Social Work, Religion and Belief: Developing a Framework for Practice

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Abstract

This article explores the need for a framework that will assist social workers to identify when religion and belief are significant in the lives and circumstances of service users and how to take sufficient account of these issues in specific pieces of practice. It outlines the Furness / Gilligan framework and suggests that such frameworks should be used as a part of any assessment, while also being potentially useful at all stages of intervention. It reports on feedback gathered by the authors from first and final MA Social Work students who were asked to pilot the framework. It analyses their responses, in the context of national and international literature. It concludes that such a framework provides the necessary structure and challenge to assist social workers in acknowledging and engaging with issues arising from religion and belief that otherwise may remain overlooked, ignored or avoided, regardless of how significant they are to service users.

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Introduction

Despite the explosion of interest in issues related to religion, belief, spirituality and social work during the past five years, research consistently suggests that most social workers and related professionals experience considerable difficulties in identifying and responding appropriately to the religious and spiritual needs of service users (Furness, 2003; Gilligan, 2003,
There are, however, many reasons why it is important that social workers and others need to develop their understanding and awareness of issues of religion and belief, but some indications are that they are unlikely to do so unless provided with relevant tools. In the authors’ view, most social workers are insufficiently engaged with reflection on their own values relating to religion and belief and insufficiently aware of models that provide a base from which to build and develop a sound framework for culturally competent practice.

Two decades ago, Canda (1989), in the USA, emphasised that regardless of any conflicts they may feel, social workers need to respond to differing religious and spiritual needs and to understand a variety of religious and spiritual issues if they are to provide an adequate service to those for whom religion and spirituality have significance. Twenty years later, in Britain and elsewhere, there appears to be an increased willingness on the part of some professionals to recognise not only the need to grapple with such issues, but also the need to explore ways in which this can be done more systematically and with greater effect.

This need for a framework is also apparent from research across several related professions. Gerrish et al. (1996), for example, carried out research in England to find out the views of nursing students about their preparation for practice, particularly in respect of working with people from diverse backgrounds. In that study, students generally felt ill-equipped to meet the needs of the local communities in which they worked. Furness (2005) found that social work students held anxieties about a range of issues prior to assessed placements that included appearance/appropriate dress, arrangements for prayer and the attitude of service users towards them. Gilligan (2005) interviewed practice educators (i.e. those who assess social work students’ practice competence on placement) and reports that little attention was given in supervision to exploration of religious views even when the practice educator or student was known to be affiliated to a religion. He speculates that they lacked confidence in their skills to deal with such issues to the extent that they avoid them, but emphasises that student social workers are unlikely to develop qualifying competence if they and their mentors ignore matters that shape their understandings of and responses to events and people.

Indeed, one aspect of professional competence is an appreciation and understanding of the part that religion and spirituality play in people’s lives. For example, those affected by ill health and life crises may turn to religious or other belief systems as ways to support and comfort them in times of need, especially when conventional health treatment has failed to cure or aid recovery. As a result, health and social care practitioners are beginning to investigate how tapping into their religious or spiritual beliefs can contribute to helping individuals deal with serious health and social issues over the life course (MacKinlay, 2001; Purnell and Paulanka, 2003; Sue, 2006; Cox et al., 2007).
At the same time, contemporary social work aims to demonstrate respect for all communities and groups and to work in equal partnerships with people rather than imposing values on them. This is not to say that any set of values and views should be accepted without question, especially where they promote behaviours and actions that are oppressive and damaging to self or others, but it does require open-mindedness and reflection. Effective communication skills are vital not only to build up relationships, but also to facilitate positive appreciation of difference. Social workers need to challenge themselves, to be open to challenge from others and to recognise the potential for possible misinterpretation. It may be helpful to break down communication into two components. The first requires an understanding of cultural values and rules, behavioural patterns and verbal and non-verbal cues to allow effective engagement and interaction with others. The second requires self-acknowledgement of anxieties and fears that may interfere with relations with others (Gerrish et al., 1996).

