

Working with Faith

Faith-Based Organisations and People who have Drug or Alcohol Issues in Aotearoa New Zealand

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ABSTRACT

Faith-based organizations contribute significantly to the human services but are relatively neglected in the academic literature. This research aims to address this gap. The field of alcohol and drug use is one in which faith-based organizations have long been involved and in which they claim to have considerable success. Therefore it was chosen as a context within which to research such organizations. The overall purpose is to describe the principal characteristics of faith-based organizations.

A questionnaire was used to gather data from fifteen faith-based organizations in Aotearoa New Zealand - from about twenty that were found to provide services in this field. Despite the small sample, the key characteristics of faith-based organizations can be identified. All respondents were ministers or managers of the faith-based organizations. They provide detailed information about various aspects of the organizations. It would be insightful to gather data from clients also, but such analysis is beyond the scope of this thesis.

The faith-based organizations are divided into three types: congregations, denominations and independents. The data for all three is presented and discussed in the thesis. Research questions concern mission statements, leadership, staff, clients, services, religiosity, funds, facilities and links with other organizations. In answering these, conclusions can be drawn concerning the purpose of the research – describing the main characteristics of faith-based organizations.

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CONTENTS

Abstract	ii
Acknowledgements	iii
List of Tables	ix
1. Introduction	1
Introduction	1
Background	1
The Purpose of Research	5
The Significance of the Study	6
An Overview of the Methodology	7
Delimitations	7
Research Questions	8
Conclusion	9

2. A Review of the Literature	10
Introduction	10
Faith-Based Organisations	11
Introduction	11
Definitions	11
Character and Purpose	13
Types of Faith-based Organisations	16
Faith-based Organisations and the State	19
Staff and Clients	23
Conclusion	24
Drug and Alcohol Use in Aotearoa New Zealand	25
Introduction	25
Definitions	25
Youth, Drugs and Alcohol	26
Causes and Treatments	28
Facts and Policy Issues	29

Conclusion	32
Religion, Spirituality and Health	32
Introduction	32
Definitions	33
Religiosity	33
Protective Factors for Youth	34
Treatment	35
Morality	37
The Links of Religion to Health	37
Conclusion	38
Conclusion	38
3. Methodology	40
Introduction	40
Researcher Background	40
Ethics	41

Participants	42
Instrumentation	44
Research Perspective	45
Research Theory	46
Summary	47
4. Results for Congregational Faith-based Organisations	48
5. Results for Denominational Faith-based Organisations	66
6. Results for Independent Faith-based Organisations	94
7. Discussion of Congregational Faith-based Organisations	120
8. Discussion of Denominational Faith-based Organisations	136
9. Discussion of Independent Faith-based Organisations	153
10. Conclusion	176
Introduction	176

The Purpose of Research	176
Methodology	176
Literature Review Summary	177
Results Summary	177
Discussion Summary	178
Relationship to Previous Research	178
Reflections for Practice	180
Future Research	182
Concluding Remarks	183
Glossary	186
Appendices	189
Contributing Organisations	189
Questionnaire	191
References	208

LIST OF TABLES

Results for Congregational Faith-based Organisations

Table 1. Employment Status of Leaders	50
Table 2. Age of Clients	55
Table 3. Gender of Clients	55
Table 4. Ethnicity of Clients	56
Table 5. Source of Clients	56
Table 6. Description of Organisation	58
Table 7. Services Offered	60
Table 8. How Staff Engage Religiously with Clients	62
Table 9. Source of Funds	63
Table 10. Facilities	64

Results for Denominational Faith-based Organisations

Table 11. Employment Status of Leaders	70
Table 12. Age of Clients	78
Table 13. Gender of Clients	78
Table 14. Ethnicity of Clients	79
Table 15. Source of Clients	79
Table 16. Description of Organisation	81
Table 17. Services Offered	85
Table 18. How Staff Engage Religiously with Clients	88
Table 19. Source of Funds	91
Table 20. Facilities	91

Results for Independent Faith-based Organisations.

Table 21. Employment Status of Leaders	97
Table 22. Age of Clients	105

Table 23. Gender of Clients	105
Table 24. Ethnicity of Clients	106
Table 25. Source of Clients	106
Table 26. Description of Organisation	108
Table 27. Services Offered	112
Table 28. How Staff Engage Religiously with Clients	115
Table 29. Funding	117
Table 30. Facilities.	117

INTRODUCTION

Introduction.

In the history of the human services field, faith-based organizations are amongst the earliest providers. Although they also comprise a large component of the human services sector in contemporary society, they tend to be overlooked. This research examines how faith-based organizations work with people who have drug or alcohol issues, an important area of work given the scale of society's problem with substance use. This introductory chapter will provide the reader with information about the context of the study, the purpose of research, the significance of the study, the methodology, and the delimitations and limitations of research.

Background.

This research topic evolved from my personal interests and experiences, building on work done at the undergraduate level in Human Services. I was also attracted to the topic since it allowed me to work in a field that lacks current research. My personal experience of the faith-based sector is as a volunteer with the Salvation Army Street Outreach Service in Christchurch. This brought me into contact with people living and working on the streets who had substance use issues. In addition, I have been a client of a residential faith-based mental health service.

This research contributes to a largely ignored area of study. There is only a small body of social science literature examining faith-based organisations and even less on the work they do with people who have addictions. This literature was mostly produced in the United States in the last

two decades. I found no relevant research sourced from Aotearoa New Zealand on faith-based organizations. However, there is some research that focuses on drug and alcohol use in this country. Therefore there is an opportunity to add to knowledge in this field.

Human Services textbooks prescribed for the undergraduate student, both those published in the United States and in Aotearoa New Zealand, feature the faith-based sector¹. This is appropriate, since faith-based organisations are among the oldest forms of human services - having operated in western societies for centuries. Moreover, they have often been at the forefront of meeting social needs and campaigning for social development. In fact, many secular human services have their origins in faith-based organisations and communities. The contribution of faith-based organisations is recognised and valued, although understudied.

It is useful to research faith-based organisations within a context of practice. Drug and alcohol treatment is an appropriate context because faith-based organisations have a history in this area and claim to have success in the work. Other forms of addiction such as food, sex and gambling are not within the scope of this study.

Human services can be public, private, not-for-profit or religious. In the modern age, the state has had a monopoly on providing social services although there are signs that this is changing. People are seeking new solutions to old problems². Therefore, policy makers are developing alternatives to the public and private models that are seen to have deficiencies. Faith-based human services have emerged as an accepted system for people to receive social services,

¹ For example, Chenoweth and McAuliffe (2008) and Neukrug (2008).

² There are many and conflicting theories about how the state should provide welfare to those in need.

especially those social services that governments find ideologically problematic³. The recent rise to prominence of the faith-based sector could represent a contemporary social movement, although so far rhetoric might be more obvious than actual practice.

Most faith-based organisations are small yet they are so numerous that together they make a significant contribution to society⁴. Not only do some people question, from an ideological perspective, whether the state should fund this sector - they also believe that funding has to be tied to successful outcomes. Faith-based organisations need to be able to prove that they are at least as successful as the state or private sectors. Anecdotal evidence suggests that this might be the case.

There are mixed motives for governments to increase funding of the faith-based sector. The conservative political group is motivated to reduce state welfare and devolve its provision to business or other community providers. They encourage greater individual responsibility. In contrast social liberal political groups consider it to be the responsibility of the state to provide social services. Nevertheless they also believe that funding of the faith-based sector is an opportunity to foster community development. Furthermore, governments of all ideologies might have a hidden agenda in increasing funding to the faith-based sector - as an attempt to capture the religious electorate.

Some religious people are encouraged by the increased prominence given the faith-based sector. After many years of declining religiosity they see this as a sign that the church is re-emerging as

³ In contemporary times the state in Aotearoa New Zealand is aiming for efficiency and a small bureaucracy. As a consequence alternative providers of services are being funded by the state – despite ideological differences between the church and the state.

⁴ Faith-based organisations work in a wide variety of social, educational and health fields as well as the addiction field.

a force in society. Those outside the church are also forming an opinion that religious organizations have some of the answers to intractable social problems. In former times, when the church was more influential in society, the “deserving poor” tended to be provided for through charitable organizations such as the church. Some of those who created the welfare state believed that they were introducing “applied Christianity”.

A debate has taken hold in the United States about whether the state should fund faith-based organisations⁵. The United States constitution separates the church from state and forbids the state from proselytising. In Aotearoa New Zealand, where religion and politics are less intertwined, there is no such debate. Some religious people have concerns that state funding will lead to secularization of the organizations that are funded. Others see funding as an opportunity to make the state more compassionate. Another unresolved question is whether church and state should have entirely separate areas of work or whether they should do the same work with a different approach. These are the sorts of questions being debated in the literature, especially in the United States.

It is generally perceived that the state provides “assistance” while faith-based organisations provide “care and fellowship”. That is to say that some human services, such as welfare, are best provided by the state while others, such as addiction recovery can be better provided by the faith-based sector. Faith-based organizations help people to make the personal transformation necessary to change their lives and overcome social problems. Evidence of this is that many sectarian human services include an element of spirituality in their programmes. Faith-based

⁵ This debate is not merely academic but has also taken hold in the popular media.

organisations tend to be more in touch with people and the issues that affect them than policy makers.

Conservative Christians tend to believe in personal piety and strict adherence to doctrine while liberal Christians espouse a social gospel. However, both sides will sometimes unite around a common cause to create a new social movement. Therefore religious groups have tried to influence society by campaigning for social justice and human rights⁶. Religious people tend to believe that values are more important than ideology and want to make civil society more moral and compassionate through spiritual renewal. This is seen to be the most effective solution to some of society's problems, and to provide individuals with a moral vision. Martin Luther King, amongst others, called the church the “conscience of the state” (Wallis, 2000).

People with major life problems sometimes turn to religion for solutions. They could be seeking love, meaning in life and spiritual values. Religion imparts hope, which is helpful in dealing with some issues, such as addictions. The church also draws people from all sectors of society including rich and poor - and so is often a unifying force in society. People new to faith-based organisations generally have high expectations of them. They want to see religious people practicing their beliefs and being true to their word.

The Purpose of Research.

According to religious people, faith-based organizations are established to transform lives and reform society. They are believed to be an organized effort to bring agape (Christian love) to people in society who are suffering. Therefore, they specialize with issues that need spiritual

⁶ It is also true that some religious groups have worked against social justice and human rights.

renewal for positive change. These organizations allow Christian people to collectively practice biblical teaching about caring for people in need – such as “love your neighbor as yourself” (Luke 10: 27) and “look after orphans and widows in their distress” (James 1: 27). They believe that unconditional love is expressed through actions such as charity, compassion, sacrifice, acceptance, respect and joyful giving.

Since faith-based organizations are recognized as occupying a particular sector within the human services, it is relevant to ask what makes the faith-based sector distinct and different to others. Through examining work done in the area of drug and alcohol addictions, this research will illuminate these distinct features, through taking a pragmatic and descriptive approach. Some conclusions will then be drawn about the key characteristics of faith-based organisations and the contribution these organisations make to the human services.

The Significance of the Study.

The faith-based sector tends to be over-looked and under-researched in the academic literature. This is despite its wide relevance to disciplines such as human services, social work, sociology, political studies and religious studies. A recent trend in the United States is to debate the appropriateness of increasing funding to faith-based organizations. This debate has yet to take hold in Aotearoa New Zealand. Governments in this country are looking to devolve the provision of social services to business and community organizations and to deinstitutionalize mental health clients. Alcohol and drug use is of major concern in contemporary society. Since this field is lacking research, and because faith-based organizations claim to have particular success in this field, this is a valuable context within which to analyse faith-based organizations. Therefore, this topic has significance for theoretical, policy and practical reasons.

An Overview of the Methodology.

Presented here is an overview of how the research was conducted – more detail can be found in the Methodology chapter. The purpose of research discussed above will be addressed through qualitative analysis of prior research, answers to a questionnaire and documentary information. Although there is a small amount of quantitative data, the small sample precludes a statistical description of phenomena. Therefore this study does not take a mixed-methods approach but rather one of case analysis.

Case study research provides a description of phenomena in the world from the perspective of both the research participant and the researcher. The study, therefore, is research driven rather than theory driven, and the focus is on description rather than the testing of a hypothesis. Since the participants are leaders of organizations, the results reflect the attitudes, beliefs, experience and knowledge of these people. The discussion chapters are based on the researcher's interpretation of the results – using content analysis and cross-case analysis to find patterns and unique features in the data.

Delimitations.

Some self-imposed boundaries affect the significance and generalisability of conclusions. There are fewer than thirty faith-based organizations providing drug and alcohol services in Aotearoa New Zealand. This creates a relatively small sample. In addition, not all those approached completed a questionnaire and of those who did not all answered follow-up questions. Some respondents gave fuller responses than others and not all produce documents for analysis. Other addictions that these and other faith-based organizations work with were excluded in order to

focus on the major problem of drug and alcohol addictions. As Christianity has the most members of any religion in this country, other religions including Maori religion are not discussed. Similarly, only leadership was surveyed. The clients' perspective was outside the scope of this thesis and so there was no direct observation or interviews with participants. Since questionnaires were returned in early 2010 some changes can be expected by the time the research is concluded.

Research Questions.

The following are the research questions that guided the study of this topic and led to an answer of the research issues.

1. What are the missions of faith-based organizations?
2. What are the characteristics of leaders?
3. What are the characteristics of staff?
4. What are the characteristics of clients?
5. What are the services offered?
6. How is religion manifested in these organizations?
7. How are they funded and what facilities do they use?
8. What links do they have with other organizations?

Conclusion.

This introductory chapter has given an overview of the research. The following chapter is a literature review that will discuss previous research and provide more background material. The methodology chapter will also give more detail about how the research was conducted. After the results of research are presented there is a discussion of those results, with the intention of answering the research questions. In conclusion, the thesis will relate overall findings to the purpose of the research.

A REVIEW OF THE LITERATURE.

Introduction

This literature review focuses on three aspects of faith-based organisations that work with people who have chemical addictions. The literature has been drawn from books, journals and published documents and is intended to give an overview of the faith-based sector. The three sections include a discussion of faith-based organizations, facts about drug and alcohol use, and the link between religion and health. The order of these sections has been chosen for clarity but also reflects the quantity of research. There is considerable recent material relating to the characteristics of faith-based organisations but relatively little on how they treat people who have alcohol and drug issues. There is a sufficient amount of research that has been done on alcohol and drug use in Aotearoa New Zealand to include a section on this. However, it appears that faith-based organizations have been neglected in the research until recent times.

Faith-Based Organisations

Introduction.

Religious and political movements in the United States over the past two decades have brought the faith-based human services sector to prominence in that country⁷. Therefore, there is an emerging wave of literature in the social sciences that describes and analyses the faith-based sector. The first section of this review of the literature will define faith-based organizations, describe their character and purpose, discuss the three types of faith-based organizations, consider the relationship between these organizations and the state and finally, review the research into the staff and clients who comprise faith-based organizations. The term “faith-based” has become the standard expression in the social sciences for a cluster of religious organizations.

Definitions.

The term “faith-based” has become common parlance in political-religious dialogue and refers to human services that have a religious character. It is the term most often used in the literature and by many human service organizations themselves. Other terms include churches, charities, religious organizations (Jeavons, 2003), religious non-profit services (Melville and McDonald, 2006) and the voluntary sector (Harris, Halfpenny, Rochester, 2003). Since the term “faith-based” is often used for services by organised religions as well as those that have more vague

⁷ Political movements such as conservative neo-liberalism have to some extent replaced social liberalism in western nations.

notions of spirituality, a universally accepted definition of “faith-based organisations” is needed (Stritt, 2008). This might eventuate from ongoing research, including that done outside the United States.

In Aotearoa New Zealand and Australia the terms “churches” and “charities” have traditionally been applied to human service organisations that have a religious character. Jeavons (2003) and others have noted that there are several types of such organisations that need their own terminology. He suggests “religious organisations” as an overarching term for all such services then distinguishes between congregations and alternative forms of religious organizations. The term “faith-related” is used to describe organizations that are only influenced by religion (nominal Christianity).

Although congregations typically provide human services to their own members and the wider community (as ministries), they are better described as “caring communities” of friendly people who have shared values than as human service providers (Wuthnow, 2004). This character is evident in how people speak of their relationship to a church or congregation. People say that they belong to a church but not that they belong to a faith-based organisation. When referring to their involvement in other faith-based organizations people describe it as their ministry or service to God. This thesis will adopt the definition of Stritt (2003) who divides religious organisations into three units: congregations, national network faith-based organisations (denominations) and free-standing faith based organisations (independents).

This thesis is concerned with Christian organisations since Christianity is the religion that dominates Aotearoa New Zealand and the United States, and therefore the published literature. It is also concerned with organized religion, in contrast to spirituality, which describes a wide

variety of personal and sometimes vague beliefs and practices. Christian belief has been defined by the sociologist Robert Wuthnow (2004) amongst others. Referring to the Salvation Army he lists the main Christian doctrines as a belief in the divine inspiration of the Bible, one God, the divinity of Jesus Christ, the necessity of repentance for salvation, and of “faith in our Lord Jesus Christ” as the means of receiving divine grace. The other traditional denominations hold very similar doctrines of belief. In particular the Christian religion emphasises giving unlimited, unconditional love – agape – through meeting the needs of people society.

Character and Purpose.

Faith-based organisations generally claim to be better at dealing with some issues (such as addictions) than secular services (Sherman, 2003) and there is anecdotal evidence to support this view. The reason commonly given is that some issues need a religious or spiritual component of care and for people to draw on a power higher than themselves. Faith-based organisations are uniquely placed to provide this type of treatment (Ebaugh, Chafetz & Piper, 2006). It is generally agreed that more scientific research needs to be done to measure the effectiveness of faith-based addiction programmes (Hugen and Venema, 2009; Smith and Teasley, 2009). Ferguson, Wu, Spruijt and Dyrness (2007) have attempted this. In addition to measuring client outcomes, they conclude that research could focus on positive change in the personal, professional and spiritual lives of staff, volunteerism and the effect of faith-based organisations on the surrounding community. They also believe that it is difficult to compare faith-based with secular human services.

Christian people see themselves as having a goal to heal individuals as well as to transform society (Leavey, Loewenthal & King, 2007). They draw inspiration from religious texts, follow

examples of faithful living found in them and believe they are accountable to God for how they treat other people (Netting, O'Connor & Yancey, 2006). This is demonstrated in a belief in the inherent worth of all people in society.

Faith-based organisations usually label themselves in a way that emphasises their religious character, such as by name or mission statement (Ebaugh, Piper, Chafetz & Daniels, 2003).

Some research has focused on the defining characteristics of faith-based organizations in comparison to secular services (Ebaugh, Chafetz, Pipes and Daniels, 2003). Based on research into faith-based services to the homeless they give the following as typical characteristics: a religious mission statement; religious staff; religious sources of funds; religious services; and leadership that has both secular and religious expertise. Vanderwoerd (2008) believes religiosity to be a commitment to a religious mission and an effort to carry this out.

The key mission of Christian people is evangelism. As will be discussed later, the mission to evangelise the world is a factor influencing an organisation's relations with the state (Rhodes and Chan, 2008). Some faith-based organisations expose clients to, or require them to participate in, religious activities such as prayer, reading religious material and attending religious services (Ebaugh et al, 2003; Netting et al, 2006).

Religious people tend to view individual and social problems as being (partly) a consequence of human sin. Moral failings contribute to social problems and so religion has a role in society's response. Faith-based organizations more than secular organisations espouse love, compassion and a relationship with God (Wuthnow, 2004). Services provided by faith-based organizations are a practical expression of personal faith (Sherman, 2003).

The religiosity of an organisation is most clearly seen in the relationship between the staff and clients. It is difficult to measure, but is apparent in hiring practices, prayer amongst staff, a religious mission statement, the displaying of religious images, ministers in management positions, and religious engagement with clients – through prayer, attempts at conversion or religious instruction (Ebaugh et al, 2006). Vanderwoerd (2008) also discusses measures of religiosity, including how the organisation defines itself, characteristics of its participants, resources, goals, products and services, decision-making procedures and inter-organisational relationships (such as with a church).

There is a significant diversity in the religiosity of faith-based organisations. Wuthnow (2004) states that (in addition to the above characteristics) the most religious organisations avoid government funding, rely on volunteers, expect staff to believe in a certain creed and participate in religious services. The least religious are characterised by dependence on government funding, employing decision-makers who are professionals and having a low religious rhetoric in publications. Religiosity is one reason for success of faith-based organisations in the field of alcohol and drug treatment.

Although there is a lack of research, anecdotal evidence abounds that faith-based organizations are successful in treating people with addictions. Participation in religious activities has been shown to enhance the resilience of teens facing developmental or social problems. Faith, broadly described as “getting a right relationship with God”, reportedly gives people a moral anchor, love, and hope. Some people also believe prayer is effective in bringing spiritual healing to their lives (Sherman, 2003). Faith helps young people to cope with life more successfully by imparting knowledge that pain accompanies growth, giving emotional support outside of the

family and immediate associates, and providing meaning to life (Langehough, Walters, Kox & Rowley, 1997). Ferguson, Wu, Spruijt-Metz & Dyrness (2007) report that there is a link between religiosity and increased levels of general well-being, emotional adjustment and educational attainment, as well as less drug and alcohol abuse, less promiscuous sexual behaviour, less suicide and less delinquency.

As has been stated, the quality of relationships affects outcomes. Religious organisations and individuals tend to be available more of the time and have a genuinely caring approach (Rhodes and Chan, 2008; Ebaugh et al, 2003). People who belong to congregations have greater informal help with problems through the increased social capital of friendships and social networks (Wuthnow, 2004). Wuthnow also believes that faith-based organizations work because they encourage personal transformation through a relationship with God. However, some social issues do not require personal transformation, such as housing or income support, and for these secular services may be a more effective source of help. Mission, traditions, beliefs and guiding philosophies all contribute to the success of faith-based organisations (Netting et al, 2006).

Types of Faith-Based Organisations.

The most researched manifestation of faith-based organisations is the congregation (the others being denominations and independents). Congregations are the basic religious structure in the Christian tradition and exist primarily for worship and religious education - although most also offer some kind of social service, as Jeavons (2003) has noted. Jeavons also comments that congregations in the United States are generally small (100-200 members), with most time and

resources being spent on the congregation itself⁸. They are typically funded largely by members' donations.

Sherman (2003) has analysed the main services provided by congregations. He has found that most congregations offer a social service with the most common being food, shelter and clothing. As many as half provide some type of health programme, and a third provide education, prison ministry, substance abuse programmes or housing of the elderly. According to Stritt (2008) a common feature of such services is that they fill gaps in the system. They may also make facilities available to outside social and cultural groups and have a long term presence and a desire to improve the quality of life in communities (Cnaan, Sinha, McGrew, 2004). The fact that they provide more services for congregational members than the wider community is possibly a reflection of their limited resources rather than a limited vision.

Although most congregations are relatively small, there is the phenomenon of the mega-church which may have members in the thousands⁹. These congregations, according to Wuthnow (2004), have substantial resources to apply to a wide range of ministries and services. Examples are family counselling, outdoor education programmes, meal services, housing and sheltering the homeless, day-care, after-school programmes, teenage pregnancy, tutoring, helping battered women, and housing senior citizens. Both small and large congregations often run small groups for religious, social and recreational purposes. This could be termed “fellowship”, an effective source of emotional support. All things considered, congregations make an enormous contribution to human services in the United States, in the range and quality of services offered as well as the monetary value of the services. They are often neglected in studies of human

⁸ In Aotearoa New Zealand such numbers of members would represent a medium to large size congregation.

⁹ In Aotearoa New Zealand a mega-church might comprise members in the hundreds.

service providers (Cnaan, Sinha & McGrew, 2004) although when taken together they rank as the largest type of community organization – an estimated 350,000 congregations are operating in the United States (Jeavons, 2003).

Cnaan et al (2004) discuss what sets congregations apart from other services. They point out that it is in the area of administration and management that they differ most from secular services, as they have an informal and personal structure. The services provided would be very expensive to society if publicly funded and they do work that the state cannot or is unwilling to do (such as working with homeless people on the streets). Cnaan et. al. (2004) have also discussed the size, community base, ethnicity, budget, location and space as characteristics of congregations. Congregations have been shown to improve the quality of life in communities where they are based. However, further research needs to focus on whether congregations could be doing more than they are and whether they could reasonably provide services currently provided by the state¹⁰.

Less research exists on denominations, but it is clear that certain factors set them apart from congregations. Denominations include Catholic, Anglican, Baptist, Methodist, Presbyterian and Salvation Army and have a long history of providing human services in the social, health and educational fields. Some of these have traditionally received funding from the state, so the debate about whether they should do so is not a new one. Most provide not-for-profit services, although they do receive funding from a variety of sources and may also charge fees (Jeavons, 2003). Their religious character is strong, with links to churches and the employment of religious staff.

¹⁰ Religious communities and the state have different reasons and motives for doing human services work. It is not certain that faith-based organisations could or should replace the state, and whether the state would want to fund all faith-based organisations.

