and mental health.

Homelessness

Homelessness is “a condition of or social category of people who do not have regular housing or dwelling because they cannot afford, pay for, or maintain regular, safe and adequate housing” (Wong, 2008). The McKinney Vento Homeless Assistance Act of 1987 refined this definition of homelessness as “… people who lack fixed, regular, and adequate nighttime residence, and if they sleep in a designated shelter for temporary living accommodations or in places not designated for human habitation or individuals intended to be institutionalized”. These definitions do not include the ‘hidden homeless’ – those who have moved in with relatives and friends –especially during the recession and housing scandals.

The incidence of homelessness in America varies widely from 250,000 to estimates in excess of 13 million (Burt et al., 1999; Kendall, 2010; Link et al., 1994; National Alliance to End Homelessness [NAEH], 2005; Zastrow, 2009). Current worldwide data on incidence is not available but Capedevila (2005) estimates the worldwide incidence of homelessness at 100,000,000. Of some 490,000 U.S. citizens who were documented homeless in 2008, research showed that 30% were families with children and constituted the largest growing segment of homeless (Kendall, 2010). Nearly one in five Americans said they lacked the funds to buy food and shelter in 2009 and in 2010 more than 40 million Americans received food stamps (DePearle, 2010).
Church-based Christian Social Services for Homelessness

This paper shows that effective Christian social services in churches must follow a holistic approach, addressing needs of shelter, finances, health, as well as the spiritual needs of the people they serve.

The term Christian social services “refers to the involvement of persons and agencies that identify themselves as having a Christian faith orientation in providing services to meet the material and interpersonal needs of persons not met by family or the larger community. These services are often provided informally, in response to the needs of neighbors, community members, and strangers” (Garland, 2008). The Judeo-Christian ethic, which is based on love of neighbors (Leviticus 19:18 NIV) motivates this service. Jesus taught that one way to know God is to care for children in need (Mark 9: 33-37); and help neighbor and stranger in need (Luke 20:30-37). Later in world history, the religious leaders in England served the needy children, families, and handicapped (Coll, 1970). Eventually church-designated social services were overwhelmed, and public and proprietary social services were added to complement voluntary organizations. Today, America has an array of social service organizations through which Christian social workers can facilitate services:

- **Voluntary organizations** – also called sectarian, faith-based, sacred, charity supported eleemosynary, religiously-affiliated, not-for-profit organizations—were the forerunners in providing resources to the poor and needy. Funded by contributions, client fee-for-services, and tax dollars, these organizations are operated and governed by—among others—faith-based religious organizations, i.e. churches and congregations.

- **Proprietary organizations** – also called private, entrepreneurial, free-enterprise, and for-profit organizations—must make a profit to maintain solvency. Fee-for-services from consumers, grants and contracts from governments and philanthropic organizations constitute their funding base. Hospitals, physicians, pharmacies, realtors, correctional institutions, and private equity funds are examples of proprietary social service providers.

- **Public agencies and organizations** – also called secular, citizenship-based, tax-based, welfare, social security organizations— are not-for-profit organizations, sponsored by governments and funded primarily by public taxation. (Holland, 1993).

Although public agencies provide funding for most American social services, the focus here is on voluntary agencies. Most congregations are small. According to Chaves (2003), only 6% of church congregations have a staff person devoting at least a fourth of their time to Christian social services. Reflecting the trends of the economic recession, *The Christian Century* (December 15, 2009) reports that even as philanthropic giving to such things as the arts, cultural and the humanities rose 4.3% in 2006 to $295 billion, giving to churches and Christian social services fell 9.2% to $29.56 billion (Brooks, 2007). Martin Marty (2010) was more optimistic about giving to religious organizations in the great recession year 2009. Drawing from *The Chronicle of Philanthropy*,

3
Evangelical Council for Financial Accountability, *Empty Tomb*, and others that follow Americans’ charitable giving, Marty reported that religious organizations raised 100.95 billion dollars in 2009 for a **decline** of only 0.3 percent, after inflation. “Rescue missions and child-sponsor groups in many cases have done well, while others are impacted more significantly” (Marty, 2010).

