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Family and Community Ministries

empowering through faith

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Submit articles electronically to Laine_Scales@baylor.edu.

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First-person columns

The purpose of these submissions is different from the academic articles. These articles are not peer reviewed. Tone and writing style should be first person, straightforward, informal and accessible. Consider this a forum for networking with others in your profession and these articles as a way to share practical, helpful information and/or inspiration. We adhere to no one denomination but hope to draw from the best of all, and all language should reflect this approach.

Submit Faith in Action articles electronically to Michael Kelly at mkell17@luc.edu.

Submit first-person columns electronically to Jon_Singleton@baylor.edu.

Contemplative pieces

Throughout the journal are several opportunities for meditation and contemplation. We are especially interested in original poetry, hymns, artwork and short meditations. If you would like to submit your work for consideration in the journal, please send a hard copy as well as a digital copy to Michael D. Sciretti, Jr., 1824 Northcrest Dr., Waco, TX 76710, Michael_Sciretti@baylor.edu.

Books and resources review

This section offers our readers short synopses and commentary on books and other resources that may be beneficial, practical or enjoyable in their ministries. On a quarterly basis, we will send a list of products to those on our reviewer list for selection purposes. We ask that reviews be personal, informed and honest. For more information, contact Amy_Castello@baylor.edu.

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Family and Community Ministries: Empowering Through Faith is a journal for the heart, head and soul, committed to helping congregations and religiously affiliated organizations to be the hands and feet of God. Through the journal, the Center for Family and Community Ministries seeks to provide resources for family and community that foster creativity, promote critical thinking and inspire contemplation.



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New ways to love neighbors

Jon Singletary
Assistant Professor,
Editor, Director,
Center for Family and
Community Ministries



Almost 20,000 Baptists in one place! This gathering made the New Baptist Covenant an historic event. Faculty, staff and students from the Baylor School of Social Work were there, with our dean, Diana Garland, presenting on congregations engaging in poverty and with an exhibit to promote the *Family and Community Ministries* journal, the Church Census and our Congregational Community Ministry Initiative, “Walking Alongside.” It was great to meet Baptists from far and wide. From young pastors with a new urge to make a difference in their communities to veterans of the pastorate asking age-old questions about strengthening families, we were enriched by conversations with leaders about the ministries of their churches and ways that the Center for Family and Community Ministries might join them in their journeys.

As a part of this gathering, I was able to meet Michael Hester, the first director of the Center for Family Ministry at Southern Baptist Theological Seminary. That center no longer exists – it went the way of the seminary’s School of Social Work – but I have come to appreciate his initial leadership and that of the many other Baptists who value our mission to strengthen ministries designed to serve families and communities. The New Baptist Covenant provided an expression of Jesus’ command to love God with our whole being; the exciting thing for me is that it also pointed to new ways Baptists are taking seriously the rest of Jesus’ command to love our neighbors as ourselves.

From the ecumenical gathering I discussed in the last issue of the journal to this meeting of Baptists, my staff and I are excited about the many opportunities we have to walk alongside your ministries of Christ’s love

through the life of this journal and the research and education we offer.

This issue reflects the ways we are seeking to do this. The book reviews **Amy Castello** offers point out new resources for your ministry and the contemplative resources that **Michael Sciretti** has gathered are well worth the time spent with them in prayer and contemplation. **Wendy Wright** adds to this issue her tender insights into the seasons of family life and a reminder of God's call to be transformed through family transitions. In another personal word, **Vicki Kabat's** "This Too Shall Pass" offers a poignant story about congregations caring for children. As you'll see below, our next issue has even more to say about children in the care of missional congregations.

Michael Kelly includes two Faith in Action pieces that demonstrate the range of our interests. One of these is **Jay Van Groningen's** introduction to Asset-Based Community Development, a resource that can be of value for experienced community planners as well as first-time community ministers. Although there are many resources available on community development, this resource is a powerful reminder of the wealth of assets God offers us in community, even when all we see are challenges.

The other Faith in Action piece points to a ministry that seeks to nurture young boys in an after-school program. In this piece from **Krista Petty**, a new friend of the CFCM who originally wrote this article for the Externally Focused Church Network, what we see is a reminder of God's parenting love and the opportunities available for us to express that love.

The Rev. Dr. Eileen Lindner, who co-authored the National Council of Churches USA child care study in 1983, continues the legacy of research into how churches are engaging local communities. Here, along with the **Rev. Marcel Welty**, they offer to us the Congregational Health Ministry Survey Report.

This report represents their attempt to understand how congregations are involved in health

education, direct health services and health care advocacy. It is an exciting discussion of the many ways congregations are engaged in health ministries. The report also suggests some inspiring implications for pastors, denominational leaders and all who are concerned about health care services and the state of health care policies in the United States today.

To complement the Health Ministry Survey Report, **Brian Dodd** highlights his experience in a health-related social ministry and the value of church volunteers who are engaged in hands-on ministry with people in need.

Our lead article is the first in a series of two on congregational early childhood care and education. **Diana Garland, Michael Sherr, Angela Dennison** and I discuss how churches care for children. Congregations offer a variety of child care programs and family support services, but they are more likely to be serving middle- and upper-middle class children. And, since the groundbreaking study by the National Council of Churches 25 years ago, churches are serving fewer children overall.

The second child care article will run in our next issue. In fact, the entire Summer issue will highlight the church's role in advocacy for children. In preparation for that issue, we are sponsoring a congregation-based child care research summit, "Who Cares for the Children?" Co-sponsored by Buckner Children and Family Services, the event will be held at Buckner's Dallas Campus May 12-13. To learn more, visit our Web site at www.Baylor.edu/CFCM.

Thank you for the many opportunities to join you in serving families and communities as we seek to share Christ's love for our world.

[There are a] wealth
of assets God offers
us in community, even
when all we see are
challenges.



Who cares for the children?

The authors report findings from a national study comparing congregation-based child care programs with other private and public programs. They found that 25% of child care is being provided by congregations, and that congregations are significantly more likely to be serving middle and upper-middle class children who pay flat rate fees, not low income children whose care is subsidized by government programs. The child care staffs of congregation-based centers are more stable, even though there is no significant difference in the salaries in congregation-based programs from other programs. Child care programs offer an array of family support services for young families, from newsletters to family enrichment programs. Authors: Diana R. Garland, Michael E. Sherr, Jon E. Singletary, Angela Dennison

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Almost 30 years ago, a research project concluded that congregations are the single largest provider of child (day) care in the United States (Lindner, Mattis, & Rogers, 1982). That research documented the church's continuing involvement in child care beginning with the Industrial Revolution, when out-of-home care for children of working parents emerged (Garland, 1994). With the surge of immigration from Europe more than a century ago, churches and synagogues began providing day nurseries for immigrant children in settlement and neighborhood houses. With the increase in middle class maternal employment in the years after World War II, child care surfaced as the most pervasive concern for American families (Phillips, 1987). Consequently, in 1980, the National Council of Churches of Christ launched the Child Care Project, resulting in the research project conducted by Eileen Lindner and her colleagues (1982). Until that time, no national church agency had even recorded the names or numbers of congregations with child care programs.

Photos by Kevin Tankersley

The Child Care Project reached the startling conclusion that one church in three housed a child care program, and for every child in Sunday School on Sunday, there were nine children in a church-housed child care center Monday through Friday (Lindner, 2001). As Linder has said of the study's findings:

Twenty years ago we had a hunch that the church was playing a role in child care; we came to find out that we [churches] were the McDonalds of the industry. Our share of the market for child care and McDonalds' share of the market for hamburgers were roughly analogous (quoted by Neugebauer, 2005).

Despite the attention that followed the 1982 study and the resources that were developed to help strengthen congregation-based child care (CBCC) programs (e.g., Freeman, 1987), there has been scant research in the past 30 years that explores how child care provided by congregations compares to child care offered by other private and public providers. We know very little about the kinds of services the centers provide, or how the religious core of congregational life shapes (or doesn't shape) the mission and practices of these programs. We do not know whether congregations see child care and family support as a means of living their mission as a community of faith and caring for "the least of these" in their communities – or perhaps simply as a cost-effective way to use otherwise idle educational space during the week. We do not know whether involvement in the lives of children and families through child care services is a revitalizing force in the lives of congregations, or a drain, or what the factors may be that make this kind of involvement in the lives of young families a source for strengthened congregational life.

This article reports a project designed to survey a representative sample of licensed child care centers in the United States to compare and contrast CBCC centers with other

private and public providers. We will explore the populations of children and families these centers serve, the kinds of care they provide for children, other services and supports they provide to families, the sources of programs' financial support, relative costs to families, accreditation, and the educational requirements and stability of their educational staffs. In a companion article (*in the Summer 2008 issue of this journal*), we will explore in more depth the motivations of congregations that provide child care, how CBCC centers relate to the congregations that support them, and how these relationships can become more mutually supportive and effective.

WHAT WE KNOW ABOUT CONGREGATION-BASED CHILD CARE

Reports since the 1982 study concur that between 20% and 33% of all child care in the

United States is being provided by congregations and other religiously affiliated organizations such as 501(c)3 organizations that may have been launched by congregations or networks of congregations (Adams, Rohacek, & Snyder, 2005; Administration for Children and Families, 1999; Chaves, 2004; Cnaan, 1997; Cnaan, Boddie, Handy, Yancey, & Schneider, 2002; Hodgkinson & Weitzman, 1994; Orr & Filback, 2004). Moreover, it appears that the proportion of child care provided by congregations is increasing. According

to research by the Wilson Marketing group, one out of six children in care in 1998 was in a congregation-based center; by 2005, that number had increased to nearly one in four children (Neugebauer, 2005). At the time of the Lindner study, mainline denominations (e.g., Presbyterians and United Methodists) were the most likely to provide child care, but some have observed that increasing numbers of conservative and evangelical congregations are providing child care (Neugebauer, 2005; The Brookings Institute, 2001).

How do weekday
child care programs
relate to the
congregations that
support them?

FUNDING OF CONGREGATION-BASED CHILD CARE

No matter what a family's income level, child care is the third largest expense, after housing and food, for families with children ages three to five (The Brookings Institute, 2001). There are indicators that the fees church-based caregivers charged parents are substantially lower than those found in other child care sectors, but at the same time, CBCC programs are much less likely to accept alternatives to parent fees, such as government subsidies (e.g., Child Care and Development Block Grant vouchers), than other child care programs. Even so, an Urban Institute study of child care in five counties across four states found that more than half of "faith-affiliated" providers care for at least one child receiving a voucher-based subsidy (Adams et al., 2005).

Those CBCC programs that do not participate in government subsidy programs give their reasons as insufficient administrative capabilities, concerns about government intrusion, or not seeing service to low-income children as part of their main mission (Adams et al., 2005). Congregations also may be cautious about accepting government subsidies because cutbacks during times of fiscal stress can force centers to close (Orr & Filback, 2004). Given the demand for their services from families able to pay directly, then, congregations may allow these fiscal considerations to drive their decision to steer away from dependence on subsidies.

QUALITY OF CARE

There are concerns about the quality of care provided in congregation-based centers. A comparison study found that congregations actually provided significantly lower quality services than other non-profit and for-profit centers (Morris & Helburn, 2000). The 1979 National Day Care Study found that 87% of teachers in church-housed programs had

college degrees (Orr & Filback, 2004), but a more recent study concluded that only 46% of the teachers in congregation-based centers had a minimum of a college degree, and their teacher/child ratios were higher than other centers (Neugebauer, 2005).

Neugebauer suggests that this low overall quality may actually be due to a broader range of quality in CBCC programs than in other programs. Many congregations are renowned for providing the highest quality available. But at the other end of the spectrum, some congregations actually see child care as a money maker, using center income not to improve the program but rather to supplement the congregation's budget (Neugebauer, 2005).

An important indicator of quality is professional accreditation. Orr and Filback found that only 5% of CBCC centers in Los Angeles County are accredited by the National Association for the Education of Young Children, the national gold standard for quality child care (Orr & Filback, 2004).

The quality of child care matters significantly for all children, and it appears to matter most to children in resource-deprived communities. Children who attend higher quality child care centers perform better on measures of both cognitive and social skills. Children considered at risk of not doing well in school are affected more by the quality of child care experiences than other children (Peisner-Feinberg, Burchinal, Yazejian, Byler, & Rustici, 1999; Zaslow, Oldham, & Moore, 1998). Congregations are located in all communities, including those in low-income communities where quality child care is most needed and often in short supply. Unfortunately, congregations in resource-deprived communities may not have the resources to provide much-needed child care. Orr and Filback have observed that in Los Angeles County, for example, there are fewer centers of all kinds, including those in congregations, in low-income, multi-ethnic neighborhoods

Children who attend higher quality child care centers perform better on measures of both cognitive and social skills.

where the waiting lists for child care are the longest (2004).

RANGE OF FAMILY SERVICES

In most American families with young children, both parents are in the workforce. They need a supportive community that includes quality care for children as well as other supports, the kind of community that congregations can provide. Child care programs have the potential for being the hub of a whole array of ministries designed to strengthen families (Garland, 1999). Those ministries can include parent and family life education, book and resource lending libraries, mentoring and cross-generational “adoptive” grandparent partnerships, counseling, emergency support, workforce development – the possibilities are limited only by a congregation’s imagination. As limited as the research has been on CBCC, there appears to have been no attempt to determine the extent to which child care in congregations is part of a larger strategy of ministry with young families.

Child care needs to be more than a nice way to use a congregation’s educational building that is otherwise empty much of the week. A vision for ministry often grows out of learning what other congregations in other places are doing. Therefore, assessing what congregations are doing for young families is not an idle research interest. Knowing how other congregations are thinking about and doing ministry with young families can provide fodder for a congregation’s vision. For example, one congregation in Atlanta contacted us upon learning about this project and asked to be included in the study because they were concerned about the future of their child care center and how to connect it more vitally to the life of the congregation. The associate pastor said, “We’ve seen three congregations



that are our neighbors close their childcare centers, and we are wondering how we ought to be thinking about the future of our ministry with young families.”

RESEARCH QUESTIONS

The Congregation-based Child Care Study involved both in-depth interviews with child care center directors, teachers, congregational pastors and parents, as well as a national survey of licensed child care providers. Based on findings from the study, this report seeks to answer the following research questions, comparing CBCC programs to other center-based child care programs:

1. What are the demographic characteristics (type of community, ethnicity, income) of families served?
2. What programs of child care (e.g., full day, part-day, after-school) are offered?
3. What percentage of centers is accredited and what other ways do they use to evaluate their quality?
4. What proportion of centers’ funding comes from sources other than family fees?
5. What are the qualifications of and how stable are center staffs?
6. What other family support services do centers offer?

Other questions specifically about CBCC programs’ relationships with their congregations and the role of religion and spirituality in their programming will be addressed in an upcoming article (*Summer, Vol. 22.2*).

METHODOLOGY

The first author conducted in-depth structured interviews in a six-month period in 2006 with 30 key informants in four CECE programs – seven program directors and executive directors: two focus groups of teachers, four pastors, two focus groups of parents and two individual parents. All four centers were located in urban areas: Chicago, New York City, Atlanta and Dallas. They were chosen purposively to represent as much denominational, congregational and cultural diversity as possible in order to maximize the possible differences in congregational centers. They included a large Baptist congregation (attendance = 1000) serving children from middle and upper-middle class families, a small Lutheran inner-city congregation (attendance = 80) serving a diversity of children from all socioeconomic levels, a Baptist congregation (attendance = 300) serving a changing neighborhood that is now predominantly first- and second-generation Mexican-American families, and a large inner-city African-American center loosely connected to two merged Presbyterian congregations that serves predominantly children and families living in poverty.