Their religious nature is expressed through involvement in civil rights, social justice, community development, refugees, health clinics, nursing homes, hospices, disabled and crisis counseling. Although they are fewer in number than congregations, they have greater resources (Wuthnow, 2004). They may have an urban or regional presence or, like the Salvation Army, have a national network of services. This leads to the third type of faith-based organisation.

As with denominations, there are fewer studies into independent faith-based organisations than for congregations. Some, but certainly not all, are not-for-profits. Many had their origins as a church ministry or were founded by religious people, but have outgrown the church or widened their net to serve people in secular society. In the process they may have lost some of their religious character (e.g. the Young Men's Christian Association). They tend to rely heavily on government funding and often charge fees (Jeavons, 2003) as well as soliciting donations. Some are larger and better funded than secular services working in the same field, have high management costs and operate by a business model. Twombly (2002) reports that larger independent faith-based organisations often compete with secular human services for contracts and state funding. Although fewer in number compared to secular human services they still make a significant contribution to social needs of the nation.

Faith-Based Organisations and the State.

The history of faith-based organisations in Aotearoa New Zealand dates from the late nineteenth century, under the name of charitable aid. It was based on religious and humanitarian concerns and on morality. The aid was small compared to the present welfare state, being available only for the most “deserving” of the destitute. At the time there were political debates about who should receive charitable aid or state welfare. Religious organisations worked mostly with

alcoholics, convicts, the ill and orphans. The state took responsibility for education, mental asylums, relief work and old age pensions (Tennant, 1989).

At present there is political debate in the United States and Britain about the role faith-based organisations should have in providing human services. In western Europe there is a longer tradition of faith-based organisations providing services. Reforms to the welfare state have been suggested for both ideological and pragmatic reasons. Both liberal and conservative groups believe that faith-based organisations should contribute to social services although for different reasons. Some political theorists see a place for partnerships between the state and community organisations as an alternative to either individual responsibility or a welfare state (Harris, Halfpenny & Rochester, 2003).

Welfare reform in the United States (the Welfare Reform Act of 1996) has made it easier for faith-based organisations to apply for government funding. This initiative is commonly called “charitable choice”. After the year 2000 this policy was extended when the White House Office in Faith-Based and Community Initiatives was established (Colon-Mollfulleda and Wanda, 2008; Vanderwoerd, 2008). This fits with the trend in social policy at the time to devolve the welfare provision from government to private or community organisations. Since then there has been lively debate about the potential role of faith-based organisations.

Conservative and social liberal parties agree that faith-based organisations cannot replace state welfare. However, they both acknowledge that the state has successfully funded some of the larger faith-based organisations for decades, and that the way forward is to increase the number of these partnerships (as well as with other non-government organizations), (Wallis, 2001). The reasons are that conservatives view these partnerships as an alternative to state welfare while

social liberals view them as an opportunity for community-building. A topic of debate is about whether services that involve evangelism should be funded from public money. For this reason funding homeless shelters is less controversial than funding drug rehabilitation (Wallis, 2001).

The United States constitution ensures a divide between church and state. Some people want to preserve this separation and believe it is wrong for governments to fund religious organizations. However the debate goes further. On one extreme there is a belief that all welfare should be provided by charity or the private market. On the other side of the debate it is suggested that this would be destructive to communities and vulnerable people (Belcher, Fandetti & Cole, 2004). These people believe that welfare is totally the responsibility of the state, with no need for alternative providers. There is also an issue of discrimination. It can be seen as discriminatory either to fund or refuse funding to organizations on the grounds that they are a faith-based organization. (Wuthnow, 2004). A further problem is that many faith-based organisations require staff to be religious or adhere to a religious work environment. Governments will tend to view these hiring practices as discriminatory (Ebaugh et al, 2005). In addition it is illegal in the United States for government money to be used to build places of worship or for services that convert people to a faith (Ebaugh, 2006).

An issue of concern to religious people relates to the consequences of partnerships between church and state. This could negatively lead to the secularization of faith-based organizations or positively influence the state to become more humanitarian. However, it has been pointed out that the church and state are already inextricably intertwined and that the values and morality provided by the church is essential to the governance of nations (Karger, Midgley & Brown, 2003). Such views are subject to change as the political discourse evolves.

Belcher, Fandetti and Cole (2004) have shown that theologically conservative Christians are less likely to accept state funding than theologically liberal Christians. They are also less likely to support a welfare state (Wuthnow, 2004). They claim to have a more strict adherence to religious teaching and will often not form links or relationships with organisations of a different ideology, including other religious groups. Smith and Teasley (2009) report the conservative belief that faith-based services lead to hope, purpose and self-responsibility of welfare-dependent people through a process of personal change. Alternatively, theologically liberal Christians are more likely to accept government funding and hope that relationships with the state will transform secular society. These differences are significant for politics in the United States because of the more religious nature of society.

Welfare reforms in the United States, described above, have not resulted in a significant increase in the number of faith-based organisations receiving state funding. Those organizations wanting to be involved in state-funded work generally were already doing so (Chaves and Wineburg, 2010). Therefore state funding of faith-based organisations is small compared to the funding of secular human services (Twombly, 2002). Faith-based organizations receiving government money tend to be the larger non-congregational ones such as the Salvation Army and Teen Challenge. Congregations will rarely apply for public money (Jeavons, 2003). Where there is competition congregations will often lose out to larger faith-based organizations (Melville and McDonald, 2006). State funding varies from direct payments to tax relief. It is uncommon for faith-based organisations to be totally funded by the state like some private human service providers.

The competition for funds and contracts has meant some faith-based organisations adopt a business model, becoming more bureaucratic, more professional and assure state agencies that they are financially reliable and trustworthy (Harris, Halfpenny & Rochester, 2003; Ebaugh et al 2005). This in turn makes it difficult for faith-based organisations to maintain the mission and goals that set them apart from secular providers. Therefore they tend to be skeptical of relationships that compromise their religious character and lessen their religiosity (Ebaugh et al, 2003). This is a major factor for some faith-based organizations, especially congregations, choosing to decline government funding (Ebaugh, 2005).

Staff and Clients.

Wuthnow (2004) discusses the client-base of faith-based organisations. He reports that people in need are attracted to faith-based organisations because of the ethic of care. They indicate that they have greater trust in faith-based organizations than in secular services. In particular those wanting spiritual care are most likely to seek out a congregation for assistance. Those with urgent needs (e.g. income support, housing and health) seem to choose secular services (Wuthnow, 2004) while congregations fill gaps in the system. It is common for people to receive help from a variety of sources, for instance income from a state welfare agency, food assistance from a denominational faith-based organisation and counseling from an independent faith-based organisation. Although welfare agencies are a major source of assistance, they are often seen to be understaffed, bureaucratic, and impersonal compared to faith-based organisations which are seen to offer respect, acceptance, and love.

Faith-based organisations employ voluntary staff. In fact their reliance on volunteers sets them apart from private or other community human services. Rhode and Chan (2008) report that

“communities of faith” can draw on a large number of volunteers because religious people have an ethic to serve others in need. Voluntary staff perform a variety of roles and have overlapping responsibilities which results in a flexible workforce. Faith-based organisations will frequently have a minister of religion on their staff and employ management who have religious beliefs. Since the limitations of a voluntary workforce are a lack of knowledge and skills to do specialist work (Leavey, Loewenthal & King, 2007), they tend to seek people with specialist skills, such as accounting or nursing (Ebaugh et al, 2003), from outside the church.

Staff, both paid and voluntary, are often attracted to faith-based organisations because of the religious nature of the work. It has been shown (Wuthnow, 2004) that there is a link between religiosity and volunteering as religious people see volunteering as an outworking of their faith and a requirement for spiritual growth. Religious teaching motivates them and they see themselves serving not just people but also God. Non-religious volunteers do so out of altruism, humanitarianism, to feel better about themselves and find meaning in life (Netting, O'Connor, Thomas & Yancey 2005).

Conclusion.

The literature on faith-based human services is largely based on studies done in the United States. The relative newness of the field has the limitation that there is not an enormous range of references, but the benefit that these references to research are fairly recent. After discussing the meaning of the term “faith-based” as well as related terms, this section has highlighted the key features of such organisations – what sets them apart from other public, private, secular or not-for-profit human services. There is very little research coming out of Aotearoa New Zealand in this field.

Drug and Alcohol Use in Aotearoa New Zealand

Introduction.

Drug and alcohol use does not always lead to addiction. However, a person does not have to be addicted to a chemical substance for it to have negative, harmful and destructive consequences. This section takes a view of substance use issues that affect youth and adults in Aotearoa New Zealand. It also draws on international research where this is appropriate and relevant. Included are definitions of terms, issues affecting young people, causes and treatments, facts and policy issues. This will provide background treatment of the topic for later discussion of faith-based organizations working in the field.

Definitions.

Ottomanelli (1995) has defined addiction as “the repeated ingestion of a substance in amounts or with methods that are socially disapproved, with consequences to the individual that are injurious to health and productivity.” However it is difficult to ascertain at what point drug or alcohol use becomes addictive. Health workers differ in how they interpret signs of substance use and abuse. Youth and substance use will have special reference in this review¹¹. Adolescence is “that stage in human development where young people make a transition to adulthood by redefining significant relationships and undergoing psychological change” (Dwivedi and Harper, 2004). It

¹¹ The issues involving youth and addiction can be different to adults. There is also concern in society about youth and use of drugs and alcohol. Therefore it is highlighted in this research.

is usually considered to begin with puberty and finish with social independence (Sellman and Deering, 2002).

Youth, Drugs and Alcohol.

The cognitive, physical and emotional changes that young people experience make them particularly at risk of substance abuse. Babbitt (2000) notes that the adolescent brain is developing in ways that enhances abstract thinking, with the consequence that substance use affects the normal learning process. Young people are forming an “inner sense of themselves” which aids emotional growth and maturation. Therefore problems such as substance use can negatively affect the individuation phase and separation from parents (Sellman and Deering, 2002).

This search for independence is associated with rebellion against parents, teachers and the community, which can manifest in pushing the boundaries of what is socially acceptable. At this time, peer group acceptance becomes increasingly important, influencing a young person's values and lifestyle. Since substance use is sometimes seen as an initiation into adulthood, warnings and education about the dangers of drugs are less likely to be heeded during this period of human development. (Dwivedi and Harper, 2004; Ottomanelli, 1995).

Several researchers have studied the reasons why some young people choose to abstain from drug and alcohol use. A report by Hutt Valley Health (2000) points to negative health effects, morality, and concern about being unpopular as the main reasons (in that order). Jenkins (2006) has added to these lack of interest in the effects of drug taking, the impact on health, the possibility of becoming addicted, getting into trouble at school with parents or the police, the

high cost, and lack of opportunity to use drugs. Those who are abstinent in early adolescence are more likely to resist substance use later.

Programmes designed to protect youth from drug and alcohol use usually emphasise social and cultural factors. They encourage youth to engage in alternative activities, provide education and give life skills training (Blackman, 2004). Developing a young person's strengths, improving significant relationships and promoting family connectedness have also been shown to be effective (Allen and Clarke, 2003; Sellman and Deering, 2002). Webb (1995) would add the enhancement of self esteem, encouraging religiosity, and exposing youth to health promotions.

Some responses focus on education as a means of lowering the degree of harm associated with youth and substance use. The Ministry of Youth Development (2004) aims to improve the education curriculum by providing materials and assisting teachers to develop teaching plans. They promote a holistic approach to enhancing young people's life skills, based on quality research. The importance of school-based education on drug use has also been emphasised by Chen (2007) whose research shows it is successful at minimizing harm and promoting safety and resilience. The New Zealand Police also run some educational programmes. Allen and Clarke (2003) state that effective education has to target youth at an early age, be culturally appropriate, reflect the needs and attitudes of young people and be delivered in an interactive manner.

The New Zealand Drug Foundation, through their website and publications, are a reliable and up-to-date source of information. They put research about alcohol and drug use into the context of Aotearoa New Zealand. Their publications include a drug education manual and booklets on various related topics. This information is provided to parents, teachers, youth, treatment workers and public health units. They also sponsor training - emphasising harm-minimisation, safe use

and moderation. Another important organization is the Alcohol and Drug Association of New Zealand which exists to present information to the public and refer people to the appropriate services. They operate a help-line and a directory of treatment services that are available throughout the nation. The Alcohol Advisory Council of New Zealand conducts research, operates a library and publishes useful material.

Causes and Treatments.

The published literature reveals a debate over the issue of whether substance use is a learned habit or an illness. Although social and cultural factors are clearly involved there is also some evidence that certain people are more predisposed to use alcohol and drugs than others (Ottomanelli, 1995). Sellman (2006) reports that there is an established link with genetic factors. This is corroborated by research in the last two decades by neurobiologists, some of whom believe genetics to be the most significant cause of substance use. The most accurate explanation should perhaps emphasise both factors - nature and nurture.

Webb (1995) has completed a comprehensive study of environmental factors. He reports that most young people have their first exposure to alcohol in the home and are given alcohol by their parents. The drinking patterns of adults will often affect those of young people. Parents who are light drinkers are most likely to have children who abstain from alcohol. Parents who have problems with alcohol use are more likely to have children with the same or other psychiatric problems. Attitudes imparted to young people early in life set their attitudes for later life. In later adolescence peer pressure can be at least as important as family influences, and young people might drink for the approval of their peers. Advertising and popular entertainment exposes young

people to alcohol and other drug use, often targeting young people by associating substance use with an outgoing, exciting lifestyle. Therapies need to address these issues.

A range of treatments and therapies are available to people with substance use problems - some voluntary, some enforced. They include psychological treatments such as counseling and psychotherapy as well as medical treatments such as detoxification and methadone programmes. Ottomanelli (1995) believes that rehabilitation and recovery requires “a complete reorganisation of thought processes, attitudes and lifestyle” and that treatment needs to continue after recovery to avoid relapse. Traditional therapies have been of the self-help, twelve-step kind but now include medication, since addiction is seen by some professionals to be a mental disorder. (Sellman, 2006). Schroder, Sellman, Frampton and Deering (2008) report that often residential programmes are necessary and that society needs more of these facilities, especially for women.

Maori models of treatment are increasingly being valued by practitioners. Some models are Te Whare Tapa Wha, Te Wheke, Powhiri, Poutama, Whakamana and Whanaungataga. These tend to be flexible and adaptable to different people and their particular issues. They are holistic and aim to restore balance to life – emphasizing openness, honesty and a reconnection with whakapapa. Notions of collective responsibility and wellness set these apart from more individualistic treatments (Health Research Council of New Zealand, 2004).

Facts and Policy Issues.

A survey by the Alcohol Advisory Council in 1997 paints a picture of alcohol use by young people in Aotearoa New Zealand. However this research and the resulting statistics were completed over a decade ago. Most young people (“teenagers” in this survey) do not have

substance use issues of concern. A minority of youth consume most of the alcohol. One third of fourteen to eighteen year-olds can be considered heavy drinkers, both in the amount consumed and the strength of the alcohol. As many as twenty percent abstain from drinking altogether because of the cost, boredom, health consequences, the effect on schooling and the influence of abstaining friends. This group is less likely to engage in other risky behaviours and usually have parents who are responsible drinkers of alcohol.

A slightly more recent study of cannabis use by young people (Hutt Valley Health, 2000) shows that seventy per cent of youth in the thirteen to eighteen years age bracket had not tried cannabis. Those who do usually obtain it from peers in social situations such as parties and use it to “feel good”. Those who use cannabis in later adolescence will tend to buy the drug from dealers. There seems to have been an increase in alcohol and drug use by youth since the mid 1980's, with Maori more likely than European New Zealanders to use cannabis in this early stage of life. There is a need for more research and more frequent research into this area so that statistics are relevant and reflect changes in society.

The New Zealand Drug Foundation is a major source of information about the effects of alcohol and drugs. Their report of 2003 is comprehensive in this regard. The drugs of major concern to society are the psychoactive drugs that affect the central nervous system, altering the way a person thinks, feels and behaves. They can lead to poor health, family and social problems, psychological and emotional difficulties, legal and economic problems, work and educational problems, physical or psychological dependency, harm to unborn children, accidents, criminality and death. How they will affect a person depends on the potency of the drug, how frequently it is

taken, a person's body type, how it is taken, mood, tolerance, and the use of other drugs in combination.

Drugs are normally assigned to one of three categories – depressants, hallucinogens and stimulants. Depressants, such as alcohol, make a person feel relaxed but affect coordination, concentration and judgement. Hallucinogens, such as LSD, affect perceptions of the world and might lead to paranoia and dangerous behaviour. Stimulants, such as cocaine, make a person more confident and alert but have severe physical and psychological consequences such as aggression, panic and seizures. In high amounts drugs can lead to unconsciousness and death (New Zealand Drug Foundation).

The Alcohol Advisory Council of New Zealand was established by an Act of Parliament in 1976 to encourage responsible use of alcohol by influencing the drinking culture. They coordinate with a range of community groups and take a leadership role on many relevant and contemporary issues. In particular they seek to control the supply of alcohol, reduce demand and limit associated problems. They also have the role of presenting policy advice to government.

Alcohol is the most prevalent drug in Aotearoa New Zealand and is controlled by the Sale of Liquor Act of 1989. There is no minimum drinking age in Aotearoa New Zealand and parents can introduce children to alcohol at any age. However, the minimum age for purchasing alcohol is eighteen years and there is considerable support for this age to be raised. Legislation also allows the Ministry of Health to compulsorily detain people who have chronic alcohol problems for treatment. Alcohol abuse has a considerable cost to society in the form of crime, lost output, pressure on health services and pressure on police resources.

Conclusion.

Issues of drug and alcohol use are similar throughout western nations and therefore much of the published research into the effects of substance use can be applied to Aotearoa New Zealand. However, there needs to be more research done into substance use issues affecting young people. This research also needs to be frequently repeated since attitudes and specific issues are constantly changing. Several prominent organisations are working to improve the drug and alcohol situation in this country although serious problems persist. A later section will consider how these issues are being addressed by faith-based organisations.

Religion, Spirituality and Health

Introduction.

There is evidence in both scientific and religious literature for a link between spirituality and health. Recent research has focused on these links and how spirituality can contribute to physical, psychological and emotional wellness. Although religiosity is difficult to measure it appears to be related to positive health outcomes. In addition, religion protects people from risky and unhealthy behaviours, including drug taking. Science is increasingly acknowledging the impact of personal beliefs on health. This section of the review covers definitions, a discussion of religiosity, protective factors, treatment, morality and the relationship of religion and spirituality to health.

Definitions.

Several researchers discuss the differences in meaning of the terms “spirituality” and “religion”. Shorkey, Uebel & Windsor (2008) suggest that spirituality covers a diverse set of beliefs, often referred to as a “higher power”. Fisher and Roget (2009) define spirituality as “the human longing for a sense of meaning and fulfillment through morally satisfying relationships among individuals, families, communities, cultures and religions.” In comparison they define religion as “organised structures that centre on particular beliefs, behaviours, rituals, ceremonies and traditions.” Adherence to a specific, clearly expressed set of beliefs is what distinguishes religion from spirituality. However, these terms are sometimes used interchangeably and it is common for religious people to refer to their faith as “spirituality”.

Religiosity.

As religiosity is a personal, internal experience no directly empirical measure is possible. Some studies tie levels of religiosity to frequency of church attendance. Other factors are; religious practices in the home; length of time a person has identified themselves as religious; participation in church ministries; and practicing religious exercises (such as prayer, meditation and bible study). Sinha, Cnaan & Gelles (2007) suggest that the perceived importance of religion to a person is a measure of their religiosity.

Shorkey, Uebel & Windsor (2008) believe that religiosity helps a person to overcome character problems because it fosters a change in attitudes, beliefs and practices. This is important because religious people tend to see a moral component to problems such as substance use. These authors argue that religious people have greater direction and purpose in life than non-religious. Smith

and Woodberry (2001) describe conservative Christian groups as having strict adherence to religious beliefs and morality and there is some evidence that these people have more satisfying family relationships. For youth, religiosity tends to decline in later adolescence as they seek meaning from relationships with peers (Shelton, 1983).

There is a difference in religiosity amongst ethnic groups in the United States. Wallace, Brown, Bachman & Laveist (2003) state that African American youth generally have higher levels of religiosity than white Americans, and this manifests in less substance use and higher levels of abstinence¹². Their research indicates that for this group church is a social and cultural institution that provides safety from social problems. Highly religious white youth, however, have a more individual sense of religion and are less likely to use drugs than highly religious African American youth.

Protective Factors for Youth.

There is a clear link between religion and lower alcohol and drug use by young people. Merrill, Salazar & Gardner (2001) have completed a study of the Church of Latter Day Saints in the United States¹³. This church discourages members from taking any addictive substance including tea, coffee and tobacco. Brigham Young University, which is related to this church, requires abstinence from all drugs for admittance and continued enrollment. Parents who belong to this church exert a strong protective influence over their children, especially those parents who are highly involved in church activities and converse with children about religious life. It has been shown that these youth are more likely to abstain from substance use and less likely to associate

¹² In Aotearoa New Zealand, Pacific Island youth tend to be more religious than European or Maori youth.

¹³ Mormons are not a mainstream denomination and their prohibitions on certain behavior might not be shared by some other churches.

with drug using peers. Reasons given are that it violates their religious beliefs and personal moral code, a concern for legal consequences and harming the family's reputation. Church gives considerable support to individuals and families and imparts purpose and meaning to life.

Religious communities provide youth with a positive peer group - people with shared attitudes, beliefs and values. This fosters self-acceptance and a more positive self-image (Hodge, Cardenas & Montoya, 2001). Bartowski and Xu (2007) add that involvement in religious social networks contributes to a person's objective social capital. Subjective forms of social capital, such as theistic trust are also of value. Since a connection exists between church membership and pro-social behavior, religious youth are less likely to engage in risky behaviours and the church environment is a source of positive role models and more enduring relationships (Sinha, Cnaan & Gelles, 2007). Piezioso (1986) comments that religion and spirituality increases self-confidence and enhances feelings of well-being – strong protective factors against alcohol and drug use.

Treatment.

Religion and spirituality have been applied in the treatment of people with alcohol and drug use problems for many years. For example, the founders of Alcoholics Anonymous believed that self-reliance is not sufficient to bring healing from addiction, but that reliance on a “higher power” is necessary. Despite this, faith-based services also use cognitive and behavioural techniques such as rational-emotive therapy. Reconnecting clients with traditional culture can effect personal transformation. In Aotearoa New Zealand a reconnection with indigenous spirituality has been shown to help some Maori (Sellman, Baker, Adamson & Geering, 2007).

Neff and MacMaster (2005) point out that contemporary social work theories such as the Strengths and Ecological models value spirituality. This indicates mainstream acceptance of spirituality as an aid to recovery, especially for those who already have religious belief. In fact, people choosing a spiritual element in recovery have been shown to be more successful in completing programmes (Wolf-Branigan and Duke, 2007). Neff and MacMaster (2005) believe that substance users need empathy, acceptance and forgiveness - qualities likely to be found in a faith community and qualities necessary for those mentoring youth.

Some religious groups offer outdoor education and adventure-based learning as part of the treatment process¹⁴. These foster positive self-development and reflection on life while outside of the normal environment (Gass, 1993). Programmes typically encourage behavioural change through goal setting and achieving and enhancing motivation, communication skills, social integration and resilience. Psychosocial outcomes include increased self-esteem, trust in others, realising responsibilities, confronting fears, reassessing potential and increasing social skills. Such approaches are effective because they treat the whole person rather than the addictive behaviour.

Faith communities, where members care for one another, increase confidence, self-esteem and a sense of worth. The safe environments that they provide are beneficial to people who have experienced a harsh life (Yancey and Atkinson, 2004). Wallace, Myers & Osai (2004) comment that faith-based organisations sometimes speak of those they assist as brothers and sisters rather than clients. The ethic of care has been shown to lead substance users to trust their carers and to return for more treatment.

¹⁴ Outdoor education is also used by secular organisations working with youth.

Morality.

The Salvation Army (1980) has published a report outlining their view of substance use in terms of morality. They point out that substance use is more than a social and individual problem but, for the church at least, it is also a moral issue. They associate the decline in public morality with an increase in substance use and abuse. These issues are linked to social problems such as increased crime and family breakdown. Their proposed solution is a return to Christian moral values as taught in the Bible. Wallace, Myers & Osai (2004) and Humphreys and Gifford (2006) also briefly discuss the issue of substance use from a moral perspective. The moral perspective is especially evident in the workings of faith-based organisations¹⁵.

The Link of Religion to Health.

It is only in recent years that the relationship between religion (or spirituality) and health has been considered an important area of research in medicine, the health sciences and social sciences. Psychoneuroimmunology is the study of how social and psychological factors affect a person's neuroendocrine and immune functioning (Koenig, 2002). It is believed that what people think and feel directly affects their physical and mental health. Therefore Smith and Woodberry (2001) state that religion has real benefits for increased life expectancy, psychological well-being, physical health and recovery from illness or surgery. Studies that have been done into this are consistent in their conclusions.

