



UNDERSTANDING THE COMPARATIVE EFFECTIVENESS OF FAITH-BASED AND SECULAR SOCIAL SERVICE ORGANIZATIONS: A SUMMARY

**The Roundtable on Religion and Social Welfare Policy
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Religiosity — seen as attending religious services or being brought up in an observant home — has been shown in a large number of studies to be associated with better health outcomes, as Byron Johnson has helpfully summarized. But little research has been conducted to test the effectiveness of what has been termed intentional or programmatic religion — the engagement of religious groups and aspects of faith in services intended to resolve social problems. The few studies that have been done on faith-based social services typically do not cover enough organizations to support quantitative analysis, and they focus on small geographic areas and narrow services.

These studies also generally neglect to control for differences in who providers serve and how; for variation in the economic and governmental contexts in which they operate; and for the separate effects of individual religiosity and programmatic religion, all of which may affect results. No comparative study has examined how changes in organizational effectiveness relate to the many ways in which faith may affect service providers. In short, hard evidence has been lacking that would enable policymakers to know what's at stake in deciding whether to make human service systems more, or less, accessible to faith-based organizations (FBOs) — a topic of considerable debate in policy and legal circles.

A religious connection may interact with many aspects of service organizations. Religion may influence the leaders and staff organizations recruit, the people they serve, their location and connection with the community, and the ways in which they deliver services. To understand the influence of faith on organizational effectiveness, we need to trace how faith affects organizational activities or capacities, and how these alter effectiveness. Because the research to date has so little to say about how faith influences organizational effectiveness, it is critical to design studies that uncover these connections between faith, organizational behavior, and service effectiveness.

The Rockefeller Institute's Roundtable on Religion and Social Welfare Policy has sought to build this literature by examining the effectiveness of faith-based social service providers in several specific service areas.

- ❖ Our study of interim housing programs in Michigan found that FBOs were more likely to focus on values, treat their clients in a more comprehensive manner, and be perceived by their clients as more caring. Terms such as “loving,” “nurturing,” and “helping” were used to describe caseworkers in programs that scored high in faith integration. However, some recipients felt there had been too much intrusion in their personal lives, and the degree to which faith was involved tended to depend more on the front-line workers than it did on the programs themselves.
- ❖ We found that faith-based contractors involved in a New York City program designed to help individuals who had lost their welfare benefits because of compliance problems had a difficult time making contact with the majority of the targeted group — many of whom had moved or were living in shelters after losing their welfare benefits. But once a client was reached, the success rate among the FBOs was, on average, half-again higher than anticipated, while certain individual FBO programs scored two and one-half times better than expected.
- ❖ A set of case studies comparing faith-based to secular providers of drug treatment programs in the Puget Sound area, homeless housing programs in the state of Michigan, and parenting programs in the state of Mississippi found that there were more similarities among service providers than the debate rhetoric would suggest, but some distinctive attributes as well. FBOs tended to serve more troubled clients and for longer periods. They — particularly groups with high levels of faith integration — tended to view their service as a moral endeavor, a process of client change involving “transformation from the inside out,” rather than one of imparting technical skills.
- ❖ We compared program characteristics and performance, based on multiple measures, among a large number of “church-related,” other nonprofit, and government-run nursing homes and home health agencies located throughout the country. Substantial differences were found: Church-related providers had fewer deficiencies and better patient outcomes on average than other forms of service providers.

Our flagship project on comparative effectiveness — which is now underway — involves an unprecedented study on substance abuse treatment services.

The purpose of the project is to understand whether and how religiosity in substance abuse treatment programs — defined in terms of frequency and range of expressly religious activities in treatment programs, institutional connections between religious institutions and treatment programs, and religiosity of program staff — increases, decreases, or has no impact on the effectiveness of such programs in treating patients with substance abuse problems.

In addition to estimating whether faith-based substance abuse treatment programs are more or less effective than those conducted by secular agencies, the study is designed to determine how effects occur, i.e., whether through:

- (1) *Impact on general effectiveness of the program:* Religiosity may influence characteristics of the program that in turn affect the effectiveness of programs for most clients, regardless of their religiosity. These characteristics — such as staff commitment, service range, community ties, and strength of relationships with cli-

ents — may also occur among secular programs, but faith-based elements in the program may increase the probability that such characteristics are found.