**Models for cultural competence**

There is a growing body of literature written predominantly for health professionals and more recently for social workers about the importance of developing and incorporating cultural and spiritual sensitivity and awareness in their work with others (Leininger, 1978; Loewenberg, 1988; Campinha-Bacote, 1994; Fernando, 1995; Pargament, 1997; Canda and Furman, 1999; Henley and Schott, 1999; Hodge, 2001, 2005; Scales et al., 2002; Purnell and Paulanka, 2003; Sue, 2006; Laird, 2008; Gray et al., 2008; Stirling et al., 2009).

The models available are predominantly of two types: reflective models that try to help the practitioner to develop relevant skills and awareness in general terms (Howell, 1982; Campinha-Bacote, 1999; Green, 1999; Papadopoulos, 2006) and assessment models that try to aid in the collection of information and the understanding of specific service users’ strengths, needs and circumstances (Isaacs and Benjamin, 1991; Purnell and Paulanka, 1998; Hodge, 2001, 2005; Hogan-Garcia, 2003).

Both types of model recognise the importance of individual practitioners being interested and motivated to engage and find out about others’ lifestyles, customs and traditions. Others stress the need for an understanding of how certain types of knowledge gain respect, credence and acceptability. Dominant positions such as patriarchy, ethnocentrism, euro-centrism and heterosexuality have become the norm and contributed to protecting the interests of dominant groups, including, in some contexts, groups based on adherence or lack of adherence to religions, faiths and beliefs. This process tends to exclude others not belonging to those groups from accessing and receiving the same societal benefits (Dominelli, 2002; Lyons et al., 2006; Llewellyn et al., 2008; Macionis and Plummer, 2008). For social workers, it is important to question why different groups and
individuals experience disparate life opportunities. Direct or indirect contacts with others can help practitioners to understand and gain some insight into their religious and cultural traditions and ways of life.

Existing models may provide useful frameworks to help practitioners gain a greater understanding of the beliefs and practices of individuals and groups. However, it seems essential that practitioners ask appropriate open-ended questions, in order to allow people to express themselves in ways that they choose, are familiar to them and respect their expertise. It is also important to recognise that beliefs and practices will vary even amongst those adhering to the same religious persuasion. A variety of daily living activities may be profoundly influenced by a person’s religious and spiritual beliefs and may, therefore, require exploration with them: modesty and privacy; clothing, jewellery and make-up; washing and hygiene; hair care; prayer; holy days and festivals; physical examination; birth; contraception; abortion; attitudes to death, dying and mourning; medication; healing practices; transfusions, organ donation and transplant; last offices; post-mortem and funeral services (Husband and Torry, 2004). Religious worship and observance may be significant to the person and give meaning to events and life experiences. Discussion of them may inform the assessment in significant ways.

**Furness/Gilligan framework for assessing the significance of religion and belief**

Despite policy rhetoric, there has, to date, been no particular model that ensures that issues arising from religion and belief are adequately addressed in social work and social care assessments or in interventions arising from them. The authors have, therefore, attempted to develop a framework that is designed to be applied at all stages of practice (assessment, planning, intervention and evaluation) in the hope that it will fill this gap and be used as a matter of routine. This framework, which follows broadly person-centred and strengths-based approaches (Rogers, 2003; Saleeby, 2008), has been piloted with social work students and others and refined through feedback and application.

The framework consists of nine interconnected key principles (see Figure 1) that can also be reframed as questions to aid practitioners to reflect on and assess the relevance of their own religious beliefs and those of service users:

1. Are you sufficiently self-aware and reflexive about your own religious and spiritual beliefs or the absence of them and your responses to others?
2. Are you giving the individuals/groups involved sufficient opportunities to discuss their religious and spiritual beliefs and the strengths, difficulties and needs which arise from them?
3 Are you listening to what they say about their beliefs and the strengths and needs which arise from them?

4 Do you recognise individuals’ expertise about their own beliefs and the strengths and needs which arise from them?

5 Are you approaching this piece of practice with sufficient openness and willingness to review and revise your plans and assumptions?

6 Are you building a relationship which is characterised by trust, respect and a willingness to facilitate?

7 Are you being creative in your responses to individuals’ beliefs and the strengths and needs which arise from them?

8 Have you sought out relevant information and advice regarding any religious and spiritual beliefs and practices which were previously unfamiliar to you?