Traditional religion, as well as modern spiritual thinking, has always emphasised a link with health and some people believe that spiritual healing can occur. Evidence from research into

¹⁵ A problem in relationships between church and state is that the church might want to restrict, on moral grounds, the behaviours of some people who the state has empowered.

alcohol and drug recovery programmes consistently supports this link. More religious (or spiritual) people are four times as likely to be abstinent from alcohol three years after treatment compared to less religious (or spiritual) people, who are more likely to have relapsed (Shorkey, Uebel & Windsor, 2008). Some research points to the positive psychological and emotional components of faith, including optimism and hope. Fellow believers provide many high-quality social relationships that increase a person's resources and social capital. The indications are that religious people also cope better with stressful life events. Research is more substantial than it was thirty years ago, but there is a need to add to the literature in this area.

Conclusion.

This section illustrates the link between religion, spirituality and health. Modern research supports traditional anecdotal evidence that there is such a link. Apart from claims of divine healing, there are many social and psychological factors associated with religious belief that contribute to improved health outcomes. Many faith-based organisations working in the health and rehabilitation sectors value the use of spiritual care as a component of treatment. This will be discussed in the last section of this review.

Conclusion

This literature review provides an introduction to the topic of faith-based organisations that work with people who have substance use issues. Since most literature is published in the United States there is an international focus to the review. However, the local context is covered where

possible - especially in the section on drug and alcohol use. Also, more information was found on issues surrounding the character of faith-based organisations than with how they work and their effectiveness. Topics covered are faith-based organisations; drug and alcohol use in Aotearoa New Zealand; and religion, spirituality and health. It is hoped that this review will highlight fruitful avenues for research in this field.

METHODOLOGY

Introduction.

The methodology chapter will provide a background to the process of researching this thesis.

The process was not linear in the sense of moving from introduction to conclusion. Rather it followed a path of flexibility whereby the research topic, research questions and the gathering of data were worked and reworked as the thesis progressed. Included in the Methodology is a discussion of the researcher's background, ethics, participants, instrumentation, research perspective and research theory.

Researcher Background.

My religious perspective needs clarification. I am a Christian of the Anglican denomination in Christchurch, Aotearoa New Zealand. I am of the opinion that faith-based organizations have something important and unique to contribute to the human services. Therefore there is inevitably bias in the direction of the study and the interpretation of data. I have focused on mainstream and Protestant churches, and those considered from a mainstream perspective to be cults were neglected.

The relationship between faith-based organisations and the state has become a political issue in the United States and the opinions of conservative and social liberal politicians are still being formed. My own political viewpoint is centre-left and I have an affinity with arguments of social liberal social scientists. I also value the opinions of conservative researchers and have agreement

with some of their ideas about making the welfare state more effective in meeting people's needs. This research will not dwell on political debates beyond what is needed to discuss the relationship between faith-based organizations and the state.

My personal demographic characteristics are male, middle-aged and European New Zealander. Although age and gender should not cause significant bias in this study, ethnicity possibly could. Maori, Pacific Island and Asian Christianity have some differences to that practiced by European New Zealanders. These differences are not discussed because they are beyond the scope of the thesis. Despite the possibility of bias, I have endeavoured to maintain scholarly objectivity in discussing relevant issues.

Ethics.

As with all social science research, there are ethical issues to be considered. In particular, no-one should be harmed in any way by the research. Although this research is not likely to cause harm to participants, there is the possibility of offending religious people in the discussion of findings. Religion can be a personal matter and difficult for some people to discuss openly. Therefore I advised all participants of my own beliefs to give them the confidence to answer sensitive questions.

The research method and a sample questionnaire were submitted to the University of Canterbury Human Ethics Committee. Subsequently, several changes were made and approval was given to proceed with research. Participants were informed of the purpose and nature of research, ensured confidentiality and given the right to not answer questions. They were asked to sign a consent

form, formalizing their involvement in the study. In addition, participants will not be named in the thesis, only the organizations that they represent.

Participants.

An internet search provided a list of relevant faith-based organizations in Aotearoa New Zealand¹⁶. Denominations (Catholic, Anglican, Baptist, Methodist, Presbyterian and Salvation Army) were investigated to see what services they offer. Congregational and Independent faith-based organizations were found through search engines and through referrals from other service providers. All organizations that have services for people with a chemical addiction were considered potential participants. In some cases contact was made with representatives of the organizations to ensure they would be a source of useful information. Several faith-based organizations were found later in the study, after the initial search, and were also approached for information.

As a result of previewing the data I decided to broaden the research topic. Initially the focus had been on young people with addictions but this changed to people of all ages with addictions. This is because only one question in the survey relates specifically to young people and it was found that all the organizations that responded work with both youth and adults. Broadening the topic therefore provides a better representation of faith-based services.

The research design is to gather data from the leaders of faith-based organizations. Those who responded to the request for leaders to complete the questionnaire were sometimes ministers of religion, sometimes administrative managers and sometimes both roles were filled by one

¹⁶ A list of the organisations to which the participants belong is provided in an appendix.

person. The reason is that the structure and functioning of these organisations is of primary interest. It is assumed that leadership will have the most detailed knowledge and understanding of their organisation. Although the perspective of clients would add another dimension to the research, such data and the resulting analysis required is beyond the scope of this study. This could be a fruitful area of future research.

The sample analysed in this study is drawn entirely from Aotearoa New Zealand using purposive sampling procedures. All those faith-based organisations found working in the field of alcohol and drug treatment were approached and invited to participate in the study. The leaders of twenty-four organisations were approached. Of these, sixteen initially gave positive responses. Reasons given for non-responses included an opinion that the study was not relevant to a particular organization and a lack of time. Some gave no reason. Although it is possible that there are other faith-based organisations working in this field that have not come to my attention, it is considered that those found form a reasonably representative sample.

It is clear that there are more congregational and denominational faith-based organisations than independent faith-based organisations. This also appears to be the case internationally. However, in the field of drug and alcohol treatment, most faith-based organizations are independents. Since not all those organizations that were approached answered the questionnaire, and because the sample size is small, there is a possibility that representativeness is lacking.

Since these faith-based organisations are not-for-profits it seemed appropriate that they should receive a donation (and it was hoped that this would elicit more responses). However, no individual was paid for completing a questionnaire. From an ethical perspective I believe that the donations are fair and reasonable although there is a risk that participants will have felt obliged

to participate and therefore provided only cursory answers to questions. It is hoped that leaders will have taken an interest in the study and given thoughtful, substantial answers. In some cases triangulation of data is possible to verify this.

Questionnaires were posted to all those leaders who agreed to participate. Those who did not reply within two weeks of receiving a questionnaire were emailed and encouraged to respond. This elicited several more responses. Participants were told that they will receive a summary of the findings at the completion of the research process. Stamped envelopes addressed to the University were provided to improve the response rate. Responses arrived over a period of about ten weeks. Consequently, all participants were sent letters thanking them for their time and effort.

Instrumentation.

The questionnaire was the main instrument for collecting data, the other being document analysis¹⁷. Most questions are open-ended and designed to encourage the writing of detailed answers. However, as expected, the detail of responses varied. Several questions require that a choice be made from a range of options. In addition, several close-ended questions (such as those concerned with age, gender and ethnicity of clients) produced statistical data. Therefore, there is some variation in the question type. Some are sensitive, others are not; some require factual information, others ask about attitudes and beliefs. Questions are both general and specific. It was intended that varied approaches would lead to a more accurate description of the faith-based organisations.

¹⁷ A copy of the questionnaire is provided in an appendices.

It was intended that the process of questioning be unambiguous and result in valid data.

Reliability of research should be assured because it is not a process but a static entity that is being described (the same data should be obtainable on different occasions). Since the research methodology is clear and the questionnaire is included in the appendices of the thesis, other researchers could replicate this study.

It is expected that the participants will not have the answers to all questions. Similarly, some questions could be ignored for reasons of privacy and confidentiality. It is also possible that the accuracy of responses is affected by a lack of interest or inattention. More concerning is the possibility that responses are distorted to promote an organisation's or leader's reputation. To some extent a comparison of answers by different respondents will counter this, in addition to the triangulation of data retrieved through document analysis.

Research Perspective.

The research perspective is qualitative. Although a relatively small sample was found, the research includes most faith-based organisations working with people who have substance use issues in Aotearoa New Zealand. More specifically, the approach is descriptive. The intention is to explore, describe and explain the characteristics of these organisations from within and from the viewpoint of the leadership. Content Analysis will derive meaning from data gathered by questionnaires and relevant documents. Since questions are mostly exploratory and open-ended, requiring subjective answers in narrative form, the study is inductive.

The main research design is that of phenomenological, multiple-case studies. The organisations studied are categorized into three groups – congregations, denominations and independents. The

data is considered, using content analysis, to seek patterns in the data and find the main characteristics of these organizations. Following this, the method of cross-case analysis will be used to look for similarities and differences between these three types of faith-based organizations.

Research Theory.

Qualitative research is a research perspective that has become widely accepted in the social sciences in recent decades and that validates the use of subjective information. People's perceptions can contribute to the phenomena of the world (as documents do). Although this approach is not scientific in the positivist sense it is still empirical, involving as it does the collection and analysis of a sample of data and deriving meaning and knowledge from people's experiences and senses. In terms of research theory, the paradigm used by the social scientist differs from that used by the psychologist, historian or theologian. These disciplines might interpret the data differently and perhaps derive alternative meanings.

In contrast to subjectivism is objectivism, which treats organisations as tangible objects in the world that have a reality independent of people. According to objectivism, the people in organisations are merely following procedures as actors and do not change. In other words, the organisation is static and the actors independent. To some extent an objectivist perspective might help with this study but it applies more to a quantitative or other positivist research perspective. I believe that natural science alone cannot adequately describe the features of faith-based organisations. An interpretivist epistemology is therefore preferred to a positivist one.

Epistemologically this research can best be described as constructionist. People's beliefs and actions are creating the culture of the organisations that are being studied. In other words, the relationships and interaction between people are constructing reality. The organisations themselves are considered to be in a constant state of change, undergoing construction and reconstruction. Phenomenology is concerned with how people construct their reality. In this research I am interested in how people experience the organisation of which they are a member.

Summary.

Understanding methodology is the key to appraising the analysis of data and the conclusions of the study. It gives credibility to the findings and allows people to constructively engage with the research process. This chapter has covered the possible sources of bias and ethical aspects to the study. I have discussed the participants and the instrumentation used to gather data from them. Finally, I have outlined the main research perspective and the underlying research theory. This information is particularly important for anyone doing further studies in a similar topic.

RESULTS FOR CONGREGATIONAL FAITH-BASED ORGANISATIONS

Introduction

This chapter contains the results from a questionnaire sent to the leaders of three congregational faith-based organizations. They are the Greenlane Christian Centre (GCC), the Mission Christian Centre (MCC) and Massey Community Church, also sometimes referred to as the Massey Community Trust (MCT). The Greenlane Christian Centre supports the Victory Outreach Programme. This is a residential rehabilitation facility in Auckland. Although the Greenlane Community Church does not operate Victory Outreach entirely, it considers it to be one of their ministries. The Mission Christian Centre and Massey Community Church both offer the Celebrate Recovery programme.

Research Question 1. What are the missions of Congregational Faith-Based Organisations?

Greenlane Christian Centre.

“At Greenlane Christian Centre we are a people with vision, our vision is to see lives, our city, our nation and our world changed with the transforming power of the love of Jesus.” (Greenlane Christian Centre, 2010).

Massey Community Church.

“Massey Community Church exists to create a loving community that brings people to wholeness through the love of God and the power of the Holy Spirit” (Massey Community Church, 2010).

“The purpose of Celebrate Recovery is to fellowship and celebrate God’s healing power in our lives through the eight recovery principles found in the Beatitudes and Christ-centred 12 Steps.” (Massey Community Church, 2010).

Mission Christian Centre

“To be a N.Z., contemporary, caring, growing, evangelical, Pentecostal church.” (Mission Christian Church, 2010).

Research Question 2. What are the characteristics of leaders?

Leadership Title.

All respondents specified that they are ministers of the churches that are studied in this thesis.

Religious or Spiritual Identity.

The Greenlane Christian Centre minister describes himself as evangelical.

The Mission Christian Centre minister describes himself as being Christian, Pentecostal, member of the Assembly of God and having a strong faith in God and the bible.

The Massey Community Church minister describes himself as an evangelical Christian and leader of a charitable trust¹⁸

Employment Status.

Table 1. Employment Status of Leaders

		GCC	MCC	MCT
Paid		X	X	X (1)
Voluntary				X (2)
Full-time		X		
Part-time			X	X
1= 3 days 2 = 2 days				

Qualifications and Training.

Greenlane Christian Centre

- CAA, ACA
- Qualified to teach Cost and Management Accounting
- Counselling qualification (Waverley Abbey House, UK).

¹⁸ The respondent appears to be referring to the organisation rather than himself.

Mission Christian Centre

- BE (Auckland University)
- Diploma of Teaching (Epsom Training College)
- Diploma of Christian Ministries (Southern Cross College)
- Currently studying MA in leadership (Alpha Crucis)
- Experience teaching at Odyssey House
- Trained in Celebrate Recovery programme (Murray's Bay Baptist).

Massey Community Church

-
- Registered, Comprehensive Nurse (Auckland Technical Institute).
- Pastoral Care paper (Bible College of New Zealand).

Religiosity.

All respondents reported that their work is a ministry and that faith is “extremely” important to their work.¹⁹ All attend church more than once a week.

¹⁹ Based on a five point likert scale where 1 is “not important” and 5 is “extremely important”.

Research Question 3. What are the characteristics of staff?

Function of Paid Staff.

Greenlane Christian Centre

- Pastoral, youth, music, children, university, counselling, teaching, social welfare, administration, communications, information technology, technical²⁰

Mission Christian Centre

- Senior Pastor

Massey Community Church

- Director of Celebrate Recovery
- Director of Westide Counselling²¹
- Director of MATES²²

²⁰ This is the church congregation rather than the Victory Outreach ministry.

²¹ Counsels, supervises counselors and facilitates training of counselors.

²² Working with men through various issues.

Function of Voluntary Staff.

Greenlane Christian Centre

- Social welfare, debt counselling, schools, seniors, youth, children, drug rehabilitation²³

Mission Christian Centre

- Course assistants

Massey Community Church

- Administration, fundraising, oversight and management, legal support, practical support²⁴

Function of Former Clients.

Greenlane Christian Centre

- Not applicable

Mission Christian Centre

- Assistants

²³ This is the church congregation rather than the Victory Outreach ministry.

²⁴ Meals, transport, childcare, serving, decorating, hospitality, set-up and event management.

Massey Community Church

- Practical help, co-facilitating small groups, creative performances, teaching, music, sharing their journey and administration.²⁵

Staff Training.

The staff of the Greenlane Christian Centre all have tertiary qualifications.

The staff of the Mission Christian Centre participate in course training followed by assisting a group and finally leading a group.

Massey Community Church requires staff to have fortnightly training and supervision for facilitators of small groups. They attend a biannual seminar on how the programme works and improving their skills. Facilitators in addition have one to one mentoring and monthly peer supervision meeting.

Spiritual Characteristics of Staff.

The Greenlane Christian Centre requires staff to be committed to the vision of the church.

The Mission Christian Centre requires staff to be strong Christians (“caring, mature and wise”).

The Massey Community Church has staff who acknowledge Jesus Christ as the one and only Higher Power, demonstrate gifts of the Spirit (love, joy, peace, patience, kindness, goodness,

²⁵ Must have resolved many of their issues and have suitable gifts and skill level.

faithfulness, gentleness and self-control). They must have a high integrity and a teachable spirit. Humility, in the sense of having an honest assessment of strengths and weaknesses is important.

Research Question 4. What are the characteristics of clients?

Age of Clients.

Table 2. Age of Clients

		GCC	MCC	MCT
Under 12		20%	0	0
12 to 18		10%	0	2%
18 to 24		10%	20%	1%
24 to 35		10%	30%	27%
Over 35		50%	50%	35%

Gender of Clients.

Table 3. Gender of Clients

		GCC	MCC	MCT
Male		50%	30%	34%
Female		50%	70%	66%

Ethnicity of Clients.

Table 4. Ethnicity of Clients

		GCC	MCC	MCT
European NZ		65%	10%	39%
Maori		5%	20%	33%
Pacific Island		5%	30%	10%
Asian		20%	40%	5%
Other		5%	0	13%

Source of Clients.

Table 5. Source of Clients

	GCC	MCC	MCT
Referral by Professional			X
Referral by Minister			X
Recommendation of Former Clients		X	X
Promotion in Churches		X	X
Advertising		X	
Brochures			X
Website			X
Other	1		2
1 = Friends 2 = Road Sign			

Issues of Clients.

The Greenlane Christian Centre believes that the main issue of clients is a spiritual need.

The Mission Christian Centre lists the issues as drug and alcohol issues, anger, depression, relationship problems and “hurts, hang-ups and habits”.

The Massey Community Church lists the issues as addictions, abuse and trauma, co-dependency, anger, grief and loss.

All respondents stated that their service was not exclusively for those with substance use issues but that clients also have other major life problems that are addressed by the courses.

Research Question 5. What are the services offered?

Description.

All three congregational faith-based organizations are open to both Christian and non-Christian. However, the Mission Christian Church indicates that in practice they serve mostly Christians and the Massey Community Church states that they serve an equal ratio of Christian and non-Christian.

Description of Organisation

Table 6. Description of Organisation

	GCC	MCC	MCT
Faith-based	X		
Faith-related			X
Church	X	X (1)	
Church ministry	X	X	X
Charity	X		X
Non-profit	X	X	X
Private			
Other			
1 = Celebrate Recovery			

Source of Model.

The Greenlane Christian Centre states that this question was not applicable to them. The Mission Christian Centre and Massey Community Church both base their programmes on the Celebrate Recovery course designed by Saddleback Church in U.S.A. This church also supplies them with course materials.

Approach of Service.

The Greenlane Christian Centre summarises their approach as life-changing.

The Mission Christian Centre summarises their approach as prevention and treatment.

The Massey Community Church describes their approach as prevention and treatment, education, improving decision making, support to work through issues, benefitting the wider network / whanau, providing extensive support work and life-changing.

How is Abstinence Taught.

Greenlane Christian Centre

- Obedience to Biblical standards

Mission Christian Centre

- Teach abstinence from drugs, moderation with alcohol use²⁶
- Understanding of damage caused
- Finding root causes of problems
- Finding God's strength and power
- Discovering reasons for anger, forgiveness and making amends
- Talking through issues and past experience

Massey Community Church

- Teach decision making
- Move toward healthy, effective lifestyle
- Becoming contributing member of community
- Develop sense of wellbeing and peace

²⁶ Unless this is a serious issue.

- Let client make the decision about whether to abstain

Services Offered.

Table 7. Services Offered

Age		GCC 12 to 24	MCC 18 to 24	MCT 12 to 18	MCT 18 to 24
Medical Care					
Detoxification		X			
Assessments		X		X	X
Counselling		X	X	X	X
Psychotherapy					
Residential Care					
Home Care			X		X
Legal Assistance					
Welfare Assistance		X		X	X
Maori Health Care					
Referrals				X	X
Education				X	X
Life Skills		X	X	X	X
Mentoring		X	X	X	X
Confidence Building			X	X	X
Accommodation Help		X		X	X
Family Support		X	X	X	X
Training for Work				X	X
Spiritual Care		X	X	X	X
Spiritual Development		X	X	X	X
Other				1	1
1 = Sports Programmes					

Description of Service Provided

Greenlane Christian Centre

- Caring church

Mission Christian Centre

- 12 –Step recovery programme for those with “hurts, habits, hang-ups”
- Introducing Jesus Christ as the Higher Power

Massey Community Church

- Community-based model of care
- A network of supportive and accountable church and community organizations for people struggling with issues in their lives
- Provision of teaching material and the modeling of behavior by facilitators as a community of supporters
- Changing hearts, minds and action

Research Question 6. How is religion manifested in the organization?

How Staff Engage Religiously with Clients.

Table 8. How Staff Engage Religiously with Clients

		GCC	MCC	MCT
Prayer		X	X	X
Evangelism		X	X	X
Bible Study		X	X	
Invitation to Church		X	X	X
Religious Material		X	X	X
Spiritual Care		X	X	X
Caring Relationship		X	X	X
None				
Other				1
1 = Practical Helps				

Role of God in the Organisation

Greenlane Christian Centre

- Central

Mission Christian Centre

- God is the source of all needs²⁷

²⁷ King, Saviour, Lord, Healer, Guide, Helper and Protector.

Massey Community Church

- Facilitators model “God at work” to clients
- Answered prayer creating desire to know more
- Making life complete
- Completes a person’s spiritual need
- Brings truth to lives (essential to recovery)
- Ever-present “still, small voice”

Research Question 7. How are they funded and what facilities do they use?

Source of Funds

Table 9. Source of Funds

	GCC	MCC	MCT
Church Offerings	X	X	X
Private Donations			X
Corporate Donations			X
Investments			X
Government			X
Community Trusts			X
Lotteries Grants			X
Fees			X
Others			1
1 = Fundraising Events			

Facilities.

Table 10. Facilities

	GCC	MCC	MCT
Own Facilities	X		
Church			X
Community			X
Private Home		X	
School			
Other			

Research Question 8. What links do they have with other organizations?

Links.

The Greenlane Christian Centre has no links with other organizations.

The Mission Christian Centre states that the church is linked with the charities commission.

The Massey Community Church has financial accountability as a charitable trust, professional accountability to funding organizations (Child Youth and Family and Primary Health Organisations) and professional accountability to counseling bodies.

Summary

The Greenlane Christian Centre, Mission Christian Centre and Massey Community Church are all located in Auckland. They are amongst the few churches that offer specific ministries to people with alcohol or drug issues. The Celebrate Recovery course is offered by the Mission Christian Centre and Massey Community Church. The Greenlane Christian Centre is involved with Victory Outreach, a residential addiction treatment service that is partly independent of the church.

RESULTS FOR DENOMINATIONAL FAITH BASED ORGANISATIONS

Introduction

This chapter gives the results from the questionnaire sent to six denominational faith-based organizations. Five of these were Salvation Army addiction treatment services. These are the Northland Regional Bridge Programme (NRBP), Auckland Centre (AC), Midland Regional Programme and Social Detox (MRPSD), Wellington Bridge Centre (WBC) and Dunedin Bridge Centre (DBC). These five organizations are managed individually although they are all linked to the Salvation Army in Aotearoa New Zealand. The final denominational faith-based organization represented here is the Christchurch City Mission (CCM), which is linked to the Anglican Church in Aotearoa New Zealand and Polynesia. The Auckland City Mission did not respond to the questionnaire because it considers itself to be a professional, not a faith-based organisation.

1. What are the Missions of Denominational Faith-based Organisations?

The Anglican Church in Aotearoa New Zealand and Polynesia.

“To proclaim the goodness of the kingdom.

To teach, baptize and nurture the new believers.

To respond to human needs by loving service.

To seek to transform unjust structures of society.

To strive to safeguard the integrity of creation and sustain and renew the life of the earth.”

(Anglican Church in Aotearoa, New Zealand and Polynesia, 2010).

The Christchurch City Mission.

“At the Mission we aim to be a voice as we advocate for justice.

“We aim to help those who have nothing so that they may be a part of our world and share in its goodness.

“We aim to take away the loneliness and emptiness that many feel as they live cut off from others.

“We know who the poor and the lonely are and we can act to help them.

“We cannot do this alone. We need the help, support and approval of the community.

“As you read of the work that we carry out with the marginalized and isolated in our community I hope that you will approve what we do and may be moved to help us so that together we can bring about real change in people’s lives and give hope to those who have none.” (Christchurch City Mission, 2010).

The City Mission Alcohol and Drug Services.

“The aim is to deliver a range of quality, responsive Alcohol and Drug Services to those people within our community whose lives are negatively affected by alcohol and drugs.” (Christchurch City Mission Alcohol and Drug Services, 2010)

Salvation Army.

“Caring for people: Salvationists follow the example of Jesus by identifying with the needy, standing alongside them and caring for people in all situations.

“Transforming lives: Salvationists believe that God can transform people and that the resulting wholeness is experienced through belief in Jesus Christ and by the power of the Holy Spirit. This transformation is evidenced in discipleship and commitment.

“Reforming society: Salvationists seek to express the love and power of God in the community. This calls for the challenging of manifestations of evil, injustice and oppression, and for steps aimed at their elimination” (Salvation Army, 2010).

The Bridge Programme.

“The Salvation Army in Aotearoa / New Zealand seeks to offer an evidence-based, best practice treatment for people moderately to severely affected by their harmful use of, or dependency on alcohol and / or drugs as a practical expression of its Christian based love and concern for all people in the community.” (Salvation Army Bridge Programme, 2010).

2. What are the Characteristics of Leaders?

Leadership Title.

The City Missioner is the overall manager of Christchurch City Mission. The respondent to the questionnaire, however, is the manager of Drug and Alcohol services (based on documentary information).

The respondents from the Northland Regional Bridge Programme, the Wellington Bridge Centre and Dunedin Bridge Centre identified themselves as managers of the respective organizations.

The respondents from the Auckland Centre and Midland Residential Programme and Social Detox did not specify whether they regard themselves as managers or ministers.

Spiritual / Religious Identity.

The respondent from the Christchurch City Mission described herself as a Methodist raised in a religious family with strong religious beliefs and component to her life, although she seldom attends church.

The respondent for the Auckland Centre is an ordained minister of the gospel.

