

A Tale of Two Churches:

The Development of a Congregational Assistance Program

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ABSTRACT

Drawing upon principles of Employee Assistance Programs a variation, a Congregational Assistance Program. was piloted in two churches, one urban and one rural in Ontario, Canada. The developmental processes of a faith inclusive external counselling service with no direct cost user fees is discussed highlighting the distinct issues addressed by each congregation. Despite uncertainties, the use of the program for a range of personal issues exceeded utilization expectations with the program's ease of access, confidentiality and lack of fees sighted as significant factors.

Key words: Congregational Assistance Program, counselling, church, case study, Canada

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Introduction

Employee Assistance Programs (EAP) are an entry point for millions of workers and their families for the prevention, examination and resolution of personal, social, psychological and health issues. EAPs expanded throughout the 20th century from an initial focus upon alcoholism to include psychoactive drugs to slowly incorporating the range of issues that affect all individual and families; emotional problems, marital relationship concerns, child and elder care, legal and financial problems, sexuality, violence, along with the entire range of addiction and compulsive behavior issues (Csiernik, 2009). EAP services have come to be delivered through a range of options in including the use of peer supports and self-help groups, on site professional providers, consortium models employing off site third party counsellors as well as large external third party counselling agencies and networks (Csiernik & Csiernik, 2012). While there are exceptions to the rule, the majority of Canadian EAPs exist within larger, urban and unionized work forces (Macdonald, Csiernik, Durand, Rylett, Wild & Lloyd, 2006).

The changing social and economic landscape driven by neoliberalism policies that began in the 1990s and that has escalated in the 21st century have as one of many unfortunate outcomes reduced the provision of social services in the community while increasing the need. This devolution has had a negative impact upon social welfare programs and how counsellors are able and not able to deliver services in the community, with extensive waiting lists becoming the norm and some services no longer being readily available (Gainsborough, 2003; Schneider & Netting, 1999; Tickamyer & Henderson, 2010). Likewise, faith communities have been impacted by these regressive changes necessitating the development of different ideas on how to better serve congregational members who historically relied

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upon clergy not only to minister to their spiritual needs but also to address their psychosocial issues (Sherwood, 2003).

Different delivery routes as pioneered by Employee Assistance Programs have been considered by groups. One proposed route was the introduction of counsellors directly into faith communities, to complement the parish nurse concept with that of a parish mental health professional (Cohen, Weis, Schank, & Matheus, 1999; Ebears, Csiernik, & Bechard, 2006; 2008a; 2008b; Schank, Weis, & Matheus, 1996). Another option was to view each congregation like a small workplace and to offer a counselling resource provided by a third party external private provider that any parishioner could access confidentially and anonymously with no direct cost, a Congregational Assistance Program (CAP).

Developing a Congregational Assistance Program

In 2005 the Executive Directors of two Ontario faith-based mental health organizations sought to develop a creative means of offering faith-based psychotherapy services to congregations and their members. Numerous pastors and pastoral care leaders had expressed to the two directors their frustrations about difficulties in encouraging parishioners to seek psychotherapy services. Some of these pastoral care leaders, themselves identified that at times they too felt overwhelmed and less than qualified to deal with some of the challenging personal and mental health issues presented to them, an issue that has been discussed extensively in the academic literature (Bricker & Fleischer, 1993; Francis, Loudon & Rutledge, 2004; Miner, 2007) At the same time, issues of stigma, combined with the shame of asking for financial support if needed, seemed to serve as significant obstacles for parishioners to receive necessary community-based counselling support.