**Integration with existing assessment frameworks**

In most settings, it is unrealistic to expect practitioners to conduct separate assessments of issues arising from religion and belief. Any additional assessments are also likely to be unwelcome to service users, many of whom tell researchers that they undergo too many already (see, e.g. Dartington Social Research Unit, 2004), while it is desirable to avoid assessments being duplicated or lacking coherence across services (see, e.g. Department of Health, 2001, p. 24). The authors’ framework was therefore developed to be integrated into the most frequently used existing frameworks for assessment, most notably the Single Assessment Process (Department of Health, 2002), the Framework for Assessment of Children in Need and their Families (Department of Health, 2000) and the Common Assessment Framework.
(CAF) (Children’s Workforce Development Council, 2009), and to be easily transferable to others. In most of its aspects, it builds on and extends elements already present in existing frameworks, legislation and guidance and seeks to make them both more relevant and comprehensive as regards religion and belief.

The Department of Health (2001, p. 23) promotes person-centred care in relation to services for older people and requires practitioners to ‘recognise individual differences and specific needs including cultural and religious differences’ while assessing older people’s needs ‘in the round’ (p. 30). In relation to education and training, it recognises the ‘need to ensure that undergraduate and pre-registration programmes—across all professions—properly prepare staff for working with older people and with cultural and religious differences’ (Department of Health, 2001, p. 141).

With regard to older people from black and minority ethnic communities, it comments that:

> 2.31 ‘Good assessment also requires that the needs and circumstances of older people . . . are assessed in ways that are not culturally biased and by staff who are able to make proper sense of how race, culture, religion and needs may impact on each other’ (Department of Health, 2001, p. 31).

In the context of assessments of black children, Dutt and Phillips (2000, p. 48) place particular emphasis on the importance of assessing ‘group identification’, ‘individual and personal identity’, ‘cultural, religious and linguistic identity’, ‘the acquisition of cultural identity’ and ‘religion’ within the domain of Children’s Developmental Needs. They also observe that:

> 2.69 ‘Religion or spirituality is an issue for all families whether white or black. A family who do not practise a religion, or who are agnostic or atheists, may still have particular views about the spiritual upbringing and welfare of their children. For families where religion plays an important role in their lives, the significance of their religion will also be a vital part of their cultural traditions and beliefs’ (Dutt and Phillips, 2000, p. 49).

In addition to the authors’ framework, other general questions can help practitioners to explore the relevance of religion in particular situations. Pargament (1997), for example, suggests asking:

- Is the person religious or spiritual?
- Which religion or denomination does the person belong?
- How often does he/she attend religious services or pray?
- Does the person believe in God?

He suggests that it is then important to move beyond simple descriptions of religion and to ask more pointed questions, such as:

- In what ways is the person religious?
- What purpose does religion bring to the person’s life?
• How is religion involved in the way he/she is coping with the problem?

Pargament (1997) warns that these types of questions can only serve to alert the worker to further exploration of religious matters and it is important to ‘look beyond what is said to how it is said’ (Pargament, 1997, p. 377).

Feedback from pilot with MA social work students
Early evaluation of the framework

The first draft of the Furness/Gilligan framework was initially piloted with a small group of MA social work students who had completed their qualifying training. This resulted in a number of changes, most notably the inclusion of an acknowledgement that absence of beliefs, as well as the presence of beliefs, may be significant for practitioners. Following this, the framework was used as the basis for a day workshop with the entire cohorts of first and second-year MA social work students at the authors’ university. This group is 77 per cent female and 23 per cent male; 55 per cent white, 20 per cent South Asian, 15 per cent African, 5 per cent Black Caribbean, 3 per cent of shared heritage and 2 per cent of other ethnicity. On the day, they provided an opportunity sample (Sapsford and Jupp, 1996) of forty-four, all of whom have agreed to the authors sharing findings based on questionnaires that they completed during the workshop. Because of the nature and size of the group and the single geographical location, the resulting data cannot be seen as representative of all social workers or of all social work students. However, it provides illustrative material and, in the authors’ view, further justification for use of the framework. The questionnaire invited respondents to:

- Identify a specific piece of work where ‘religion’ or another set of beliefs was, or could have been, a factor that was taken into account.