The respondent from the Northland Regional Bridge Programme believes that God relates to all people. He states that people have the potential to develop, are created with a purpose and destiny, have God-given strength, are enabled to fulfill their purpose and have great value. A personal relationship with God is vital to life and all people can make a difference in the world.

The respondent for the Midland Residential Programme and Social Detox stated that he is “filled with God’s Spirit”, trying to live by example and to demonstrate faith in practice. His passion is to introduce people to God and see lives changed through one-on-one interaction and sharing in a person’s journey.

The respondent for the Wellington Bridge Centre states that she is motivated by a love for God. She adheres to the mission of the Salvation Army.

The respondent for the Dunedin Bridge Centre states that he was raised in a strongly Christian family. In adult life he has distanced himself from active church involvement and a call to the ministry. However, he identifies with the peace, justice and reconciliation aspects of the gospel.²⁸

Employment Status.

Table 11. Employment Status of Leaders

	AC	NRBP	MRPSD	WBC	DBC	CCM
Paid	X	X	X	X	X	X
Voluntary						
Full-time	X	X	X	X	X	X
Part-time						

²⁸ Respondents tended to describe the identity of the service as well as their own identity.

Qualifications and Training.

Christchurch City Mission Respondent

- Registered Nurse
- Post Graduate Diploma in Health Sciences in Addictions and Mental Health (Otago University)
- Certificate of Proficiency in Suicidal Behaviours (Otago University).

Auckland Centre Respondent

- Diploma of Counseling (Wellington Institute of Technology)
- Advanced Certificate in Alcohol and Drug Studies (Wellington Institute of Technology)
- Seminars on Management
- Training in Audit Processes (Ministry of Health)

Northland Regional Bridge Programme Respondent

- Bachelor of Ministries (Bible College of NZ)
- Diploma in Counseling
- Certified Addictions Counselor (Hanmer)
- Associate of Christian Ministry (NZ Theological Schools)
- Courses and workshops in counseling, pastoral care, leadership, staff management and addictions

Midland Residential Programme and Social Detox Respondent

- School Certificate
- Advanced Trade Certificate (Waikato Technical Institute)
- Ordained minister (Salvation Army Training College Wellington)
- Blue Print leadership course (Hamilton).

Wellington Bridge Centre Respondent

- No response to this question.²⁹

Dunedin Bridge Centre Respondent

- Bachelor of Arts (Canterbury University)
- Certificate in Counseling (Christchurch Polytechnic)
- Graduate Certificate in Professional Supervision (Auckland University)
- Work-based training in family / youth work, probation officer, family court coordinator, prison worker (Prisoners Aid and Rehabilitation Society), problem gambling agency coordination, team leader (alcohol and drug) and management training.

²⁹ Respondents were given the opportunity to not reply to any question.

Spiritual Characteristics.

The respondents of the Christchurch City Mission and Dunedin Bridge Centre do not consider their work to be a ministry and seldom attend church.

The respondents for the Auckland Centre, Midland Regional Programme and Social Detox and the Wellington Bridge Centre consider faith to be “extremely” important to their work. They attend church more than once a week.

The respondent for the Northland Regional Bridge Programme considers faith between “somewhat” and “extremely” important. The respondent attends church once a fortnight.

3. What are the Characteristics of Staff?

Function of Paid Staff.

Christchurch City Mission

- Alcohol and drug staff, nurse, social worker, budget advisor, volunteer coordinator, other staff of related services

Auckland Centre

- Management, case managers, counselors, therapists, accounting, administration, cleaning, clerks, receptionist, nurses.

Northland Regional Bridge Programme

- Regional manager, programme coordinator for three Bridge Programmes, counselors / case workers (alcohol and drug counseling, assessments, intensive day programme, aftercare), community education / liason, receptionist and administrator.

Midland Residential Programme and Social Detox

- Director, manager, admissions officer, counselor / caseworker, support worker, receptionist, clinical nurse.

Wellington Bridge Centre

- Management (quality and compliance, human resources, administration and chaplaincy), clinical manager (programme and clinical staff), caseworkers (1 to 1 counseling and group sessions), maintenance (grounds and property)

Dunedin Bridge Centre

- Manager, administration (receptionist and financial administrator shared with other Salvation Army departments), five full-time caseworkers, two permanent house supervisors, three casual house supervisors, contract art teacher.

Function of Voluntary Staff.

The Christchurch City Mission uses a significant number of volunteers in the food bank, the women's drop in centre, the residential social detoxification service, reception, gardening, opportunity shops and chapel.

The Auckland Centre uses volunteers for the Family Store and as van drivers³⁰.

The Northland Regional Bridge Programme uses volunteers to assist with client support.

The Wellington Bridge Centre uses volunteers to help with the Recovery Church and driving.

The Dunedin Bridge Centre accepts students on placements as volunteers.

The Midland Residential Programme and Social Detox does not use voluntary staff.

Function of Former Clients.

The Christchurch City Mission accepts former clients as volunteers after they have been "clean and sober" for two years, and may offer them paid employment after being so for five years.

The Auckland Centre has former clients staffing the Family Store (including the manager), case managers, a truck driver and maintenance manager.

The Northland Regional Bridge Programme has a policy of only employing former clients who have relevant training qualifications.

³⁰ It is not clear whether this refers to the Salvation Army generally the Bridge Centre specifically.

The Midland Residential Programme and Social Detox has a caseworker and a support worker who are former clients.

The Wellington Bridge Centre employs former clients as house supervisors and caseworkers if they have remained “clean” for two years following completion of the Bridge Programme.

The Dunedin Bridge Centre will employ former clients if they are in full remission. One former client is currently a casual house supervisor.

Staff Training.

The Christchurch City Mission train staff in the Treaty of Waitangi, mental health issues (Mental Health Education and Resource Centre training), first aid, calming and de-escalation techniques, defibrillator, health and safety and infection control, as well as University and Wellington Institute of Technology courses.

The Auckland Centre provides in-house training in changes to relevant legislation, health and safety and revisions to models of treatment.

The Northland Regional Bridge Programme provides workshops for drug and alcohol education, module delivery, learning styles, cultural awareness, informed consent and de-escalation.

The Midland Residential Programme and Social Detox provides training in health and safety, first-aid, note-recording processes, ethics and on treatment models as well as Wellington Institute of Technology courses.

The Wellington Bridge Centre uses external trainers where necessary.

The Dunedin Bridge Centre offers in-house training and encourages staff to undertake tertiary study.

Spiritual Characteristics.

The Christchurch City Mission seeks staff who are non-judgmental, can maintain personal and professional boundaries and agree in principle with the mission of the organization.

The Auckland Centre seeks people who are familiar with the Salvation Army mission statement and willing to work according to its principles.

The Northland Regional Bridge Programme does not require staff to be Christian however they must accept the values and ethos of the Salvation Army.

The Midland Residential Programme and Social Detox requires staff to accept the values and ethos of the Salvation Army and they look for characteristics such as integrity, honesty, loyalty, transparency, love, care, understanding and teachableness.

The Wellington Bridge Centre seeks staff who are sympathetic to the Salvation Army's Christian ethos and willing to work with the Army's mission and philosophy.

The Dunedin Bridge Centre seeks staff who are open to the physical, social and emotional environment of the Centre and be able to accept people's spirituality or decision not to be spiritually engaged with.

4. What are the Characteristics of Clients?.

Age of Clients.

Table 12. Age of Clients

		NRBP	MRPSD	WBC	DBC	AC	CCM	CCM
Under 12		0	0	0	0	0	0	Under 10
12 to 18		0	0	0	0	0.90%	25%	10 to 19
18 to 24		20%	15%	26.60%	5%	24.60%	25%	20 to 29
24 to 35		30%	40%	32.20%	45%	32.20%	25%	30 to 39
Over 35		50%	45%	37.10%	50%	37.10%	25%	Over 40

Gender of Clients.

Table 13. Gender of Clients

		AC	NRBP	MRPSD	WBC	DBC	CCM
Male		79.80%	70%	50%	64%	50%	50%
Female		20.20%	30%	50%	34%	50%	50%

Ethnicity of Clients.

Table 14. Ethnicity of Clients

		AC	NRBP	MRPSD	WBC	DBC	CCM
European NZ		72.60%	34%	70%	71.90%	70%	40%
Maori		15.90%	60%	26%	20.20%	30%	40%
Pacific Island		5.40%	5%	2%	21%	0	10%
Asian		2.10%	0%	0%	0	0	5%
Other		4%	1%	(1) 2%	5.60%	0	5%
1 = Indian							

Source of Clients.

Table 15. Source of Clients

	AC	NRBP	MRPSD	WBC	DBC	CCM
Referral by Professional	X	X		X	X	X
Referral by Minister	X	X		X		X
Former Clients Recommendation	X	X		X	X	X
Promotion in Churches	X					X
Advertising	X		X			X
Brochures	X	X	X		X	X
Website	X	X	X		X	X
Others	1				2	3
1 = Medical Services 2 = Recovery Groups / Self Referral 3 = Referral from mental health agencies, justice system, General Practitioners, public and psychiatric hospitals						

Main Issues of Clients.

The main issues for Christchurch City Mission clients are mental health, substance use, forensic, financial and accommodation difficulties.

The main issues for Auckland Centre and Wellington Bridge Centre clients are alcohol and drug addictions³¹

The main issues for the Northland Regional Bridge Programme clients are alcohol and drug addictions, court charges and relationship issues.

The main issues for the Midland Residential Programme and Social Detox and the Dunedin Bridge Centre are alcohol and drug addictions and mental health problems.

³¹ Cannabis, Methamphetamine and Prescription Medications.

5. What are the Services Offered?

Description

Table 16. Description of Organisation

	AC	NRBP	MRPSD	WBC	DBC	CCM
Faith-based	X	X	X	X		X
Faith-related	X	X	X	X		
Church	X		X		X	
Ministry	X		X			
Charity	X			X		
Non-profit	X	X	X	X	X	X
Private						
Other						

Source of Model.

The Christchurch City Mission indicated that they do not model their service on any other service. The Auckland Centre did not give an answer. The other Bridge Programmess use the Community Reinforcement Approach and 12-Step Programme common to the Salvation Army worldwide.³²

³² All respondents stated that their services were not intended mainly for Christians.

Approach of Service.

The Christchurch City Mission gives treatment and education to those with substance use issues and a wide range of other practical services that may be helpful to their clients.

The Midland Residential Programme and Social Detox are abstinence-based, community-based, cognitive, educational, encouraging of self-directed learning and provide positive reinforcement.

The Wellington Bridge Centre emphasized the Community Reinforcement Model and the Bridge model of treatment.

The Dunedin Bridge Centre provides a safe, protective environment and requires clients to take responsibility for their progress through accessing services available. They must seek abstinence through addressing underlying issues and behavioural patterns.

The Auckland Centre and Northland Regional Bridge Programme simply stated their approach is treatment.

How Abstinence is Taught.

Christchurch City Mission

- Harm minimization
- Support clients on the journey to recovery whatever the goal

Auckland Centre

- Through Community Reinforcement and Functional Analysis
- Abstinence is the ultimate goal though not all will achieve it.

Northland Regional Programme and Social Detox

- Harm reduction
- Teaching clients that they have a problem
- Reducing substance use
- Taking up new lifestyle options

Midland Residential Programme and Social Detox

- Sobriety contract
- Education
- Functional Analysis
- Counseling
- Facilitated groups

Wellington Bridge Centre

- Personal treatment plan
- Healthcare, counseling, group work
- Understanding addiction
- New relationships and lifestyle options

- Spiritual growth
- Healthy living
- Attending the programme

Dunedin Bridge Centre

- Abstinence is a requirement for participation in the programme
- Participants might be supported by medications
- Motivation comes from the client
- Education and therapy
- Group work and one to one casework

Services Offered.

Table 17. Services Offered

Age	AC 18 to 24	NRBP 18 to 24	MRPSD 12 to 18	WBC 18 to 24	DBC 18 to 24	CCM 18 to 24
Medical Care	X		X	X	X	X
Detoxification	X		X			X
Assessments	X	X		X	X	X
Counselling	X	X	X	X	X	X
Psychotherapy				X		X
Residential Care	X		X	X	X	X
Home Care						
Legal Assistance						X
Welfare Assistance	X		X	X	X	X
Maori Health Care			X			X
Referrals	X	X		X	X	X
Education	X	X	X	X	X	X
Life Skills	X	X	X	X	X	X
Mentoring	X	X	X	X	X	X
Confidence Building	X	X	X	X	X	X
Accommodation Help			X	X	X	X
Family Support	X		X	X	X	X
Training for Work	X					X
Spiritual Care	X	X	X	X	X	X
Spiritual Development	X		X	X	X	X
Others						

Description of Services Offered.

Christchurch City Mission

- Comprehensive and client focused
- Multi-faceted

- Addressing co-existing disorders concurrently
- Short waiting lists and timely interventions

Auckland Centre

- Bridge Programme philosophy and model of treatment

Northland Regional Bridge Programme

- Empowering and valuing clients
- Offering hope and a new way of life
- A place of peace and refuge

Midland Residential Programme and Social Detox

- Caring and loving environment
- Professional service
- Welcoming and open to all people
- Staff growing in skills and practice
- Belief that people matter
- Encouragement and positive reinforcement
- Safe environment

Wellington Bridge Centre

- Safe, integrated, high quality service

- Support, challenge and encourage clients to make positive changes³³
- Purposeful, holistic, person-centred, caring approach
- Community Reinforcement and 12-Step Programme

Dunedin Bridge Centre

- A focus on individual change (abstinence rather than harm reduction)
- Providing an evangelical, Christian environment (Salvation Army)
- A service of care, transformation and reform
- Attention to spiritual recovery

6. How is Religion Manifested in the Organisations?

Importance of spirituality.

On a likert scale of 5 points the Midland Residential Programme and Social Detox, the Wellington Bridge Centre and the Dunedin Bridge Centre listed spirituality as “extremely” important to the work of the organization. The Auckland Centre scored it slightly less than 5 while the Northland Regional Bridge Programme and Christchurch City Mission rate spirituality midway between “somewhat” important and “extremely” important.

³³ To find hope, direction, peace and stability.

How Staff Engage Religiously with Clients.

Table 18. How Staff Engage Religiously with Clients

	AC	NRBP	MRPSD	WBC	DBC	CCM
Prayer	X	X	X	X		
Evangelism						
Bible Study						
Invitation to Church	X	X 1	X	X		
Religious Material			X			
Spiritual Care	X	X	X	X	X	
Caring Relationship	X	X	X	X	X	X
None						
Other		2	3	4	5	
1 = Recovery Church and Fellowship 2 = Referral to Chaplain / Spiritual Awareness Group 3 = Morning Devotions / Spirit Lifter 4 = Compulsory Recovery Church Weekly 5 = Recovery Fellowship / Church-like Environment						

*Role of God in the Organisation.*³⁴

Christchurch City Mission

- The mission philosophy overarches all work done
- Chapel and church services are open to the public
- Operate as a Christian social service agency
- Staff content to work within this Christian environment

³⁴ Some respondents tend to refer to services rather than how God manifests in their work.

Auckland Centre

- Church services
- Morning “Spirit Lifter” for staff and clients
- Weekly “Recovery Church” for non-believers with attendance compulsory for those on Bridge Programmes

Northland Regional Bridge Programme

- God has given the mission to work with these people and empowers the work to affect change
- God offers hope and belief
- God shows how to treat people (valued, respected and precious to God)
- Morning devotions (reading and prayers)
- Begin client groups with karakia
- Strength, vision and empowerment of God is vital to the work

Midland Residential Programme and Social Detox

- The role of God makes them different to other service providers
- Staff devotions (morning prayer)
- “Recovery Church” and Sunday church available to clients
- Offer God’s peace, healing, forgiveness and purpose
- Recovering spirituality is a key breakthrough for clients
- Grace of God provides hope and compassion to clients

Wellington Bridge Centre

- The power of God and the Holy Spirit is vital
- Encourage the clients to discover the “Higher Power”
- Chaplaincy service
- Weekly “Recovery Church” compulsory for clients on the course
- God’s work is seen in changed lives and clients maintaining sobriety
- Clients testify to God dealing with them and changing them

Dunedin Bridge Centre

Manifesting in different ways to people throughout the organization

- Personal relationship with Jesus Christ
- A ‘Higher Power’ greater than the individual
- All people are on a spiritual journey
- God is being searched for, acknowledged and worshipped simultaneously

7. How are they Funded and what Facilities do they use?

Funding.

Table 19. Source of Funds

	AC	NRBP	MRPSD	WBC	DBC	CCM
Church Offerings	X					
Private Donations	X	X		X		X
Corporate Donations						X
Investments	X					
Government	X	X	X	X	X	X
Community Trusts	X					X
Lotteries Grants						X
Fees	X				X	
Others			1			
1 = WINZ Payments for Clients						

Facilities.

Table 20. Facilities

	AC	NRBP	MRPSD	WBC	DBC	CCM
Own Facilities	X		X	X	X	X
Church			X		X	
Community						X
Private Home						
School						
Other		1				
1 = Leased Commercial Building						

8. What Links do they have with Other Organisations?

Links

The Christchurch City Mission has Canterbury District Health Board contracts, Child Youth and Family Services contracts, external supervision for clinical staff and nursing, social work and Drug and Alcohol Practitioners' Association of Aotearoa New Zealand registrations.

The Auckland Centre has financial accountability to bodies with which it has contracts, arrangements with Work and Income NZ for client benefits and other organisations including Probations, Corrections and Justice.

The Northland Regional Bridge Programme and Wellington Bridge Centre have simply state that they have financial contracts to provide services.

The Midland Residential Programme and Social Detox has membership of the Drug and Alcohol Practitioners' Association of Aotearoa New Zealand and has District Health Board audits.

The Dunedin Bridge Centre reports that they have District Health Board contracts and are considering registration of workers in the alcohol and drug sector.

Summary

The Salvation Army and Anglican Church are the only denominations found in Aotearoa New Zealand to offer services specifically for those with addictions. Other denominations offer services that would be helpful to these people but do not offer specific treatment. The Salvation

Army operates a network of Bridge Programmes throughout the country that offer the same model of treatment with some differences in structure and practice. The Christchurch City Mission, based in Christchurch, offers a substantial service to people from a variety of backgrounds who have addictions.

RESULTS FOR INDEPENDENT FAITH-BASED ORGANISATIONS

Introduction

This chapter contains the results of a survey of six independent faith-based organisations. These are Drug Arm Auckland (DAA), Drug Arm Wellington (DAW), Drug Arm Christchurch (DAC), Te Nikau Addictions Centre (TNAC)³⁵, Anne Laidlaw Ministries (ALM) and Amped 4 Life Trust (A4L). Three other independent faith-based organisations did not respond. The Drug Arm organisations are managed individually³⁶ although they have informal links. Te Nikau Addictions Centre is a large, residential treatment service for a variety of addictions. Anne Laidlaw Ministries offers a course called Kick Addiction and counseling services³⁷ and, like Amped 4 Life Trust, is a small independent faith-based organization.

1. What are the Missions of Independent Faith-Based Organisations?

Drug Arm Auckland.

“Drug-Arm is an interdenominational Christian community response to both the growing and negative effects of substance abuse and addiction.” (Drug Arm Auckland, 2010).

³⁵ Te Nikau Addictions Centre is also known as Freedom Life.

³⁶ Drug Arm Auckland is also known as the Auckland Urban Mission.

³⁷ Anne Laidlaw Ministries in Auckland offers the Kick Addiction course based on the text of the same name. They also offer other courses and counseling to people with various life issues.

“The aim is to be a “good Samaritan” service, meeting and assisting people where they are and establishing a bridge of assistance. The purpose is to help move people towards finding help in recovering from at risk lifestyles, we also provide community education and offer referrals to those wanting help.” (Drug Arm Auckland, 2010).

DrugArm Wellington

“To show that there is an alternative lifestyle to the abuse of alcohol and use of illegal drugs, and that is in a personal relationship with Jesus Christ.” (Drug Arm Wellington, 2010).

Drug Arm Christchurch

“Drug-ARM is a non-denominational Christian response to both the growing and negative effects of alcohol and drug addictions.” (Drug Arm Christchurch, 2010)

Anne Laidlaw Ministries

There is no mission statement as such. However, the following is taken from the introduction on the website:

“My passion is to encourage people to seek God, get to know Him more, discover how He works and enter into the freedom and abundant life Christ died to give us all.” (Anne Laidlaw Ministries, 2010).

Amped4Life Trust

This statement is taken from the introduction on the organisation's website. The website also gives a substantial statement of goals, values and objectives.

“Amped4Life was formed to be a proactive part in our communities fight against drug and alcohol abuse and addiction. It is here to help our young people to make informed and wise choices for life.” (Amped 4 Life, 2010).

Te Nikau Addictions Centre.

The Te Nikau Addictions Centre website gives the following mission statement in addition to a statement of the objectives and philosophy.

“To facilitate change in men and women from dependent/addictive living to constructive living, using Christian principles, a therapeutic family environment, and a personal application of recovery principles.” (Te Nikau Addictions Centre, 2010).

2. What are the characteristics of leaders?

Leadership Title.

The key informants identified themselves as a manager or managing director of their organisations, except Drug Arm Auckland and Drug Arm Wellington which did not specify. However later information shows that they are not ministers of a church and so are more likely to

be classified as managers also. In fact, none of the respondents indicated that they were church ministers.

Spiritual / Religious Identity.

Drug Arm Auckland – Christian.

Drug Arm Wellington – Misunderstood the question.

Drug Arm Christchurch – Born Again Christian.

Te Nikau Addictions Centre – Christian.

Kick Addiction – Born Again, Bible-believing Christian.

Amped 4 Life Trust – Born Again, Pentecostal, Spirit-filled and “on a journey”.

Employment Status of Leaders.

Table 21. Employment Status of Leaders

	DAA	DAW	DAC	TNAC	ALM	A4LT
Paid			X	X		X
Voluntary	X	X	X		X	
Full-time	X		X	X		X
Part-time		X			X	

Qualifications and Training.

Drug Arm Auckland

- Certificate in Evangelism (Mercy Street Ministries)
- Alcohol and Drug Training (CADS)

Drug Arm Wellington

- Certificate in Data Processing
- Training by Drug Arm Wellington - including drug and alcohol knowledge, street knowledge, evangelism, listening, first aid, cultural awareness.

Drug Arm Christchurch

- Diploma in Alcohol and Drug Studies (Wellington Institute of Technology)
- Certificate in Alcohol and Drug Youth Work (Wellington Institute of Technology)
- Certificate in Gambling and Other Impulse Control Disorders (Wellington Institute of Technology)
- First Aid Certificate
- Completing a Bachelor of Drug and Alcohol Studies

Anne Laidlaw Ministries

- Bachelor of Arts in Psychology (Auckland University)
- Diploma in Counseling (Human Training and Development Institute)
- Diploma in Teaching (Auckland Teacher's College)
- Certificate in Supervision (Human Training and Development Institute)
- Certificate in Journalism (ATI)
- Various Papers (Bible College)

Amped 4 Life

- Diploma (Faith Bible College)
- First Aid
- Rehabilitation studies (Bethel House Rehabilitation Centre)

Te Nikau Addictions Centre

- Diploma of Ministry Development (Faith Bible College)

- Certificate in Alcohol Studies (Weltec)
- Certificate in Clinical Supervision (Weltec)

Religiosity.

All key informants stated that they considered their work to be a personal ministry and that faith was extremely important to their work (respondents could choose from a scale of 1 to 5 with 1 being not at all important and 5 being extremely important). The leaders of Drug Arm Auckland, Te Nikau Addictions Centre, Anne Laidlaw Ministries and Amped 4 Life reported that they attend church more than once per week. The leaders of Drug Arm Wellington and Drug Arm Christchurch attend church once per week.

3. What are the characteristics of staff?

Function of Paid Staff.

Drug Arm Auckland

- Administrator.

Drug Arm Wellington

- “not applicable”.

Drug Arm Christchurch

- Branch manager, fieldworker, van preparer.

Te Nikau Addictions Centre

- Director, Counselors (1 full-time, 2 part-time), group facilitator/ maintenance.

Anne Laidlaw Ministries

- none paid.

Amped 4 Life Trust

- Administrator, Programme development and delivery, fundraising, marketing.

Function of Voluntary Staff.

Drug Arm Auckland

- committee members, street-van work, presentations to church and community groups, fund-raising and van maintenance.

Drug Arm Wellington

- committee members, team leaders, street-van workers.

Drug Arm Christchurch

- street-van workers (fellowship, support, food and drink, relationship building and evangelism, discipleship and referral.

Te Nikau Addictions Centre

- Administrator, group facilitator, internship, support/ sleepover.

Anne Laidlaw Ministries

- group facilitators / counselors.

Amped 4 Life Trust

- Administration, support, fundraising, prayer and intercession.

Function of Former Clients.

Drug Arm Auckland and Amped 4 Life Trust did not answer this question while Drug Arm Wellington and Anne Laidlaw Ministries stated they do not employ former clients. However Drug Arm Christchurch and Te Nikau Addictions Centre do employ former clients. The former accepts them as volunteers with their street van if they have 18 months sobriety and other suitable characteristics. The latter occasionally offer internships, doing practical work at the centre (such as leading readings and contributing to chapel services) and sometimes assists them with other training opportunities.