The interviews addressed the history of each program (who started the program, how and with what mission), why the informant chooses to work or place their children in this program, what the current mission of the program is and how it might have changed over time, what the program does well and not so well, the role of religion and spirituality in the program, demographics of the families served, how the program and the congregation relate to one another, ways the program relates to families of children in care, financial and staff resources and challenges the program faces today. The findings of those interviews are reported elsewhere (Garland & Singletary, forthcoming). Those interviews helped identify significant constructs and variables from

the perspectives of those closest to the issues of early childhood education, enabling the research team to construct a survey instrument using language appropriate to those we would be surveying.

SURVEY INSTRUMENT

The team constructed a draft survey instrument based on the findings from the interviews. A panel of national child care experts, as well as local child care providers, reviewed the instrument and made suggestions for revisions and additions.

The final survey included 33 items divided into five sections. Questions in sections one through four included items relevant for all child care programs on the topics of denominational affiliation; types of services provided; whether or not programs are licensed and by what entities; program purposes; demographics of children and families served; the role of religion, faith, and spirituality in programming; and staffing. In addition, the survey instrument provided opportunity for those programs connected to congregations to describe that connection.

SAMPLE

We sought to develop a representative sample of licensed child care programs in the United States numbering at least 330, in order to create a 10:1 ratio of providers for each of the 33 survey items. A 10:1 ratio provides for adequate statistical power for exploratory descriptive analysis (Hair, Tatham, & Anderson, 2005). We selected 10 states to represent the 10 federal regions of the country: Alabama, Georgia, California, Minnesota, New Hampshire, New Jersey, New Mexico, North Carolina, Texas and Wisconsin. We used a random number generator to mail surveys to the administrators of 1,800 child care providers selected from the entire listing of licensed providers in the 10 states. The team mailed the finalized survey in October 2006.

A total of 418 providers returned surveys,

Church-based child care programs rely significantly more – almost exclusively – on flat-rate fees.

although we subsequently eliminated 30 because they were incomplete. The final sample included surveys of 388 child care programs, a response rate of 21.5%.

FINDINGS

We used frequency distributions to describe the 388 child care programs, with Chi-square and t-tests to compare CBCC programs with child care programs in private non-sectarian and public (“other”) settings. Table 1 presents these comparisons. More than one-fourth (26%, n=101) of the child care centers were located in congregational facilities. Almost two-thirds of the child care centers were incorporated (64.3%, n=249). Of the 249 centers that were incorporated: 40% (n=99) were for-profit organizations; 37%, (n=92) were private, 501(c)3 nonprofit organizations; 16% (n=41) were part of a congregations’ incorporation; and the remaining centers were either part of an umbrella agency or a franchise of a national child care provider.

DEMOGRAPHICS OF FAMILIES SERVED

The states with the largest number responding were Minnesota (16%, n=62); New Hampshire (14%, n=54); and Texas (12%, n=47). An average of 27 child care programs responded from the remaining states, with North Carolina having the smallest representation (5.5%, n=21). Almost two-thirds of the programs were located in the suburbs,

Table 1 – Comparison of CBCC and Other Programs

<i>Variable</i>	<i>CBCC Programs %(n) N=101</i>	<i>Other CC Programs %(n) N=287</i>
LOCATION		
Major metropolitan/inner city	13.9(14)	16.0(45)
Suburban	30.9(31)**	14.9(42)
Small city or town	29.7(30)	47.5(134)**
Rural farming	5.0(5)	7.4(21)
Rural non-farming	6.9(7)	7.1(20)
FAMILY INCOME (average number per program)		
Under \$20,000	7	31*
\$20,001-40,000	13	24
\$40,001-80,000	29	25
More than \$80,000	19*	12
AVERAGE COSTS FOR PROGRAM (per week, per program)		
	\$178*	\$123
RACE/ETHNICITY (avg. % per program)¹		
White (not Hispanic)	70	92
African-American	9	18
Hispanic/Latino	12	13
Other race/ethnic groups	7	8
LANGUAGE (avg. % per program)		
English	88	88
Spanish	7	10
French	1	0
Other	5	2
LICENSED	100 (101)	100(287)
NAEYC ACCREDITED	11 (11)	18 (50)
INCORPORATED	70(67)	62(170)
SOURCES OF INCOME (avg. % per program)		
Flat-rate fee from families	85**	62
Sliding-scale fee from families	2	4
Income support from congregation	2	0
Government grants, subsidies, vouchers or contracts	6	30**
Private/corporate foundations, fundraisers, scholarships	5	4
DIRECTOR REQUIREMENTS		
College degree in child/family studies or related area	67(68)	65(183)
Experience in early childhood education	90(91)	90(253)
Training in administration	61(62)	64(181)
TEACHER REQUIREMENTS		
None	0	<1(2)
High school degree or equivalent	44(44)	52(146)
Associate’s degree in child development	42(42)	37(104)
College degree related to child dev.	40(40)	25(70)
Require continuing ed for directors	92(92)	94(258)
Require continuing ed for teachers	93(93)	94(258)
LENGTH OF EMPLOYMENT (lead teachers per program)		
0 - 1 year	1(1)	2(6)
1 - 3 years	13(13)	26(73)*
4 - 6 years	33(33)	31(87)
More than 6 years	57(57)*	43(121)
SALARIES OF TEACHERS		
Higher	19(19)	36(102)
Comparable	52(52)	42(119)
Lower	14(14)	8(23)
Don’t know	15(15)	13(36)

Note: * = p < .05; ** = p < .01

¹ The survey asks respondents to estimate the percentage of families from each ethnic group. Responses do not add up to 100%.

a small city or a town (61%, n=238). More than one-fifth of the programs were located in major metropolitan areas (21%, n=81); with the remaining programs located in rural farming (12%, n=47) and rural non-farming (6%, n=22) communities.

Based on aggregate estimates of percentages of ethnic groups and percentages of languages, a large majority of people served by the child care programs were White and spoke English (85%). Fifteen percent of the programs served African-American families and 12% served Hispanic/Latino families. Nearly 10% (9.2%) of the families spoke Spanish in the home.

Aggregate estimates of family income indicate a wide distribution. Administrators estimated that 25 of the children in their programs come from families whose income levels are below \$20,000 per year; 20 children come from families earning between \$20,001 and \$40,000 per year; and another 25 children come from families earning between \$40,001 and \$80,000 per year. An average of 14 children in each program comes from families earning more than \$80,000 per year.

Both CBCC and other programs primarily serve White children from English-speaking homes. Though CBCC programs tended to serve fewer African-American families than other programs, the difference was not significant. The two settings were different on a few key variables, however. Though a fairly diverse distribution of locations was evident, CBCC programs were more likely to be located in suburban areas and other programs were more likely to be located in small cities or towns. Furthermore, CBCC programs serve significantly more children in higher income

families (\$80,000 per year) and significantly fewer in families with incomes of less than \$20,000 per year. The average fee per child in CBCC programs was also significantly higher than the average fee in other programs.

PROGRAMS OFFERED

Child care centers offer a variety of programs ranging from full-day infant care to parents' day out. The largest programs offered, based on the aggregate number of children in

each program, were full-day preschool (n=28), part-day preschool (n=19) and after-school programs (n=32). As expected, administrators estimated lower numbers of children in emergency drop-off, evening care, and special needs programs (all less than one child per

program). There also were relatively lower numbers of infants (5 per program) and toddlers (7 per program) in full-day programs. Average fees ranged from as high as \$182.00 per week for full-day care for school-age children to as low as \$30.00 per day for emergency drop off. As expected, the fees for all full-day programs were higher than fees for part-day programs.

ACCREDITATION AND EVALUATION

All child care centers were licensed by their respective states because the sample was drawn from lists of state-licensed programs. However, only 27.5% (n=98) of the centers were accredited by an additional outside party and only 16% (n=63) by the National Association for the Education of Young Children (NAEYC). There was no significant difference in the proportion of CBCC and other programs that are accredited.

Instead of accreditation, child care center administrators said that they use other meth-



ods to determine success of their programs, including parent satisfaction (97%, n=377), ability to retain quality teachers and child care workers (81.7%, n=317), the need for a waiting list (71.4%, n=277), and assessing children's later success in elementary school, high school and adulthood (64.2%, n=249).

FINANCIAL RESOURCES

Aggregate estimates of income sources indicated that child care centers received a majority of their income from flat-rate fees from families (68%). Government subsidies, vouchers, grants and contracts also accounted for significant portions of income (23%). Sliding scale fees, support from congregations, fundraisers, corporate grants, foundation grants and gifts for scholarships accounted for minimal sources of income. CBCC programs rely significantly more – almost exclusively – on flat-rate fees, whereas other programs also receive a substantial portion (30%) of their revenue from government subsidies, vouchers, grants or contracts.

STAFFING

The Centers in our study required directors to have the following qualifications: 64.9% (n=252) required a college degree in child and family studies or related area, 63.4% (n=246) required training in administration, and 90% (n=349) required experience in early childhood education. In contrast, 28.9% (n=98) of the centers required teachers to have a four-year college degree related to child development, 38.5% (n=148) required teachers to have an associate's degree in child development, and one-half (n=194) required teachers to have only a high school degree or equivalent. Three centers allowed teachers to work without any educational requirement. More than 90% of the child care centers required directors (n=355) and teachers (n=352) to earn continuing education credit. There was no significant difference in administrator and teacher educational requirements between CBCC and other programs

Regarding teacher compensation, 44% (n=173) of centers described their salaries as comparable with other child care centers

in their communities and (31.3%, n=121) described their salaries as higher than other centers. Ten percent (10.1%, n=39) described their salaries as lower than other centers. There were no statistical differences in salaries between CBCC and other programs.

The length of employment for lead teachers at the child care centers appears rather stable. Almost one-half (46.6%, n=180) of the centers reported that their lead teachers have been in their current position for more than six years; almost another one-third (31.3%, n=121) reported lead teachers employed from four to six years; less than one-fourth (22.7%, n=88) reported lead teachers employed from one to three years. Only seven centers reported having lead teachers who have been at their centers for less than one year.

Despite no significant difference in salaries, CBCC programs had significantly more stable staffs, with a significantly larger percentage of teachers working for more than six years, compared to other programs with a significantly larger percentage of teachers working one to three years.

OTHER SERVICES PROVIDED TO FAMILIES AND TO THE COMMUNITY

These centers provide a variety of services for children's families. Table 2 presents a list of services offered to families in descending order of frequency. A majority of centers provided families with a newsletter. Other common services included opportunities for parents to have lunch with their children, referral services, after-school programming, recreational events, drop-in care and babysitting. More than 20% of the centers offered family/individual counseling and parents' night out. A few centers offered programs for marriage/family enrichment and divorce recovery and access to webcams so parents could view their children at the centers online.

There appear to be few differences in the proportion of CBCC programs and others that offered these other services to families, with a few exceptions. CBCC programs were less likely to offer after-school care for older children (39%) and drop-in care for children who are not in the full-day program (26%) com-

Table 2 – Services Centers Provide Families

<i>Services</i>	<i>Percentage of Total Sample</i>	<i>Total Sample N (388)</i>	<i>CBCC N(101)</i>	<i>Public N(287)</i>
Newsletter or other print resources	86.1	334	90	244
Parents can come have lunch with children	67.5	262	55	207
Referral services to other community services	63.1	245	65	180
After-school program for older children	52.8	205	39	166
Recreational events	47.7	185	52	133
Drop-in care for children who are not in the full program	43.6	169	26	143
Babysitting by center staff	40.2	156	35	121
Summer day camp	39.9	155	40	115
Resource library	35.8	139	35	104
Employment at the center for parents	35.6	138	27	111
Parent networks	35.3	137	31	106
Emergency resources	34.5	134	32	102
Parent education programs	29.4	114	39	75
Family or individual counseling	23.2	90	21	69
Parents' night out	21.6	84	23	61
Literacy and/or job training programs	8.5	33	8	25
Sick-child care for working parents	7.7	30	5	25
Marriage/Family enrichment programs	5.7	22	8	14
Divorce recovery programs	2.8	11	5	6
Web cam access so parents can view center from their computer	2.3	9	2	7

pared to other programs (58% and 59%, respectively). CBCC programs were more likely to offer parent education programs (39%) and marriage enrichment (8%) than were other programs (26% and 5%, respectively).

Some child care centers also offered services for other child care providers in the community. Approximately 40% (n=155) of the centers offered apprenticeship opportunities and training for teachers and child care staff in the community, (27%, n= 105) offered facilitation and support for networking for other providers, (14%, n=55) offered enrichment programs, and (3.6%, n=14) offered respite care for other child care providers in the community.

IMPLICATIONS

The findings of this study, that about one-fourth of child care centers are located in congregations, are congruent with the findings of other researchers (Adams et al., 2005; Administration for Children and Families, 1999; Chaves, 2004; Cnaan, 1997; Cnaan et al., 2002; Hodgkinson & Weitzman, 1994;

Orr & Filback, 2004). Congregations continue to be significant providers of child care, particularly for families in suburbs, small cities and towns. It appears that few are located in metropolitan inner cities (14%), however. The small percentage of child care programs – both CBCC and others – located in inner cities (14% to 16%) may indicate that there is a dearth of center-based child care in neighborhoods where there may be significant need.

Moreover, contrary to other research (The Brookings Institute, 2001), this study found that CBCC programs actually charge significantly more than other programs. Because they almost all charge flat per-child fees and do not accept government funding, their services are limited to those families who can afford to pay an average of \$175 per week (2007) for child care. It is not clear which came first, whether congregations have chosen to serve in middle- and upper-middle income communities and therefore are not confronted with the need to accept government subsidies, or whether they have de-

cided not to take government funding and consequently serve higher income families because poor families cannot afford their services. Although all children deserve quality child care, it appears that those who need it most are least likely to receive care in a congregational setting.

Despite comparable salaries, the staffs of CBCC programs are significantly more stable than staffs in other programs. Apparently, there is something about CBCC programs that encourages staff to stay on for years. In the interviews prior to the survey, several staff members commented that they had chosen to work in a congregation because the faith content of the program fit their own religious commitments. As one teacher said, "It is a personal call; it is not just for money. I am happy here." Several commented that the CECE program "feels like family, with warm, supportive co-worker relationships." Many teachers talked about loving the children and strong, mutually supportive relationships with parents, and they believed they are making a difference in parents' lives and the lives of their children (Garland & Singletary, forthcoming). Whether the same is true in other programs is not clear, but what is clear is that congregations seem to provide satisfying work opportunities for early childhood educators. They have more the feel of a community than a business.

Clearly some centers have recognized their potential for providing broad support for families, with most providing print resources such as newsletters and educational resources, opportunities for parents to join their children for lunch, connections to other community services, and after-school care for older siblings. More than one-third offer fam-



ily recreational events, drop-in care, in-home child care after hours by center staff, summer day camp, a resource library, employment for parents in the center itself, parent networks and emergency support services. Some offer family counseling and parents' night out, and a few even offer care for sick children, family enrichment programs and divorce recovery programs. These centers appear to be developing their potential for being a community for families, not just day care for children.