- Respond to questions in relation to the social work carried out with a specific service user.

- Respond to questions seeking feedback on this process.

Student examples of specific pieces of work: religion as significant

Students wrote predominantly about cases in which issues of religion and belief were obvious from the outset (thirty-nine of forty-four cases/88.7 per cent). Approximately half (twenty-three of forty-four/52 per cent) wrote about cases in which Islam was significant. Eleven cases (25 per cent) involved Christians (five identified as Roman Catholics) and one a mixed-faith group. Sikhism, Mormonism and vegetarianism each featured in a single case, while in seven (16 per cent), the religion or belief system could not be categorised.

One student, for example, wrote about an experience whilst on placement at a hostel for single homeless men. One of the residents was a Sikh
estranged from his family due to domestic violence and misuse of drugs and alcohol. He had suicidal thoughts but strong religious beliefs. He wanted to get back in contact with his children and also to return to the gurdwara. He thought that he had not been ‘clean’ and ‘dry’ long enough and had feelings of shame, guilt and fear that prevented him from making contact. Another wrote about work with a group of siblings from a family that belonged to the Church of Christ and Latter Day Saints (Mormons) and whose mother would not allow them to watch television, listen to music or to wear certain clothes. Their parents had separated and there were many issues around contact with their father, who had left the faith and separated from the mother.

In another example, the student cited work with an Asian woman in her early twenties who had been raped by an ex-boyfriend. He had held her captive, cut her and destroyed pieces of her property. She reported this to the police and had phoned the student’s agency fifteen days afterwards, having heard nothing further.

Reflecting on the event, the student noted:

... on my first meeting, ... I didn’t think to take her religion and culture into account. After speaking to her I became aware of the significance of her family’s beliefs, their impact on her dealing/not dealing with the attack.

The student recognised that she had stereotypical views about Islam, but had learned from the woman why she was unable to tell her family about the attack. She wished to spare their shame (sharam) over her own (see Gilligan with Akhtar, 2006). The woman also believed that the police were not dealing with the issue because of her religion/ethnicity. The student was open to revising her assumptions and to appreciating that individuals express their beliefs in different ways. She listened to the woman and helped her to work out a creative plan that would assist her to get support from her family. This entailed telling the family that she had been mugged, while the worker assumed the role of a friend when visiting the home. In this way, the woman was able to maintain her family’s respect (izzat), but was able to grieve openly with support from them.

People with learning disabilities

Another student wrote about a female service user who had a learning disability and was living in a residential home. The service user talked about her dog dying and going to heaven, saying that she did not want to die and go to heaven. At the time, the student and the other staff had assumed that the young woman conceived of heaven as a bad place where you go to after you die, never to come back. Only when responding to the request in the questionnaire to reflect on her own beliefs (or the absence of them) and her responses to those of service users did this student recognise that she had not, at the time, considered her own
beliefs about an after-life. Nor had she, previously, thought about whether
the young person had been able to elaborate sufficiently on her feelings or
been given sufficient opportunities to talk about it.

This case illustrates how vital it is to assist service users, such as children
and adults with a learning disability, to find ways of expressing their faith
and developing their beliefs. Murray et al. (2000, p. 78) carried out a
study to consider the knowledge and understanding of health and social
care staff about the grieving process in individuals who had a learning dis-
ability. They report that the vast majority of staff in their study (96 per cent)
believed that only those with sufficient intellectual ability could grieve ade-
quately. However, they cite work that suggests that the capacity to feel grief
is not dependent on a person’s intellectual ability and that those with a
learning disability do show distress on experiencing loss (Bradford, 1984;
Kitching, 1987). It is of concern that a vulnerable person may have their
opportunities to express, explore and resolve grief limited, either because
staff lack confidence or knowledge or have underestimated the emotional
impact of the death on the service user (Murray et al., 2000, pp. 85–6).
The place and importance of religion for people who have learning disabil-
ities have been identified as an area of need that has too often been over-
looked. Researchers have started to explore this area with service users
and compile relevant resources to aid workers (Swinton, 2001; Hatton
et al., 2004a, 2004b; Furness and Gilligan, 2010).