Staff Training.

Amped 4 Life did not respond. All others have some form of staff training. Drug Arm Auckland and Drug Arm Christchurch offer evangelism training, first-aid skills, legal understanding and communication skills. Drug Arm Wellington prepares team workers to become team leaders. Te Nikau Addictions Centre and Anne Laidlaw Ministries provide supervision for their staff. Both Te Nikau Addictions Centre and Drug Arm Christchurch use outside training services to assist their staff dealing with clients.

Spiritual Characteristics of Staff.

Drug Arm Auckland

- commitment, faithfulness, non-judgemental, easy-going, church member.

Drug Arm Wellington

- willing to listen, open-minded, caring, willing to share their life story.

Drug Arm Christchurch

- committed Christian (actively involved in church fellowship), abstinent from alcohol and illegal drugs, transparent lifestyle (accountable and non-hypocritical).

Te Nikau Addictions Centre

- Christian, church attending, living according to Biblical principles, practice what they preach and a sense of mission.

Anne Laidlaw Ministries

- Born-again, baptised in the Holy Spirit and mature in their faith.

Amped 4 Life Trust

- Spirit-filled, living with gifts and anointing of the Holy Spirit, passion, grace to work with people “at risk”, truth spoken in love, perseverance, long-suffering, peace and gentleness.

Research Question 4. What are the characteristics of clients?

Age of Clients.

Table 22. Age of Clients

	DAA	DAW	DAC	TNAC	ALM	A4LT
Under 12	10%	10%	0%	0%	0%	0%
10 – 18	45%	25%	40%	0%	0%	70%
18 – 24	10%	25%	20%	20%	Varies	10%
24 – 35	10%	20%	20%	30%	Varies	0%
Over 35	25%	25%	20%	50%	Varies	20%

Gender of Clients.

Table 23. Gender of Clients

	DAA	DAW	DAC	TNAC	ALM	A4LT
Male	40%	60%	60%	65%	40%	50%
Female	60%	40%	40%	35%	60%	50%

Ethnicity of Clients.

Table 24. Ethnicity of Clients

	DAA	DAW	DAC	TNAC	ALM	A4LT
European NZ	15%	30%	30%	67%	80%	40%
Maori NZ	35%	30%	50%	25%	10%	45%
Pasific Islander	35%	20%	20%	5%	10%	7.5%
Asian	10%	10%	0	3%	0	7.5%
Other	5%	10%	0	0	0	0

Source of Clients

Table 25. Source of Clients

	DAA	DAW	DAC	TNAC	ALM	A4LT
Referral by Professional			X	X		X
Referral by Minister	X		X	X	X	
Former Clients Recommendation	X		X	X	X	X
Promotion in Churches	X	X	X	X	X	
Advertising	X	X		X	X	
Brochures	X	X	X	X		X
Website			X	X		X
Others	1		2	3		4
1 = Through being seen at work 2 = CYFs and Department of Corrections 3 = Addictions phonelines and word of mouth 4 = word of mouth						

Main Issues of Clients.

Drug Arm Auckland

- Substance abuse, prostitution, homelessness, depression, rejection and anger.

Drug Arm Wellington

- Intoxication, loss of direction and homelessness.

Drug Arm Christchurch

- Substance abuse, relationship problems, gang involvement, cultural issues, offending, relapsing of addicts, lack of education and work involvement.

Te Nikau Addictions Centre

- Various addictions, depression, anxiety, panic disorders, sexual abuse.

Anne Laidlaw Ministries

- Low self worth, poor decision making skills, immaturity in life and faith, depression, lack of strength of character, addictive and obsessive-compulsive disorders.

Amped 4 Life Trust

- “not applicable”.

Drug Arm Christchurch indicated that their service is targeted at people with substance use issues. All other respondents stated that they work with people with a range of issues. Te Nikau Addictions Centre and Anne Laidlaw Ministries deal with all kinds of addictive behaviour and underlying issues. Drug Arm Auckland will work with anyone who they come into contact with in the course of their work.

5. What are the services offered?

Description of the Organisation

Anne Laidlaw Ministries is the only organisation that serves mostly Christians. All the others serve people with a wide range of personal beliefs.

Table 26. Description of Organisation

	DAA	DAW	DAC	TNAC	ALM	A4LT
Faith-Based	X	X	X	X	X	
Faith-Related	X	X				X
Church		X				
Ministry		X	X	X	X	
Charity	X	X				X
Non-Profit	X	X	X	X		X
Private		X				
Other				1		

1 = Professional

Source of Model.

Drug Arm Auckland and Drug Arm Wellington are based on Drug Arm Australia (born out of the temperance movement in Australia). Drug Arm Christchurch did not respond to this question. Te Nikau Addictions Centre is influenced by a wide range of models including Teen Challenge (U.S. And international), Mercy Ministries (U.S. And international), Yeldall Manor (U.K.), Betel (Spain, international), Salvation Army Bridge (A.N.Z. And international), St. Stephen's Society (Hong Kong) and Victory Outreach (U.S. and international). The Kick Addiction course is based on the book of the same name written by a woman from Aotearoa New Zealand.

Approach of Service.

Drug Arm Auckland

- Provides information and refers people to other services as is necessary.

Drug Arm Wellington

- Provides protection, evangelism with a caring approach and food and drink to street people.

Drug Arm Christchurch

- Provides a service that is needs-based and holistic as well as prevention (through education) and treatment of people with addictions.

Anne Laidlaw Ministries

- Provides religious solutions to the underlying issues associated with addiction.

Amped 4 Life

- Attempts prevention through education, especially to young people.

Te Nikau Addictions Centre

- Provides treatment to people with addictions, relating to the physical, spiritual, psychological, social and emotional aspects of life.

How Abstinence is Taught.

Drug Arm Auckland

- Sharing testimonies
- Education relating to the dangers of substance use

Drug Arm Wellington

- Relationship building
- Information
- Sharing testimonies

Drug Arm Christchurch

- Aiming for harm minimization

Anne Laidlaw Ministries

- Aiming for harm minimization

Amped 4 Life

- Teaching through presenting life stories and motivation
- Practical help with issues that lead to substance use

Te Nikau Addiction Centre

- Teaching recovery principles
- Dealing with issues underlying addiction
- Teaching mental, emotional and relational skills

Services Offered.

Table 27. Services Offered

	DAA	DAW	DAC	TNAC	ALM	A4LT
Age	12 – 24	12 – 24	12 – 24	18 – 24	18 – 24	12 – 24
Medical care		X		X		
Detoxification						
Assessments				X		X
Counseling			X	X	X	X
Psychotherapy				X		
Residential Care				X		
Home Care						
Legal Help				X		
Welfare Help				X		
Maori Health						
Referrals	X		X	X	X	
Education	X	X		X	X	X
Life Skills			X	X	X	X
Mentoring			X	X	X	X
Confidence Building			X	X	X	X
Accommodation Help			X	X		
Family Support			X	X		
Work Training						
Spiritual Care		X	X	X	X	X
Spiritual Development			X	X	X	
Other		1		2		3
1 = Listening 2 = A place to Belong 3 = Anger management						

Description of Services Provided.

Drug Arm Auckland

- provide food, drink and blankets
- accept all people without judgement
- help people whom church does not reach

Drug Arm Wellington

- street van ministry with street people
- listen to people's stories
- provide love, care and hope
- evangelistic

Drug Arm Christchurch

- work with a wide range of people with substance use issues
- meet individual needs
- work with both Christian and non-Christian
- introduce religion to those who are interested

Te Nikau Addictions Centre

- holistic care
- work with people who have various addictions or compulsive disorders
- Christian based

Anne Laidlaw Ministries

- training course
- deal with issues behind addictive behavior
- enhance emotional needs of the person
- show how God meets people's needs and solves problems
- lead people to faith
- use course book written by course founder “Kick Addiction”

Amped 4 Life Trust

- provide solutions to issues of addiction
- empower young people
- improve decision making and life skills

6. How is religion manifested in the organization?

Importance of Spirituality.

All respondents indicated spirituality to be extremely important to their work except Drug Arm Wellington which gave it 4 / 5 on a scale of 1 to 5 (5 being extremely important).

How Staff Engage Religiously with Clients.

Table 28. How Staff Engage Religiously with Clients

	DAA	DAW	DAC	TNAC	KA	A4LT
Prayer	X	X	X	X	X	X
Evangelism	X	X	X	X	X	X
Bible Study		X	X	X	X	
Invitation to Church	X		X	X		X
Religious Material	X	X	X	X	X	
Spiritual Care		X	X	X	X	
Caring Relationship	X	X	X	X	X	X
None						
Other	1	2				
1 = Prayer Chain 2 = Counseling						

Role of God in the Organisation.

Drug Arm Auckland

– God is first and working through staff.

Drug Arm Wellington

- God leads the team, gives direction and protection, assists with interaction.

Drug Arm Christchurch

- God is fundamental, has a relationship with staff and motivates them to help others.

Te Nikau Addictions Centre

- God is defined as the “Higher Power”, and is introduced to clients through programmes.

Anne Laidlaw Ministries

- God is fundamental, and the programmes emphasise a relationship with God.
God lives his life through people.

Amped 4 Life Trust

- God is visionary and inspired the establishment of this organisation, God gives anointing and authority to leadership and this is passed on to audiences.

7. How are they funded and what facilities do they use?

Funding.

Table 29. Funding

	DAA	DAW	DAC	TNAC	ALM	A4LT
Church Offerings			X			
Private Donations	X	X	X	X		X
Corporate Donations	X		X	X		X
Investments						
Government	X		X			
Community Trusts	X	X	X	X		X
Lotteries Grants	X					X
Fees				X	X	
Other				1		
1 = Portion of clients' welfare payments						

Facilities.

Table 30. Facilities

	DAA	DAW	DAC	TNAC	ALM	A4LT
Own Facilities			X	X		X
Church	X	X	X		X	
Community	X					X
Private Home	X	X	X			X
School	X		X			
Other			1			
1 = Institution (Prison / Youth Justice Facility)						

8. What links do they have with other organizations?

Links

Drug Arm Auckland

- funding grants

Drug Arm Wellington

- registered incorporated society (audited accounts).

Drug Arm Christchurch

- C.Y.F. Approved service provider, assistant chaplains for Department of Corrections, Drug and Alcohol Practitioners Association of N.Z., CYWC, N.Z. Christian Counsellors Association.

Te Nikau Addictions Centre

- N.Z. Association of Counselors, N.Z. Christian Counselors, Drug and Alcohol Practitioners Association of N.Z., health and safety compliances.

Anne Laidlaw Ministries

- none.

Amped 4 Life Trust

– “not applicable”.

Summary

Of the independent faith-based organisations that responded to the questionnaire the Drug Arm organisations have many similarities. The other organisations are all different in structure and provide a variety of services ranging from education and prevention to treatment. Although Amped 4 Life and Anne Laidlaw Ministries are small organisations with few staff, Te Nikau Addictions Centre is a larger treatment facility. Of these organisations, Te Nikau Addictions Centre has the most resources to help people who want to overcome addictions and experience good health.

DISCUSSION OF CONGREGATIONAL FAITH-BASED ORGANISATIONS

Introduction

With only a small sample of three congregational faith-based organisations providing data, a discussion of the results might seem to be limited in scope. However, all cases provided substantial information and the research questions have been answered in detail. Furthermore, similarities and differences between these organisations allow a description to emerge of congregational faith-based organisations.

Research Question 1. What are the missions of congregational faith-based organizations?

The mission statements or visions of these congregations are brief although the documentary information (websites and brochures) does enlarge the description of their intents and purposes. From these mission statements it is clear that the Greenlane Christian Centre and Massey Community Church have differences with the Mission Christian Centre³⁸. The main point of difference is that the Mission Christian Centre is a Pentecostal church and a member of the Assembly of God denomination, while the other two are independent community churches. The Mission Christian Centre acknowledges their connection with the Assembly of God in their

³⁸ These differences are reflected in other areas of this discussion.

mission statement. However, the documents of the community churches do not indicate how the mission statements were developed or who authored them³⁹.

The Greenlane Christian Centre and Massey Community Church both state that their purpose is to transform individual lives, and the Greenlane Christian Centre goes further to state that they aim to transform society. They meet not only for fellowship and worship but also to change the world, and to do this through the power of God. However none of the three mission statements quote biblical verses to validate their purpose⁴⁰. The Mission Christian Centre states that they are “caring” and “evangelical” which indicates a purpose to make disciples of other people. The Massey Community Church is the only one of three that gives a separate mission statement for their addictions ministry (in this case Celebrate Recovery).

Although these missions are similar to the missions of mainstream denominations, traditional denominations tend to have more thoroughly developed theological or doctrinal beliefs⁴¹. The given mission statements are too brief to describe these organizations. Without visiting the churches and talking to members it is difficult to know what their position would be on a variety of theological issues, and how close they are to mainstream denominations on these issues. The Mission Christian Centre, as a member of a Pentecostal movement, would tend to be conservative theologically, and charismatic in its style of worship.

³⁹ Mission statements could have been designed by the church founders or, in the case of the Mission Christian Centre, have originated in the Assembly of God denomination.

⁴⁰ It is sometimes found that a church has a particular biblical verse as part of their mission statement that they try to apply in practice or that sums up their vision.

⁴¹ It is possible that the doctrinal beliefs of these churches are simply not mentioned in the documents.

Research Question 2. What are the characteristics of leaders?

All respondents to the survey stated that their role is one of a minister to their church. This usually means a teaching and pastoral role within the congregation. In some cases it might also mean that they have an administrative role. Since the senior ministers of these churches personally answered the questionnaire, rather than devolving the task to others, it would seem that the ministers are the ultimate leadership positions in the churches. However larger churches will need a larger administrative structure than a small church.

All three congregations identify themselves as being evangelical. This generally means a conservative doctrinal position, believing that their interpretations of the bible are literal and strict, being concerned with evangelizing society and often having a charismatic style of worship (believing they are under the control of the Holy Spirit). Evangelicals have become more prominent in recent decades as a reaction to theological liberalism in some protestant churches⁴².

The Mission Christian Centre is a member church of the Assembly of God denomination. No other Assembly of God church in Aotearoa New Zealand could be found to be offering the Celebrate Recovery course or any other addiction treatment programme. This demonstrates that Assembly of God churches are willing to accept services and ministries developed by non-pentecostal churches and therefore that they have relatively broad and non-exclusive theology⁴³.

All ministers are in the paid employment of their church, either full-time or part-time (although one is partly both). The funding of a pastor means that the church has a membership based large enough for offerings to support its basic services - preaching and the pastoral care of the

⁴² Theological conservatism is not to be confused with political conservatism.

⁴³ Celebrate Recovery was created by a community church with no denominational affiliations.

congregation A voluntary minister would suggest a smaller congregation with fewer resources and fewer ministries. It is common in churches, however, for ministers to work longer hours than they are paid for. In this sense they are also partly volunteers and committed to their work as a vocation rather than an employment opportunity.

The variety of formal training and qualifications these ministers have reflects the diverse roles they have in the churches (such as preaching, teaching, counseling, administering and visiting). The lack of bible study or theological training to a high level indicates that they have personal qualities and other experience that are necessary for the position. This sets them apart from ministers of mainstream denominations who are usually required to have advanced theological qualifications⁴⁴. These ministers however have social and health qualifications such as teaching, nursing and counseling. Managerial skills such as leadership and accounting also seem to be important, indicating that these ministers also have a managerial function. Some have qualifications from overseas training organizations indicating previous employment that provided skills needed for their current positions. One indicates that he is currently undertaking further training (in leadership). The minister of the Mission Christian Centre is the only one who has personal experience of the addictions ministry his church offers, although he may not have had an addiction since the course is for people with a variety of issues.

All these ministers indicate a high level of personal religiosity. They state that spirituality is extremely important to their work and that they all attend church more than once per week. A high level of involvement in all aspects of a church would be expected from these senior

⁴⁴ These are generally diploma and degree qualifications from Bible Colleges or Universities.

ministers, since their work is a chosen vocation, and they might be motivated to a lesser degree by other factors such as earning a wage.

Research Question 3. What are the characteristics of staff?

The number of paid staff churches have reflects the size and wealth of the congregation. While Greenlane Christian Centre has paid staff in all aspects of church life, the other two churches restrict paid staff to the senior minister and, in the case of the Massey Christian Centre, the leaders of its main ministries (including Celebrate Recovery). Having significant numbers of paid staff leads to a more professional organisation with less reliance on volunteers from the congregation. Congregations fund staff from offerings and to fund substantial numbers of people a church usually needs to have a large membership (or a wealthy membership or higher socio-economic location)⁴⁵. Paid staff in areas such as counseling, social welfare and administration devolves responsibility from the senior minister, allowing him or her to focus on leading and preaching.

It is common to find in churches a large number of volunteers⁴⁶. This reflects the Christian ethos of following a vocation and having a call to serve God through caring for other people. Churches are uniquely positioned to find volunteers from within the congregation for the functioning of the church services, administration and associated ministries. Despite its more professional nature the Greenlane Christian Centre has more volunteers than the other churches surveyed - with paid staff having a supervisory role over volunteers. They specifically mention having voluntary staff

⁴⁵ The Greenlane Christian Centre is located in a wealthy suburb of Auckland.

⁴⁶ Volunteering is a distinctive feature of faith-based organizations, especially congregational and denominational faith-based organizations. In congregational faith-based organizations these volunteers will come from the congregation. In denominational faith-based organizations they will come from more diverse sources.

working in the area of addiction recovery (Victory Outreach), while the others have voluntary staff in the areas of management and practical work. In a large church the management is the responsibility of a church board comprised of elected members of the congregation. Therefore, the senior minister in such churches will have a diminished managerial role.

The Greenlane Christian Church does not rely on former clients as staff. Former clients of Victory Outreach might in fact work with Victory Outreach itself rather than the Greenlane Christian Church. Former clients are an important source of help to the other two churches, including as course assistants for Celebrate Recovery. This does not necessarily mean that these people are recovered alcohol or drug addicts since the programme helps people with a wide range of issues including addictions. The experiences, insights and perspectives of former clients are valuable to other people attending the Celebrate Recovery course and formal qualifications are not necessarily an advantage. In fact, former clients might be useful to other churches wanting to start a Celebrate Recovery course⁴⁷.

The Greenlane Christian Church is the only one that requires paid staff to have tertiary qualifications. This once again reflects a professional organization that values secular training. The leadership is seeking professional knowledge and skills as well as faith and appropriate personal characteristics. There is no indication that there is ongoing training (external or internal), however there is a system of supervision of voluntary workers by paid staff. Being a large and well funded congregation makes it easier to attract the staff that they seek. However, the employment of staff with secular qualifications means that they are willing to compromise

⁴⁷ Personal experience of Celebrate Recovery is an advantage to potential facilitators.

faith and a call to the ministry and therefore have an element of secularism not found in smaller churches.

The leaders do not indicate whether they themselves undertake supervision or training. Mission Christian Centre and Massey Community Church do have internal training for staff of the Celebrate Recovery course. Mission Christian Centre has a system of requiring staff to first participate in a course, then co-facilitate and finally take overall responsibility. The Massey Community Church has regular mentoring and supervision for staff. Formal qualifications are clearly less important to these churches than experience in running the course. It is considered that the personal insights and experience of staff could help them to relate to other clients. The in-house training suggests an attention to maintaining standards and a quality service in this ministry. These smaller congregations are limited to providing ministries that they can afford and find suitable staff to operate.

Interestingly, the largest church surveyed (Greenlane Christian Centre) requires fewer spiritual characteristics of their staff. They expect a commitment to the vision of the church rather than to Christianity. This suggests the organization has a character of nominal Christianity or that a broad range of spiritual characteristics are being provided for rather than strict adherence to the Christian religion. This is reflected in the hiring of staff who have lower levels of religiosity.⁴⁸

The other two congregational faith-based organisations require their staff to have a strong Christian belief and clear signs of Christian character. Beliefs are clearly as important as personal qualities. The churches in this regard have stronger religiosity of members, and that

⁴⁸ As well as a lower level of religiosity expected of staff, there could be a less strict set of doctrinal beliefs. Instead there is a requirement to adhere to the church vision. This policy would make it easier to employ professional staff.

could be evident in such aspects of church life as worship, evangelism and ethics. Although they have fewer members in the congregations they could be a better example of a faith-community than larger churches. Larger churches sometimes have services that are attractive to new converts to the faith who have a lower level of religiosity.

Research Question 4. What are the characteristics of clients?

The Mission Christian Centre and Massey Community Church gave information about the age of the clients in their Celebrate Recovery courses. Significantly, almost all clients are over the age of eighteen with the majority over the age of twenty-four. It seems that children and young adults with alcohol or drug problems do not have a congregational faith-based organization catering to their needs. Churches might instead help young members of their congregations through youth groups, even though they do not have an addictions ministry to the wider community (despite alcohol use in particular being a problem for many young people). Since youth and adults have different issues underlying their drug and alcohol use, it is not appropriate to have people of all ages on one course. Moreover, the Celebrate Recovery course was intended for adults with addictions and other problems.

The Celebrate Recovery courses of these two churches work with twice the number of females than males. This is despite more men than women having addiction problems. One possible reason is that women are more likely to seek help than men. However another possible reason is that there are no women-only, non-residential faith-based addiction services in the Auckland region⁴⁹. There is no indication that the congregations offering Celebrate Recovery are offering

⁴⁹ There is an independent, residential faith-based organization in the Auckland region that only accepts women – Mercy Ministries.

women-only courses or that the facilitators are women. It is possible that women are being referred to these courses from some organization in Auckland that does work with women.

The Mission Christian Centre and Massey Community Church have markedly different characteristics in the ethnic makeup of their Celebrate Recovery clients. The Mission Christian Centre assists Asian, Pacific Island, Maori and European New Zealanders in that order, while the Massey Community Church has the reverse trend. Both have multicultural client groups and in the case of Massey Community Church this reflects the local community that they serve and therefore their congregation. The character of Mission Christian Centre is harder to explain since the ethnicity of their clients does not reflect the ethnicity of their local community.

Pentecostalism has a strong following from non-white populations, who have sought alternatives to traditional denominations. It is possible that the Mission Christian Centre could be particularly sensitive to ethnic minorities in the language and culture used by course facilitators. Also, Asian and Pacific Island dominated churches could be referring their members to the Celebrate Recovery course of Mission Christian Centre. However, if these churches are offering only small numbers of courses with few participants it is difficult to generalize about the ethnicity of their clients.

All these churches have a mission to transform society and the Celebrate Recovery course is one ministry intended not only for church members but also the wider community. They have links with other churches and health professionals who are referring clients to them and some clients could be receiving support and treatment from a variety of organizations at the same time. It is clear that Celebrate Recovery is a respected programme and that the course facilitators in Auckland are bringing positive results. Both rely on referrals, advertising and the

recommendation of former clients, however Massey Community Church does more to attract clients. This indicates that they offer more courses in the period of a year.

Celebrate Recovery treats people with “hurts, hang-ups and habits”. This includes a wide range of issues including emotional difficulties, relationship problems, abuse and co-dependency (as well as drug and alcohol issues). This recognizes that people with addictions have multiple issues that need to be addressed to achieve health and wholeness. Some clients might also need (or might have already received) medical and psychiatric care. The difference is that Celebrate Recovery treats people from a spiritual perspective. Spiritual renewal is believed by these congregations to be essential to recovery. Having people with a variety of issues on a course can lead to constructive relationships between people who understand and value one another⁵⁰.

Research Question 5. What are the services offered?

The services offered by these congregational faith-based organizations are available to both Christian and non-Christian. However clients must be willing to accept a need for a spiritual component in their treatment. Realistically, these courses will attract people who are already Christian or who are spiritually-minded people. There is no evidence that the churches offer these courses as evangelistic tools or that they seek to convert clients to the religious faith⁵¹. Rather they seem to be motivated by a desire to help those in society who have needs, whether religious or not.

⁵⁰ The success of addiction recovery programmes is often credited to the quality of relationships between people on the courses.

⁵¹ The churches themselves are evangelistic but it is not clear whether the addictions ministries are used as an evangelistic tool.

Both Victory Outreach and Celebrate Recovery are based on programmes of the same names in the United States. The Celebrate Recovery course was designed by members (including leaders) at Saddleback Church in the United States and is used worldwide. Saddleback Church is a multi-campus church and has produced the materials to train course facilitators as well as the clients who attend the courses. Some of the course founders have personal experience of the kinds of issues the course aims to address (not necessarily addictions). The leader of Mission Christian Centre has had experience of the Celebrate Recovery at another Auckland Church⁵². Former clients who found the course helpful can be particularly well suited and motivated to take the course to others who have similar needs. There is no need for facilitators to have formal qualifications or to have been trained in person at Saddleback Church.

The Greenlane Christian Church simply describes the approach of Victory Outreach as “life-changing”. This is a somewhat ambiguous and substantial claim to make. The churches that offer Celebrate Recovery claim to offer prevention and treatment. They are treating people for issues that, if not dealt with, could become more severe such as leading to alcohol or drug addiction. By dealing with a range of issues and relying on a higher power, they aim to improve lives. In so doing they want to positively affect the culture of wider society. There is no information to suggest that these churches are advocating for clients or trying to change laws.