LIMITATIONS OF THE STUDY

Research with congregations is notoriously difficult. This study, although descriptive in design, has significant flaws. Although a return rate of 21.5% is reasonable and we had enough statistical power to analyze the data, it still leaves the question of whether those who responded are representative of the entire population of child care centers in these 10 states. The length of the survey and the decision to guarantee anonymity, however, prevented us from conducting follow-up telephone interviews to assess whether or not the current sample was different from centers that did not complete the survey. In addition, although survey respondents were guaranteed anonymity, we cannot discount the human tendency to skew assessment toward strengths rather than limitations.

SUMMARY

Congregations continue to be major providers of child care in this country, but they appear to be serving predominantly middle- and upper-middle class children. If low income children are in child care, it is not likely to be in a congregation.

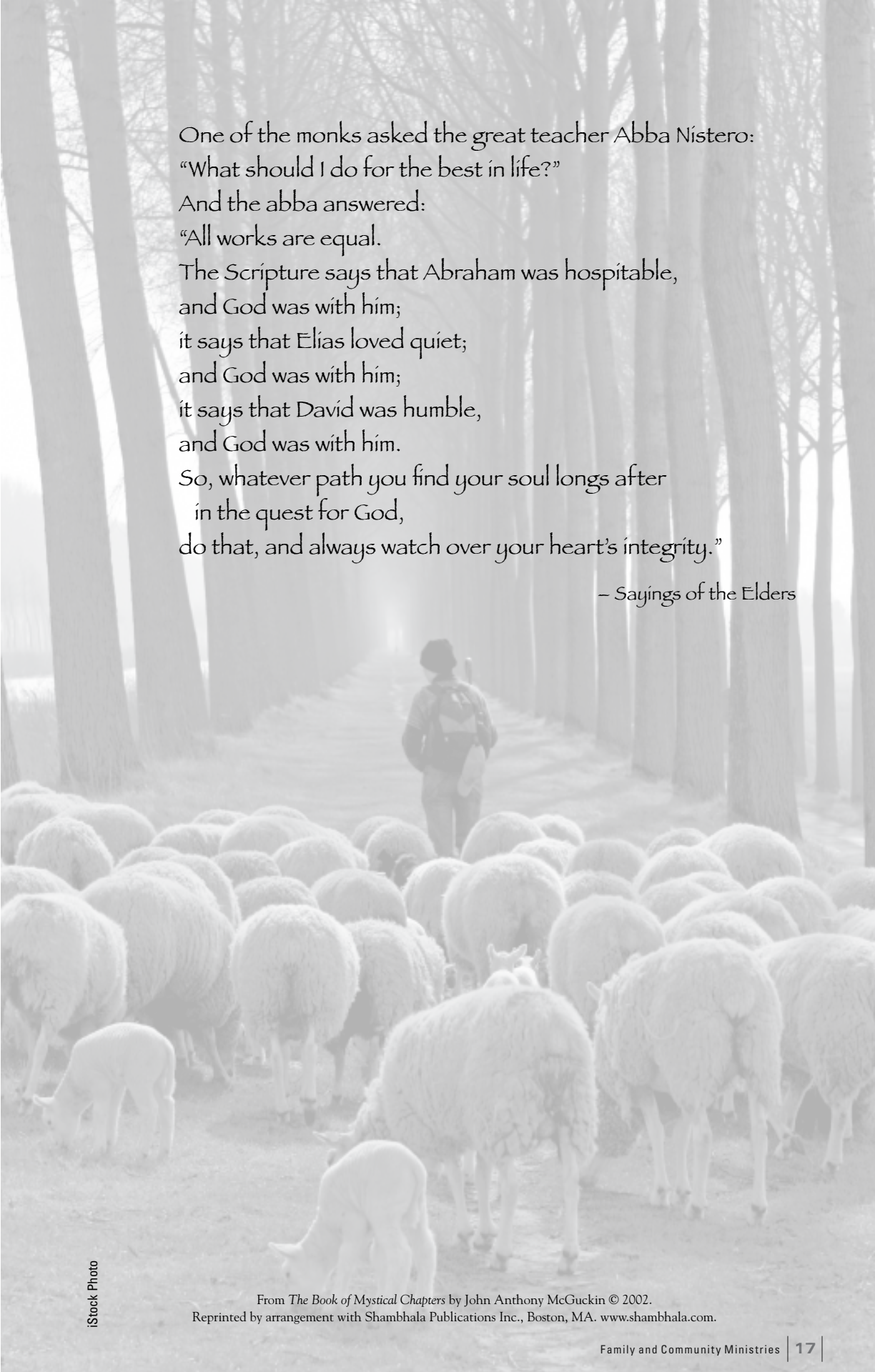
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Expectation

Look ahead. You are not expected to complete the task.
Neither are you permitted to lay it down.

Source: The Talmud



One of the monks asked the great teacher Abba Nistero:
“What should I do for the best in life?”

And the abba answered:

“All works are equal.

The Scripture says that Abraham was hospitable,
and God was with him;

it says that Elias loved quiet;

and God was with him;

it says that David was humble,

and God was with him.

So, whatever path you find your soul longs after
in the quest for God,

do that, and always watch over your heart’s integrity.”

– Sayings of the Elders



BAYLOR PHOTOGRAPHY

‘Comfort as we have been comforted’

Beth R. Kilpatrick
MSW Student



The faith journey can be one of both mountaintop and valley experiences. For Doyle Hamilton, a pastoral counselor at First Baptist Church Roswell, GA, it was a personal valley experience that led him to his life’s work.

Hamilton had earned his Clinical Pastoral Education certification at Baylor University Medical Center in Dallas. He had previously graduated from Baylor University (Waco) with a bachelor’s in sociology and then obtained his MDiv from Southwestern Baptist Theological Seminary in Fort Worth.

During that time, he and his wife, Salley, sought marital counseling from a pastoral counselor and it was through that experience that Hamilton realized this was the perfect combination for him – the integration of clinical counseling with spirituality.

“I took to heart the passage from Second Corinthians to ‘comfort as we have been comforted,’ and it has shaped my life,” said Hamilton, whose position at the church is under the auspices of the Care and Counseling Center of Georgia.

“There is a sense of sacredness and holiness as we listen to another’s journey,” he said. “There is a depth at which we’re able to walk with people which I don’t take lightly.”

From that point on, Hamilton shaped his professional path toward this goal. He next ministered to singles at Park Cities Baptist Church in Dallas and later completed a one-year residency at the Pastoral Counseling and Education Center in Dallas.

“In my experience as a minister to singles at Park Cities Baptist in Dallas, I was doing a lot of brief, informal counseling. I got really motivated

and inspired and influenced by that practical experience of learning to integrate theological, spiritual values and behavioral sciences.”

In January 1988, Hamilton started work as a pastoral counselor with the organization that later became the Care and Counseling Center of Georgia, with which he is still associated. After that move, he also earned his DMin in pastoral counseling from The Southern Baptist Theological Seminary through a program offered in Atlanta.

At First Baptist Church in Roswell, Hamilton counsels individuals and families, offers pre-marital counseling workshops for engaged couples, grief support groups for children (Hope for Grieving Children), infertility support, support groups for families who are caring for aging parents, and seminars on how to better understand anxiety and depression in the context of faith.

Hamilton points to his life experiences as catalysts and sources of insight for his work in these areas as he has dealt with marital stress, infertility, grief and depression in his own family.

It is hard-earned wisdom that Hamilton passes on to ministerial students when he has the opportunity. Recently on a trip to his alma mater, Baylor University, Hamilton visited with a group of students interested in social work for the church and answered their questions about how they could help pastors better understand their role in counseling others.

Today’s families face many difficult challenges, all of which impact congregational life, Hamilton said. He cites grief, anxiety, depression and addictions as examples.

“When you get involved in the complexities of family life, ministry gets complicated and messy. There are no easy answers,” he said. “I regret that there are some who want there to be easy answers.”

If pastors and congregation members can let go of the need for “quick fixes,” he said, all will benefit. The pastor will not feel compelled to “always get it right,” and the individual will gain strength and confidence in walking through the process at his or her own pace.

Recognize, too, that there are just times when the pastor will have to turn the problem over and refer to someone else. “It’s OK for a pastor to say to a congregation member, ‘I’m not the one who can best help you with this problem, but I can find someone who can help you,’” Hamilton said.

Beyond the personal and spiritual components of pastoral counseling, one of the biggest challenges for those interested in this role is the impact of managed health care, Hamilton said. Because of the reduced rates that insurance companies negotiate for counselors, many pastoral counselors are challenged in supporting themselves solely as counselors.

For Hamilton at First Baptist Church of Roswell, the church provides office space and pays for utilities while the Care and Counseling Center of Georgia handles clinical accountability, billing and clinical consultation. Hamilton has a consistent income from the church as a part-time staff member and a fluctuating income from pastoral counseling.

Hamilton believes that his own experience in personal counseling and psychotherapy was a good first step in self-care that prepared him to better minister to others.

“You know we, as caregivers, are notorious for caring for the needs of



“When you get involved in the complexities of family life, ministry gets complicated and messy.”

Doyle Hamilton,
pastoral counselor

others and not taking good care of ourselves. I'm always reminded when I fly on an airplane, the flight attendant asks adults to put their masks on first before putting on the masks of the children in their care. Pastors are often skilled at caring for others while not taking care of themselves," he said.

"I learned how to do that through my own growth in psychotherapy. My own counseling experience was invaluable for me to learn how to better care for myself. Likewise, pastors and pastoral counselors also need individuals to remind them of these truths."

Hamilton has offered clergy support groups and says they offer pastors a safe place to give feedback and input on personal and/or sensitive congregational issues. "Get involved in accountability to trusted friends or in an accountability group, people with whom you can be completely honest and open," he advised.

Although a profession with challenges, Hamilton believes that being a pastoral counselor also provides "sacred moments of sheer joy."

"God does use the valleys and personal experiences we have walked through to help us walk with others through their own," he said. "When we do that and experience the comfort of Christ, we have something to offer. Discover the passion that God has given you through life's experiences....God can definitely use you."

Even if . . .

Julian of Norwich

Pray, even if you feel nothing,
see nothing For when you are dry, empty, sick
or weak, at such a time is your prayer most
pleasing to God, even though you may find
little joy in it.

This is true of all believing prayer.

Source: Revelations of Divine Love

GOOD COUNSEL

- Understand the role that family systems play in the life of the church. Congregations are only as healthy as the families within them, and pastors often undergo a lot of stress when they get caught in the middle of conflict between a family and the church body.
- Understand the impact that your own family of origin has on your worldview and your ministry.
- Understand that awareness of family systems helps in working with church staff.
- Understand the impact of grief and loss in the life of families and in the church.
- Understand the impact of dual relationships on their ministries and be willing to refer individuals to other counselors or churches in town when the situations require it.



FIND OUT MORE ...

The Unwanted Gift of Grief: A Ministry Approach, Tim P. Vanduivendyk

Creating a Healthier Church: Family Systems Theory, Leadership, and Congregational Life, Ron Richardson

Family Therapy in Clinical Practice, Murray Bowen

Generation to Generation: Family Process in Church and Synagogue, Edwin H. Friedman

Invocation of Boundlessness

By Erin M. Cline

O God of Boundless Promise

Search our feelings of despair this morning, and open us up to your hope.

O God of Boundless Gifts

Search our feelings of loss this morning, and open us up to your life.

O God of Boundless Rest

Search our restless hearts this morning, and open us up to your peace.

O God of Boundless Compassion

Search our hardened hearts this morning, and open us up to your love.

Amen



KEVIN TANKERSLEY PHOTO

Congregational Health Ministry Survey Report

The ancient Hebrew prophet Jeremiah asks, “Is there no balm in Gilead?” For the faith families of the three Abrahamic traditions, health – physical, mental and spiritual – has historically been closely linked with deeply held religious beliefs. Within the United States much of what we know as the complex fabric of health care has its origins in the religious communities. Today the landscape is still dotted with voluntary hospitals whose titles reflect their origins; Augustana Hospital, Presbyterian St. Luke’s, Jewish Hospital. Many Christians are highly conscious of the central role of healing within the ministry of Jesus. Indeed, there are some 42 accounts of Jesus providing healing contained within the Gospel – a larger number of accounts than those of Jesus preaching or teaching. With all its religious pluralism the United States provides a unique laboratory for the study of health care and religious practice. The expression of faith through the provision of health services is not limited to specialized church-related health institutions but is an intrinsic part of the witness and mission of tens of thousands of local congregations as well. The Congregational Health Survey conducted by the National Council of Churches USA in 2006-07, represents a modest attempt to understand more fully the nature of congregational involvement in the provision of health education, provision of direct health services and advocacy activities related to health care policies. This report summarizes the results of that study and suggests some implications from its findings, which may be of interest to pastors, denominational leaders, health care advocates and the public at large concerned with the state of health care policies in the United States today.

The Rev. Dr. Eileen Lindner
Director of the Office of Organizational Development, National Council of Churches USA



The Rev. Marcel A. Welty
NCCC Office of Research and Planning



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WHY STUDY THE CONGREGATIONS HEALTH MINISTRIES? WHY NOW?

The National Council of the Churches of Christ, USA, is the nation’s preeminent ecumenical agency comprised of 35 member churches with a constituent membership exceeding 44 million believers. The diverse member churches come together in the NCC where they explore the nature of Christian unity and when possible share in a common witness to the world. Throughout its long history the NCC has been a venue for the member churches to work together on a wide variety of issues related to health and health care policy. In recent years the NCC and its member churches have shared with the American public a growing concern for the issues of the cost and equity of access to quality health care for all Americans.

During the last four years the NCC has participated in a broad coalition of others in supporting Cover the Uninsured Week which promotes awareness of the more than 47 million uninsured Americans. Moreover, within the national dialogue, which has increasingly addressed concerns about the American health care system, various observers have suggested an expanded role for the “faith-based” sector in meeting the health care needs of our society. The member churches of the NCC are organized locally in more than 105,000 local congregations. It is through such local congregations that “faith-based” initiatives take place at the community level in meeting the needs of underserved, and privileged, populations.

While much discussion takes place concerning the provision of such services, little is actually known about the extent and nature of such health ministries, as they are typically called, on a national scale. Some previous research has been conducted by, for example, the African Methodist Episcopal Church, and the Presbyterian Church USA, but such studies are designed to render denominational perspectives often shaped, understandably, around denomina-

tional priorities. No previous research has sought to ask the same questions across denominational boundaries with a specific focus on activities of health education, direct service provision and public policy advocacy.

The NCC initiated the Congregational Health Survey motivated by the confluence of these factors: apparently increasing local response to unmet health needs, a growing need among member churches to form a self-consciousness network of churches providing such programs, and a sense that in a renewed national debate concerning health care policy, the national churches would be guided in their exercise of moral authority in that debate by the lived experiences taking place daily in their respective congregations.

“Health ministry” is understood as compassionate care activities related to health needs conducted as part of a church’s overall mission.

WHAT CONGREGATIONS WERE INCLUDED IN THE STUDY?