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In the context of that expressed need, the Executive Directors developed the concept of the Congregational Assistance Plan (CAP), a method of service delivery for congregations based upon the EAP model of delivering brief solution focused psychotherapy services but adapted to fit a congregational context. Those seeking assistance would typically be eligible for up to six sessions, with the provision for additional support as clinically determined. With CAP, a church purchases for all of its congregants counselling sessions for a fixed annual fee that is based upon the number of households and a set anticipated utilization rate. Counselling services are provided by local psychotherapists but coordinated through a central service provider. Parishioners call a toll-free number and state to which church they belong. The parishioner describes their presenting issue and their preference as to the gender of the therapist to an intake worker who then contacts an appropriate provider in the parishioner's community, sending consents for the client to sign and then having the chosen counsellor directly contact the client to make an appointment. Each provider in the network has a minimum of a Master's Degree in psychotherapy or related counselling field, belongs to a recognized professional association that follows prescribed ethical guidelines, provides evidence of current professional liability insurance, and is able to articulate the integration of their faith with their clinical practice. In 2006 the Shalem Mental Health Network, based in Hamilton, Ontario piloted CAP, beginning with two churches. In 2007 the pilot was expanded by an additional three churches. This case study provides a profile of the inaugural two churches experiences with the CAP program.

Church Profiles

Both churches involved in the pilot study belonged to the Christian Reformed Church (CRC) denomination which emerged from the Protestant Reformation. The CRC is governed by an ecclesiastical structure involving a Council, local assembly of the church, Classis, regional assembly,

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and the Synod, bi-national Canada and USA assembly. The CRC's origin is in the Dutch immigrant community with the denomination being Calvinian in theology. In addition to regular weekly worship services on Sundays most churches offer a wide variety of outreach ministry programs during the week and direct collected monies to go to needs outside of the congregation, through denominational and local giving.

Rehoboth CRC, Bowmanville, Ontario

Rehoboth CRC is located in Bowmanville, Ontario, a small town rural community approximately a 40 minute drive east of Toronto. Rehoboth is considered to be large in size, between 151-350 persons in membership. Ethnically it is relatively homogenous with the vast majority of members being of Dutch ancestry. In 1949 the church began meeting with approximately 30 families, growing to 181 families by 1952, and by 1964 having a church membership of nearly 1,300 people. This rapid growth was due to the influx of immigrants from the Netherlands who had settled in the area which led to the development of a second church in 1964. In 2005 Rehoboth initiated a church plant, which continues to flourish and has become the third CRC in Bowmanville. When the CAP was initiated Rehoboth was without a full-time pastor and in the process of seeking to fill the vacancy. Due to various challenges met by the church over the past several years, there has been a decline in total membership. The church has however continued to be active in providing programs to nurture its members with a particular emphasis upon youth.

The church's mission is to "nurture the faith of the covenant community through regular preaching and teaching of God's Word so that all its members are equipped to bring this transforming power of the Gospel into every avenue of daily life"(Rehoboth Christian Reform Church, n.d.). Rehoboth has developed many outreach programs open to the community including Coffee Break for

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new believers, and Gems and Cadets, which is also open to and attracts many boys and girls from the local community. The congregation has also established a community partnership program for Teen Education and Mothering, and it partners with other local churches to provide fellowship over dinner to people who live alone or would like to share a meal. The youth and adults from the congregation have also participated regularly in disaster response both locally and abroad.

Grace CRC, Scarborough, Ontario

Grace CRC is a medium-sized urban church, 75 to 150 members located within the City of Toronto, which is known to be the most internationally diverse city in the world. This has influenced Grace's mission which is "to call people to become devoted followers of Jesus Christ and to equip Christ-followers for service in the church and in the world" (Grace Christian Reformed Church of Scarborough, n.d.). Grace was incorporated in 1967 and as immigration has grown in the community, Grace has also grown in cultural and economic diversity. The current congregation is comprised of approximately 40% who are Caucasian, with the other 60% being individuals from a range of cultural backgrounds, including Chinese, Sri Lankan, Indian, Filipino, Indonesian and West Indian. Presently members of the church represent 20 different countries of origin.

Grace is characterized by its friendliness and acceptance, but also by vibrant worship and supportive fellowship. Like Rehoboth, Grace has also extended its hand of support to the community through an Out of the Cold program, Habitat for Humanity, and international relief and development initiatives. A unique aspect of this church is that they operated a Christian school, located on their property, for a number of years. The school has since been converted into a day care centre and continues to be used extensively by community members.

