

OUR TOTAL TASK

ADDRESS TO COMBINED STAFFS OF MELBOURNE DIOCESAN CENTRE AND BROTHERHOOD OF ST. LAURENCE BY ARCHDEACON G. T. SAMBELL.

*Conference Task List
16/3/62*

1. INTRODUCTION:

There are two reasons why I believe that such a conference session as this is necessary. Firstly because if an organisation works under the name of the Brotherhood of St. Laurence, or the Mission of St. James and St. John, or any other such church or saintly name, it does not necessarily mean that that organisation is a Church organisation. If I preface a sermon with a text, it doesn't necessarily stamp everything that follows as the Word of God. A name doesn't necessarily stamp an organisation as any different from a secular organisation. What, for instance, has the Brotherhood of St. Laurence got that the Citizens Welfare Service hasn't got? Do clergy of whatever denomination get any more intelligent co-operation and help if they ring the Brotherhood of St. Laurence, or are they made to feel, as I have been made to feel when I ring other organisations within my own church, that I am almost impertinent in expecting any help, let alone any special help.

The second reason leads on from the first, in that this conference is made up of parish priests, hospital chaplains, gaol chaplains, social workers, administrative staff, organisers, shop manageresses, drivers, salvage department staff, nurses, etc. etc. etc. We are all members of associated staffs in associated organisations, i.e. the Brotherhood of St. Laurence and the Melbourne Diocesan Centre, but is there, or should there be any further relationship than through an unfortunate common Director?

When I talk of social work in this address, I include every member of staff of the BSL as being involved in social work, whatever your job, in the widest sense I hope you realise that you are all sharing in the total task of the BSL.

2. PROBLEMS

(a) the historical development of the last couple of hundred years and what I call the over-specialisation of today, brings us to the first major problem. There was a time when society had fewer complications, fewer institutions, performed more functions. The Church, as one of these institutions, was indeed the mother of all philanthropy. Specialisation developed in many forms. On the institutional level of Church and State, the Church has more and more been pushed, rather passively, into the field of spiritual concern, the State taking over the so-called welfare and health services.

This, I know, is a generalisation, because there is still such a pattern in England, as, for example, Moral Welfare which is still carried on under the auspices of the Church and subsidised by the State. In America, the Churches have a vast organisation of health and welfare services, but even so, they only add up to something like one-third of the total health and welfare services of the nation. And America would object to be called a welfare state.

This secularisation of services in itself has taken three forms (a) the development of new secular agencies as independent community agencies, non-spiritual, non-state. (b) the taking over of services which have previously been performed by the Church, e.g. Police Court Mission in England which became the basis of the Adult Probation service of the State. (c) the other form of secularisation is that of Church agencies which have become secularised. They are still nominally Church agencies, they have varying proportions of their Boards nominated by the Church Authority, but apart from name, there would be little to distinguish them from the ordinary secular community agency.

Another aspect of specialisation has been, of course, not only the development of professional social workers, in the same way that medicine was developed as a profession apart and outside the Church. There has also been a development within professions of specialisations, e.g. Family Case Worker, Psychiatric Social Worker, Medical Social Worker, Personnel worker, so that specialisation has led, in turn, into this segmentation of professions.

Professional social work itself has developed out of humanitarian development of the 19th. century. It has developed from the feeling that a sincere desire to help people in need was no longer a sufficient qualification. This in some ways has led to an estrangement between church and social work in that the dedicated Church worker feels that his or her type of dedication is the only thing that matters and so suspects the professional social worker.

It was interesting to meet and to know, particularly in the United Kingdom and to a great extent in the U.S.A., the staffs of social work schools and social workers who so often are people from the parson's home or some other particular church background. I want to say here that the inspiration, I believe, has come from the Church, but we have reached a stage where the Church has lost its dominant position. There is, apart from some Church schools of social work - always Roman Catholic - in America, no place for religion in schools of social work and in the practise of social work.

The first problem that I have tried to underline is that here we represent the Church doing social work, but without knowing or using the resources of religion in its work and drawing our trained staff from schools where all training is secularised.

(b) The second problem confronting an organisation like the Brotherhood of St. Laurence as a church-related agency, is that it is identified both with the Church with its religious values and objectives on the one hand, and on the other hand with social work and its definitions of social values and objective. This, of course, is another way of saying that the over-all problem of the ultimate goal of all social work. If there is a common goal, of course, it would mean that objectives and values were the same in church and non-church agencies.

3. CONTRIBUTION OF CHURCHES

There are two main streams of argument about church involvement in social work. One, which I suppose can be called the Catholic argument, is that the Church must remain authoritative, total in its programme and approach, providing for and controlling every department of man. The other is the non-catholic approach which suggests that the involvement of the Church is to teach ideals and attitudes, to provide inspiration to its members who in turn impregnate social work and all other community functions with vision and purpose.