The Congregational Health Ministry Survey consisted of 15 questions, including identifier and demographic questions, and questions pertaining to congregations’ involvement in an array of health activities over “the past 12 months.” “Health ministry” is understood as compassionate care activities related to health needs conducted as a part of a church’s overall mission. A listing of health activities was presented in areas of education, provision, voluntarism, events

and advocacy. Open-ended questions permitted reporting of alternative or specific health-related activities. The six-page survey was mailed in stages to an available sample of 88,400 congregations between December, 2006 and April, 2007. For the sake of convenience and cost, respondents were given the opportunity to respond over the Internet, and 2,519 responses were received online. The sample predominantly consisted of congregations from the member communions of the National Council of Churches USA, but other church groups were specifically included to assure a greater diversity of congregations.

Limits of time and money made it impractical

to include all congregations of all NCC member churches within the sample to be surveyed. At the local level, many such initiatives are often co-operatively sponsored by two or more congregations. For this reason the survey was also sent to 231 local and regional ecumenical and/or interfaith agencies (state councils or conferences of churches, etc.). A small number of mosques were included in the sample (20).

Finally, as is common practice in such religiously based surveys, local clergy “passed along” the survey to neighboring churches which sponsor health care programs when their own congregations do not offer such programs. As a result of this practice, congregations of traditions outside of NCC membership responded and are included in the analysis. While this sample does not provide a representative sample of all churches, it does encompass a significantly large, wide and diverse segment of the congregational universe.

WHO RESPONDED TO THE SURVEY?

By the close of the data collection phase of the project 6,037 usable surveys (7%) had been returned electronically, via fax, or by return mail. Analysis of the denominational affiliations of the respondents is reported in Table 1. While

the total sample is drawn primarily from 11 national church bodies, ecumenical agencies, as well as from the Muslim community. Some large denominational bodies, for example, the Episcopal Church provided only a sample of their congregations rather than a full listing of congregations to be surveyed.

Racial composition of the respondents was overwhelmingly identified as Caucasian (90%). African American congregations represented 16% of the surveyed sample and 4.7% (282 individual cases) of respondents. Asian/Pacific Islander congregations 0.7% (41 cases) and Hispanic respondent congregations represented 1% (60 cases) and multicultural congregations 2.2% or (132 cases). These latter four groups were likewise under-represented in the overall sample due to unavailability of adequate mailing lists. Additional means will need to be pursued in order to gain a fuller picture of the health care ministries within minority communities. Data from a survey conducted by the African Methodist Episcopal Church may provide a broader perspective on that particular African American community, but were unavailable at the time of this report. More than 98% of the responding congregations use English as the predominant

language in their worship services.

Congregational size was thought to be an important consideration in a congregation’s capacity to initiate and sustain health care ministries given the labor-intensive nature of the tasks to be undertaken. It was not surprising therefore to discover that responding congregations represented congregations that are, on the average, larger than all US congregations as reported in the highly respected National Con-

Table 1 – Number of responses, by denomination

<i>Denomination Name</i>	<i>Number of Returned Surveys</i>
The United Methodist Church*	2516
Presbyterian Church (USA)*	1240
Evangelical Lutheran Church in America*	956
United Church of Christ*	743
Episcopal Church*	172
Missing, Ambiguous, or Unknown Group	164
American Baptist Churches in the USA*	43
Progressive National Baptist Convention, Inc.*	39
Church of God (Anderson, IN)	38
The Church of God in Christ	37
Others**	217

Note for Table 1: Congregations reporting more than one affiliation are reflected separately under each group.
 * Denotes a Member Communion of the National Council of Churches USA
 ** For a full listing of other congregations responding, go to www.health-ministries.org.

the largest number of responses was provided by the larger mainline protestant denominations, notably United Methodists and Presbyterians,

gregations Study. Table 2 illustrates a comparison of respondent congregations compared to all congregations based on membership. The larger size of respondent congregations relative to all congregations was confirmed in a comparison based on average non-holiday attendance as illustrated in Table 3.

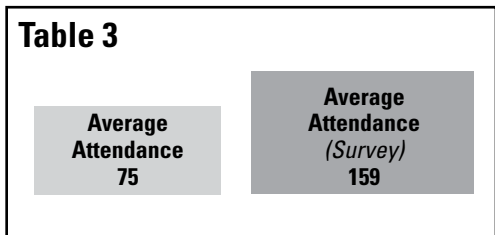
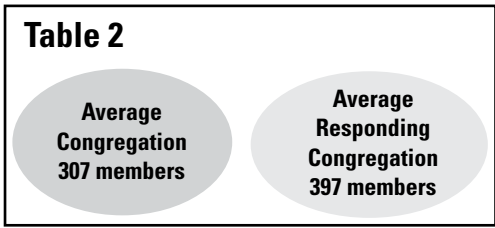
More than one quarter of all the responding congregations are located in suburban settings with an additional 20% reporting their community type as “rural non-farming. Rural farming and small city communities accounted for 15% each in terms of the community type reported by responding congregations. Ten percent reported their location as within a small town with only 9% reporting their location in the inner city.

The surveys were completed in 74.5% of the cases by the pastor of the congregation, 8.4% of the surveys were completed by lay persons and in a similar number of cases (7.4%) by a staff person other than the pastor. States with the largest representation in the sample were Pennsylvania (552), Ohio (385), New York (315), Illinois (265) and California (251).

WHAT CAN WE LEARN FROM THIS SURVEY?

The Congregational Health Ministry Survey constitutes a pioneering study in the field of health activities and congregations. The results of this study:

- 1) Document the very large amount of congregational activity addressing health issues;
- 2) Portray the range and distribution of the health-



related activities in congregations; and 3) Suggest the characteristics of congregations that are most involved in the provision of health services.

The 6,307 congregations who responded to the survey and their collective 2.5 million members, have responded to the needs of their communities through programs of education,

direct services and advocacy. While this initial survey leaves undocumented much of the congregational landscape of the United States it does provide an important basis upon which future studies might build. Used within appropriate constraints the findings of this study do much to advance our knowledge of congregational responses to health care needs within their communities and their capacity to address those needs.

WHAT PATTERNS OF HEALTH CARE MINISTRIES WERE REPORTED?

Only 6.4% of the respondents reported that their congregations offered no programs of any kind in health care ministries. It should be noted that this figure is probably lower in all churches as some recipients of this survey may have chosen not to complete it since, in their perception the survey was “not for them” because they provide no such services. The sample of the 6,037 responding congregations report a staggering total of 78,907 programs of health ministries or an average of 13.07 health-related activities per congregation.

The three program areas which served as the foci of this survey were:

- 1) health education
- 2) direct provision of health services, and
- 3) advocacy of public policies related to health care.

In order to isolate these three types of health care ministries from more typical

Table 4 – Program Frequencies

Program Frequency	%	Total
Volunteer Services	87	18,754
Direct Service	70	13,033
Health Education	65	24,072
Health Events	57	17,988
Advocacy	35	5,052

volunteer services routinely offered by congregations and from one time “health events” which are not necessarily sustained programs, separate responses were also recorded for volunteer services and health events. Table 4 reports the frequency of report in each of the five areas of programming.

Within the congregations, provision of volunteer services routinely takes place independent of other health care ministries. These volunteer services are often hallmarks of the sense of community established by congregations as they reach out to each other as members of a given congregation. Fully 87% of the congregations reported their participation in such activities as visitation to the sick, provision of meals and transportation to medical appointments and assistance with health related paperwork. Even congregations that have not established health care ministries are apt to provide such services.

Health-related events, such as use of the church facilities for blood donor drives or health fairs, are by definition limited-time events rather than on-going programs and therefore require less structure, staffing and budget to accomplish. The impetus for health events, such as a blood drive, may originate outside of the congregation. Indeed congregations may simply permit the use of their facilities for such events that are actually planned, initiated and conducted by community health agencies. These events organized by outside organizations might provide hearing and vision screening, or flu shots, for example. Such health events may be “portal” events for congregations, introducing members of the church to problems they may not have been aware of in their community, pointing to new and interesting programming possibilities, and suggesting new or broader ministries to their membership and/or communities. Such events may serve to sensitize congregations to largely unspoken health concerns that are not

Table 5 – Respondents Reporting Health Education Activities

Prevention	28%	Dementia	12%
Older Adults	28%	Drugs	12%
Explain Programs	24%	Organ Donation	12%
Members’ Health	24%	State of Regional Health	11%
Exercise	24%	Diabetes	11%
End of Life	23%	Obesity	10%
Spiritual/Alternative	21%	Teenagers	10%
Nutrition	21%	Child	10%
High Blood Pressure	20%	Uninsured	9%
Additions	20%	Needed Resources	8%
Handicap Accessibility	17%	AIDS	8%
Alcohol	16%	Smoking	7%
Mental Health	15%	State Child Health Insurance Program	4%
Government Policies	14%	Family Planning	3%

adequately addressed by existing systems. As these needs become better understood within the congregation a decision may be made to develop an ongoing response through some form of sustained program. Fifty-seven percent of the respondents reported hosting health events within their congregations.

HEALTH EDUCATION

More than 65% of the respondents report offering health education programs within their community. With a median of four programs per congregation more than 24,000 health education programs were offered by the sample as a whole. Table 5 lists the kinds and frequency of the content of these educational programs.

Congregations that run at least one education program are likely to run several. While 35% of the congregations in the sample run no education programs, of those that do, more than 80% run multiple education programs. More than 30% of all congregations in the sample ran five or more education programs.

These data were analyzed to better understand which congregational characteristics (e.g. race composition, location, size, etc.) best predict the operation of education programs. Holding all other factors constant, African American congregations as well as suburban and urban downtown congregations ran disproportionately more education programs than other congregations in the sample. The best predictor of the operation of numerous health education programs was average attendance; clearly, larger congregations run more programs than smaller congregations.

For every additional 250 people in attendance, one more educational program was run. No significant findings with regard to denomination or region were found.

DIRECT SERVICE

Surprisingly, more congregations in the sample engage in the provision of direct health services (70%), than provide educational health programs (65%). Direct services are understood to mean provision of medical care provided directly to individuals, usually by someone specifically trained to do so. However, a lower total number of direct service programs (13,033) are offered than total educational programs (24,072). This is probably explained by the greater need for organization, financial resources and personnel required to sustain direct service programs. Only a quarter of congregations provide three or more direct service programs. The array and frequency of direct service programs offered is reported in Table 6. Health screenings were by far the most common form

of direct service provision with 27% of all congregations providing some form of screening. Thirty-seven percent of congregations provided at least one service exclu-

sively to their own congregation, while 31% of congregations provide at least one service exclusively to the community. More than 50% of congregations provide direct service to both. This table illustrates that, with the exception of the services of a parish nurse, all direct services are more frequently offered to both congregation and community than as a service to congregational members.

A statistical analysis was performed to better understand which congregational characteristics best predict direct health care service provision. Once again, larger congregations (higher average attendance) predicted provision of greater

numbers of direct service programs. Controlling for all other factors, suburban and urban downtown congregations provided significantly more direct service programs. Rural congregations offered fewer such programs. In the case of rural communities, the existence of both larger congregations and direct service provision may be in inverse relation to need. Neither denominational affiliation nor the predominant race of the congregation had a significant effect.

WHO RECEIVES THE DIRECT SERVICES?

The survey explored the balance between the provision of direct service to “congregation only” or to the community. An attempt was made to assess the congregational characteristics that best predict a “congregation only” orientation. Again, larger congregations were less likely to emphasize “congregation only” services. Downtown urban congregations were also significantly less likely to emphasize “congregation only” services as they were to offer programs for the wider community. Rural congregations had more direct services for the “congregation only” as opposed to services provided to the wider community. No significant effects of race, denomination or region were observed.

Table 7 displays the pattern by which congregations offer a variety of direct services to congregation members exclusively or to community members at large. The most significant finding is that services offered to both the broader community as well as congregation members is the most common practice of congregations offering direct services. The only exceptions to this pattern is with regard to the services of the parish nurse (and in the few cases in which a health minister, his/her services tend to be restricted to congregation members). This restriction is likely due to the practicability of limiting the work load of parish nurses and/or health ministers.

Taken as a whole, the patterns of service to congregation and community underscores the extent to which congregational involvement in health services is viewed by congregations as a ministry within the broader community rather than an intramural benefit of church membership.

Counseling (Referrals)	32%
12-Step Program	32%
Screening	27%
Emergency Medical Funding	25%
Exercise	23%
Counseling (mental health)	22%
Clinic	20%
Counseling (provide service)	20%
Support Group	20%
Parish Nurse	18%
Referrals	16%
Daycare Health	8%
Health Minister	5%

ADVOCACY

As might have been expected, public policy advocacy was a far less common practice, although among the congregations who practice health care advocacy, there is a wide array of approaches to this activity. Advocacy can be understood as efforts to inform and/or urge action on health policies and practices on a systemic level, usually involving public officials. The variety and frequency of these advocacy activities is shown in Table 16. About a quarter of all congregations engaged in any form of advocacy. Of these, 60% of congregations (15% of all congregations) participated in two or more forms of advocacy. When hearing sermons on advocacy issues is included, fully 35% of congregations have one or more advocacy practices.

A health advocacy scale was produced incorporating all advocacy activities except “hearing a health advocacy sermon.” Controlling for other characteristics, larger congregations, African American congregations, as well as suburban and downtown congregations were significantly more likely to engage in advocacy. White and rural congregations engaged in significantly less advocacy. Similarly some denominational differences in response were observed.

Incorporation of whether or not the congregation heard sermons on health advocacy issues went hand in hand with an additional 17% of increase in congregational advocacy by itself. Furthermore, it eliminated the predictive significance of being an African American or suburban congregation. That is, African American congregations, or suburban congregations, are simply more likely to have heard sermons on advocacy, which we observed

CLINIC	20%
For Congregation	4%
For Community	6%
For Both	12%
REFERRALS	16%
For Congregation	4%
For Community	4%
For Both	8%
SCREENING	27%
For Congregation	7%
For Community	5%
For Both	16%
SUPPORT GROUP	20%
For Congregation	4%
For Community	5%
For Both	12%
EXERCISE	23%
For Congregation	7%
For Community	4%
For Both	13%
12-STEP PROGRAM	32%
For Congregation	2%
For Community	13%
For Both	18%
HEALTH MINISTER	5%
For Congregation	2%
For Community	0%
For Both	2%
DAYCARE HEALTH	8%
For Congregation	1%
For Community	2%
For Both	3%
COUNSELING	22%
For Congregation	7%
For Community	2%
For Both	11%
COUNSELING (provide service)	20%
For Congregation	7%
For Community	2%
For Both	11%
COUNSELING (referrals)	32%
For Congregation	12%
For Community	3%
For Both	17%
PARISH NURSE	18%
For Congregation	10%
For Community	1%
For Both	6%
EMERGENCY MEDICAL FUNDING	25%
For Congregation	8%
For Community	5%
For Both	12%

occurs together more often than expected with more advocacy activities. African American churches without a pastor who advocates are no more likely than Hispanic or Asian congregations to engage in advocacy. White congregations, even allowing for the effect of advocacy sermons, engaged in less advocacy. Larger congregations and downtown congregations engaged in significantly more advocacy activities, controlling for the role of sermons.