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Due to the multicultural composition of the congregation, the church has encountered some challenges, such as language barriers that impact communication at times, differences in how schedules and promptness are adhered to, differences in decision making/worship style and music preferences, expectations of a pastor, how roles of family members are understood, and views of morality. In response to its cultural diversity, the church has added additional ministries to their core programs, including an ESL Café, a home Bible study for those new to the Bible, multicultural potluck suppers, relationship building events and some non-English worship contributions.

Church Involvement in CAP

Rehoboth and CAP

In 2006, Rehoboth CRC in Bowmanville started to provide CAP to its congregants, which was the same year that they took on a new, first-time pastor. As the pastor of a large congregation, the new minister expressed being very pleased to have CAP at Rehoboth and came to rely heavily upon it, knowing that he could direct people to this resource as needed and that services would be readily available. Representatives from Rehoboth stated that they were keen to learn about a ministry that would provide counselling to congregants at no cost to those using the services, and that would not require the approval of use by the pastor or Church Council. They felt sure that the cost of counselling had previously been a barrier for many and that anonymity was also a significant factor. Cost to the church and the impact upon the budget was the congregation's only hesitation. Funding for CAP was initially achieved through offertory donations within the church outside of the church's annual budget. After the pilot phase of two years, however, the costs of CAP were gradually incorporated within the core church budget.

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CAP began at Rehoboth in February, 2007. Usage was high only four months into the program, and Rehoboth finished its first twelve-month contract with a utilization rate of 17% of church families, far exceeding the initial utilization prediction of 5%. However, during the pilot phase the program provider, realized that it was making a crucial error in its formula structure. By using “families” as the foundation of the formula, Shalem was bypassing altogether “singles” in the congregation, all of whom could access CAP. Shalem learned that Christian Reformed churches do not include “singles” in their membership calculations, only “families”, due to the structure by which individual churches are assessed ministry dues by the denomination. As a result, utilization rates were likely skewed high, though determining accurate utilization rates has also been an ongoing issue in the EAP field (Csiernik 2002; 2003; Csiernik & Csiernik, 2012). A further issue was that this formula could not provide a true comparison to EAP utilization rates, which count “households” rather than families. In mid-2008 a decision was therefore made to use “households” to calculate utilization rates using “households” rather than families (see Table 1).

The church noted that it had been helpful for them to receive from Shalem quarterly reports during the year, which included non-identifying information about the number of families and individuals who sought counselling support through CAP, numbers of sessions attended, names of therapists who saw CAP clients and the general categories of presenting issues that were reported (Table 1 and 2). They noted that this information provided the Pastor and pastoral care leaders a helpful picture of the kinds of issues with which the congregation was dealing. Rehoboth also received direct feedback from some individuals in the church who wished to voluntarily share their experience of using CAP. What they heard was very positive, including an appreciation for the availability of this ministry and for how the services had been helpful to them.

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The Rehoboth leadership and congregation noted that the promotion of CAP to create awareness had been crucial. This was done through the creation of church-specific brochures that were distributed to each household and by displaying posters in various areas around the church building, just as occurs when a new EAP is launched in a workplace. To their weekly bulletin template, the church also added Shalem's toll free phone number to facilitate access to CAP intake services.

Some of the advantages of having CAP identified by Rehoboth stakeholders were the ongoing availability of counselling support services to church members and encouraging early or preventative use before issues become overwhelming. After the church's initial two years of CAP, utilization had stabilized, which was in part a reflection of some concerns being addressed before reaching a crisis point, and thus also requiring fewer counselling sessions.

Members of the Rehoboth congregation also expressed gratitude for the partnership of Shalem in managing this ministry, in that they were able to direct all associated administrative and clinical queries to one central source. Although membership in the church has declined over the past several years, the usage rate of CAP and the value placed on it has not fallen.

Grace CRC, Scarborough

Late in 2007, Grace CRC in Scarborough also joined the CAP pilot group. Quoting from the Scripture passage of Luke 9:2, "Jesus sent his disciples out to preach the kingdom of God and to heal the sick", the Pastor shared that he had often asked how we in Canada can do more in the ministry of healing the sick, noting that we should do more in the church than listen and send a person away wishing them well.