Some of the mega-churches continue to shine with impressive Christian social services. The Riverside Church in New York is an example:

As a Christian community, the Social Service Ministry of The Riverside Church, New York City endeavors to provide access to comprehensive social services to those in economic and social crisis. We seek to enable people in need within our community to more fully support and nurture themselves and their families so that they can move out of poverty. We further support action that leads to a healthy and caring society, free of the oppression of poverty in its various forms. …The Riverside Church helps clients in need of public assistance, food stamps and Medicaid through information and referrals….Other Christian social services include:

- Food Pantry
- Barber Training Program
- Clothing Distribution
- Shower Project – shelter, soup kitchens, medical attention, counseling and employment
- Confidential HIV Testing, Counseling & Support Program


**Eclectic Approaches**

The Christian social services that helped this homeless family group emerged from a small church with no designated staff member specializing in social service. The primary responsibility for aiding this group was with the Missions Committee, which spearheaded local, national, and international Christian mission activities. This committee included a social worker who assessed this groups’ needs in terms of housing, food, employment, physical and mental health, transportation, education, and spiritual services. The church allocated $1500 for the committee to link the family to needed services (see Ecosystems map, Figure 1).

The 17 members of the homeless family group who constituted the focus of Christian social services by this local congregation had experienced a series of negative downward-spiraling economic crises as a result of unemployment. Because there were young children in this extended family of five households, as they were evacuated from their rental housing they moved into residences of family members who had apartments. They were never forced to sleep in the storm sewers, for example, as portrayed in public media (PBS News Hour, August 10, 2010). As limited living space became overwhelmed, two
families found space in a faith-based transitional shelter. It was from this transitional shelter that they desperately sought Christian social services from a local church.

The ecosystems perspective was useful in helping this homeless family group to aid themselves. Drawn from ecological and systems theory, the ecosystems perspective integrates systems composed of people and their physical-social-psychological-spiritual-cultural environments, systems in which each part impinges on every other part. The ecosystems perspective includes four levels of social systems: **microsystems**, where the immediate, face-to-face focus of concern is on individuals and families; **mesosystems**, where links are drawn between individuals, families (including extended families), the faith-based Christian social agency which provided transitional shelter and employment training; **exosystems**, where family members were linked to other settings that do not normally include the homeless but impact their well-being (See Figure 1); and **macrosystems**, where lifestyles, socio-economic resources, spiritual, and cultural beliefs and value systems impinge on one another (Bandura, 1977; Bronfenbrenner, 1979; Germain, 1991; Gitterman & Schulman, 1993; Gordon, 1969; Queralt, 1996; Zastrow & Kirst-Ashman, 2008).
Figure 1: Ecosystems of a Homeless Family

**Crisis intervention** services seek to stabilize the crisis situation and connect individuals or groups to needed support services (Ell, 1995; Parad, 1990; Lindeman, 1944; Roberts, 2008). **Cognitive behavioral therapy** favors short-term work (Beck & Emery, 1985). The focus is on the present, and the aim is to modify or replace distorted cognitions or unwanted behaviors in a discrete and goal-oriented fashion. **Rational emotive therapy** is not concerned with *why* but attempts to determine *which* thoughts and behaviors are dysfunctional and *how* to change them (Beck & Emery, 1985; Ellis & Grieger, 1997; Fanger, 1995; Gambrill, 1997; Skinner, 1953; Walsh, 2008). For example, in this climate
of brief therapy, the social worker utilized Ellis & Grieger’s (1997) A-B-C-D-E and integrated **spiritually modified cognitive therapy** where spiritual precepts are derived from the client’s spiritual world view (Hodges, 2006).

Formal definitions of **spirituality** vary (Canda, 1990, 1997; Ochs, 1997; Bullis, 1996; Hodges, 2006). **Spirituality** for this client group is defined as ‘the general human experience of developing a sense of meaning, purpose, and morality’ (Miley, 1992), transcendence with God/gods (Hodges, 2004, 2003). Themes of spirituality are also drawn from O’Brien’s meaning and purpose of life, traditions, rituals, myths, prayer, meditation, contemplation, suffering death, and paths to enlightenment or salvation (1992).

Practitioners who fail to assess and integrate a client’s spiritual makeup provide less than adequate social services (see figures 2 and 3). According to Hodges (2003) four basic reasons for conducting spiritual assessments are to:

- Develop some understanding of our clients’ basic worldviews – their understanding of themselves and world around them,
- Respect their self-determination and to include their values and spiritual beliefs into psychosocial therapy,
- Utilize their strength to aid in overcoming problems, and
- Incorporate spiritual values into social work practice (5-8)

**Figure 2: Homeless Family Group**

![Homeless Family Group Diagram](image)

**Figure 3: Spiritual Assessment of Family Households**

![Spiritual Assessment of Family Households Diagram](image)
Applied Eclectic Social Services for a Homeless Family

In November 2008, Jeremiah Jr. (names changed to protect privacy) visited a small church asking for housing for two preschool daughters and himself and assistance in gaining employment. Jeremiah Jr., age 21, was living in a faith-based, 74 unit, transitional shelter which provided a food pantry, clothing, regular religious services, youth programs, and drug and alcohol support groups. Services included advocacy, referral and assistance, transportation and employment training. Also living in a separate...
unit at the homeless shelter was his 42 year old mother, Hagar; 45 year old step-father Jacob, and teenage sisters, Elizabeth and Jesse, who had three pre-school children.