Although, in this case, the student eventually recognised the service
user’s struggle to talk about her dog’s death, she had not probed or encour-
egaged her to talk further, as she believed that the young person did not have
the capacity to articulate thoughts and expressions. A more creative
approach, perhaps using drawing or pictures, may have enabled the
service user to express her feelings more adequately.

Reflection-on-action

Three students wrote about cases in which no specific issues related to reli-
gion or belief were identified and two wrote about situations in which they
realised during their work or subsequently that such issues had needed
more attention from the outset. These provide the clearest illustration of
how the type of reflexive practice facilitated by the framework is potentially
significant.

As part of the exercise, students were asked to reflect on whether the
questions helped them to analyse issues they had not previously given atten-
tion to. One student responded:

Yes. I didn’t really think of this case in terms of religion before, feeling more
that I provided support that was needed, whatever that is (as is the case for
all clients). I think it made me realise how important it is to always be aware
of beliefs. My lack of them leads to an assumption that unless explicitly
stated otherwise, other people do not have them either.
This raises an important point that can be illustrated using Howell’s model of conscious competence. He describes a four-stage model of learning and motivation by which the individual starts from a basic lack of awareness (unconscious incompetence). Acquiring the knowledge and skills to carry out the task enables the person to move to a position of conscious incompetence and by active engagement with processes of reflection, feedback, supervision, guidance and practice to become consciously competent (Howell, 1982). The model is applicable to most learning situations, but seems particularly apposite in contexts in which practitioners are responding to situations, concepts and behaviours previously unfamiliar to them.

Respondents were asked:

Were you sufficiently self-aware and reflexive about your own religious and spiritual beliefs or the absence of them and your responses to those of this individual?

The authors note that eleven (25 per cent) made no mention of their own beliefs (or lack of them) in their answers and that many who did did so very briefly. This is, perhaps, illustrative of the challenging nature of such a request, the reluctance of many within social work to engage with it and the lack of preparation they have received for doing so (see Furness, 2003; Gilligan, 2003, 2009; Moss, 2003, 2005; Gilligan and Furness, 2006). However, some respondents engaged with such issues in ways that illustrate their potential importance. One, for example, wrote, ‘I understood how the young man felt not wanting to break the rules of his religion as I have been in that position myself’. Another commented:

I suppose I didn’t consider my own spiritual beliefs in relation to this case. I made an assumption that there was a conflict between his religious background and his sexuality, though actually his family were supportive.

Incentives and impediments

In analysing the data provided, the authors sought to identify factors that had encouraged consideration of issues of religion and belief in each case. This was not relevant in all cases, but in thirty (68 per cent), it was service users who had introduced the issues directly—a finding that mirrors those of other research. Gilligan (2009, p. 102), for example, reports that amongst his sample of largely qualified and experienced professionals working in child protection and safeguarding, just over half the respondents reported service users initiating discussions with them over the past year.

In four of the cases reported (9 per cent), formal procedures such as pathway plans for young people leaving the looked after system or admission procedures had drawn attention to the issues, while three cases (7 per cent) came from the context of faith-based organisations and in two others,
it was issues arising from the practitioner’s own beliefs or those of colleagues that had been most significant. One student reported:

I was extremely aware of my own religious beliefs in this instance. I would not normally instil my beliefs on someone but this was a case where the girl was using abortion as a form of contraception. In my faith both are frowned upon.

In fact, this student had built up a good working relationship with the young woman who was having her third termination within eight months and had supported her in accessing both advice and other forms of contraception. The service user had no religious beliefs but it is apparent that the student had needed to reflect on her own beliefs and to resolve the ethical dilemmas that arose from them as a prerequisite to providing effective and sensitive intervention.