Grace representatives noted that they meet very hurt, wounded people in their congregation. They recognize that they provide an important ministry of pastoral care, through listening and prayer,

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but that they are not equipped to provide professional counselling. They also recognized that those who are struggling emotionally and psychologically are often struggling financially and therefore not able to afford counselling support particularly Christian counselling services which tend not to be financially subsidized in any way. As a caring community, the church would encourage hurting members to approach the Deacons for financial assistance, but concerns of confidentiality or shame kept many from following through. The pastor at Grace noted that the result was that too often the struggling person would not receive the kind of help he or she needed. This in turn resulted in more long term pastoral care for him. Increased frustration would set in as the pastoral care team wished they could do more. When learning about CAP, the church leadership felt that this new initiative could be a very promising solution to these dilemmas and frustrations.

Since signing on with CAP, Grace has kept CAP information brochures and posters readily available in both central viewing areas and in washrooms where a person might take a copy without being seen. The pastor and the Elders also keep a CAP information brochure on hand when meeting with people to provide pastoral care, so when faced with a situation where professional counselling may be needed they are able to provide people with the contact information.

Using CAP has eliminated the problem of confidentiality and the financial barrier. Grace representatives expressed also being pleased with the selection of approved qualified therapists, having included therapists with a diversity of ethnic backgrounds to eliminate other possible barriers to someone finding the help he or she needs. Representatives stated that having CAP as a counselling ministry at Grace has allowed the church community to now do more in its ministry of healing and caring for one another.

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Congregational Assistance Program Outcomes

As part of the CAP service quarterly reports are provided to designated church representatives who serve as both contacts and administrative link between the service provider Shalem and their church's CAP ministry. At least one of these individuals is a member of Church Council so that the report can be included as an agenda item for the quarterly report to Council.

i) Utilization

CAP at Rehoboth began two years prior to Scarborough Grace. With both churches initial program utilization was estimated at five per cent and in both cases initial demand far exceeded the anticipated use of the program. Even with a change in calculating utilization rates in 2009, with the exception of one year, the ongoing use of the program has consistently exceeded the expectation of five per cent per annum (Table 1).

ii) Problem Profile

Family and marital issues were the primary presenting problems between 2009 and 2011 at both churches with this representing two thirds of the cases at Rehoboth and 50% at Scarborough Grace. Mental health issues including depression, anxiety and addiction were more of an issue among those accessing the program from Scarborough Grace whereas more individuals from Rehoboth presented with issues pertaining to bereavement, trauma and anger. Overall, the patterns reflect those one would anticipate seeing in a report from an Employee Assistance Program with the exception of the low number of addiction and gambling issues.

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iii) Client Feedback

Every CAP client is provided a client feedback form at the conclusion of their counselling. During the pilot phase a two-page paper form was developed and given to clients by the counsellor with whom each individual, couple or family worked. Unfortunately, feedback received was minimal so in 2011 administration of the feedback form was changed to an electronic delivery method in an attempt to enhance the response rate. However, in 2011 only 19 quantitative responses were obtained and thus the utility of the information remained limited. None the less the feedback that was obtained was overwhelming positive from those who used the program. Using a ten point scale with one being extremely satisfied and ten poor, program satisfaction was 1.5. Survey respondents ranked having gained insights into their problem and their relationships as 1.2 while reporting an increased ability to cope (1.4). Every respondent indicated that they would recommend others use the CAP if the person faced a similar problem as they had.

Upon examining the qualitative feedback, the most common response that emerged from was the gratitude expressed by clients to their churches for deciding to provide this service.

The CAP program is a great idea. Making the decision to seek counselling can be difficult.

Then trying to find a Christian counsellor and find the funds to pay for it make the decision even more difficult. CAP makes counselling easily accessible.

Very useful to people like me who need this service and (for whom) money is part of the problem. Without this service/help financially I would not be able to get the help I need to move on. Very much needed and appreciated in my church.

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I was given much time to be able to “just talk it out”, which I appreciated and needed.