In the process of teaching abstinence, the Greenlane Christian Church relies on obedience to biblical standards. This suggests a moralistic approach of adherence to biblical principles and having faith to bring about change. In fact, the Victory Outreach programme is a residential programme where clients have the opportunity to detoxify and receive therapy for underlying

⁵² This leader attended a one-day training session in Celebrate Recovery and had other experience in rehabilitation work.

issues and causes of addiction. Therefore it is more accurate to say that religious obedience is only one of a range of methods that are necessary. For the churches offering Celebrate Recovery the power of God to change lives is claimed, but that there needs to be a therapeutic environment for this to happen. They aim to strengthen a person's supports and help clients to develop a healthy, constructive lifestyle. They do not insist on abstinence, leaving it to the client to decide whether to pursue abstinence or moderation. For some, the goal of abstinence might be a life-long one. Nor do they emphasise morality as a method of change. Celebrate Recovery is not as comprehensive as Victory Outreach and is not a residential programme. It could be expected that clients of Victory Outreach have more severe addictions or other life problems than people attending Celebrate Recovery.

The questionnaire asked the leaders to describe services offered to people under the age of twenty-four. All have a wide range of services and many similarities. This includes the talking therapies, practical help, pastoral care and life-skills. However, Victory Outreach is the only residential and detoxification service⁵³. There is recognition that clients need a diverse range of services and that not all clients will use all the services offered. Some services, such as mentoring or confidence building could be offered through the relationship between staff and client, while others require a particular course of treatment. Course participants can seek assistance from other ministries offered by the church and, since they are accessing a faith community, they have an opportunity to form quality relationships⁵⁴. They are preparing people with addictions for constructive living who might have become dislocated from everyday life

⁵³ Victory Outreach is partly independent of Greenlane Christian Centre. There are several options for people needing residential and detoxification programmes in the Auckland region.

⁵⁴ The opportunity to make friendships and receive love is a recognized advantage of congregational faith-based organizations.

because of their problems. Therefore assistance with such issues as housing and work training can be a significant advantage⁵⁵.

The Greenlane Christian Church states that they provide Victory Outreach clients with a caring church environment. This means a network of friendly people for those who need emotional support and spiritual care. The opportunity to build healthy relationships can be an important aspect of recovery for people with addictions, and a church environment can replace the negative environment from which some clients come. The other churches stress the importance of introducing clients to Jesus Christ as the higher power that can help them. They also state that the modeling of positive behavior by course facilitators is important to give examples to clients and evidence of a changed life.

Research Question 6. How is religion manifested in the organization?

In these congregational faith-based organizations staff relate to clients in a wide range of ways⁵⁶. Evangelism is more common in congregational faith-based organizations than in denominational or independent ones. Some staff might want to engage with clients in this way – although it might be left to the client to decide whether they explore the Christian faith. Religious beliefs are often the most important aspect of life for church members and some have a strong desire or mission to teach these to others. Faith governs their relationships and directs them to help the most vulnerable people in society, therefore religious engagement is an example of faith being put into action. All leaders regard the role of God as central and essential to their organizations.

⁵⁵ People coming to faith-based organizations for treatment have often been failed by the state welfare or health system and might need a variety of help (such as homeless people).

⁵⁶ The leaders listed all options in the questionnaire of ways staff relate religiously with clients demonstrating that the faith component of these courses is essential.

They consider a relationship with God to be a source of personal health and as leading to successful living. The role of God can be seen in staff behavior as well as the changed lives of clients. In congregational faith-based organizations faith is more than simply an influence on their work but is essential, and staff will give credit to God for the positive outcomes of their work.

Research Question 7. How are they funded and what facilities do they use?

It is typical for churches to receive the majority of their funds from the offerings and tithes of members. Church offerings are expected of church members and churches encourage it to varying degrees. For the Greenlane Christian Centre and Mission Christian Centre offerings are listed as the only source of funds. Although they might make contributions to Victory Outreach, Greenlane Christian Church does not fund Victory Outreach entirely. Some churches are reluctant to receive funding from other sources because of concerns about it affecting their religiosity and independence.

The Massey Community Church has different financial arrangements. Allied to the church is the Massey Community Trust, which receives funding from a wide range of sources⁵⁷. The Trust might seek funding for other community projects as well as church ministries and expenses. In this sense Massey has a professional financial structure. They have no concerns about the effects of corporate or government funding and no ethical concerns about receiving lotteries grants⁵⁸. This is an unusual way of funding a congregation and needs further research.

⁵⁷ They receive funding from all options listed in the questionnaire.

⁵⁸ Some churches and denominations have a policy of not accepting funds from lotteries grants for ethical reasons.

Since Greenlane Christian Centre is a large church with many facilities of its own it does not have the limitations of space that other churches have. Although the residential part of the Victory Outreach programme is not based on their church campus, some services to addiction clients might be held in the church facilities. The Mission Christian Centre will save on expenditure by holding courses in private homes⁵⁹. This also suggests that they have small numbers of people attending their courses. Massey Community Church seems to be better funded and have larger numbers on their courses since they use church buildings and community facilities. None of these congregational faith-based organisations lease buildings.

Research Question 8. What links do they have with other organizations?

The Greenlane Christian Centre only has links to the Victory Outreach programme. However Victory Outreach itself does have links with organizations other than the Greenlane Christian Centre. Other churches have both financial and professional associations. They are listed with the Charities Commission (with implications for funding and taxation) and have audited accounts. Members of these churches would expect to be provided with regular financial information. Massey Community Church has links to professional counseling bodies which indicates some emphasis on the quality of their counseling services. However, the few professional connections these congregational organizations have reflects that their religious nature sets them apart from secular services. None of these organizations list having connections with other religious organizations such as charities, educational institutions, missions agencies or larger denominations. However, informal links with such organizations might exist in the church congregation.

⁵⁹ This is an important point of difference with professional organisations that would not use private homes to provide services.

Summary of Congregation Discussion.

Congregational faith-based organizations have a mission to change lives and transform society through providing human services of a religious nature as well as evangelism. The leaders of these organizations are ministers of religion, in paid employment and with a wide range of secular and religious training. They all have a high level of personal religiosity. Whether the staff are in paid employment seems to depend on the size and wealth of the church that is providing the service. Although all organisations depend on volunteers and will also employ former clients if they are suitable. While some congregations demand loyalty to a mission statement, others want staff to have a commitment to the Christian faith

Although the ministries of these congregational faith-based organisations are designed for religious people, using models developed in the United States, they also serve the wider community. All are serving people over the age of eighteen, including more women and ethnic minorities than are represented in the population of Aotearoa New Zealand. They are all committed to evangelism and encourage clients to have a relationship with God.

These organisations usually depend on church offerings for their finances (although there was one significant exception to this) and none received funds from the state. Whether they use their own facilities seems to depend on the size and wealth of the church. They have few links, either financial or professional, with other human services or health organisations.

DISCUSSION OF DENOMINATIONAL FAITH-BASED ORGANISATIONS.

Introduction.

This section discusses the results of six denominational faith-based organisations representing the Salvation Army and Anglican denominations. The differences with congregational and independent faith-based organisations are clearly apparent. In answering the research questions a detailed description of these organisations is possible. These organisations have been occupying a niche in the human services for many years and been effective in treating many people who have chemical addictions.

Research Question 1. What are the missions of faith-based organizations?

Although there is a similarity of content in the mission statements of these denominational faith-based organizations there is a difference in the language used. Essentially, the Salvation Army Bridge Programmes use more religious language. They mention the role of “God”, “Jesus” and the “Holy Spirit” in their work and highlight the method of “Christian love”. The only religious language for the Christchurch City Mission appears in the general mission statement for the Anglican Church in Aotearoa New Zealand and Polynesia. However, the City Mission website does use words such as “justice”, “goodness”, “hope” and “help”. The language is that of applied Christianity. These differences indicate that the City Mission is serving a wider sector of society than the Salvation Army, which is established for religious people or those wanting to be helped through spiritual methods of care. The Salvation Army sees a need for religion in overcoming

addictions and promotes this stance. The City Mission however is doing work consistent with applying their faith in the world, especially helping the vulnerable people in society. In this sense their mission is faith in action.

The mission statements of both organizations emphasise that they offer a high quality of treatment. They want to reassure potential clients of the effectiveness of their programmes and that their methods are tested and proven. Although they are not overtly in competition with other services, they need to show that their alternative to secular treatment is reliable, effective and professional. Another reason for highlighting their quality of care is that they actively seek financial contracts with agencies such as District Health Boards, Work and Income New Zealand and the Department of Corrections. They rely on the approval of these agencies and other drug and alcohol practitioners in order to continue practicing.

The mission statements of the Salvation Army Bridge Programmes have a moralistic and evangelistic aspect. They mention “disciplining” clients and “resisting evil, injustice and oppression”. This clearly sets them apart from secular human services. Both the Bridge Programmes and the City Mission state that they work with a wide range of people but exist especially to help the most vulnerable in society - perhaps those not helped effectively by public and private organizations. This shows that they have a purpose to reform society as well as transforming or healing the lives of individuals. None of these organizations are nominally Christian. They actively present themselves as faith-based organizations and spiritual care is at the heart of their services.⁶⁰

⁶⁰ The Salvation Army and Anglican Church have been working in Aotearoa New Zealand for a long time and have built a high profile and good reputation in ministering to the community.

Research Question 2. What are the characteristics of leaders?

All respondents, including those who are ordained ministers, describe themselves as managers of the faith-based organizations that they operate. This indicates that their work does not involve religious acts such as preaching in their church but that they are responsible for administration, employment and financial operations of the organisation. They are also part of the hierarchy of their denomination, most likely having been appointed to their role by someone in the wider church body. Therefore, their authority will rest on the supervision and approval of others. As managers the leaders might not present services to clients themselves, rather they rely on other staff to do this. There is one exception however. The leader of the Auckland Centre indicated that he has a dual role as manager and minister of the gospel.⁶¹

The respondents all indicate that they have a strong personal faith and relationship with God and that they had a religious upbringing. This gives them the motivation and vision for their work. Their background powerfully affects their understanding of the world and perspective on life and explains why they are in this type of work. They identify as being part of a wider community of faithful people. They are Christians first and Salvationists or Anglicans second. Having a love for God is more important than an adherence to the mission statement of the organization. They want to share their faith with others through ministering to people in a practical way - allowing them to experience religious principles in action. They consider faith to be an essential component of successful living, involving the holistic wellbeing of mind, body and emotions. Two of the respondents are not actively attending church (Christchurch City Mission and Dunedin Bridge Centre leaders). They have other practical and intellectual characteristics

⁶¹ Salvation Army officers do not all have preaching roles, some work instead with ministries such as the Bridge Programmes. This respondent appears to have both responsibilities.

required for a management role within the denomination and their faith is of a more personal nature, perhaps best described as spirituality. They have rejected formal religion but spirituality has a powerful influence in their lives.

Leaders of these denominational faith-based organizations are paid and in full-time employment. This shows that the organizations have a professional management structure and are of a size and financial capability to afford paid staff. It gives them a character often seen in secular not-for-profit organizations. The professionalism and complexity of the work done is such that they cannot function as a ministry which relies only on voluntary staff.

One of the most striking features of these organizations is that the leaders have mostly secular qualifications, with a minority also having religious or theological training. Rather than solely relying on religious training, they also have regard for health, social and management qualifications. This shows that they value the knowledge and processes of leadership of a secular and scientific nature. Those with formal ministry or biblical studies training are in a minority. Religious principles and understanding have been taught through life experience rather than formal education. Secular training gives specialized knowledge for their leadership role, such as management and alcohol and drug studies. The variety of qualifications leaders have indicates that they have come to their current position after having other careers. They have also received ongoing training to help them in their management roles, either in-house training or from outside sources.

Most leaders consider faith to be extremely important to their work. However, two respondents do not see their work as a ministry and seldom attend church. This indicates that for them the work is of a professional nature. Since leaders have a significant influence over the culture of the

organizations⁶² it is surprising to find people with comparatively lower levels of religious identity working in a leadership position within a faith-based organization. These leaders must accept the mission and values of the organization and be willing to support its religious character. Both the Christchurch City Mission and Bridge Programmes show flexibility by employing managers with lower levels of religiosity.⁶³ These people have spiritual beliefs that guide their behavior and perhaps principles consistent with those of practicing Christians, even though they are not participating in church services. In the case of the Christchurch City Mission this does not seem unusual because their alcohol and drug services do not emphasise the religious aspect to treatment to the extent of the Bridge Programmes. In the case of the Dunedin Bridge Centre, however, this is more surprising since the Bridge Programmes generally have a higher emphasis on religion. The respondent does have beliefs which are consistent with both Christianity and secular humanism, such as peace, justice and reconciliation.

Research Question 3. What are the characteristics of staff?

The characteristics of Salvation Army Bridge Programme staff are similar. This is to be expected since all the Bridge Programmes use the same models of treatment. Core services provided by paid staff include management, case-workers and counselors. The Christchurch City Mission also has paid staff in these positions but also have nurses, social workers and alcohol and drug treatment staff. The extra personnel resources of the City Mission can be attributed to the Christchurch City Mission combining all its services⁶⁴ at one location, whereas the Bridge Programmes are spread throughout the country and are sometimes separate from other Salvation

⁶² This includes promoting the organization and employing staff.

⁶³ They might have difficulty finding management staff who also have religious qualifications.

⁶⁴ These include alcohol and drug services as well as ancillary and practical support.

Army services of the same region. The data of these denominational faith-based organizations indicates that they could function adequately without the need for volunteers to augment paid staff.

Although these organizations employ professional staff, all except one also employ volunteers. The Christchurch City Mission's greater use of volunteers is due to having more services to the community in one location. Most of these only provide ancillary services to people with addictions, such as budgeting, food assistance and women's drop in centre. However, some volunteers do work in the social detoxification service (part of the alcohol and drug service). Most of the Bridge Programmes restrict volunteers to practical services such as van driving and running family stores. The Dunedin Bridge Centre is the exception. In particular they accept students on placements.⁶⁵ This fact alone shows that the Bridge Programmes are held in high regard by tertiary educational institutions. Although essential drug and alcohol treatment services could operate without volunteers, they save the organizations financial resources, take pressure off paid staff and enable them to have stronger links with the church and community.

All denominational faith-based organizations studied are willing to employ former clients in paid positions although with some reservations. Former clients must have been sober or abstinent for a period of time⁶⁶ and have suitable qualifications. It is the opinion of the researcher that former clients have personal experiences that are of value to these organizations. Their understanding of life with an addiction and how to overcome an addiction gives them a unique perspective in relating to clients. In some instances they could have a better quality of relationship with clients because of this understanding. Many people who overcome serious problems such as addictions

⁶⁵ Possibly in roles such as nursing, social work, counseling and mental health support work.

⁶⁶ Two to five years depending on the organization.

have the desire and motivation to help others in similar circumstances.⁶⁷ The data does not indicate whether former clients need be Christian, however if they have successfully completed a Bridge Programme they will have to be comfortable working in a religious environment.

All denominational faith-based organizations expect staff to have suitable qualifications and to undergo whatever other training is necessary. This enables the organisations to offer a high quality of service to clients and receive credibility from other practitioners and professional organizations. Some staff have tertiary qualifications in alcohol and drug work⁶⁸ and staff are encouraged to attend outside training providers. However, in house training is generally provided in areas such as relevant legislation, Treaty of Waitangi, health and safety, models of treatment and cultural awareness. There is a commitment to give staff current knowledge and practice skills of the type that would be found in a secular human services organization. No religious training is required of staff because no overtly evangelistic work is being done. Those who seek contact with someone with biblical training would have access to an Anglican chaplain or Salvation Army minister.

None of these organizations insist that staff be practicing Christians. This could be for both practical and legal reasons if it is unacceptable to advertise positions for Christians only. Realistically, however, the nature of the work, the environment and the association with a church means that most staff will at least be comfortable in a faith-based organisation. All these organizations do require staff to accept the mission statements. The personal characteristics sought in staff include integrity, honesty, loyalty, transparency and a caring nature.⁶⁹ In addition

⁶⁷ This could be described as replacing one form of addiction with another.

⁶⁸ Especially from Wellington Polytechnic and Universities.

⁶⁹ Character qualities that can be found in both Christian and non-Christian people.

the relationship between staff and clients would be difficult if there was not open-mindedness in religious matters. Since there are some people in leadership positions who are not practicing formal religion⁷⁰, it is possible for these organizations to function without an entirely religious staff.

Research Question 4. What are the characteristics of clients?

The Christchurch City Mission is the only denominational faith-based organization represented in the study that treats people under the age of 18. All others treat adults, and most of these over the age of 24. There are a number of possible reasons for this difference. Firstly there could be a lack of addiction services for young people in the Canterbury region. Or similarly, that there is a lack of services nationwide and clients are coming to Christchurch from other regions. The Christchurch City Mission could be receiving referrals from the legal system, especially the Youth Court, because of their record of working with young people. It might not be effective to place young people and adults in the same course because of a difference in the underlying issues of addiction between youth and adults. The Bridge Programme treatment models of the 12-Step, Functional Analysis and Community Reinforcement type might have features that are particularly appropriate for older people with addictions.

In three of these organizations there is an even ratio of male to female clients. In the remainder there are significantly more males than females treated. This is to be expected since more men than women have drug and alcohol addictions. It is possible also that more men than women with addictions become involved in the justice system and therefore are sent to treatment services for their addiction problems. There are some regions, such as Christchurch and

⁷⁰ They might rather describe themselves as spiritually aware.

Auckland, where there are services that treat women only and these would reduce the intake of women by the denominational faith-based organizations in this study. Women, if they have the choice, might want to attend treatment services that are staffed by women.

Most of these organizations treat more European New Zealanders than people of other ethnicities. This is to be expected because of the ethnic mix of the country. However, two organizations, the Christchurch City Mission and Northland Regional Bridge Programme, have the reverse characteristics. The Northland Regional Bridge Programme has two-and-a-half times more Maori than European. This reflects the higher proportion of Maori people in the Northland region. However, the Christchurch City Mission is more unusual, with an even number of Maori to European despite Maori people being less populous in Christchurch than in the country generally. Maori might be coming to Christchurch for treatment from other regions, there might be fewer Maori models of healthcare available in the region or Maori in Christchurch might be more connected to the Anglican Church.

There was a wide variety of responses to questions about where these organizations source their clients from. The relationships that these organizations have with their local community and the support of other state and professional organizations are clearly important in this regard. Some organizations might have more of a need to promote themselves than others that source their clients from referrals. The Christchurch City Mission and Auckland Centre in particular receive clients from many sources (including the justice system, mental health services, hospitals and General Practitioners), while the others rely more on advertising, referrals from ministers of religion and from other clients. The significance of professional referrals as a source of clients is that the organizations have services that are respected by others working in the addictions field.

The fact that these organizations have a religious character does not seem to adversely affect the referral numbers. Since the City Mission and Auckland Centre are based in the two largest cities of the country they would be expected to have the highest number of referrals. People in other regions might not have such a wide choice of service providers. The source of clients also shows that the organizations have no partiality to church people but receive clients from any background. Their religious character however gives them a particular niche in the system - for those expressing a desire for a spiritual component in their treatment and healing.

All the clients of these organizations have alcohol and drug issues. However, many have other problems as well including mental health, accommodation, relationships and legal issues.

Although the focus is on the treatment of addiction these organizations are well placed to deal with associated problems through other services provided by their denomination. For example, the Christchurch City Mission is based at a central location which offers many alternative services. Similarly the Salvation Army has comprehensive services to the poor and prison inmates. Other faith-based organizations such as Catholic Social Services, Methodist Mission and Presbyterian Support can also help with associated problems although they do not operate alcohol and drug services. Many clients also have to address underlying causes of their addiction such as sexual abuse and having parents with addictions. These could be addressed by services other than alcohol and drug services if necessary.⁷¹ Those with problems such as loneliness can be introduced to a church congregation. Since the issues of some clients are a reflection of social problems, such as the availability of alcohol and drugs, faith-based organizations have a mission to transform society and reduce negative influences on the people who they treat.

⁷¹ People might use secular services such as psychotherapy in addition to the treatment they receive from a faith-based organization.

Research Question 5. What are the services offered?

The organizations were asked to describe their services. All except the Dunedin Bridge Centre indicated that they are faith-based non-profits. The Dunedin Bridge Centre is described as a non-profit and a church. This is surprising considering that the leadership has a lower level of religiosity than the other Bridge Programmes. Although a church is a faith-based organization it is different from a denominational faith-based organization. The leader could be emphasizing the links with the Salvation Army denomination and view the Bridge Programme as a ministry of the denomination. The words “church”, “ministry” and “charity” were provided by some respondents as additional descriptors for their organisation. As non-profits they do not return income to the denomination, rather the denomination contributes finance to run the faith-based organization.

The organizations were also asked whether they model their service on any other. The Bridge Programmes clearly do so, using the 12-Step, Functional Analysis and Community Reinforcement Approach used by the Salvation Army worldwide. The Christchurch City Mission does not model their service on any other. However, the Christchurch City Mission detoxification programme is a medical model that has similarities with those used by the health system and General Practitioners. In addition, counselors often base their work on theories that are common to both faith-based organizations and secular services. Psychotherapists also apply theories such as cognitive-behavioral therapy in both religious and secular recovery services. Principles of pastoral care used by church ministers will also be found in the spiritual care given by denominational faith-based organizations.

All leaders sum up the approach of their service as being education, treatment and a therapeutic environment. The clients however need to be motivated to change and make use of the people and resources available to them in their journey to sobriety. Staff value their clients and believe in their potential to change from negative lifestyles to healthy ones. Education focuses on the nature of addiction and the changes necessary to overcome underlying issues that contribute to addiction.

Although abstinence is the ultimate goal for clients, harm minimization is considered a more realistic achievement for most clients. The Dunedin Bridge Centre differs from the others because abstinence is required for participation in the programme - although they do accept people whose abstinence is supported by medication. The Northland Regional Bridge Programme requires clients to make a sobriety contract at the outset of their treatment and they are supported in upholding this commitment. The organizations place a high value on spiritual care as a contributor to healthy living, including abstinence, but do not claim to have all the answers for their clients. Medical treatment is not offered by the Bridge Programmes. In addition a change in environment and relationships can be necessary for those for whom overcoming addiction is a life-long process.

The questionnaire listed twenty specific services that denominational faith-based organizations might offer. Significantly, most of these were offered by most organizations. They generally fall into the categories of medical care, psychological care, practical care, pastoral care, referrals to other organizations, education and life skills. This indicates that clients generally present with a variety of issues needing treatment, not simply a chemical addiction. Many of these services are not offered by secular (private or public) human services and some would be expensive to

provide. Denominational faith-based organizations are a community of people with a range of skills and can provide services at considerably lower cost because of this. They are not dogmatic or limited in their vision of what treatment requires but are willing to accept various approaches that research has shown to be effective (such as biopsychosocial models of care and community reinforcement). The services are notable for being holistic and person-centred, treating all of the mind, body and emotions. Responses also highlighted that these organizations have short waiting lists and timely interventions.

Research Question 6. How is religion manifested in the organizations?

The staff of these faith-based organizations all relate with clients in a religious sense. A caring relationship with the client is the most obvious way of doing this. However they also offer prayer, invitation to church and spiritual care. They are not seeking to evangelise or make converts from clients and activities such as Bible study are not mandatory. To do so would limit those seeking their services and lead to a loss of credibility by others practitioners. The spiritual component of care in the Bridge Programmes is most evident in the requirement that clients participate in morning devotions, a weekly recovery church and spiritual awareness groups. For those who want more religious involvement a chaplain is available. In this way spiritual care is provided without emphasizing adherence to a religion. It also shows in staff behavior which ideally is that of unconditional love for all people. The Anglican and Salvation Army churches are both mainstream denominations doctrinally and people from a variety of Christian traditions would feel welcome in these faith-based organizations.

Denominational faith-based organizations comprise people who believe that God has an essential role in their work. They consider all clients to be on a journey to restore a spiritual component to

their lives and that this is an important step to overcoming addictions (by providing mental and emotional healing). Some go further to believe that God is actively at work in the lives of clients, bringing about positive change. Christian teaching gives people an example of how to relate to others and can be a source of healing, forgiveness, hope, purpose and compassion. Without having a role for God in the organization there would be little difference between faith-based and secular human service providers. The Christchurch City Mission has church services open to both clients and the general public, but participation is not a requirement of treatment. It can be an opportunity for clients to belong to a caring community and build relationships with others. The Northland Regional Bridge Programme acknowledges Maori spirituality by beginning every day with a karakia.

Research Question 7. How are they funded and what facilities do they use?

All the denominational faith-based organizations studied receive funding from the government. This appears to be their most reliable source of income and for most it will be in the form of District Health Board contracts.⁷² The government clearly sees a niche for the faith-based sector and views them as credible and effective providers of treatment. It also shows that the government does not object to funding services that have a spiritual component of care. The other major contribution by the government is in the form of Work and Income New Zealand payments of clients which in the case of residential services is paid to the organisation. Child Youth and Family and Family Services contracts are less commonly entered into. As a result of having financial relations with the state there is likely to be a requirement to have both financial audits and regular reviews of the services. Since there is a trend for human services to be

⁷² To provide addiction recovery services.

provided by private and community organizations, such relationships with the state will likely become more common.