In general regional patterns were not observable with the exception of California. At the time of the survey California was engaged in a statewide reform effort with regard to health care coverage. This timing may account for the finding that the California churches in the sample engaged in advocacy substantially more than the sample as a whole. This performance was 11% above the mean in the sample as a whole.

WHY DO SOME CONGREGATIONS ENGAGE IN HEALTH CARE MINISTRIES AND OTHERS DO NOT?

As has been suggested by several of the findings above, size of congregation has been shown to be a significant factor in predicting congregational engagement in education, direct service or advocacy activities related to health care. But size alone is not sufficient to predict broad and multifaceted

embrace of health care as a field of ministry activity. Our reflection on both the statistical analysis and the substantial anecdotal information that was received with the returned surveys suggests a more complex confluence of factors. These factors, taken together might be described as capacity, leadership and opportunity.

Capacity often comes with size especially as relates to organizational coherence, financial

and human resources and a congregational orientation toward active programming in addition to the worship activities of the congregation. Capacity is also measured in terms of the stature of the congregation within the community and whether it is looked to within the community as a source of community service and programming in relation to issues such as child care, feeding programs or homeless shelter. Congregational literature often emphasizes the “200 mark” of membership above which programming becomes not only expected but critical to institutional membership. While there are considerable and notable exceptions to this rule of thumb, these data corroborate this tendency especially in provision of direct services beyond the congregational membership. Finally, capacity may be understood in terms of congregational self-perception of having skills and or services sufficient to address needs within the complex world of health care. Even small congregations with members willing and able to assist others in completing complex insurance forms or schedule transportation to a series of medical treatments, is in possession of considerable capacity.

Leadership appears to be a critical element in congregational provision of education, direct service and policy advocacy activities. The study strongly suggests the importance of pastoral leadership in enabling congregational participation in policy advocacy. With regard to health education and direct service provision as well as advocacy activities, a number of other sources of leadership were noted in the anecdotal material. Parish nurses, and far less commonly, health ministers too, provide crucial leadership in forming and maintaining health initiatives within congregations. A surprising number of other sources of leadership for congregations in their pursuit of health care activities were identified. Denominational staff or coordinators specifically focused on health ministries were commonly recognized as resources. While there is by no means such a

role identified in each denomination, in those instances in which there are such persons, local congregations look to them for assistance and leadership. That leadership comes in both print and electronic materials, conferences and especially in identification of experience-based or “best practice” models. Leadership is also sometimes available from local ecumenical agencies focused on health care and operates across denominational lines often in relation to local or state councils of churches. Finally, leadership comes from key lay persons within the congregation with specialized health care knowledge. Numerous comments within returned surveys highlighted the leadership roles of retired doctors, nurses, medical technicians and social workers initiating and staffing various programs of education and direct service. The role of key lay leaders in making health ministry happen in

congregations, how laypersons interact with the pastor, how voluntary involvement translates into programming, are undoubtedly fruitful areas for further research.

Opportunity might express a final critical element in relation to congregational provision of health care programs of education, direct service and advocacy. This matter of opportunity is related to leadership but is also closely related to awareness of health needs in the specific community surrounding the congregation. Opportunity seems to present itself through a variety of means judging from

the anecdotal responses from the sample. Health events initiated by a municipal office or neighboring hospital may serve to quicken a congregation’s awareness of the need for greater education about diabetes or hypertension, for example. Cover the Uninsured Week has been instrumental in calling the attention of congregations to the needs of those – within both congregation and community – who skip medical appointments or fail to have prescriptions filled when they lack insurance coverage. Sponsoring or serving as volunteers at homeless shelters often awakens congregational awareness of chronic physical and mental health needs among that

Numerous comments

... highlighted the leadership roles of retired doctors, nurses, medical technicians and social workers ...

population. This awareness, in fact, becomes opportunity for service as congregational members seek to find ways to address unmet needs. It is not uncommon for congregations to discover holes in the fabric of the health care system and seek to address such needs directly through preventative education, medical services or advocacy.

Within congregational life then, capacity, leadership and opportunity, it seems form a kind of “fire triangle” which best explains the combustion that results in congregational initiation of health care ministries of education, direct service and advocacy. The form which that initiative takes is unique to the community and to the congregation. The patterns of activity that were reported in this sample are highly differentiated and conform to few norms. Health ministries are undertaken by congregations alone, with other congregations or in partnership with secular organizations in relation to a dizzying array of health issues and needs. Some are directed primarily to meet the needs of congregational members and others are offered without cost to any in need. Some are complex and expensive operations, which require extensive financial support garnered often from sources outside the congregation. Other programs are operated entirely within the modest budgets of the church. While no questions on the survey addressed the longevity of congregationally based health care programs, anecdotal information suggests that such programs are expanding in size and moreover, that the number of congregations finding health care services as a part of their own sense of mission is growing.

WHAT ARE THE IMPLICATIONS OF THIS STUDY?

The rich fabric of congregational involvement in health education, direct service and public policy advocacy hold numerous implications for institutions related to congregational ministry and/or to health care. Our purpose in reporting these data fully as represented in the tables is to enable these groups to examine the data and draw their own conclusions.

The National Council of Churches and its member communions recognize in the findings of the study considerable confirmation that local faith based organizations can and do play an

important role within the complex picture of health care in America. The study confirms, as well, the reality that congregations look to national denominational and ecumenical structures for a variety of institutional supports related to these ministries. National denominations and ecumenical agencies will likely wish to review and strengthen their respective relationships with congregational health ministries in a number of ways which may include:

- Creation and/or maintenance of networks of congregations engaged in health ministries.
- Establish or strengthen national staff structures which relate to health-engaged congregations.
- Development of electronic communications and print and electronic resource materials.
- Consider incentives to congregations to explore involvement in health care ministries through time limited “health events.”
- Sponsor conferences, perhaps ecumenically, to advance training, provide resources and to nurture these ministries.
- Prepare and disseminate sermon resources related to the health care system and policy reform.
- As health care public policy debates arise in the national agenda, denominations working together, will want to draw from the lived experiences of local congregations in providing testimony regarding the unmet health care needs of the communities they serve.
- Denominations will likely wish to reason together about the ways to celebrate, augment and extend to more congregations the kinds of health care efforts reported in this study.
- National church agencies will surely want to learn more about congregations that did not respond and what prevents them from engagements in health care ministries within their communities.
- A related inquiry may address the question of what types of local planning and coordination bodies (committee, deacons, pastor alone, etc.) best address the kinds of decision-making that results in effective health programming.
- Acting together denominational agencies will want to learn more about the kinds and types of organizations which partner with congrega-

tions on the local level and, as may be appropriate, explore the nature of the relationship at the national level between such organizations.

- Local and state health departments may see within the findings of this study potential for working in partnership with local congregations to reach underserved populations.

- Congregations themselves may draw some satisfaction from the multifaceted health ministries highlighted by this study and may adapt or expand their own practices.

- Policy advocates should be heartened to discover the willingness and capacity of local congregations for advocacy activities and may want to ask how this capacity can be maximized within state and national public policy debates.

- Researchers might well find in this study a rough mapping of the terrain of health care among diverse congregations and seek to further explore matters such as how the programs began and how they are maintained, as well as the number of persons served and approximations of the aggregated financial value of such programs within the national health care economy. High priority should be given to the development and application of research which might effectively explore minority and marginalized communities where health disparities are acute. Too, they may wish to inquire as to the training, recordkeeping and substance of the advocacy activities in congregations.

In the present national moment it is likely that adequate health care policies will only be established through a thorough and well-framed national debate. Communities of faith bring with them not only years of experience in meeting health needs locally but a commitment to the common good. The findings of this modest study might well make a contribution in heightening awareness, providing evidence of the kinds of needs that have not been met under current policies and especially in identifying thousands of congregations and tens of thousands of volunteers who daily step forward in acts of kindness to secure a better future for

others. To the degree this study has provided them with a voice in this important societal debate, we are grateful.

A Note of Thanks

It is self-evident that any study of the sort represented by the Congregational Health Ministry Survey Report is the effort of many persons. At the conclusion of our work therefore, we find ourselves indebted to many.

Our most profound thanks is owed to those thousands of pastors, parish nurses, lay persons and volunteers whose efforts to provide health services we have sought to chronicle in this report. We appreciate their time and effort in completing and returning the survey in the midst of their daily activities. Similarly, we are appreciative of the various individuals and offices within national church bodies for their assistance in obtaining the mailing lists which made the survey possible.

At several junctures we were assisted by colleagues with expertise in sociological research who offered wise counsel, and in some cases, assistance with data analysis. We are particularly indebted to Dr. Mark Chaves, Duke University and Andrew M. Lindner and Mathew C. Marlay, Pennsylvania State University.

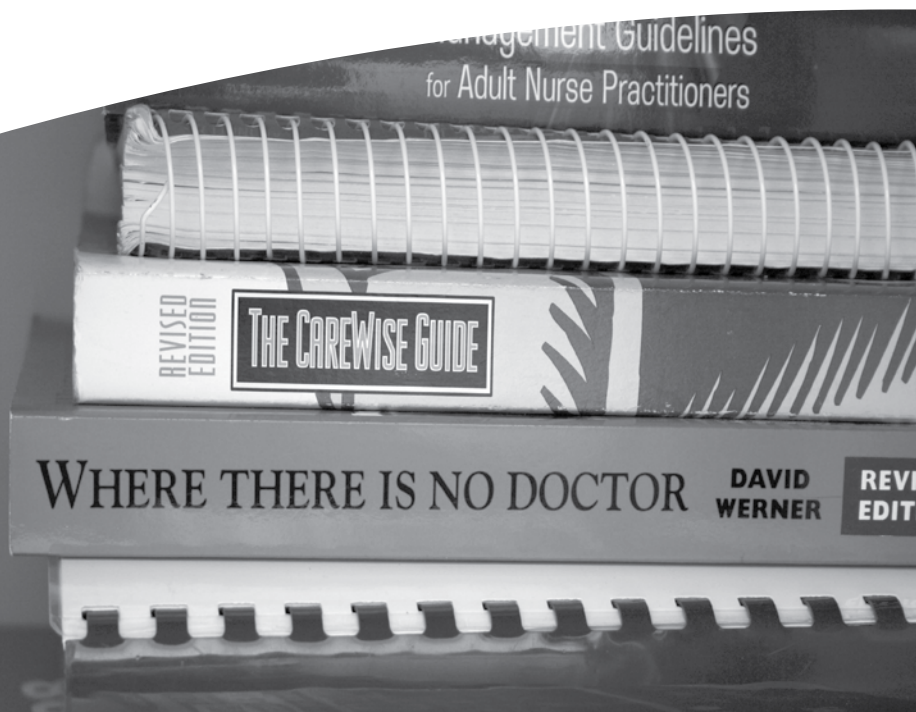
The Robert Wood Johnson Foundation provided support for this research and our colleagues there likewise offered thoughtful reflections as we developed the survey. We particularly thank Elaine Cassidy for her guidance in the survey design and analysis and David Morse and Elaine Arkin for their help in disseminating these results. We are grateful for this support.

Despite the many contributions of the individuals and institutions named above, this report reflects solely the views and perspectives of the National Council of Churches USA. Likewise, any errors which have stubbornly lingered remain our responsibility.

*The Rev. Dr. Eileen W. Lindner, Ph.D.
The Rev. Marcel A. Welty*

**It is not uncommon
for congregations to
discover holes in the
fabric of the health
care system and
seek to address such
needs directly ...**

KEVIN TANKERSLEY PHOTO



Authentic, hands-on gospel ministry

Brian Dodd
Executive director,
Potter's Vessel Ministries
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Where are you, Adam?" God asked in Genesis 3. We are constantly being pursued by God, wanting us to show up, to enter into relationship, to love. My religious background was one of evangelical conservatism. Growing up in the fifties on a dairy farm disclosed comparatively few social ills as compared to our world from this point in my life.

As a young boy, I developed a healthy fear of drinking, dancing, smoking, movies and most religions other than my own. I adopted a belief that were two tracks of Christian service; personal evangelism and the pursuit of piety, or more accurately, not becoming a stumbling block on someone's path to Christianity. This prospective was later challenged as I began to see a wider view of the world and Christian service.

It is very difficult to escape a growing awareness of the pain and suffering which surrounds us. Few can now experience insulation from social and spiritual ills as we once may have. Broken social and governmental systems and broken lives serve as constant reminders that our times are in need of extraordinary intervention. Apathy and individualism among Christians is growing more difficult to sustain in the face of God asking "Where are you..."

Yet many still hide from caring too deeply, shielding their eyes from seeing. Although others may rely on stereotypes or profiles for determining those who are worthy of our love, attention or help – ways of determining those who are salvageable and who might be written off as lost or too difficult to reach.

Differing views on how to express one's Christianity have long been debated and mark denominational boundaries. However, most contemporary Christian denominations hold some balance between their beliefs and a call to social ministry. One of the most controversial questions today relates to whether evangelism and social ministry are simultaneously compatible.

Might someone feel coerced into accepting the gospel message for fear of not receiving social assistance? Or, could Christians get so involved in social issues that they neglect evangelism? Certainly, the answer to these questions is yes. But when Jesus sent out the 12 in Mathew 12, he told them to do it all – evangelize and take care of social needs. As the fear of failure is overpowered by the power of love, we will find a growing harmony in ministry that cannot be calculated.

Being a follower of Christ requires much more than strategy, planning and risk management. Christ calls us to be radical in our love for people. To do this, we must pray for the strength to come out from behind our fears, defense mechanisms and tool boxes of inaction. When available, the church – the body of Christ – will be concerned and involved in the same types of issues and concerns as Christ.

In Luke 4, Jesus could not have been more clear about being focused on the social injustices of the day. In Mathew 28 we are instructed to preach the gospel to all nations, and in Mathew 25 Jesus shares his expectation for us to feed the hungry, give drink to the thirsty, offer hospitality to strangers, provide clothing to the naked, offer care for the sick and imprisoned and to do so as you would do it for Christ.

I have had the opportunity to be involved with a health-related social ministry for the past six years. During that time, I have been cheerfully impressed with the

numbers of volunteers serving in social ministry organizations for personal spiritual reasons; but have also been surprised that few churches corporately identify with these same organizations as an extension of their mission outreach to the local community. Many faith-based social ministries responding to growing need turn to governmental funding for resources to sustain activities.

However, an unintended consequence of this funding can be a weakening of the interdependence and mission cooperation originally intended between the church and the social ministry organization.

The emergent church seems to be bringing new energy to discover renewed relevance in our times. The desire to be authentic hands-on ministers of the gospel message is drawing people to ministries of body, mind and spirit. In so doing, I am hopeful that a revitalization of relationship between the church and para-church also

will take place.

As we seek for clarity of role in continuing the healing ministry of Jesus Christ, let us say, "We are here, Lord, willing to always take a fresh look at how we express the life within us."

... the church – the body of Christ – will be concerned and involved in the same types of issues and concerns as Christ..



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The seasons of family life



The leaves are late turning this year. Flush upon the Thanksgiving holiday they still cling to the branches in yellow-bronze splendor. The 20-pound turkey is defrosting in the refrigerator. We anticipate this grateful season when three other families, as they have for almost two decades now, will arrive on our doorstep with pecan pies, candied yams and fruit salad to contribute to the yearly feast. Each season has its characteristic scents and tastes, mood and rituals. So it is with family life. There are seasons, each with its own textures, its own joys and travails, its own challenges and graces.