Although I felt I needed more, I still would recommend and promote the CAP for our church. I firmly believe that it is an essential program.

A second theme was gratitude for Christian-based counselling support.

I felt very comfortable talking with (counsellor name). She quoted several Bible verses which were most helpful. She closed our last session with a beautiful prayer. I would like to thank our church and CAP for this available counselling program.

I was very happy that she (counsellor) was a Christian and that she prayed with me and for me. Her counselling was done with God and the Bible which also helped with my walk with God. And I thank God that He sent me to her and put her in my life when I needed someone to help me.

I feel very blessed that (the therapist) and I seemed to connect right away. I experienced her as a very good listener, fine encourager, with wise judgment and lots of empathy and a good sense of humour. She asked very though provoking and challenging questions – worthy of a seminary essay assignment! At each session we talk freely and openly about our faith journeys – and each session ends with a scripture reading and prayer. This is exactly the kind of counseling and support that I need.

A third common theme was gratitude for the quality of service received.

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Excellent sessions. I am very impressed with the knowledge and wisdom (my counsellor) provided.

(The counsellor) was amazing and was always supportive. She helped me find insight into my issues and I looked forward to my visits with her. She gave me the confidence and security I need to face the next day.

Sessions were very helpful. I feel calmer and more balanced. It taught me also to take more distance from my family problems. I feel great now. THANK YOU.

In summary, clients responses indicated that program participants felt much gratitude for having access to counselling, for receiving a faith-based service, and for and the professionalism of the counsellors.

iv) Church and Service Provider Feedback

In addition to the client feedback survey that had been administered since the commencement of the program, in 2011 Shalem implemented two additional survey tools, in order to invite regular input from both the churches who offered CAP and the Service Providers who provided the direct service to clients. Through this process it was learned that while the churches recognized that they previously had been providing financial assistance to help cover the cost of counselling services for congregants on an individual as needed basis, CAP was in fact a superior method to help provide access to counselling, as some would not have otherwise requested that assistance. CAP was viewed as a substantive means to supplement the pastoral care role that churches have with their congregants. Despite the program's anonymity, several program clients had mentioned how they have benefited from CAP and Elders and

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deacons in general were pleased that they have this free service available for referral.

While I know very little as to specifics regarding who in our congregation is making use of CAP, often I get the impression that people are very happy it is available. CAP is a very concrete way we can be a caring church family for one another.

Conclusion

This paper has offered an overview of a new counselling initiative, a Congregational Assistance Plan, as adopted by two forward looking churches that were searching for innovative mechanisms to further enhance the wellness of their congregations. What is of particular interest is that although the two churches were quite different not only in their location but also in their history and congregation composition, one being a larger church with a homogeneous congregation, located in a small town community while the other was a medium sized urban church with a heterogeneous congregation, the feedback from both churches was very similar. CAP was very much appreciated by both the leadership of the churches and by their parishioners.

Although there were a number of limitations to this case study, highlighted by the difficulties in obtaining adequate client satisfaction data, an issue not unique to this new form of offering counselling (Csiernik, Birnbaum and Decker Pierce; Gaston, & Sabourin, 1992; Walsh & Lord, 2004), the feedback and data generated suggests that the CAP was a useful resource. Given that the psychological needs of the churches profiled may well represent similar needs of other churches and in other denominations it was hoped that CAP's strong start would continue so that this service option could be promoted to other churches as a meaningful way to enhance the lives of their members. The goal would be to create a substantive program that could be easily adopted by additional churches not only within

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Ontario but across Canada and that the findings of the case studies would contribute to that growth.

However, during the course of the pilot study and based only upon anecdotal feedback, an additional 20 churches adopted a Congregational Assistance Plan as described here. To this time, not one church that has implemented a CAP has withdrawn from the program.

The results of this initial examination of the two CAPs will also serve as a base line on which to build on future research and program development initiatives, along with providing more concrete information to assist churches who may be considering CAP as a service option for their parishioners. Future research goals include examining CAP impacts on meeting the emotional needs of congregational members and developing much more rigorous outcome data.

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