I would, I think, fall between these two schools and argue that the Church should be completely involved in the whole of man and man's welfare; that its task is more than spiritual; that God is just as concerned in matter as in spirit - in fact as C.S. Lewis said: "He likes matter, He invented it". However, in a strictly realistic situation, the Church is just not able to minister to the total needs of total man, but should be involved, as it is today in our hospital and gaols, through Chaplaincy services which are not extras tacked on from outside, but are provided and accepted by the State, as are almoners, as part of the healing team, all in partnership. I don't want to run Church hospitals so long as I can have a chaplain to be involve-d in a state hospital.

I still think there are some things that maybe the Church can do better than the State in the field of social welfare. The Church still has the task of pioneering and demonstrating what is God's will for man's welfare, and selling that to the State. This all adds up to what I do want to underline, and that is that I don't want the Church to run everything. I still think it has a pioneering role; I still think it must be in everything concerned with the welfare of man. This means doing more, of course, than merely inspiring individuals.

I am asking for on the salvaging side of the Church's work, the same role that it largely plays if it is doing its work effectively on the preventive side in and through an effective local church. A full programme of a local church as it ought to be, is a programme of religious education, pastoral care, social activity and community living. The local church should be a preventive social welfare agency, and I think the best that could exist in the community is doing its job. The local parson should have, and this is being more and more realised, a knowledge of personal counselling, whether for use through sacramental or non-sacramental confession; a knowledge of administration, he must be a teacher; he is still a priest who alone is called in moments of crisis or particular joy in the life of a family. I don't think for a minute that he ought to be a specialist in anything but that of his priestly task. But he should know what and why he refers anyone to a specialist when such a person is needed. He should know what and how to use the health and welfare services of the community, and possibly in rural areas, he has to be a specialist in many things, ^{in time} of special disaster or emergency.

Once, ho-never, a person becomes a problem, or is outside this pastoral care of the local minister, we evidently feel that the Church has missed its opportunity and is or must no longer be interested, or

else that it has nothing to offer. He goes to hospital, he ostensibly is in the care of the doctor or the psychiatrist. He goes to gaol and our main concern is that he is kept secure. He goes to a special welfare agency and even if that is a church related agency, it is not linked in the mind of the man as being organised religion. How often one hears people saying in the one instance how useless the Church is, and in the same breath what a wonderful job the Brotherhood of St. Laurence does. The agency feels its main concern are the psychological and environmental factors in the life of the client. The professional social worker feels, as the doctor until more recent years has felt, that they have all the answers. The parson could feel that the social worker was impinging on some of the traditional pastoral functions of the Church.

I think it interesting, and hospital chaplains could tell you much more than I, the development that has taken place in recent years in relationships in hospitals. Since the B.M.A. statement of 1946 giving the Church its part to play in bringing health to a person, more and more today one hears reference to the medicine of a person rather than the case that is in bed number so and so. What worries me is that the social work profession is still going through what the medical profession has come through, that in ministering to case needs we have to answer all needs. It is tremendously important that in all our thinking as parish priests, chaplains, social workers, that we never lose sight of thinking of the whole of a person in need of a total programme. Church agencies should be pioneering this approach.

4. PROBLEMS OF CHURCH AGENCIES

Problems of church agencies, as I see them, are:-

(a) STATUS. What is the place in relation to organised religion. Most of our Church agencies in Melbourne are already detached from Church - if not on a Diocesan level then on a Parish level where pastoral needs are found. I am not sure what is their status with organised social work. Many church agencies still frown on professional social work and so put themselves outside both organised religion and organised social work.

(b) We have to find out what contribution religion has to make to man's health, wholeness, etc. Just as I have often heard social workers say a parson ought to be a bit intelligent about counselling, have we got the right to expect social workers, not to be theologians, but to know the Church stands for a sacramental and a prayer life and to know something of the strengths of the Church. If we think a person needs psychiatric help we urge it. Why then, don't we urge on every one of our people the place of religion as part of the cultural pattern and the place of church fellowship as part of group activity.

The one argument in America is that public funds through Community Chests are limiting in the objectives they give to a social agency. I think it is an argument that holds no water for the Church or non-church agency in that I don't suggest we urge every case coming to the Brotherhood should be sent to an Anglican priest, but rather

that we relate people to denominational parsons. It gives religion its place without any denominational monopoly.

Don't for a minute think that I am urging the penitence form or the confessional as a pre-requisite for a meal ticket.

I have little to offer at this stage on means of identification. I merely think it is time the question was raised within a church agency, as to how, and even if there ought to be, identification.

(c) Social welfare must continue to play a more vital role in the religious programme of Churches, both in pronouncements and the demands for social action. Church agencies should be in the forefront, not in the name of humanitarianism, but in the name of Christ.