How aware I was of seasons at a recent potluck hosted by a faculty member of my husband's academic department. Several of those attending were, like us, free to arrive unhindered by the constraints of babysitters or young children in tow. We sat complacently around the cheese tray and exchanged pleasantries about work. Meanwhile, one young woman faculty member was in and out of the dining room attending to her 4-year-old son who was playing in an adjacent bedroom, catching snatches of adult conversation as she swept by. Another couple was on and off their cell phone with a 16-year-old daughter who had arrived home early from a high school football game and was nervous being in the house alone for the few minutes before her parents would reappear.

I remember those days so clearly. I do not miss the frantic juggling that comes with being a working mother of youngsters nor do I miss the high drama of teenaged angst. But I do miss the warmth and tenderness that seems to go with caring for little children and I miss being intensely involved in the excitement of high school, sharing the delight of our children's friends streaming in and out of the house, bursting with anticipation of the lives that stretch out so full of promise before them.

This particular season this year has its own textures for my husband and me, gathered as we are around the cheese tray: the low-frequency sadness that comes with the awareness that this will be our first holiday season without my mother, the poignant passing-on of traditions that will occur at Christmas when, for the first time, our eldest daughter and her new husband will be the family hosts rather than us. This year only two of our three adult children will be able to return to the home Thanksgiving table; the same patchwork attendance will be true for the other families as well. College, medical residency, volunteer service will claim some of the younger generation. But our son will bring his new girlfriend as will another family's son. And so the cycle of seasons plays itself out.

In the midst of this season of transition, both natural and familial, I find solace and challenge in the lesson of Ecclesiastes "For everything there is a season." The radical yet gentle spiritual arts of welcoming and letting go so central to family spirituality play themselves out again. We are allowed into the mystery of the constant subtle adaptations of family life, learning to love again and anew in each changing circumstance. "Love one another." And here it is, newly configured in this autumn season, the same yet ever transformed and transforming call.



Wendy Wright
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Creighton University

Visions of the 'beloved community'

We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly."

Dr. Martin Luther King wrote those words in his famous "Letter from a Birmingham Jail," and as I reflect on our two Faith in Action pieces, I am reminded of Dr. King's persistent call for us to serve others in community. Indeed, King's vision of the "beloved community," where different ages, races and socioeconomic backgrounds will one day come together, is clearly the problem our two contributors address. They offer us an example of community in action (an after-school mentoring program for children lacking adult role models) and the tools to build community (the Asset-based Community Development or ABCD framework).

New Faith in Action contributor Krista Petty shares with us the work of Mark Krynski and Omar Reyes, two men committed to creating an after-school program to help children experience the "beloved community" in Keller, TX. Reyes beautifully captures the freedom and joy inherent in a community where children feel safe enough to just be kids when he says that children learn in their after-school program that they can "dance" and feel alive in the spirit. The power of their program is evident in the number of days they offer programming and the number of volunteers they have marshaled; it's also clear in how many local children have learned to make their after-school program a second home.

To get to the place where people can realize the "beloved community" ideal Dr. King longed for, communities have to see themselves as having strengths and assets worth celebrating. Nationally known church community development consultant Jay Van Groningen shares an overview of the ABCD approach to mobilizing communities and contrasts it with approaches that tend to emphasize community deficits or pathologies. In his work, he challenges us to think about how we, as social workers, ministers and laypeople, might unintentionally hamper our efforts at community development when we focus too closely on what is wrong with a community rather than on what its strengths are. Every community has the gifts of individuals, associations and institutions if we just know how to recognize and mobilize them. If we listen to Van Groningen, we might just start to foster more examples of the beloved community in which we all want to live.

Michael Kelly
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Chicago School of Social Work



SHARE YOUR MINISTRY

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BAYLOR PHOTOGRAPHY

Learning the new ABCDs *by Jay Van Groningen*

Thinking about asset-based community development (ABCD) is a way to find and mobilize resources that already exist in a community. This article is reprinted with permission and is available at www.fastennetwork.org.

In many communities, social service organizations and governments tackle community change by asking what is wrong, what has to be fixed. ABCD takes a totally different approach to community change. ABCD starts by looking at what a community has that it can give/contribute to desired change.

The first place church leaders should start in their journey to understand and apply the important insights of ABCD is by reflecting deeply on community. Specifically, I recommend they begin by considering this important question: What does the Bible have to say about the nature of community and living in community? Some personal Bible study on the following topics will help Christians begin to answer this important question:

- The community within the Godhead (three in one)

- The Israelite community and its posture/witness among the nations
- The early New Testament church community as the visible representation of Christ
- The eternal community and the pictures of life we can anticipate in eternity
- Biblical leaders who were nurtured in and by community

PROBLEMS WITH NEEDS-BASED APPROACH

We define ABCD as “a way to find and mobilize what a community has.” It starts with the community’s assets, rather than with its needs or problems.

Consider what often happens when the discussion of community development starts with “needs and deficiencies” instead of with assets and gifts. It often is de-energizing. It can lead to loss of hope. It can overlook gifts so abundantly present.

Yet we in the church often approach community development from this “needs-based” approach. We do it in and to both individuals and communities. We give them labels that imply they are not gifted; we imply that they are useless, hopeless, bad.

Think of any label that may have a negative connotation and the potential impact it can have on an individual:

- Feeling hurt and turning inward
- Feeling angry and fighting back
- Losing energy and ambition
- Feeling resigned, waiting for a saviour
- Giving up and settling
- Depression
- Helplessness

Likewise, negative labels also affect communities:

- The glass is “half empty” when a community does not look for and call for the participation of all its members.

- The disconnection of individuals from community leads to overlooking their gifts, to internalizing inferiority, to community malaise.

- Preoccupation with one-way transfer of aid from the middle class and the rich to the poor distracts us from looking for and engaging the gifts of the poor.

A strong community fundamentally knows “there is no one we don’t need.” Everyone’s gifts must be given scope. But because we are often used to first thinking about problems and needs instead of gifts and assets, we have to be intentional about developing new thought processes.

THE ABCD RECIPE

A fundamental question in the ABCD approach is: What can this community do itself to achieve its own goals and dreams? ABCD is a process, and it’s not unlike baking a cake in that there are certain critical ingredients.

1. Gift of Individuals – These typically fall into three categories:

a. *Head knowledge*. What do I know that others do not know? What have I learned from life experiences that others have not had the opportunity to learn?

b. *Hand knowledge*, or practical skills.

What am I good at? What are three things I do better than most? What are my professional skills? Do I have creative and artistic gifts?

c. *Heart knowledge*. What I am most passionate about? What do I love to do, what do I care most about, and what am I most willing to work on with my time and talents?

Individuals in a neighborhood almost always have what is needed (skills and knowledge) to help a neighbor get something done. Groups of neighbors in cooperatives get things done by contributing their time and talent and working together.

The ABCD approach argues that most neighborhoods already have what they need to take next steps in their development. Where God’s human family dwells, there is an amazing display of God’s gifts in individuals. Harness those gifts for neighborly good and there’s hardly a limit on what can be imagined and accomplished.

2. Gift of Associations – an association is a group of local citizens joined together with a vision of a common goal. Some of their important common characteristics are:

- Political with the ability to create power and act on issues.
- Social
- Venues for gift-giving

It is especially important for Christians to note that churches are associations. Churches have power, are social and are vehicles for gift giving. What would happen if churches – your church – used their gifts for the benefit of their neighborhoods?

To use a personal example, a Community Mental Health (CMH) official was threatening to close a sheltered workshop in my town. The workshop employed people with disabilities. Within two days, we had more than 400 people show up at a CMH board meeting to voice their concerns about the proposed closing. We harnessed hu-

The ABCD approach argues that most neighborhoods already have what they need to take next steps in their development.



Stock Photo

sations” are the tool to discover what people care about “enough to act on it” (e.g., concerns, dreams/goals and gifts).

Here is a simple question sequence that has proven helpful in following the ABCD method in many communities:

- If you could wave a magic wand

and make one thing better in your community, what would it be?

- If others would join you in making that possible, what contribution (gifts of the head, hands, heart) would you make to achieve that dream or goal?

Three elements are required to move from individual development to mobilizing community (individuals, associations, institutions) development:

- learning conversations,
- finding ‘motivation to act’, and
- a connector/leader bringing all of the needed resources together.

Getting community members’ participation requires plugging into their self-interest and passion.

PASTORS’ ROLE IN ABCD

It takes a connector to link assets (individuals, associations, institutions) and desire with opportunities for change. Once a community has defined a vision and what it wants to do, well-connected leaders (including pastors and other ministerial leaders) can engage the wider community, using learning conversations to discover motivation to act (at the level of individuals, associations, and institutions) to bring supplemental participants and resources into the change process. This can then give birth to new, effective community partnerships – usually marked by the following elements:

man participation and voice through our network of association leaders.

3. Gift of Institutions – include all organizations with paid staff that exist to accomplish tasks. They are organized for:

- Consistency (doing one thing well),
- Sustainability (they work to be self-perpetuating); and
- Reliability (no mistakes)

Although institutions and associations are both important to ABCD, they are different. The gifts of institutions must be steered in support of what the *citizens* want and need, not what the institutions want and need.

For instance, low-income communities typically are inundated with social service organizations. Those organizations exist to do a particular job – generally to provide a specific service or benefit. Their mission is to provide that service consistently and fairly (by the rules) over the long haul. But if the organization needs a client in order to maintain its existence, then it may not have much motivation to help people become “non-clients.” Is it likely they will help their clientele graduate from their programs? The best use of institutions is in a supportive role, supplemental to what the citizens are doing and want to do.

ENGAGING PEOPLE IN ABCD

The ABCD process involves finding out, through listening and asking, what people really care about. “Learning conver-

- Develop a clear vision/mission/task
- Involve people who care about the proposed change/venture
- Empower people to use and give their gifts
- Create a level playing field for participants
- Trigger participants' motivation to act
- Invite diverse gifts from the community

CHURCH'S ROLE IN COMMUNITY DEVELOPMENT

The church is the bearer of the values of God's original creation, and that involves healthy, flourishing and inclusive communities. One of the primary roles for the church is to attend or convene neighbors in community visioning processes.

Church members can be servant leaders at any or all stages of the community change process. They can facilitate the beginnings of revitalized communities by posing the key questions of the ABCD paradigm:

1. What does the community want to accomplish?
2. How will the church support, supplement or lead in helping the community meet those goals?
3. How will the church add scriptural value to the work of the community? In other words, how will the church demonstrate God's sovereignty in the neighborhood?

SUMMARY

Individual, association and institution gifts, combined and blended in appropriate amounts and sequence, can result in a recipe for change that will transform your church and your community.



FIND OUT MORE ...

<http://shop5.gospelcom.net/epages/FaithAlive.storefront/>

Communities First ("God is active in your community. Are you?") A 9-book series and DVD edited by Jay Van Groningen of CRWRC and available at the Faith Alive Christian Resources Web site.

<http://www.sesp.northwestern.edu/abcd/>

The Asset-Based Community Development Institute at Northwestern University. This site includes many of the researchers and thinkers that have influenced Jay's work in community development.

Author's note: This article draws from material from Mike Green (<http://www.mike-green.org/>), Dr. John McKnight, and a two-day training event with Jim Diers. Their notes are included here by permission.

QUESTIONS FOR REFLECTION:

⇒ A church that wants to transform a community will position itself as the connector of individuals, associations, and institutions to bring all their respective gifts to the

ABCD process.

List some of the institutions and associations present in your community. For each on your list, assess what its strengths, gifts and talents are (*i.e.*, employees, staff, personnel offices, buildings, office equipment, supplies, sales teams, marketing teams, etc.)

⇒ Think about the implications of this statement: The tragedy of American compassion is that it focuses on the transfer of goods and services and overlooks the recipient (the person) and her/his gifts. What if Christians understood compassion as developing and unleashing the gifts of the poor? How would it change Christians approach to mercy and benevolence?

Jay Van Groningen is team leader for North America Ministries for the Christian Reformed World Relief Committee. He convenes and supports multipliers of Christian Community Development work throughout the United States.





KEVIN FANKERSLEY PHOTO

By Krista Petty

If children aren't dancing in the community, then something is wrong," says Omar Reyes, community development director at NorthWood Church, Keller, TX (www.northwoodchurch.org). Through his ministry, Reyes is passionate about mobilizing the church and its resources to make a transformational impact in the local community, especially in the lives of children.

Why wouldn't children be dancing in a community? Reyes believes a majority of children lack the security in their lives that they need to feel free enough to dance and to just ... be kids. He thinks that what makes children so insecure is that they lack a crucial part of God's design for families: fathers.

"Statistics show that most social ills can be traced back to fatherlessness," Reyes says. According to the National Center for Fathering (*see sidebar, p. 43*), when fathers are absent, children suffer. Fatherlessness is linked to poverty, high school dropout rates, crime, adolescent drug use and teenage pregnancy. These problems have become systemic, passed from one generation to the

next, creating a legacy of fatherlessness.

As he studied the scriptures and researched the statistics, Reyes says he began to understand the problem of fatherlessness as a spiritual need as well as a social problem. He learned part of this lesson while preaching in a Belize prison to young black men.

"I was preaching to them about the father God and the love of the father,"

he says. "God just stopped me there in the middle of my talk and helped me realize that they did

They did not connect with the message because they did not understand what a father is.

not understand what I was saying about fathers. They did not connect with the message because they did not understand what a father is."

Instead of continuing to preach, Omar asked the young men how many of them knew their fathers and how many had had bad experiences with their fathers? "Ninety-five percent raised their hands to bad experiences," he says.

Reyes wondered how God could reveal himself when children aren't exposed to positive fathering. "What God showed me is

that he wants us (Christians) to express the heart of the father to kids,” he says.

Reyes believes the local church take on that kind of role by beginning very simply.

“How do my own kids know that I am their dad? I feed them, I clothe them, I take

care of them,” he says. “The physical aspect of this is very important. I realized that as we provide for the physical and emotional needs of children, they understand God as father. That will impact them forever.”

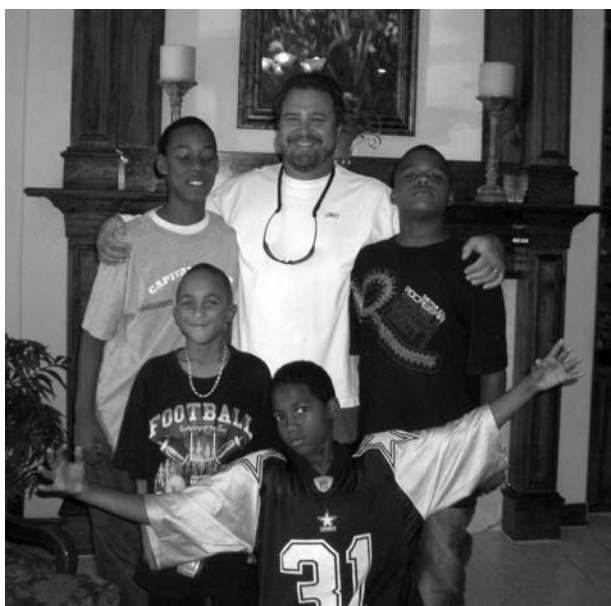
Matthew 5:16 reads, “In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven” (*emphasis added*). Showing good works to children is precisely why Reyes and his team at Northwood commit their lives to projects like the Park Vista After School Program. “It’s all about showing and doing good works so they can see God as Father,” he says.