Jeremiah Jr. had an automobile but it malfunctioned, causing him to be discharged from his employment as a nursing assistant. Through coordination with the church pastor and volunteers, housing was found for Jeremiah Jr. with church volunteers; his automobile was determined irreparable by a volunteer mechanic from a sister church; a church volunteer took Jeremiah Jr. to a local community college to design a resume and assisted him to acquire employment and proprietary apartment.

After Jeremiah Jr. and his children moved from the volunteered shelter, Grandmother Hagar and step-grandfather Jacob moved into housing provided by Christian volunteers. The resourceful volunteer repeated Christian assistance and advocacy for Jacob, accompanied him with resume to acquire temporary employment in industry. Other volunteers transported Jacob to work where there was no public transport. When that employment ceased, similar strategies were employed to aid Jacob to gain nursing assistance employment. Within two months Jacob, Hagar, daughters and grandchildren moved to proprietary housing. Jacob, accompanied by Christian volunteers, acquired veteran assistance to enroll in registered nursing education at community college.

Hagar exhibited multiple biological, psychological, spiritual and social problems that rendered her unemployable. Treatment for dual mental health diagnoses of bipolar and schizophrenia were assessed by a pro-bono Christian social worker who aided her to receive community mental health services and accompanied her to a free health clinic for diagnosis and treatment of fibromyalgia. These disabilities rendered her unemployable. She had been denied Social Security Disability Insurance, Titles II & XVI of the Federal Income Compensation Act (42 U.S.C. 401-413; 20 C.F.R. 401, 404, 422). Based upon these revised medical diagnoses, the social worker advocated through her attorney to appeal this denial and accompanied her to prepare for recession hearings, where compensation from the government is reconsidered based on new information.

To aid Hagar to deal more effectively with complex bio-psycho-spiritual and socio-economic problems, the Christian social work volunteer employed practice strategies of crisis intervention and spiritually modified rational emotive therapy. The social worker utilized crisis intervention to seek to stabilize the crisis situation and connect Hagar to needed supportive services i.e. connect her to transportation when she had anxieties about getting to physical and mental health appointments. Ellis & Emery’s (1985) A-B-C-D-E format of rational emotive therapy was used. [A] – an Activating event was weather related sleep deprivation, chronic headache, anxiety –symptomatic of effects of fibromyalgia; [B] – her Beliefs or thoughts revealed that Hagar believed God was punishing her for substance abuse (nicotine and alcohol); [C] - the emotional Consequences included her discomfort, fear that pain would persist, guilt, and depression; [D] – Disputation drew from taking steps to improve her weather related physical environment, allaying her anxiety that God is a loving God who allows us to make mistakes but will always be a God of love and forgiveness. [E] – Evaluation of
outcome included her taking her medications as prescribed, turning on heat to dry the environment, and release of anxiety and pain to get needed sleep.

Jeremiah Jr. was the biological father of one of two of his children and lived unmarried with Jezebel. An abuser of substances, Jezebel moved with the children to live with a male who also abused drugs and alcohol. In this living arrangement, the children were abused and neglected by Jezebel and her new boyfriend. Jezebel sustained a broken jaw in an altercation involving drugs, was driving without licensure, and leaving the children in unsafe environments. Volunteers including a pro-bono social worker aided Jeremiah Jr. to petition the court for custody of the children. Following several aborted court appearances, the court awarded custody of Jeremiah Jr.’s child to him and the other child to Jezebel.

For the final hearing when custody for the children was rendered, Jeremiah Jr. was aided to deal with a crisis of no transportation to the hearing. Volunteers were not available to transport him, so Jeremiah Jr. sought and paid the expenses for a friend to transport him. The results of this crisis intervention were critical in that Jeremiah Jr. returned home with his biological child with court ordered visitation by all four members of this group. Jeremiah Jr. continues to be employed, has completed the requirements for a test of his General Educational Development (GED), and seeks an Associate of Arts from a community college.

**Summary and Extant Evaluation**

This summary of eclectic strategies that were utilized to aid this homeless family are represented in the mobilization of a church (Christ-in-community) toward helping the whole homeless family. Enhanced by a group of committed volunteers, this homeless family found housing, food, employment, transportation, clothing, physical and mental health, education and spiritual development.

**REFERENCES:**


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