Less common sources of funding for these faith-based organizations are fees, public donations, lotteries grants, community trusts, investments, corporate donations and church offerings. Since all these organizations are registered charities they can seek donations from the public in regular appeals ⁷³as well as receiving taxation benefits. It is significant that these organizations do not charge fees as private human service organizations do. They see it as their mission to provide a service to the community, especially to vulnerable and low income people. Although a no-fees approach limits the size of the organisation, to charge fees would result in the loss of other sources of funding such as donations. Donations made to the Salvation Army and Christchurch City Mission in regular appeals are usually shared with other services the denominations provide.⁷⁴

The denominational faith-based organizations use their own facilities with the exception of the Northland Regional Bridge Programme which leases commercial buildings. In addition, two organizations also use church facilities. As they are low income organizations the ownership of facilities⁷⁵would save expenditure. It also shows a commitment to base services in a particular location where they are accessible to clients and serve a local community. In some cases the addiction services are based on larger campuses which they share with other faith-based

⁷³ Both the Salvation Army and Christchurch City Mission do this.

⁷⁴ Unless specifically earmarked for the addiction service.

⁷⁵ More likely owned by the denomination.

organisations of the same denomination.⁷⁶The Christchurch City Mission's residential service is based on the same campus as the facilities where the addiction programme is delivered.

Research Question 8. What links do they have with other organizations?

As well as funding arrangements with the state, these organizations have significant links with professional organizations. In fact these professional arrangements are likely to be a requirement of receiving government contracts. All the organizations studied register staff with the Drug and Alcohol Practitioners Association of Aotearoa New Zealand (DAPAANZ). This indicates a level of professionalism within staff that includes supervision and ongoing training. Links are also formed with practitioners and agencies which refer clients to faith-based organizations. These include General Practitioners, hospitals, psychotherapists, counselors and others in the mental health field. There are also links with community groups that arrange voluntary work with the public.

Summary of Denomination Discussion.

The intention of denominational faith-based organizations is to help some of society's most vulnerable people who have addictions and they have the resources to do this on a significant scale. The leaders are all managers, although some are also ministers of religion. They usually have a strong religious background, are in paid employment and have secular qualifications. Those staff who work directly with clients are also in paid employment and they are supported by volunteers. Former clients will only be employed if they have suitable characteristics. In

⁷⁶ Such as foodbanks, budgeting services, work training and clothing shops.

employing staff the organizations look for personal qualities and adherence to a mission statement rather than the Christian faith.

All except one organization serve people over the age of eighteen and in terms of gender, but not ethnicity, their clients reflect the general population. They receive clients from referrals by state organizations and health professionals as well as ministers, and also use advertising. They try to address associated and underlying issues clients have or refer them to other services that can help them. Although they are not overtly evangelistic they will engage religiously with clients who want to explore the Christian faith. They do believe, however, that spirituality is essential to recovery.

All these organisations describe themselves as “faith-based” and “non-profits” and the Bridge Programmes use the model of treatment used by the Salvation Army worldwide. They all offer treatment and “harm minimization” through a variety of religious, medical and educational approaches. They also have links with professional organizations and people working in the health sector. Although they do not charge fees they do receive income from a wide range of other sources. These include District Health Board contracts. They either use their own facilities or lease commercial buildings.

DISCUSSION OF INDEPENDENT FAITH-BASED ORGANISATIONS

Introduction.

Independent faith-based organisations have characteristics both similar and different to the other types of faith-based organisations. There are also major differences between the individual cases discussed in this chapter. Although there are several independent residential services operating in Aotearoa New Zealand, only one participated in research. Most independent faith-based organisations are small in size, sometimes based on the initiative and work of only one person.

Research Question 1. What are the missions of the independent faith-based organizations?

All of these independent faith-based organizations have websites that contain mission statements or general information about the work done. The Drug Arm organizations in Auckland, Wellington and Christchurch have separate websites although they contain similar information. There is no national administration for Drug Arm, rather they work independently of one another. As “inter-denominational” or “non-denominational” faith-based organizations, they employ volunteers from a range of churches and denominations. They are not a ministry of any particular church and do not expect clients to become members of any particular church. Drug Arm Auckland states that they are a “good Samaritan” service, which suggests that they try to assist people who are not receiving help from other secular or religious organisations⁷⁷. They do not claim to have all the solutions to drug and alcohol problems and refer those people who they

⁷⁷ A large part of the work of Drug Arm is to help people who live or work on the streets of the inner cities of Auckland, Wellington and Christchurch. Some of these people have substance use issues.

cannot help to other services that can. The basic service that the Drug Arm organisations offer is to take vans with volunteers to the streets to meet people in their own environment, offer food, drink and social support, and try to build relationships to people in need⁷⁸. The websites do not refer to biblical verses, theology or doctrines, however to lead clients to Christianity they would have to use religious language in their conversations with clients.

Drug Arm Wellington emphasizes their belief that having a relationship with Jesus Christ is the best alternative to an addictive lifestyle. Therefore, they view alcohol and drug use as a moral issue for both individuals and society. Their opinion is that a relationship with God is essential to overcoming problems with substance use. The need for a “relationship” with God is not the same as having a belief in God or a sense of a spiritual dimension to life⁷⁹. Rather, it refers to a commitment to a certain way of thinking and behaving. The Drug Arm organisations are openly evangelistic with the people who they meet. Furthermore the volunteers are motivated by their faith to do this kind of work and they themselves try to model healthy behavior⁸⁰.

Drug Arm Christchurch is comprised of people with a Christian faith who profess a concern about the destructive effect of alcohol and drug use on individuals and society. They state that all people deserve education, treatment and support. In viewing the problem as a community one they are not only suggesting that drug and alcohol use is only a sign of personal immorality or individual weakness but that it is a community problem needing both community and individual solutions. Their faith-based programme is intended for all members of society and they believe

⁷⁸ The Drug Arm organisations could be described as “outreach services”. They also provide seminars and education to community groups.

⁷⁹ While some faith-based organizations promote a sense of “spirituality” all independent ones discussed here promote the Christian religion.

⁸⁰ Volunteers can be both Protestant or Catholic.

that people's greatest need is to have a relationship with God⁸¹. This means to have a belief in the Christian God and to live in accordance with Christian teaching.

Anne Laidlaw Ministries⁸² offers several courses, including Kick Addiction for people with substance use issues. Although the website does not include a specific mission statement, some general information about the purpose of the organization is provided. In particular they mention the need for all people to have a relationship with God. They are promoting a particular way of life that is radically different to a secular one or one in which people have only a vague sense of spirituality. They state that this leads to freedom from addiction and living life that its best. The belief is that freedom from issues such as addiction can only come through religious living and such life also leads to reaching one's full potential. The organization aims to free people from lifestyle choices that limit their experience of life and prevent them from living life at its best. It could be argued that they are advocating the replacement of a chemical addiction with a set of beliefs and behaviors that some would say is another form of addiction. However, the purpose is clearly to lead people to experience what the course founder has found to be beneficial in her own life through encouraging them to have a relationship with God. The website does not use religious language, references to biblical verses or doctrines. Neither does the website refer to a particular church or denomination.

Amped 4 Life has a website that contains a general description of the purpose of the organization as well as a discussion of its goals, values and objectives. Although they are a faith-based organization there is no mention of God or the bible on the website and the courses they offer

⁸¹ As well as working with people they meet on inner city streets, Drug Arm Christchurch also works with prison inmates.

⁸² The founder of Anne Laidlaw Ministries is an Auckland writer and counselor who facilitates Kick Addiction courses.

young people do not promote a need for people to have religious belief. Results indicate, however, that it is a motivating factor and the source of the mission for those working with the organization. They work specifically to help people (mostly young) who have chemical addictions or who are in danger of developing an addiction. Rather than advocating a relationship with God they mention leading people to make informed and wise lifestyle choices. They do not claim to have all the solutions to these problems but that they are contributing to prevention and treatment through education. In particular, they take their message to groups of young people through speaking at schools and to community groups. The staff have a personal mission to transform individual lives and whole communities. Although the website does not use religious language, it states that the goal is to help people find a balance of the physical, mental, spiritual, social and emotional aspects to life that this is based on a belief that all life is sacred. They relate to people with honour, respect and love which reflects their Christian principles⁸³. Over all their purpose is to empower young people to live a safe and healthy lifestyle.⁸⁴

Te Nikau Addictions Centre is a faith-based organization that has a clear mission statement. They exist not only to work with people who have chemical addictions but also those with a variety of other addictions and dependencies.⁸⁵ They seek to change lives positively through encouraging constructive living. The organisation does not mention that a relationship with God is essential to achieve this but that the application of Christian principles is part of the process. However they do not state exactly which of these principles are relevant to their work. They do not direct clients to any particular church or denomination as part of treatment, but they provide

⁸³ That is, biblical teaching.

⁸⁴ The founder of Amped 4 Life Trust has experience of overcoming addiction in his own life and has a mission to work with school age children to help them avoid alcohol and drug use.

⁸⁵ Other addictions and dependencies dealt with include work, gambling, cleaning, co-dependency, sex, pornography, relationships, nicotine and food.

a therapeutic “family” environment in which recovery principles are applied. This shows that either there is a secular component to treatment or that there is common ground between the religious and secular approaches. Although the programme coordinators view God as the source of their mission and the motivation to do this work, it is not clear that strong religious belief is a requirement for people to benefit from the therapy. However, people who are willing to accept a spiritual component to their treatment are likely to comprise most of the clients.

Research Question 2. What are the characteristics of leaders?

All those leaders who were questioned can be regarded as managers of these independent faith-based organizations. Those who did not respond to this question are not ministers either, meaning that they also are likely to principally have a managerial role. They are managers of organizations that are partly religious and partly professional. These people clearly have a leadership and administrative role but in some cases also work within the organization directly with clients. Their choice of work could be a personal ministry and vocation for them. It is possible that these leaders have experience as a church minister prior to their role in these faith-based organizations.

Respondents listed their religious identity as either “Christian” or “Born Again Christian”. They were not asked the name or denomination of the church where they choose to worship, although one listed himself as Pentecostal. A “Born-Again Christian” typically refers to an evangelical, protestant position, conservative theologically with strict adherence to the bible and charismatic worship services. The results suggest that the leaders are protestant although this is not necessarily the case of volunteers who work for them. In listing themselves as Christian they

indicate that they have a clear sense of religious identity. None used the broader term “spiritual” in their response.

For three respondents their work is a fulltime occupation, either paid or a combination of paid and voluntary work. For the leaders of Te Nikau Addictions Centre and Amped 4 Life this work is their career, although they might also think of it as a personal ministry. The leader of Amped 4 Life is the founder of the organization and he is the principal leader of courses while the leader of Te Nikau Addictions Centre is the manager of an organization with a number of paid staff and a partly professional character⁸⁶. Those organizations with paid staff have an element of professionalism and a reliable income stream, which will be discussed in a later section. For those leaders who work voluntarily this is not their principal area of employment and the faith-based organizations they lead are small in size. The Drug Arm organizations in Auckland, Wellington and Christchurch all are best described as volunteer organizations with only one leader receiving income for the work done.

Theological or Bible Study qualifications are held by three of these leaders⁸⁷. This reflects a substantial commitment to doing faith-based work or ministering in churches. For the Drug Arm organisations, which have an evangelistic role with clients, their religious training would be directly applicable to their work. For those who have designed or founded the course that they facilitate (Anne Laidlaw Ministries and Amped 4 Life) religious training will be reflected in the design and provision of the relevant courses. Almost all respondents hold tertiary qualifications from universities or polytechnics. This shows a level of professionalism and the valuing of

⁸⁶ Of these independent faith-based organizations Te Nikau Addictions Centre is the largest human service provider and has the most characteristics of a professional addictions recovery service.

⁸⁷ From Faith Bible College and Mercy Street Ministries.

secular skills and knowledge. Most tertiary qualifications are in areas relevant to addictions work - psychology, drug and alcohol studies, counseling and rehabilitation. There were no respondents who hold leadership, administrative or management qualifications, which is particularly surprising in the case of Te Nikau Addictions Centre which has the most professional character of those independent faith-based organizations represented here. The small size of the other organizations would make professional management qualifications unnecessary. Interestingly, the leader of Drug Arm Wellington listed amongst his qualifications “street knowledge”. His personal experience of working with clients, especially street people, he says has given him insights and understanding that help him in his work.

The leaders of these independent faith-based organizations have a high level of personal religiosity. They all report that their work is a personal ministry, that faith is extremely important to their work and that they attend church at least once per week. They also commit a significant amount of time to the work of these faith-based organizations, presumably in addition to their paid employment.⁸⁸ This shows a calling to this work as a life purpose and a strong belief in its importance. For those directly involved in evangelism, or in creating faith-based programmes, a high level of personal religiosity would be expected.

Research Question 3. What are the characteristics of staff?

Drug Arm Wellington and Anne Laidlaw Ministries are exceptions in that they do not employ paid staff⁸⁹. To be entirely voluntary is unusual for an independent faith-based organization. This could reflect the small size of the organizations and a lack of funding options. Those who staff

⁸⁸ Some leaders questioned are full-time volunteers of the faith-based organization.

⁸⁹ The founder of Anne Laidlaw Ministries does receive personal income from her ministry.

these organizations are doing so outside of their paid employment, although their employment could be in a related field⁹⁰. They are non-professional in this regard but are providing a free service to the community. Te Nikau Addictions Centre has the most characteristics of a professional organization and has more paid staff than others, including counselors and group facilitators. Although Amped 4 Life has paid staff working in a variety of roles, it is unclear whether this work is all done by one person or whether it has several staff. The other independent faith-based organizations employ paid staff only for administration and for practical work.

All these faith-based organizations employ volunteers, which is a characteristic of faith-based organizations generally. Although it would be expected that independent faith-based organizations rely on volunteers less than congregations or denominations, this does not seem to be the case. These volunteers could be sourced from churches linked to the leaders or other staff of the organisations, groups spoken to by these leaders or friends of people already working for them. Volunteers can be found in specialist roles such as administration, group facilitation and counseling as well as in practical roles. Some would clearly need training and experience to fill these roles. Some volunteers have a responsibility to communicate with and form relationships with clients, and for these people, being of good character would be important. A point of difference with other independent faith-based organizations is that Amped 4 Life listed amongst their volunteers those who pray and intercede for their work.

Former clients are only employed by two of these organizations. Drug Arm Christchurch requires staff to have been abstinent for eighteen months and to have other important personal characteristics. Te Nikau Addictions Centre only assigns former clients to do practical work or

⁹⁰ Qualifications indicate that some of these leaders could be working in the health or human services fields.

work with a low level of responsibility. Some of the work done by these organizations is specialist, requiring a certain set of skills and experience. The organizations might not have the resources necessary to train and supervise former clients for them to become suitable employees. Other former clients might have major life problems that need addressing before they are suitable for employment. Legal issues could also make it difficult for some former clients to find employment. It is likely however that former clients would have experience helpful in forming relationships with new clients if they meet the other requirements for employment.

Amped 4 Life did not respond to the question about staff training but all the other organizations are concerned about staff training. This is not extensive and small size and limited financial resources could be reasons. Therefore these organisations might tend to employ staff who already possess suitable qualifications. There is a mix of internal and external training done in areas such as first-aid, communication skills and legal understanding. Some provide supervision for staff in more specialized roles such as group facilitators and counselors. For Te Nikau Addictions Centre this might be a requirement for receiving government contracts and they report using outside training organizations for this purpose. Drug Arm Auckland trains their staff in methods of evangelism. Although these people do not need academic qualifications they are trained to talk about religious faith with those who are interested.

All these organizations set high standards for their staff in the area of spiritual characteristics⁹¹. They want workers who are well grounded, authentic and mature in their faith and to be members of a church congregation – described by one organization as committed Christians who live according to biblical principles. They also seek people who can put their faith into action

⁹¹ The independent faith-based organizations expect staff to be authentic in their faith so that it governs their behavior with clients.

and communicate their faith to others. They place importance on general personal characteristics such as being non-judgemental, open-minded and caring. These qualities are evident in how people relate to others. It is not sufficient for staff to merely adhere to an organisation's mission statement or vision, although this is important. Amped 4 Life and Anne Laidlaw Ministries use Pentecostal language in discussing their choice of staff. They want people to be "Spirit-Filled", "Born Again", "Baptised in the Holy Spirit" and "having the anointing of the Holy Spirit". How to recruit for these characteristics is difficult unless they limit their recruitment to Pentecostal churches. If the leaders of these two organizations are Pentecostal they could use this language even though other course facilitators are not Pentecostal.

Research Question 4. What are the characteristics of clients?

The three Drug Arm organizations show similar statistics in the ages of their clients. Most notably, they are the only independent faith-based organizations to work with children⁹². Ten percent of their clients are in this category. These could be street people, since that is the group most assisted by the Drug Arm organisations. Alternatively they could be school children or church youth groups. This could mean that there is a lack of organizations working with children and educating them about drug and alcohol use. Other organizations avoid children because the course materials are above their intellectual level and because they would not relate to the underlying problems that adults have. Since youth have significant problems with drugs and alcohol in Aotearoa New Zealand there could be an opportunity to present preventative programmes to children before they reach adolescence. Amped 4 Life however does present programmes in schools, mainly to those in the ten to eighteen year age group. Their main focus

⁹² None of the others work with people under the age of twelve.

is on education and prevention. A large number of youth have experienced these programmes, especially in the North Island. Anne Laidlaw Ministries and Te Nikau Addictions Centre are adult-only organizations⁹³. The Kick Addiction course book provided by Anne Laidlaw Ministries is an adult level text and all programme facilitators and counselors work with adult participants. The materials are not appropriate for young people⁹⁴. Te Nikau Addictions Centre deals with a wide range of issues related to dependency, addiction and mental health. Some of these problems might only be relevant to adults. Also, being a residential programme, it would not be appropriate for young people and adults to be treated in the same facility.

All these organizations treat significant numbers of males and females. Although more men than women have addictions, women are more likely to seek help. This might account for some disparities in the gender of clients between these organisations. Since the Kick Addiction course founder is a woman, and she presents some Kick Addiction courses herself, it is not surprising that her courses attract more women than men. Te Nikau Addictions Centre has more male than female clients. It is possible that women who need a residential programme would instead choose to go to a faith-based organization that works with women only, such as Mercy Ministries in Auckland⁹⁵.

Anne Laidlaw Ministries has clients that, in terms of ethnicity, represent the population at large. All other faith-based organisations have significantly greater numbers of Maori and Pacific Islanders than are represented in the general population. Amped 4 Life, working mainly in North Island schools, could be taking their programmes to communities where there are large

⁹³ For people over the age of eighteen.

⁹⁴ Those under the age of eighteen.

⁹⁵ Mercy Ministries is a residential faith-based organization treating women with addictions based on an international model. However, they did not agree to participate in this research.

populations of Maori and Pacific Islanders. They could also have a cultural component to their courses that enable them to communicate effectively with people of these ethnicities. Since a greater number of Maori and Pacific Island youth have alcohol and drug issues they will be targeted by these organizations. For the Drug Arm organizations, the clients might include greater numbers of Maori and Pacific Islanders because they are mostly working with street people. Their evangelistic work might also be more attractive to these ethnic groups than to European New Zealanders because they have a greater background of church involvement. Those working in prisons might also have more of these ethnicities represented because of their proportion of prison inmates. Te Nikau Addictions Centre has clients who come from all ethnicities in about the proportions that would be expected of those in the general population who have addiction issues. The Drug Arm organisations in Auckland and Wellington are the only ones to report working with Asian people in significant numbers.

Clients are found by these organizations from a wide range of sources. Brochures and advertising are common methods of attracting clients. This recognizes that these organizations are not only helping churched people but those who are from society at large. These organizations are clearly reaching people who do not belong to a church but who are attracted by a religious message. They also promote themselves in churches and their programmes are especially attractive to people who are seeking a spiritual component to their treatment. Recommendations from former clients, ministers and professionals are also received (in that order of frequency). Word of mouth is listed as an important source of clients and the recommendation of former clients is an indication that the organizations are successful. The support of professionals is a further sign that

the content and delivery of these courses is regarded highly⁹⁶. Drug Arm Christchurch had a point of difference to the other organizations as they receive referrals from Child Youth and Family and also the Department of Corrections. This is an important link with the state and a sign that their programmes are relied on by the professional community.

All organizations that responded to the question about the issues clients present with indicated that their clients have a wide range of problems. Amped 4 Life stated that this question did not apply to them. They could mean by this that the only issue their clients have is a danger of becoming substance users in the future. The others all recognize issues associated with alcohol and drug use as well as underlying problems. Since the Drug Arm organisations work mainly with street people, their clients have other issues such as prostitution and homelessness. These people also often have mental and emotional problems such as rejection, depression and anger. Practical issues such as unemployment and lack of education are also found. By befriending street people the Drug Arm organisations are building relationships with these people and are in a position to advocate for them or refer them to other services. They are often people who have been neglected by the state system and therefore faith-based organizations are more likely to be in a position to assist them⁹⁷. Te Nikau Addictions Centre works with people who need or want comprehensive programmes dealing with a wide range of mental health issues as well as addictions. Anne Laidlaw Ministries indicates that their clients have, as well as addictions, issues of character formation, life direction and life skills.

⁹⁶ General practitioners, psychiatrists and counselors are the sort of professionals who could be referring clients to faith-based organizations.

⁹⁷ Drug Arm can help people to obtain welfare assistance that they are entitled to or assist them with emergency accommodation amongst other helps.

Research Question 5. What are the services offered?

In describing their services these organizations used a variety of terms. “Faith-based”, “Ministry” and “Non-profit” were the most common descriptors. Since “faith-based” is a relatively new term its use here indicates it is gaining acceptance by human service providers in this country. Although none of these organizations has formal links with a particular church or denomination the term “ministry” was also used. This could be because the services provided are considered a personal ministry for those serving clients. It also indicates that the leaders of these organizations believe that they are serving God through their work. Before the term “faith-based” became commonly used these organizations were sometimes referred to as belonging to the non-profit sector, along with other (mostly secular) organizations. This is still the title some people give to faith-based organizations. These organisations seek to serve the community rather than to generate income and are an alternative to state or private organizations. By not charging for services they are making a statement that people in need are worthy and deserving of assistance without charge.⁹⁸ In this sense (and in other ways) there is a moral component to their work.

The leaders of these organizations were asked about the source of the model they use. Amped 4 Life and Anne Laidlaw Ministries are different in that their programmes were designed by local people based on their concerns about the needs of others in the community and through their own personal experiences and interests.⁹⁹ They have the advantage of responding to local needs and within the particular culture of Aotearoa New Zealand. The other organizations are based on an array of international models. They show that relationships between faith-based organizations

⁹⁸ Some clients are experiencing poverty and could not afford private treatment.

⁹⁹ It is not known whether these locally designed programmes have influenced others in Aotearoa New Zealand or internationally.

exist and that they influence one another. The Drug Arm programmes are based on Drug Arm in Australia. Since there is similar culture between the two countries, programmes that work in Australia would not need much modification to work in Aotearoa New Zealand. Te Nikau Addictions Centre has adapted the models of a wide range of independent faith-based organisations in the United States, Europe and Asia. These are mostly residential addiction treatment programmes. In following a wide range of models Te Nikau Addictions Centre can adapt and learn from these programmes and apply what will work in this country. They have the advantage of seeing other programmes work in practice.

The leaders were asked to list the approaches their organizations take in performing their work. Interestingly, the Drug Arm Auckland, Wellington and Christchurch are very different from one another in their approach.¹⁰⁰ Drug Arm Auckland states that their approach is to provide information and refer people to other services. However, responses to other questions show that they are doing more than this through helping people who live and work on the streets of the city. Drug Arm Wellington lists the services they provide to street people as befriending, providing food, treatment and evangelism. Befriending is a feature of faith-based organizations and, through building relationships with people in need, sets them apart from state services. They believe that people are in need of hearing the gospel to make improvements to their life's circumstances.¹⁰¹ Drug Arm Christchurch has more points of difference with the others. They list prevention, education and holistic treatment. However they will also be providing food, befriending and evangelism although they do not list these. The differences between these organizations could be due to the three managers' perception of what is most important in their

¹⁰⁰ This is a further indication that there is no single administrative body for the three Drug Arm organizations and they are largely independent of one another.

¹⁰¹ It is not clear from their responses what exactly the 'treatments' are that they offer.

work and what sets them apart from other faith-based organizations. The focus of Amped 4 Life is on assisting young people who are using alcohol or drugs, or who are in danger of substance use, to live safer lives. Prevention, education, information and increasing life skills are all part of the process of helping school age youth to make better decisions about the use of these substances. Anne Laidlaw Ministries gave a narrow statement about the approach of the Kick Addiction programme – religion and evangelism. The course founder clearly believes that religion holds the best answer to the problem of addiction. She is giving an alternative to the medical, psychological or other secular approaches to freeing people from addiction. In reality her programme might also offer other approaches to treatment such as providing information and referrals to other services.