NO ORDINARY DAY

It’s an ordinary school day in Keller, a suburban community north of Fort Worth, but to Mark Krynski, no day should be ordinary. He says every day is a chance to make a difference.

“I am a businessman with a software company. But God gave me a wake-up call on 9/11 and I realized I wasn’t in control. I decided to go find out who is in control and start listening to Him,” says Krynski. That search landed him at Northwood Church and led him to become a volunteer with church’s Park Vista After School program, located in the recreation room of a town-home/apartment complex.

Although Keller, with a population of



Mark Krynski (center) mentors young boys in the after-school program by taking them on his family outings, such as to the Texas State Fair.

about 37,000, is not known for after-school problems, an undeniable need surfaced. When a developer purchased land in 2000 in the downtown area of Fort Worth to build a warehouse/retail center, families in the razed apartment com-

plex were displaced.

“When the developer built this center, they moved an entire African American apartment project out of the city to the suburbs,” many of them moving to Keller, says Krynski. “The church is trying to help make this work and improve the lives of these kids.”

The after-school program started in fall 2001 as a small, one-day-a-week project.

Twice the church almost closed the program due to lack of volunteers and uncertainty of its effectiveness. When Reyes came on staff at Northwood, he brought with him his passion for children’s needs and some fresh ideas.

“When I first came to Northwood I found Mark, who was really doing something. He was sort of like a lone ranger out there doing stuff in the community, taking care of kids every Friday for almost three years through this after-school program,” Reyes says.

As Reyes became acclimated with the community, he found another after-school program in town called Love Never Fails, associated with Calvary Chapel Church. “I saw how through partnership, we could make a program 10 times the size,” Reyes says. “We didn’t push Love Never Fails to accept our apartment complex at all. We simply thought we would partner wherever they wanted to work.”

Reyes talked with Krynski about the

changes that such a partnership would bring and they committed the possibility to prayer. Not long afterward, Reyes received a phone call from the Calvary Chapel pastor about the location for the new after school partnership. “He said he had driven by a place he thought would be the right fit for a full time program with Love Never Fails. It was our Park Vista! Their program adopted our Park Vista program, brought a teacher full time and we brought our existing relationships into the program. God just opened that door,” says Reyes.

GROWING IN PARTNERSHIP

Today, the program is a full, five-day-a-week after-school program assisting kids with homework, and providing incentives like trips, camps and activities for good behavior and good grades. To launch the expansion, the apartment complex management advertised the after-school program in the community newsletter and held a kick-off event. Sixty kids, pre-K through 8th grade, are now enrolled. Krynski and a full-time program director from Love Never Fails help provide a moral compass for the kids in the program through Bible studies and stories and personal connections.

Along with the relationships formed in the program, Krynski mentors the young boys by taking them on his own family outings and adventures. They most recently took an 11-year-old boy to the Texas State Fair. “It was his first time to ever visit a fair like that,” says Krynski. Through camping trips and weekly rides to church, Krynski helps them see glimpses of what a father is like – hoping they will come

to know their heavenly father.

In the past, the program took a break during the summer, but in summer 2006, it extended to a half day, providing stability and care for the kids at the complex while school was not in session. “Seventy percent of the volunteers came from Northwood Church,” Reyes says. “We mobilized 300 people that first summer from 12 to 5 p.m., five days a week.”

Northwood continues to find ways to enhance and build the partnership. “Our church brought on a part-time support staff member to support Love Never Fails. This after-school program is an example of how effective a partnership and commitment for children can be,” he says. “We accomplished a 500 percent increase – going from one day a week to five – because of our partnership with Love Never Fails.”

MAY NEVER SEE RESULTS

But working with children, especially those in the community who may come and go out of a program, can be frustrating work. “People don’t always get involved because they do not see immediate results. You have to pour your life into kids and realize that you may never see the results,” Reyes says.

Born and raised in Belize, Reyes says Canadian missionaries had a huge influence on his life. “I would go in Monday and stay all week at the mission, like a boarding school. Those missionaries had me cutting wood and baking bread. They poured their life into me. And yet, I grew up rebellious, and most of them don’t know what’s going on with me now – working for a church!” Reyes’ own life is testimony that

NATIONAL CENTER FOR FATHERING

Founded in 1990, the National Center for Fathering seeks to improve the well-being of children by inspiring and equipping men to be involved more effectively in the lives of children.

Their nation-wide programs includes:

- WATCH D.O.G.S, a school safety initiative that trains and encourages dads and father-figures to volunteer in schools
- Seminars on fathering
- Specific resources on urban fathering
- Fathering Court, an innovative alternative to prosecution and incarceration for men with significant child support arrearages.
- Today’s Father radio and podcasts

www.fathers.com

to change a generation means pouring out yourself and leaving the results up to God.

Reyes concludes, "Abraham should be our example of what it means to pour your life out and change a nation – even when you don't see immediate results. You cannot care for glory if you are going to work with kids. And we must remember that it is not the work that pleases God. It's because of their faith that God commended Abraham, Moses, David, Samuel and others.

"Even if we don't see immediate results in serving children, we have faith that God will bring the results and change a nation and a generation who will dance!"

QUESTIONS FOR REFLECTION:

⇒ Understanding God as Father and accepting his deep love for you could be helped or hindered by experiences with your earthly father. How have your family relationships played a part in forming your acceptance of God's love as paternal?

⇒ Single mothers struggle with many challenges. How could such an after-school ministry expand to provide additional services to them?

⇒ Are the children in your community dancing? How could your church make a difference for the next generation?

FIND OUT MORE ...

www.leadnet.org/Resources_Downloads.asp

Leadership Network offers a number of free downloadable concept papers on various community ministry topics through its Externally Focused Leadership Community, including "How Externally Focused Churches Minister to Children: The Power of Serving Kids in Your Community."

www.afterschoolalliance.org/about_us.cfm

The Afterschool Alliance is a nonprofit organization dedicated to raising awareness of the importance of afterschool programs and advocating for quality, affordable programs for all children. Its site offers research and resources for how to get involved in after-school issues and programs.

www.cefonline.com/component/option,comrepository/Itemid,223/func,select/id,25/

The Child Evangelism Fellowship Web site offers free resources and curriculum for faith-based after-school programs, including tips for working with children across cultural barriers.

Krista Petty is a coach and writer for the Externally Focused Church movement, encouraging churches to leave the building and transform communities. This article is an excerpt from her paper "How Externally Focused Churches Minister to Children: The Power of Serving Kids in Your Community,"



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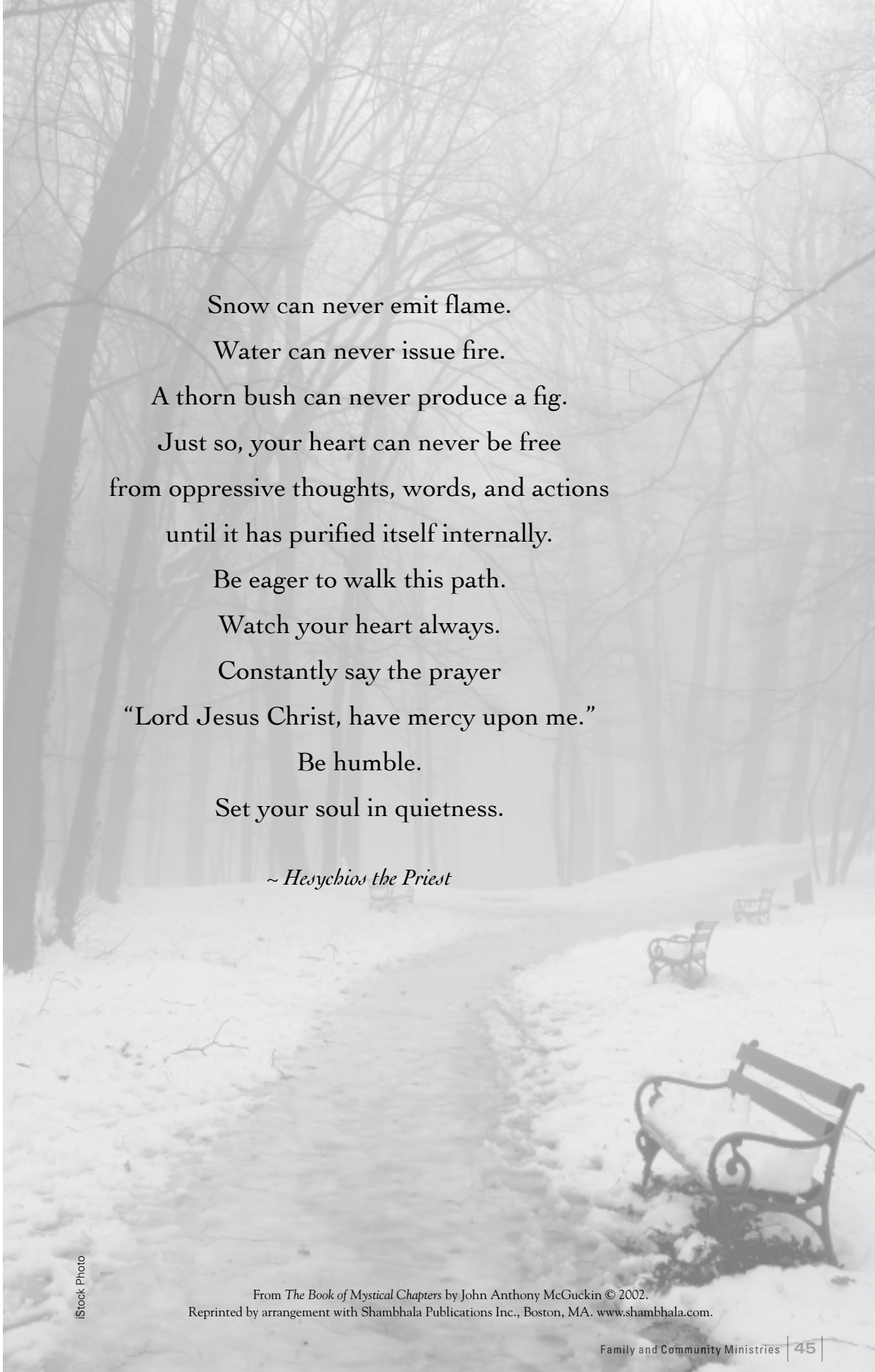
The Goodness of God

Thomas Merton

To be grateful is to recognize the love of God in everything He has given us – and He has given us everything.... Gratitude therefore takes nothing for granted, is never unresponsive, is constantly awakening to new wonder and to praise of the goodness of God.

For the grateful person knows that God is good, not by hearsay but by experience.

Source: Thoughts in Solitude

A misty, snow-covered forest path with several park benches. The scene is serene and quiet, with bare trees and a soft, hazy atmosphere. The path leads into the distance, and the benches are scattered along the way, some partially covered in snow.

Snow can never emit flame.
Water can never issue fire.
A thorn bush can never produce a fig.
Just so, your heart can never be free
from oppressive thoughts, words, and actions
until it has purified itself internally.
Be eager to walk this path.
Watch your heart always.
Constantly say the prayer
“Lord Jesus Christ, have mercy upon me.”
Be humble.
Set your soul in quietness.

~ Hesychios the Priest

Books and Resources

The Fear of Beggars: Stewardship and Poverty in Christian Ethics by *Kelly S. Johnson*

William B. Eerdmans Publishing (Grand Rapids, 2007). ISBN: 978-8028-037-8. 236 pp.

There is something amiss in the church's economy. The church is paralyzed by the existence and needs of beggars. Kelly S. Johnson maintains this problem arises from a dependence on the theology of stewardship. She claims stewardship avoids the self-abdicating economy and does not count as "success" Christ's economy of gift-giving. *The Fear of Beggars* undertakes to analyze this problem by examining the Christian tradition of voluntary begging. Johnson uses begging to illustrate possible solutions through the creation of a countercultural love of our neighbor.

Johnson narrates her argument in a fluid and accessible manner. Her emphases are illustrated by the lives of prominent voluntary beggars: St. Alexis, Francis of Assisi and Benoît-Joseph Labre. Voluntary begging was considered, by some, to be the disciple's *imitatio Christi* (imitation of Christ). Begging was, therefore, an attempt to embody Christ's humility and selfless giving via penitent living. This challenged societal and economic systems that refused to maintain deep relationships with others and denied gift-giving as vital to discipleship. Voluntary begging, however, is dependent upon a community that embodies a particular type of economics, one that is willing to give gifts without thought of return.

Equally important for Johnson's argument is her analysis of the growth of



"stewardship theology" along with the rise of modern economic philosophies that radically marginalize beggars. Stewardship, an idea that played no significant role in early Christian thought, originally connoted concrete domestic service, like a servant carrying dinner to a master's table. Stewardship was the proper service given to a master in the master's household. However, as economic stability became more prevalent in Europe, stewardship quickly changed to suggest financial oversight done in a spiritually appropriate manner. Now stewardship "signifies a turn from the material and political presence of the church as an economic community capable of material sharing towards the church as a spiritual association of individual property holders with primarily motivational rather than organizational impact." (73)

Johnson contends that this theological trajectory, filtered through economic thinkers like Adam Smith and Thomas Malthus, began to imply that proper management of societal production is the true good, thus turning beggars into anomalies. "Non-producers" can only be viewed as lazy within these systems. These developments removed the Christian reticence toward approving of private possessions and fostered the dissolution of communities of care and gift-giving.

Johnson maintains that the self-sustaining and spiritualizing nature of stewardship led the church to fail to maintain a distinctly Christian sacrificial gift-giving economy. This failure necessitates an alternative economic approach. Peter Maurin, the co-founder of the Catholic Worker movement, is a shining example of a modern and distinctly Christian economy of relationship and gift-giving. His movement attempted to create agricultural communities of care centered on relationship and service. These

communities functioned as alternate economic centers of mutual gift-giving. Maurin's life illustrates that the legacy of voluntary begging as a challenge to impersonal and abstract economic/social theory can be undertaken, even if it will be seen as a failure by modern society.

The Fear of Beggars should be read by everyone because we live in a world dominated by the economics of self-interest. The church would become a witness to Christ if it accepted Johnson's critique of social systems that marginalize the poor. All humanity would benefit from the church's acceptance of Johnson's challenge to become a community where relationships between the poor and the rich are common, and the economy of grace and gift-giving supersedes the economy of usury. The book does not propose the way to interact with beggars, but instead challenges the church toward faithfulness.

Despite the book's value, it fails to explain Johnson's intended focus, "the fear of beggars." (8) Economic considerations and stewardship's rejection of the "unproductive" explain why the poor are alienated, but not why we fear beggars. It would appear that the fear of beggars is increased by, but does not arise from, economics. Rather we fear the "other," the "corrupt," the "different," because they unsettle the "pure" and the "propertied." Because of this fact, the book and the reader could greatly benefit from engaging Miraslov Volf's, *Exclusion and Embrace*, which addresses the fear of "otherness" and the necessity of gift-giving involved with reconciliation with the "other."