A few respondents highlighted potential barriers to addressing issues arising from religion and belief, although some suggested that they had successfully overcome these. Four emphasised their own lack of knowledge (‘... my own ignorance of the religion led me to feel awkward and helpless’), three the need to give priority to other issues (‘The complexity of his identity issues including ethnicity, sexuality, mental health were such that religion may have been squeezed out’) and two their own strong religious beliefs or the lack of them (‘... my religion was the same ... and he was doing something that was against the religion’). None of the students expressed the antipathetic attitudes found by Gilligan (2009, p. 102) amongst a minority (18 per cent) of his sample of experienced practitioners who considered that discussion of religion was ‘not part of their job’ or ‘always inappropriate’. One student suggested that their manager had restricted the extent to which the service could be tailored to the religious needs of the service user. At the same time, only the three who chose cases from faith-based contexts and the four who cited formal procedures as drawing attention to relevant issues gave any indication that formal policies encouraged their giving attention to religion and belief. This mirrors Gilligan’s (2009, p. 101) finding that ‘approaches are frequently dependent on the specific responses and attitudes of individuals and groups or their particular interpretations of policies and values rather than on formal agency policies’.

**Seeking information and advice**

Respondents were asked:

Did you seek out relevant information and advice regarding any religious and spiritual beliefs and practices which were previously unfamiliar to you? *(How?)*

A total of sixteen (36 per cent) had sought advice and information from third parties, such as colleagues who shared the same beliefs as the service user or
local imams or clergy. Six appeared to have relied entirely on third parties for such information. Ten (23 per cent) had sought knowledge directly from the service users and two appeared to have relied solely on this. Ten (23 per cent) had undertaken research through reading or the internet. Four had relied solely on such sources. Two had sought out information about service times but nothing else, while fifteen (34 per cent) appeared not to have sought to inform themselves further in any way. This, in the authors’ view, again emphasises the need for procedures and frameworks that encourage and facilitate their doing so and helps avoid judgements based on inaccurate, ill-informed or stereotyped ‘knowledge’ (Hodge et al., 2006).

Usefulness of the framework

Regarding the Furness/Gilligan framework, respondents were asked:

- Would answering these questions help you to consider issues arising from religion and belief?
- Did answering these questions help you to reflect on and analyse any issues which you had not previously given sufficient attention to?

Four did not complete this section. Five (12.5 per cent) said that answering the questions had and would not help them. They indicated either that they could deal with such issues adequately without it or that they would not wish to give such issues any priority. Thirty-five (87.5 per cent), however, said that the framework had been and would be helpful and, of these, twenty gave some indications of how. For example:

- ... it caused me to reflect on how I coped with my own lack of experience.
- ... it helps me to recognise that my own beliefs can restrict me if I do not acknowledge them.
- ... I didn’t really think of this case in terms of religion before ... I think it made me realise how important it is to always be aware of beliefs—my lack of them leads to an assumption that unless explicitly stated otherwise, other people do not have them either.
- ... made me think about avoiding making assumptions about people’s religion.
- I feel that it has made me more aware of the need to respect individual service user beliefs.
- Yes, I can see that I overlooked religion as a factor in this case and if I had this framework I may have given it more attention.
- Provided a framework for the thought process ... .

Fourteen (32 per cent) respondents made suggestions about how such a framework could be developed and improved. Most of these ideas involved more detailed exploration of the issues raised and could usefully be included as additional guidance and prompts to those using the basic
framework. For example, there were suggestions that practitioners need to also focus on:

- Exactly how individual service users express religious or other beliefs, the degree to which these influence their actions and views, whether the issues arising from them and the service user’s need or willingness to address them changes over time.
- Ways to ensure that they do not make unhelpful assumptions about beliefs when working with someone of their own faith.
- How to explore overlaps between culture, customs and norms and religion, and especially the impact of gender.
- How to resolve issues arising in work with user groups such as children or adults with learning disabilities, where they may have different levels of intellectual understanding, but very strong religious feeling.
- How to resolve dilemmas arising from situations were service users’ beliefs conflict with social work values.

The authors recognise that their framework will continue to need revision over time and would welcome further feedback. Is, for example, the issue of ‘sufficiency’ left too open in questions one, two and five? Would a more prescriptive approach aid or hinder reflection?