(d) The standards of social work as carried out by church agencies, should always be the highest, using top professional skills that should be related to a sense of vocation, because I believe skill plus vocation provides the only top standard.

(e) Roles and Goals. The role of the Church is to bring the individual to a knowledge of God. The role of social work is to help an individual to make an adjustment to society. I don't want to say that social work is anti- or pro-religion, I think it mainly operates outside religion, sometimes it even tolerates it, but mostly it denies its existence.

The social worker is suspicious of the church because they so often see the church's role in social work as bribing, through handouts of all kinds, people into the Kingdom of God. The church often looks upon social workers as being those people to whom they will refer inquiries of economic aid, legal aid, child placement, housing, etc. but never any referral involving counselling of any kind. The church can well wonder whether they can trust the agency to retain the spiritual interest that is already aroused in the client, but can be completely taken over if the agency feels it has the whole situation and has all the answers outside the Church,

"In an attempt to find a comparable relationship some persons have turned to that which exists between the social workers and the medical profession.

There is a curious contrast between the caseworker's contact with the medical profession and her contact with the church. In the first instance she gives what aid she can to the physician without presuming on his professional prerogatives, but as she goes back again and again, not only depending upon the medical profession to carry its responsibility but insisting that it do so

This type of relationship is not carried out, however, between the social worker and the church.

Admitted that the spiritual problems in any given family are not as aparent as are health or environmental difficulties, the symptoms, such as laxness in church attendance, indifference to the religious

training of children and the like certainly are observable. There would seem to be no excuse for not insisting in a perfectly courteous yet firm manner, that the church carry its responsibility in exactly the same manner as is taken for granted in our contact with the medical profession.

The comparison of the relationship of the social worker to the physician and of the social worker to the minister, illustrates the different goals which are held by the social worker and by the physician. Physical health is within the social worker's professional frame of reference. It is a goal which is given value by its training and is prescribed as a necessary step in the adjustment of the individual to society. The social worker, on the other hand, as a social worker, does not have as a goal the relating of the individual to God. An adequate adjustment on the part of the client, from his point of view, might or might not include any religious conviction or church activity. Insistence on religious behaviour, in most instances, would be thought by professional social workers to be an infringement on the personal liberties of an individual. An adequate spiritual adjustment might be the adoption of a working philosophy which would allow the individual to relate himself to the social order in a way which would not be destructive to himself or society. Any suggestion, then, that the social worker pay attention to laxness in church attendance or indifference to the religious training of children would not be accepted by them except as a method of treatment if suggested by the client-family. Both social workers and the churches accept the goals of the physician. Social workers and the churches may have some goal in common but they do not share all goals".

Under role and goals one really has to say that to the Church the standard of reference is God, to the social worker, psychiatric and environmental factors. Where do these meet in co-operation.

(f) What should be the aim of the church-related social work agency?

(i) A Christian philosophy concerned with persons made in the image of God. Therefore techniques are not ends but merely tools to the end of making whole such persons.

(ii) All workers become a channelling agent, not the source of healing power which belongs to God.

(iii) As we expect a person to be aware of the role of the social worker, so in the church agencies we should expect all workers to be aware of the role of the church.

(iv) There can be something very humanitarian and evil in feeling that we are our brother's keeper. It can suggest personal satisfaction to those who keep their brother, and in keeping, it can suggest loss of self-respect and dignity in the brother we keep. We should rather think of being our brother's brother, being thankful whatever our job, for the opportunity of being able and having the opportunity through the organisation to help our brother who is made in the same image of God, and therefore we help in all humility.

SOME QUESTIONS

- (a) Can the B.S.L. best continue its work as at present meeting the needs of all who come to us as they define their needs? Would the Brotherhood of St. Laurence do a more effective job if it tried to do even more intensive work with fewer people but bringing all resources to bear on these fewer cases?
- (b) Is it possible to set up an experimental team of chaplain or parish priest, psychiatrist, physician, social worker, to pick out half a dozen cases and to deal with the whole situation - whole including spiritual, moral, social, environmental factors?
- (c) Can we as an organisation serve the gaol chaplain or the priest in charge of local parishes or can they in turn serve the B.S.L.?
- (d) Should all initiative for social work needs come from more intensive pastoral work in which chaplains and priests initiate referrals and social workers assist in pastoral work rather than become key people.
- (e) What is our view of the following motivations:
- " (i) Christian charity, and pastoral concern of the church for its own people.
- (ii) An evangelistic hope that the religious life of the individual cared for will be nurtured and strengthened and that he may be encouraged to join the church if not already a member.
- (iii) A broadly humanitarian and democratic concern for the needs of people and the improvement of society, which provides service surely in terms of need.
- (iv) The professional attitude of performing a given service or function in the way most satisfactory and beneficial to the client and the community".

(Listed by Dr. A. R. Pepper,
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