Reviewed by Chris Moore, who is completing his MDiv with a concentration in Mission and World Christianity at George W. Truett Theological Seminary in Waco, TX. Upon completion of his MDiv, he hopes to pursue a PhD in historical theology. He and his wife, Natalie, are members of Waco's Calvary Baptist Church.



Like Trees Walking: In the Second Half of Life **by Jane Sigloh**

Rowman & Littlefield Publishers, Inc. (New York, 2007). ISBN: 10-1-56101-290-4. 173 pp.



Before a vacation to an unknown area, we often consult a few guidebooks that prepare us for our visit. How do we prepare, though, for the trip we have no choice about taking – aging? Jane Sigloh, a retired Episcopalian minister, offers a

surprisingly palatable guidebook that combines Scripture, personal anecdotes and reflections, and a wealth of quotations from authors as diverse as Hermann Hesse and Dylan Thomas, T. S. Eliot and Walter Brueggemann, Emily Dickinson and Paul Tournier.

Like a good tour guide, Sigloh warns us of the nasty creatures that inhabit the terrain of aging, such as bitterness, loneliness, diminishment, loss of friends, and declining energy and health, to name a few. Her wise counsel to those in the "second half of life" is to accept the journey while remaining open to the many choices one can make in this stage of life.

The book's title is drawn from her reflections on Mark's account of Jesus' healing the blind man from Bethsaida. After Jesus has anointed the man's eyes, Jesus asks him if he can see anything. "I can see people, but they look like trees, walking," he replies (Mark 8:24). Jesus clears up the problem quickly, but the author extols the point that the trees' walking speaks to life beyond retirement, i.e., that one should continue to walk, perhaps more slowly, but not so slowly that they become root-bound.

Sigloh speaks critically of books that are filled with glowing testimonies such as "We're not getting older, we're getting better." This cheerful, determined optimism just doesn't ring true for her, Sigloh says. And, thus the book's final sections are "The Last Few Miles," "Heading Home" and

“Crossing the Jordan,” with the last chapter titled “It is Finished.” Sigloh is unflinching about the inevitability of death.

This is not “escape” reading; it plunges the reader into one of life’s most difficult realities – growing older. The book’s value may be greatest to those who would prefer to sidestep their own mortality but who are willing to be led toward reality with the author’s gentle help.

Tracking this book from beginning to end may be stronger medicine than many can or choose to take. Fortunately, its structure allows the reader to dip into the sections and, like one dipping a toe into icy waters, to acclimate, until he or she can begin to trust that Sigloh will be a wise, kind and even humorous companion.

In a beautiful and heartening story she offers as a harbinger of the afterlife, she recalls a terrible drought in her native Virginia several years ago: “Leaves on the dogwood trees curled up like paper, the fields were scorched, animals in the barn nipped at each other’s flanks.” (pg. 155) Then at last the rains came and the fields again turned green. Her Aunt Kate opened the barn doors and loosed the calf, the cattle dog, the cat and the rabbit. Freed, they were neither predator nor prey to one another. “They kicked up their heels in boundless, runaway gratitude, chasing circles in the wet grass ... It made you wonder, ‘How awesome is this place! This is none other than the gate of heaven.’ (Genesis 28:17).” (pg. 155)

The sheer emotional wallop of this topic suggests it will need to be explored in a small covenantal group where members are respectful and sensitive to one another’s pace. It does help readers confront their own fears while gently encouraging them to name their feelings of diminishment. It is a book worth reading for ministers and laypeople alike.

After retiring from 25 years as editor of the Baylor University alumni magazine, reviewer Sherry Castello now coordinates volunteers and supervises the kitchen of her church’s hot meal ministry in an impoverished area of Waco, TX. She and her husband, Don, have four children, seven grandchildren, and one great grandson.



The Mystery of the Child by Martin E. Marty

William B. Eerdmans’s Publishing (Grand Rapids, 2007).
ISBN: 978-0-8028-1766-2. 257 pp.



A self-disclosure is needed before reading this review. I do not know Martin Marty personally nor have I read any of his numerous books, essays or articles.

Prior to reading this book, my introduction to him has been through his Marty M.E.M.O at the end of each edition of the *Christian Century*. With this minor confession, I was more than interested in reading *The Mystery of the Child*. I wanted to know what Marty, a professor, teacher, scholar, academician and grandfather, had to say about children. As he says himself, this is his first book on children.

The Mystery of the Child is one of many books in the Religion, Marriage and Family series edited by Don Browning and John Witte, which is also published by Eerdmans. The purpose of the series is to bring together scholars and theologians from a variety of scholarly fields in order to focus on the role and inter-relationship of marriage, family and religion. Marty’s book is a fine addition to this series.

His main thesis, which he attends closely, is that historically, philosophically, socially and theologically, child-rearing and child development have been envisioned and discussed in terms of stigma and challenges, i.e., children are seen as a problem to be solved in terms of their behavioral, psychological and social upbringing. Therefore, he contends, one deals with children in terms of controlling their behavior, their ideas about the world around them, about God and the transcendent, as well as about other developmental aspects of life.

Marty, however, delves into this once-accepted notion of “child as problem” and shares his own insights into the situation by asking whether or not a child is not so much a problem to be solved as a mystery that unfolds. In order to address this question, he

draws upon a diverse group of theologians and philosophers, people such as George Bernanos, Karl Rahner and Gabriel Marcel. Also included are voices from educational development, social and cultural studies, and experts in the field of child development. The breadth of voices included in the book is tremendous but there were times when I wanted more depth. There also were times when I found myself lost in a sea of citations and quotations.

The book is divided into nine chapters that include topics such as care and caregiving, the notion of mystery in terms of child-rearing, and the subject of wonder.

Marty also includes a postscript that he titles “Abyss of Mystery,” which serves as a conclusion but also a prophetic word for the reader. In it, he addresses the topic of childhood from the vantage point of the elderly, a category that includes himself, he says.

I found his conclusion thought-provoking. He considers how being child-like, fully present to the moment, wondrous and playful can be vital and integral to the aging process. Jesus told his disciples that unless we turn and become like children we will never enter the kingdom of heaven, a verse that Marty uses as a mantra throughout his monograph. I wish, however, that Marty had included more personal vignettes from his own childhood, which I think would have provided even more insights.

The Mystery of the Child is not a quick read. The sheer amount of scholarship cited, in addition to Marty’s theological insight and critique, forced me to stop and often re-read several pages. This criticism should not deter one from reading the book, however. I recommend it to pastors, teachers, seminarians and anyone working in the field of child care and development. It is a welcome contribution to the theological discussion about children, and more important, about humanity in general.

Reviewed by the Rev. Dr. William C. Mills of the Nativity of the Holy Virgin Orthodox Church, Mooresville, NC. He teaches in the Department of Religion and Philosophy at Queens University of Charlotte, NC. He and his wife and two daughters live in Mooresville, NC.



Outside-In: Theological Reflections on Life by John Weaver

Regent’s Park College, Oxford with Smyth & Helwys Publishing, Inc. (Macon, GA, 2006). ISBN: 1-57312-472-9. 246 pp.

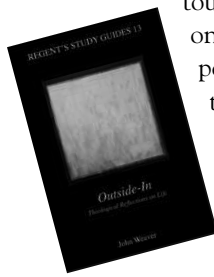
Many Christians live in two separate worlds: the private world of faith where they meet with God, participate in church programs and escape their everyday problems; and the public world of daily living and work where they face, for example, stress, injustices, suffering and despair.

The challenge John Weaver addresses centers on the issue of one’s Christian faith

touching every aspect of one’s life which, he proposes, requires a change in the direction of our thinking. As he writes, “the direction of our thinking should be ‘from the outside to the inside,’ from mission out in the world to reflection upon it within the church: in short, ‘outside-in,’ not ‘inside-out’” (16).

This change can be accomplished through theological reflection that results in a different way of being church, he writes. It will entail reflection on how the stories of people and church communities fit with the story of the Bible, and how that story fits with the Christian tradition through the ages, all the while acknowledging that the story is open and ongoing.

The task set forth is first and foremost directed at church leaders as facilitators of small discussion groups, utilizing Weaver’s action-reflection model, which he describes as: (1) the examination of one’s experience and context; (2) a sociological, psychological, historical and theological analysis of one’s experience; (3) the integration of one’s faith and biblical beliefs with the practical experience of daily living that is being examined; and (4) a response through action that makes a difference in one’s life and the lives of others. This response leads one into new experiences that start the cycle of reflection over again and leads to new



responses. Weaver's model is not a closed circle but an ongoing spiral.

As each chapter examines a particular aspect of Weaver's model, he interweaves examples, stories, diagrams, questions and exercises to facilitate theological reflection and action in small groups. This process leads groups into reflection on who God is, where and how God is present and working in one's daily life, what it means to be the church/community of faith, and how that translates into the world. Through this process, trust, openness, honesty and respect develop in the small groups as the members' stories become opportunities for shared experiences of learning and empowerment for living outside of the church community. In this way, God's story becomes their story. Weaver believes that the story then will "transform the stories we live out in our living and in our work Monday through Saturday" (215).

I recommend highly *Outside-In* to church leaders. Webster's approach to theological reflection is one that can touch all aspects of a person's life, including one's relationships with family, friends and

community, and one's daily living at work, at home, in service to others or in leisure activities. All of these are starting points for theological reflection. These relationships and experiences are brought from the outside into small groups in the church community. As the members of small groups reflect on the ways in which God is at work in these situations, their relationships are strengthened and their experiences transformed. The divide between the private world of faith and the public world of daily living and work begins to dissolve. Weaver's vision of a different way of being church, that is, a community in which one's faith becomes fully engaged in one's daily experiences, is biblical, powerful and attainable.

Shelly L. Paul currently serves in administration, Palm Beach Atlantic University, West Palm Beach, FL. She served previously as lecturer in theology at George W. Truett Theological Seminary, Baylor University, and as assistant professor of systematic theology at Denver Seminary. She is affiliated with the American Academy of Religion/Society of Biblical Literature and the Christian Theological Research Fellowship. Her publications include articles on the doctrine of the Trinity and various book reviews.



Section edited by Amy Castello

The Church as Conscience

Martin Luther King, Jr.

The church must be reminded that it is not the master or the servant of the state, but rather the conscience of the state.

It must be the guide and the critic of the state, and never its tool.

If the church does not recapture its prophetic zeal, it will become an irrelevant social club without moral or spiritual authority.

Source: Strength to Love

A Prayer After Easter

By Erin M. Cline

O God of the Last Supper
God of the Cross
And God of the Empty Tomb
We come before you now and we pause.

We inhale the scent of snow white Easter lilies.
We see the rain as it falls in veils and sheets of April showers.
And we listen.

Holy Week has passed.
But how we long to live by the marvelous story we have heard.

Let us remain ever beside you at the table of the Last Supper.
Show us who is hungry.
And give us the courage to offer them bread from your table.
Show us who is thirsty.
And give us the strength to lift up the cup of your love.

Most of all, show us how to linger at the table, serving others—
Doing ALL that we do
In remembrance of You,
And the way You were when You walked this earth.

We lift these simple, limited words
Up to you, O God.

Amen

When church becomes family

Vicki M. Kabat
Associate Director,
Center for Family and Community Ministries



When our oldest child, Michael, was 4 years old, we took him for day surgery at our local hospital to repair what the doctors thought was a hernia. It wasn't. It was a tumor, emanating from his spinal column region and so large in his small stomach that his pediatrician had felt it when examining Michael's abdomen.

The next 11 days of our lives were emotionally and physically numbing as we dealt with shock, fear, disbelief, uncertainty – and child care. Michael's 18-month-old brother, Jeffrey, also needed our attention as we struggled to understand our oldest son's situation. Our nearest family was 700 miles away and could not get to our home for two days.

This is a story about child care in churches – a professional weekday program and Sunday morning child care attendants. Both groups, from two different churches, rallied around my small family and enveloped us in love – practical and spiritual – through our crisis.

The teachers and staff of the church preschool that Michael attended surrounded us with cards, toys and small gifts, visits and prayers. Later, the center director remitted a month's child care payment to us and when we protested, she simply said, "We're happy to do this."

Our home church, where our sons went to child care every Sunday morning and evening and most Wednesday nights, also responded. One dear woman, Ruby Wilkerson, at that time in her mid-60s, came immediately to our home with an overnight bag to stay with Jeffrey until my parents could arrive. Because our baby knew her so well, he easily moved into her arms – and she forever into our hearts.

We drove Michael to Children's Medical Center in Dallas, where pediatric surgeons and staff could attend him. I sat in the back of our station wagon where Michael lay in his Superman pajamas, the sun glinting on his strawberry blonde hair.

The three-hour operation was on a Friday and at 6 p.m. Monday, the oncologist brought us the results of the biopsy report: benign.

We were a young couple with two preschoolers, a station wagon and a dog when our ordinary lives suddenly flew into a thousand tiny bits. But there to gather us up and hold us gently were caring individuals in the church who loved little children.

According to research completed in 2007 by faculty at Baylor's School of Social Work, more than one-fourth of early childhood weekly daycare is provided by church-based centers. The Center for Family and Community Ministries in the School of Social Work will be hosting a summit May 12-13 in Dallas titled "Who Cares for the Children? A Church-based Child Care Summit" to present findings from that research.

What role, then, do these providers of child care have in ministering beyond the nursery room and into the front rooms? Is that part of the church's mission? Or are daycare centers solely a practical way to occupy space during the week?

In our mobile society, there are many young families living far from their natal homes and communities. When crisis strikes, to whom can they turn? What can and should be the church's response? These will be the questions we discuss at the summit in May.

They are personal questions for me, but then, I received my answers 25 years ago.

Who cares for the children?

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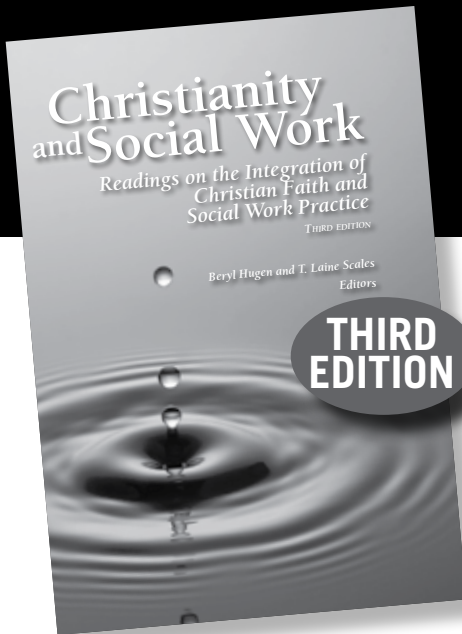
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social work, has been very extensive. For many in the social work profession, the question of the relationship of Christian faith and social work was inconsequential, irrelevant, and for some, an inappropriate topic for professional investigation. Even presently, when spirituality is being recognized by the profession as a legitimate area of inquiry, Christianity, as one spiritual voice, is recognized only hesitantly.

Ironically, social work once used the language of Christianity as a basis for its existence. Historically, such language was widely and eloquently used by both social work educators and practitioners. Spirituality, and to a large degree Christian spirituality, is very much part of our society and continues to play a significant role in providing moral rationale and reasoning to our political, social, and charitable institutions. As a result, many social workers want to know what role Christian faith plays in the social work profession. The purpose of this book is to help respond to this question.

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