- (2) *Resonance with religious clients:* Religiosity may permit programs to respond more fully and effectively to the faith-related understandings and needs of those individuals in recovery programs for whom religion is already important, i.e., prior to admission.
- (3) *Transformation or conversion:* By creating or strengthening religious belief and practices among persons in recovery, faith-related programs may enhance individuals' capacities to make fundamental changes in their lives.

To test these different pathways, the study will, among other things, estimate whether and how substance abuse treatment programs characterized by different levels and forms of religiosity produce different experiences for clients enrolled in the programs; how these different experiences for clients relate to changes in client attitudes and behavior, including intensity of religious beliefs and practices; understand how changes in religious attitudes and behavior relate to changes in client outcomes; and learn whether and how religiosity in substance abuse treatment programs affects some clients more than others.

The first phase of this project focused on understanding the role of religion in state-certified substance abuse treatment and recovery support programs. Data sources included a phone survey of all substance abuse treatment programs and recovery support agencies in the study area; extensive structured interviews with program directors of secular as well as faith-based treatment programs and recovery support agencies; interviews with clients of ten of the surveyed programs, including faith-based and secular agencies; and extensive administrative data on clients including information on the services they received, the durations of their treatments, client characteristics, the severity of their substance abuse problems, and client outcomes at admission and discharge. We found extensive variation in faith-related characteristics among publicly funded programs, and reasons to believe that the variation may affect client experiences in treatment and eventually client outcomes.

Phase II of this study, now underway, involves voluntary random assignment of publicly funded substance abuse clients to different groups of programs operating in their communities. This randomization will produce theoretically equivalent groups of clients at the time of enrollment: one group (the treatment group) will be assigned to faith-intensive programs (i.e., those with extensive faith-related activities); another group (the control) will be assigned to secular programs (i.e., those with neither strong institutional connections to faith-based organizations nor faith-related activities during the course of treatment). Because of the random assignment, the research design will provide unbiased estimates of differences (when measured during the pre-test and post-tests at 3, 6, and 9 months following treatment) between clients in the treatment and control groups with respect to client outcomes, experiences, attitudes (religious and otherwise), backgrounds, and other client characteristics or changes.

The client outcomes to be assessed in the study include those outcomes that are traditionally considered in research evaluations of the effectiveness of drug treatment including: a) sustained abstinence from drug use; b) criminal activity; c) independent living; d) employment; and e) completion of treatment goals and/or length of stay in treatment. Added to the list of traditional outcomes

are marital status and stability, family functioning, continued involvement in the child welfare system, connections to community-based resources that promote recovery, and quality of life.

Estimating the relative effectiveness of faith-intensive and secular drug treatment programs and discerning how differential effects occur has several possible policy implications. First, by better understanding how certain types of programs benefit certain types of people, it may be possible to match client characteristics to program characteristics to improve long-term outcomes. Second, the study might be able to identify certain practices associated with faith-intensiveness that are associated with good outcomes that are transferable to secular programs (e.g., finding that increased access to community-based resources promotes long-term abstinence). In such a case, increasing religiosity of programming might not be as necessary as increasing connections to the community post-discharge from treatment.

If clients enrolled in faith-intensive programs are more likely to strengthen their religious beliefs and practices, and if increased religiosity among clients produces better client outcomes, then public agencies would better understand the advantages of having faith-intensive services available to clients. If, however, faith-intensive substance abuse treatment providers are more effective than others, not because clients strengthen their religious beliefs and practices, but because they experience less staff turnover as a result of high levels of staff commitment, then more attention can be paid to increasing the stability of the client-counselor relationship over the course of a treatment episode across all types of providers.

By learning more about the context in which religiosity occurs in treatment programs, we can inform policymakers about the roles of individual choice and neutrality in faith-related activities, which have been important criteria in federal court decisions in recent years when resolving constitutional questions about the application of the First Amendment of the Constitution to the delivery of publicly funded services.

We expect to report our findings by next fall, and look forward to doing our part to inform this important policy debate.