An important issue for these organizations is how to teach abstinence. There is a wide range of methods used. Drug Arm Christchurch lists harm reduction as the goal for substance users, while all other organisations hold to the ideal of abstinence. Education is the main method used. People need information about the nature of addiction and how to overcome it as well as to deal with associated problems. The personal testimony of those staffing the organizations is also important. People with experience of overcoming addictive lifestyles have authenticity, knowledge and experience that help them to relate to other people with these issues. If necessary they can talk to people in the language of the street and of those who use drugs. They also demonstrate the real possibility for change through religious methods. Only Te Nikau Addictions Centre lists faith as a method of reaching abstinence. This is surprising given the evangelistic role of these organizations. Perhaps the other organisations demonstrate the faith by how they relate to people

rather than by providing religious teaching on how to live¹⁰². As a residential programme Te Nikau Addictions Centre offers a wide range of methods that smaller non-residential programmes cannot deliver (such as dealing with a variety of underlying problems). For Te Nikau Addictions Centre, abstinence is a requirement for participation in the treatment programme. Some people might need medical assistance to treat their addiction before seeking help from a faith-based organization to deal with related life issues and underlying causes.

The organizations were questioned about their services to people under the age of twenty-four. Te Nikau Addictions Centre offers a wide range of services, including those normally expected of a professional organization (including psychotherapy and medical care). Spiritual care and life skills are most important for all the other organizations. Since these organizations differ in the services offered, youth could find appropriate care from at least one of these organizations. It is significant to consider what services are not offered by these organizations. Services not offered include detoxification, home care and work training. Rather than choosing not to offer detoxification for religious reasons a more likely scenario is that they do not have the financial resources, facilities and professional staff to offer this kind of treatment. Work training would be helpful to some people, such as street people, but is not offered by these independent faith-based organizations.¹⁰³ A culturally specific component to care would be appropriate for some Maori and Pacific Island people, to relate treatment to their worldview, although this is not always offered. The variety of services provided by these independent faith-based organisations reflects the reality that people have different circumstances and need to have their personal needs met.

¹⁰² Independent faith-based organization will sometimes only offer evangelism and religious instruction if it is sought by clients.

¹⁰³ People with practical needs such as accommodation, welfare and work training could be referred to other faith-based organizations such as the Salvation Army who do provide such services.

Since not all people are on the same journey to wellness, open-mindedness is an important requirement of staff.

The Drug Arm organizations offer both practical and religious help through their ministry to street people¹⁰⁴. Practical supports such as food, drink and blankets are balanced with love, care and hope, and this is done through communication and relationship building. They are working with some of society's most vulnerable people who are often not accepted or helped by the church or state. Through befriending these people they hope to become a bridge to better living. They also provide more safety for people living on the streets. They are also willing to give religious teaching if it is wanted. Te Nikau Addictions Centre offers holistic care with a wide range of services to meet the variety of needs of their clients. Their programmes aim to address all the physical, mental, emotional, social and spiritual needs of a person. They teach that all dependency and addiction issues have common threads of causes and that religion offers some of the solutions to regain wellness. Anne Laidlaw Ministries also addresses a wide range of issues but narrows the response to applied Christianity. For them, faith is believed to be necessary for positive change and healing. Amped 4 Life concentrates on empowering young people with the knowledge, skills and desires to choose a healthy lifestyle.

Research Question 6. How is religion manifested in the organizations?

All respondents indicate that spirituality is extremely important to their work. They are working from a religious perspective and this sets them apart from other types of human service organizations. All organizations engage religiously with clients in a variety of ways. Almost all the organizations offer the range of prayer, evangelism, bible study, invitation to church,

¹⁰⁴ Drug Arm takes people and supplies to the streets of the inner cities by van to minister to "street people".

religious material, spiritual care and a “caring relationship”. This shows that staff does not only claim to demonstrate faith by their own behavior but actively engage with clients in religious ways. The existence of independent faith-based organizations is evidence either that a significant number of people want services with a spiritual component to care, or that no secular organization is offering services to the particular people these organizations reach. Some people are searching for a source of values in life and might see this quality in people and organizations putting their faith into action.

The Drug Arm organisations consider God to be essential to their work. Faith motivates the staff to work for these organizations and is demonstrated in how they engage with clients. Without God being given first importance these organizations would be little different to secular non-profits. Many people have a sense that there is a Higher Power in their lives as a supernatural power and source of spiritual insight. Te Nikau Addictions Centre teaches that this Higher Power is the Christian God. Their programmes teach people to have a personal relationship with God. Anne Laidlaw Ministries takes a similar approach. The director of Amped 4 Life believes that God led him into this work and gives him the vision to take his message to people and share his faith with others.

Research Question 7. How are they funded and what facilities do they use?

Anne Laidlaw Ministries is different from the other independent faith-based organizations in the area of funding since it is the only one that charges course fees. This gives the impression of a professional and private element to their work.¹⁰⁵ It shows that it is possible for faith-based organizations to charge fees and still retain a Christian character, although critics of state funding

¹⁰⁵ The course founder finances her living from operating these courses.

might say that it lessens the religious character. It does limit courses to those who can afford the services and who also want a spiritual component to treatment. The most vulnerable in society cannot afford to pay for services and a Christian perspective might be that people should not have to pay to receive help for serious life problems¹⁰⁶.

Private donations, community grants and corporate donations are also common ways for these organizations to fund their work. Private donations could be sourced from clients who are appreciative of receiving care or from people who see a need for the work and believe that the organizations are doing important work. As community organizations, community funding is not surprising as they are non-profits. Private donations may also be people in the business community who want to support faith-based initiatives because of their own religiosity and their value of the work being done. Drug Arm Christchurch receives some of their funds from church offerings. It does not name the church or churches involved. Since they work on the city streets they could be supported by inner city churches that value work being done in their location. Drug Arm Christchurch and Drug Arm Auckland receive some government funding for services to Child Youth and Family and the Department of Corrections. This shows an acceptance and valuing of their work by the state. They are perhaps seen to be offering solutions to those falling through the gaps in the system. The state would want audits of how money is spent and audits also of the professionalism of services offered.

The organizations were also questioned about the facilities that they use. Te Nikau Addictions Centre has its own facilities. They are based in a rural area, in a therapeutic location where clients are removed from environments that are causing them difficulties. They have the facilities

¹⁰⁶ This relates to the Christian principle of giving unconditional love.

to offer a residential programme and are funded well enough to maintain their own facilities. Anne Laidlaw Ministries is church-based, however it is not limited to a particular church or denomination.¹⁰⁷ Since the organization charges fees they could either be paying to use church facilities or free use of facilities could be provided by the church as a contribution to the course. Fees charged by Anne Laidlaw Ministries for counseling are for the founder's personal income rather than to fund the ministry expenses. Using a variety of churches to present programmes would increase the number of Christian people who hear of the work and participate in courses. The remaining organizations, Drug Arms and Amped 4 Life, use a variety of facilities including private homes. This could be suitable for small groups such as bible studies. The use of community facilities is a low cost way for faith-based organizations to base services in the community.

Research Question 8. What links do they have with other organizations?

The three Drug Arm organizations and Te Nikau Addictions Centre were the only ones for whom this question was applicable. Drug Arm Christchurch has links with Child Youth and Family and Department of Corrections (to provide a chaplaincy service). They also have links with a professional body, Drug and Alcohol Practitioners Association of New Zealand and a religious body, the Christian Counselors Association. The latter two would assist with staff training and supervision. These links would also assist with securing government funding. There might also be an element of competition with other service providers unless they are doing work that the state cannot find any other human service organization to provide. Te Nikau Addictions Centre has connections with the New Zealand Association of Counselors, New Zealand Christian

¹⁰⁷ Responses to questions about individual religiosity suggests the course founder could be Pentecostal.

Counselors and the Drug and Alcohol Practitioners Association of New Zealand. Professional links would be necessary for an organization offering a comprehensive residential service. The treatments offered and client base would make such associations necessary to maintain a quality service.

Links with government, professional and other faith-based organizations shows that the work of independent faith-based organization is not exclusive. Rather the connections show that there is common ground in the approaches and services provided to those with drug and alcohol issues. Although there is some overlap, with certain groups of people being helped by a variety of faith-based and secular services, some of the work done by these organizations is unique. In particular because they are working with people who have been failed or ignored by other services, or those who want a spiritual component to care.

Summary of Independent Discussion.

Independent faith-based organizations work with people who have a variety of addictions, including chemical addictions. All leaders are managers, with tertiary qualifications in secular or religious fields and are in paid employment, partly paid employment, or are volunteers. However they all identify as Christian. Volunteers are important to the organisations, especially to the smaller organizations, and the staff are expected to have personal religious qualities. A combination of inside and outside training is provided for them although they are unlikely to employ former clients.

There are services provided for all age groups, similar numbers of males and females, but a significantly higher proportion of ethnic minorities than in the population. Clients come from a

range of sources including advertising, referrals and people met in the course of the work. They either deal with people's underlying and associated problems or refer them to organizations that can help them. They offer prevention and education, as well as treatment, and place high value on building relationships with people in need. Abstinence is the requirement for participation in some of these services.

Independent faith-based organisations use descriptors such as “faith-based”, “ministry” and “non-profit” and can be either locally founded services or based on overseas models. Spirituality is extremely important to the work, gives the purpose to the organization, and is the main motivating factor for staff. Staff will engage religiously with clients in a wide variety of ways depending on the needs and interests of clients. Not all of these independent faith-based organizations use religious language on their websites and their services include evangelism to varying degrees.

Independent faith-based organisations receive funds from a range of sources, most often donations, and fees are charged by only one of these organizations. Some, but not all, receive government contracts. While the residential organization has its own facilities the others use churches and schools, or take their programmes directly to the people they serve. The smaller organisations have few links to other organisations.

CONCLUSION

Introduction

This conclusion provides a brief review of previous chapters and then discusses the significance of the research - including the relationship of the study to prior research, reflections for practice and suggestions for further research. Some concluding remarks will be made about what makes faith-based organisations different to other human services.

The Purpose of the Research.

Faith-based organizations are amongst the oldest type of human services and hold a unique position in the sector. This thesis has considered their characteristics by researching the services provided in the area of alcohol and drug use. The current study attempts to shed light on a topic that is not well researched. It is timely because governments are looking to devolve human services to the private and non-profit sectors. Faith-based organisations claim to have success in certain human services and the addictions field is one of these.

Methodology.

This study involved accumulating qualitative data in order to make detailed description of faith-based organisations. Leaders of fifteen faith-based organizations completed a questionnaire and the resulting data was combined with that found through document searching. The research was essentially descriptive, comprising multiple case studies of the organisations. Allowance was

made for ethical considerations throughout the research process. The University of Canterbury Ethics Committee approved research and participants were assured of their right to not answer questions.

Literature Review Summary

The literature review discussed the relevant literature from Aotearoa New Zealand and other countries. The specific sections are Faith-based Organizations, Drug and Alcohol use in Aotearoa New Zealand and Religion, Spirituality and Health. The review is dominated by literature published in the United States over the last twenty years, reflecting recent academic interest in this field. The literature review revealed a lack of research into faith-based organizations working in the addictions field, and no literature at all that originates from Aotearoa New Zealand. The review also identified a need for more research on alcohol and drug issues generally.

Results Summary.

Questionnaires were completed by the leaders of fifteen faith-based organizations in Aotearoa New Zealand. These include three congregational, six denominational and six independent faith-based organisations. Answers to the questionnaire included mostly written information and some statistical data. General information about the organisations, in particular their visions and mission statements, was found on websites. The results were presented in relation to eight specific research questions.

Discussion Summary

The discussions followed a similar pattern to the results chapters. The three types of faith-based organisations were treated separately and organized around eight research questions. In discussing the results some obvious features of faith-based organizations became apparent. There are differences between the three types of faith-based organizations as well as between individual cases. The discussions lead to greater understanding of the issues raised by the research questions and provide description of faith-based organisations generally.

Relationship to Previous Research.

The outcomes of this research concurs with the published literature on faith-based organizations presented in the literature review. This indicates that faith-based organisations are generally understood despite there being a need for more research. However, it also builds on the published literature in the ways identified here.

1. Despite having much in common, there is a clear difference in the characteristics of congregational, denominational and independent faith-based organizations. It is for this reason that they were treated separately. These differences are evident in both the work that is done as well as how these organizations function.
2. Many faith-based organizations are operating throughout the world. However, they are united by their common adherence to the Christian faith as well as responding to similar

social problems¹⁰⁸. This means that relationships exist between faith-based organizations internationally. Faith-based organizations often model their programmes on those that have been proven effective elsewhere.

3. Clients assisted by faith-based organizations in Aotearoa New Zealand are often people who have been neglected by other secular organizations, state, private or community. Some human services are not well provided by these other organizations. In addition, some clients choose not to access help from alternative services or are unable to qualify or pay for services
4. Some clients of faith-based organisations seem to be attracted by the spiritual content in the services offered. Some seem to be searching for values in life and so choose help from faith-based organizations. Also, some appear to have greater trust and respect for people working in the faith-based human services.
5. Most denominational and independent faith-based organizations have links with state and professional bodies, usually in the areas of funding and social work or counseling supervision. This indicates that there is some common ground between religious and secular approaches to addressing alcohol and drug issues.

¹⁰⁸ Christian faith-based organisations were the only ones researched in this study.

Reflections for Practice.

A number of implications for practice can be drawn from this study. Those ideas discussed below have emerged from the results. Faith-based organisations are seen to be particularly successful in these aspects of human service work.

1. Since most faith-based organizations are small, they usually focus their efforts on what they can do well. This often means working with a particular client group, social problem or approach to treatment. They will usually refer clients to other services for needs they cannot address.
2. Faith-based organisations are clearly different from other organisations and therefore occupy a niche in the human services. Not all people needing help with alcohol and drug issues will be drawn to a faith-based organization. Clients are most likely those seeking spiritual care or those who have no other option for assistance.
3. Some faith-based organisations have a clear mission statement that identifies their religious foundations and practice. Mission statements are important for those who are searching for spiritual care or a values-based approach to treatment.
4. Congregational faith-based organizations tend not to receive government funding. They usually do not seek this source of funding and mostly are not providing the professional services necessary to receive government contracts. Another reason is that there are ideological differences between church and state. Denominational and independent faith-

based organizations are more likely to receive government funds and do not seem to lose their religious character as a consequence.

5. Faith-based organizations can and often do learn from one another, applying models that have been effective elsewhere. The faith-community is a worldwide one. Some denominational and independent faith-based organisations are international organisations, operating in many countries. Some congregational faith-based organisations have developed courses and programmes, intending for them to be used by churches in any country.
6. Although the staff of all faith-based organisations engage with clients religiously, the religious needs of clients are varied. This means that faith-based organisations need to provide the religious component of treatment in a way that meets the needs of individual clients rather than it being prescribed to them by the organization.
7. Faith-based organizations are effective in helping those people left out by other human services. They often work in environments that other services neglect. This is one of the characteristics of faith-based organizations and one that could be enhanced, by seeking those people whose needs are not being met.
8. Since faith-based organizations are offering a service to the community they tend not to charge fees for their work. Their non-profit character is attractive for some people and essential for those who cannot afford private care.

9. Some people would argue that in treating people, faith-based organisations have the effect of replacing a chemical addiction with a religious addiction. Although Christian people tend to consider that religious belief and practice is essential to healthy living, clients need to have control over their religious instruction.

Future Research.

This research has described the main characteristics of faith-based organizations that are working in the addictions field and does so from the perspective of leaders. However, the following topics of research would broaden the knowledge base of this sector of the human services.

1. The relationship between faith-based organizations and the state could be studied to assess the effect of state funding on the religiosity and practice of these organizations. Such relationships could alter their distinctive characteristics and move their focus away from the most vulnerable people in society. Government contracts could make them into an arm of the state, providing welfare and health services currently the responsibility of the state.
2. The effectiveness of faith-based organizations in treating people with addictions needs further research. There should be a measure of the characteristics of people who benefit from these services and a long term study of whether they remain free of addictions after completing treatment.

3. The link between spirituality and health has been covered by several studies already but needs more research. This might be more appropriate for the health sciences field rather than human services field.
4. Faith-based organizations could be researched from the perspective of their historical development and philosophical or theological foundations. Such research could consider how religious and secular approaches to treatment differ and the significance of human services theory to faith-based organizations.

Concluding Remarks

Faith-based organisations are to contemporary society what charitable organisations were to earlier times. Although many are small, together they make a significant contribution to the human services - for both Christian and non-Christian people. Although they often have an evangelistic role, and take a moral view of society's problems, they also make a valuable practical difference to the lives of vulnerable people. One of the areas in which they have traditionally worked is that of alcohol and drug addiction. This is because they believe that the help of a higher power is needed to free people from addiction. In working with such people they aim to both change individual lives and to transform society.

Congregational faith-based organisations are ministries of churches, part of a large and global faith community. Most churches have ministries for their own members and sometimes also for the wider community. Programmes designed by one church, and found to be effective, are easily transferred and offered by other churches. Congregational faith-based organisations can draw on resources such as offerings, facilities and volunteers to provide ministries. Since they are non-

medical in approach, they teach people to live a lifestyle that is healthy and free of issues such as addictions. To Christians, this life is based on a relationship with God.

Denominational faith-based organisations are particularly effective in providing alcohol and drug treatment services. They have the substantial resources of a church denomination to support them and treat significant numbers of clients – usually from outside the church. They have characteristics that are partly religious and partly professional, and although they are evangelistic they do not force religious belief on clients. They will often use medical and psychological treatments as well as their own methods of treating addictions. In addition, they are especially helpful to low income people who cannot afford private care as they do not charge fees for services.

The category of independent faith-based organisations contains the largest variety of these human services. They range from small organisations based on the work of a few people to organisations that employ many staff and offer comprehensive addiction services. Some individuals, motivated by Christian faith, concern for other people and personal experience have established new organisations that provide a service to specific sections of society. They range from education and prevention to life-changing rehabilitation and treatment. The religious aspect of these organisations also varies. While all independent organisations are founded by religious people some are more obviously religious than others.

For someone with a serious alcohol or drug addiction, who is seeking help from a faith-based organization, their needs are most likely to be met by a denominational faith-based organization or the largest independent faith-based organization. These organisations help people from a wide variety of backgrounds, are backed by substantial resources and have proven methods of

treatment. They have been involved in the human services for many years and have the trust of the public and health professionals.

In contrast to the secular human services, faith-based organisations comprise Christian people who want to put their religious faith into action by serving others. Many religious people believe they have a calling to do this work. They are religiously motivated to offer spiritual care. This is evident in many ways including the use of volunteers, providing free services and helping clients who are amongst the most vulnerable in society. Ultimately what makes faith-based organisations unique in the human services is the intention of staff to give clients unconditional love – best expressed by the religious term “agape”.

GLOSSARY

Addiction.

The state of being addicted to a habit or pursuit; esp. the state of dependence on a drug to the extent that it cannot be withdrawn without adverse affects. (Trumble, Stevenson and Brown, 2002).

Case Study.

(a record of) an attempts to understand a person, matter etc. from collected information about his, her or its development. (Trumble, Stevenson and Brown, 2002).

Church.

A particular organized Christian society, distinguished by special features of doctrine, worship etc., or confined to territorial or historical limits. (Trumble, Stevenson and Brown, 2002).

Client.

A person using the services of any professional; a customer (...) a person assisted by a social worker etc. (Trumble, Stevenson and Brown, 2002).

Conservative.

Characterised by a tendency to preserve or keep intact and unchanged; preservative. (Trumble, Stevenson and Brown, 2002).

Congregation.

A body of people assembled for religious worship or to hear a preacher; the body of people regularly attending a particular church etc. (Trumble, Stevenson and Brown, 2002).

Denomination.

A body of people classed together under the one name; spec. a religious sect or body with distinctive name or organization. (Trumble, Stevenson and Brown, 2002).

Evangelical.

Pertaining to, characteristic of, or designating the school of Protestants which lays particular stress on salvation by faith in the atoning death of Christ, and denying that good works and the sacraments have any saving efficacy. (Trumble, Stevenson and Brown, 2002).

Faith.

Belief in the doctrines of a religion, esp. such as affects character and conduct. (Trumble, Stevenson and Brown, 2002).

Liberal.

Unprejudiced, open-minded; esp. free from bigotry or unreasonable prejudice in favour of traditional opinions or established institutions, open to the reception of new ideas. Of a member or a branch of a church or religion; holding opinions less traditional than those accepted as orthodox. (Trumble, Stevenson and Brown, 2002).

Pentecostal.

Designating or pertaining to a Christian sect or movement which, or individual who, emphasizes the gifts of the Holy Spirit (e.g. speaking in tongues, prophecy etc.) expresses religious feelings through uninhibited or enthusiastic acts (e.g. clapping, shouting etc.) and is freq. fundamentalist in outlook and not attached to any of the main denominations. (Trumble, Stevenson and Brown, 2002).

APPENDICES

Contributing Organisations

Congregational Faith-Based Organisations.

- Greenlane Christian Centre.
- Mission Christian Centre.
- Massey Community Church.

Denominational Faith-Based Organisations.

- Christchurch City Mission.
- Northland Regional Bridge Programme.
- Auckland Centre.
- Midland Regional Programme and Social Detox.
- Wellington Bridge Centre.
- Dunedin Bridge Centre.

Independent Faith-Based Organisations.

- Drug Arm Auckland.
- Drug Arm Wellington.
- Drug Arm Christchurch.

- Te Nikau Addictions Centre.
- Anne Laidlaw Ministries.
- Amped 4 Life.

Questionnaire

Section A: Information about Leadership.

1. Name of church / organisation:_____

2. Name of minister / manager:_____

3. How would you describe your spiritual/ religious identity?

4. Do you minister a church? _____ Yes _____ No

5. Is your work: _____ Paid _____ Voluntary?

6. Do you work: _____ Part-time (less than 30 hours) _____ Full-time (more than 30 hours)?

7. Please list any qualifications you have and where they were obtained.

8. Please list any other training you have and where it was obtained.

9. Do you consider your personal work a ministry? _____ Yes _____ No

10. How important is your faith to your work?

1

2

3

4

5

Not at all

Somewhat

Extremely

11. How often do you attend church?

More than once a week _____

Once a week _____

Once a fortnight _____

Once a month _____

Less than once a month _____

Seldom _____

Section B: Information about the Organisation.

1. How would you describe the organisation? (You may tick more than one).

Faith-based_____

Faith-related_____

Church_____

Church ministry_____

Charity_____

Non-profit_____

Private_____

Other (please specify) _____

2. Does the organisation serve mostly Christians? _____ Yes _____ No

3. If the service is based on a model used elsewhere, what is its source?

4. If the organisation has paid staff please describe in what roles they function.

5. If the organisation has voluntary staff please describe in what roles they function.

6. If the organisation recruits former clients please describe in what roles they function.

7. If you provide training to staff please describe what type.

8. Please describe what spiritual characteristics you look for in an employee or volunteer.

9. Which of these facilities does the organisation use? (You may tick more than one).

Own facilities_____

Church_____

Community_____

Private home_____

School_____

Other (please specify)_____

10. What links does the organisation have with the state ? (e.g. financial accountability, supervision of staff, membership of professional social work organisations).

11. Which of these are sources of funding? (You may tick more than one).

Church offerings_____

Private donations_____

Corporate donations_____

Investments_____

Government_____

Community trusts_____

Lotteries grants_____

Fees_____

Other (please specify)_____

12. Give an approximate breakdown of the age of clients by percentage.

Under 12 _____ %

12 to 18 _____ %

18 to 24 _____ %

24 to 35 _____ %

Over 35 _____ %

13. Give an approximate breakdown of the gender of clients by percentage.

Male _____ %

Female _____ %

14. Give an approximate breakdown of the ethnicity of clients by percentage.

European New Zealander_____%

Maori_____%

Pacific Islander_____%

Asian_____%

Other _____%

15. In what ways are people are attracted to the organisation? (You may tick more than one).

Referral by professionals_____

Referral by minister_____

Recommendation of former clients_____

Promotion in churches_____

Advertising_____

Brochures_____

Website_____

Other (please specify)_____

16. How would you describe the approach of your service? (e.g. protection or treatment).

17. Please describe the main issues your clients present with.

. Is your service specifically for people with substance use issues?_____Yes_____No.

19. If you teach abstinence from alcohol and drugs, describe how you do this?

20. How important is spirituality important to the work of the organisation?

1	2	3	4	5
Not at all		Somewhat		Extremely

21. In what ways do staff engage with clients? (You may tick more than one).

Prayer_____

Evangelism_____

Bible study_____

Invitation to church_____

Provide religious material_____

Spiritual care_____

Caring relationship_____

None_____

Other (please specify)_____

22. What services does the organisation offer? (You may tick more than one).

	12 – 18	18 - 24
Medical care	_____	_____
Detoxification	_____	_____
Assessments	_____	_____
Counselling	_____	_____
Psychotherapy	_____	_____
Residential care	_____	_____
Home care	_____	_____
Legal assistance	_____	_____
Welfare assistance	_____	_____
Maori health care	_____	_____
Referrals	_____	_____
Education	_____	_____

Life skills	_____	_____
Mentoring	_____	_____
Confidence building	_____	_____
Accomodation help	_____	_____
Family support	_____	_____
Training for work	_____	_____
Spiritual care	_____	_____
Spiritual development	_____	_____
Other (please specify)	_____	_____

23. How would you describe the service you provide?

24. How would you describe the role of God in the work of the organization?

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