**Discussion**

In recent years, the UK parliament has passed a variety of laws that include some attempt to protect and promote ‘religious freedom’. Part 2 of the 2006 Equality Act came into force on 30 April 2007 and deals with, amongst other things, the prohibition of discrimination on grounds of religion or belief when providing services, education or exercising public functions, such as providing social work services. Public authorities, such as local authorities, must ensure that all their services of any particular kind are provided in such a way that no one entitled to use any service is disadvantaged in receiving it by reason of religion or belief. As this Act is still relatively new, its effectiveness is still uncertain. However, as a minimum, practitioners do need to be familiarise themselves with the legislation and be prepared to deal with ethical dilemmas and possible contradictions arising from differing faith and non-faith perspectives.

Several policy documents and assessment frameworks acknowledge and require social workers and others to take account of the religious and spiritual needs of service users. However, although assessment documentation requires workers to comment and report on this aspect of people’s lives, there is evidence that this can all too easily be underestimated, overlooked or ignored, sometimes with extremely serious consequences (Laming, 2003; Loweth, 2007; Gilligan, 2008). The authors have developed their framework
with the aims of assisting practitioners to become more confident and aware of such matters. A variety of research indicates that students and social workers often consider the relevance and impact of religion only from the perspective of their personal belief systems. Consequently, there is a need for external models of cultural competence that can assist all practitioners to become more aware of the impact of their own belief systems and those of others. Students’ reflections on the usefulness of the Furness/Gilligan framework indicate that the majority of them found the framework helpful. Several students realised that they had made assumptions about the religious beliefs of service users based solely on their ethnicity and appearance. Such categorisation and association led to people from South Asian communities being perceived as Muslim (regardless of their actual faith) and as therefore religious, whereas white individuals and households tended to be seen as non-religious. Interestingly, this tendency was equally observable amongst white students and Muslim students. After using the framework, Muslim students from South Asian communities and white students with or without religious convictions started to recognise the dangers of making such assumptions and of predicting the views and responses of service users without consulting them. Students with a lack of religious beliefs also started to appreciate that their lack of belief may have contributed to their overlooking the importance of belief for others or making the assumption that others share a similar worldview. The majority of students (68 per cent) indicated that service users had initiated discussion about religious beliefs with them. In the main, it is recognised as good practice for practitioners to follow the lead of service users and not to impose their own beliefs onto others. However, at times, it will be important that practitioners feel confident and skilled enough to probe and challenge views or attitudes that are oppressive or damaging towards others. Many will only find such confidence and skills through their professional training. Some of the barriers to pursuing or recognising the importance of religious beliefs stemmed from students’ lack of knowledge about a particular religion or about religion in general. Some also found it very difficult to separate ‘religious’ and cultural beliefs.

**Conclusion**

To fully appreciate and engage with matters relating to religion and belief is not easy. As individuals, all practitioners subscribe to belief systems that influence how they conduct their daily lives and interactions with others. As professionals, they have a responsibility to be very mindful of how these beliefs can influence judgements and actions. Piloting the framework with students indicated that it can help to develop a greater self-awareness and recognition of the impact of individuals’ personal beliefs. Underestimating or ignoring the place of religion can result in the loss of opportunities to
make real differences and improvements in the lives of service users, while inaction could, on occasion, lead to serious harm. Competent practitioners need to put aside their own prejudices and to remain open and receptive to the needs of all service users. In the present climate, it can be difficult for busy practitioners to take time out for reflection and personal development. However, this is vital if social workers are to embrace change and to work effectively within a culturally diverse society.

All undergraduate and postgraduate social work qualifying courses in England require values and ethics to be part of the taught curriculum (QAA, 2008, p. 5.1.3). In the authors’ view, this requires that courses give students many opportunities in class to discuss personal and professional values, including those that arise from religious and non-religious beliefs and to explore the dilemmas that arise from them. It also requires that they offer teaching input about models of reflection and cultural competence that can assist students to develop greater self-awareness (Furness, 2003, 2005). Practice educators also have a role in exploring students’ belief systems and their impact on practice over the course of a placement (Gilligan, 2003).

In their forthcoming book, the authors consider specific issues, settings, communities and stages in the life course where issues of religion and belief have been of particular significance (Furness and Gilligan, 2010). Further research with students and practitioners will consider more specifically how to deal with conflicts between belief systems and the role and contribution of faith communities in social work.

References


