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The Role of Religion and Spirituality in Social Work Practice: views and experiences of social workers and students.

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Abstract

The Role of Religion and Spirituality in Social Work Practice: views and experiences of social workers and students.

Findings from surveys of qualified social work practitioners and students indicate a need for social work education and practice to focus attention both on the importance of religious and spiritual beliefs in the lives of many service users and on the potential usefulness of religious and spiritual interventions. In this British study, undertaken in 2003 and 2004, students were less likely than their qualified colleagues to consider religious or spiritually sensitive interventions as appropriate. Attitudes varied little between those students who held religious beliefs and those who did not, but Muslim students and qualified social workers were more likely to view these types of interventions as appropriate. The authors conclude that there is a clear need for all social work practitioners and educators to give greater priority to exploring the potential significance of religious and spiritual beliefs in their training, in their professional practice and in the lives and perspectives of service users and colleagues. Social workers need to be able to respond appropriately to the needs of all service users, including those for whom religious and spiritual beliefs are crucial. 'Culturally competent' practice depends, amongst other things, on an understanding and appreciation of the impact of faith and belief.

Keywords

Religion, Spirituality, Social Work, Cultural Competence, Sensitive Interventions.

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The Role of Religion and Spirituality in Social Work Practice: views and experiences of social workers and students.

“To talk about religion and spirituality is for many people as embarrassing as talking about sex, death and money.” (Crompton, 1996, P4-1)

INTRODUCTION

Issues of religion, spirituality and social work have, until very recently, received relatively little attention from British social work educators and at times appear to be actively avoided by most of the profession (Crompton, 1996; Furness, 2003; Gilligan, 2003; Furman et al, 2004). This is in apparent contrast to the USA, where from an outsider’s perspective, such issues have been much more to the fore (Loewenburg, 1988; Canda, 1989; Sanzenbach et al, 1989; Netting et al, 1990; Amato-von Hemert, 1994; Sermabeikian, 1994; Sheridan and Amato-von Hemert, 1999; Canda and Furman, 1999; Canda et al, 2004).

The National Association of Social Workers’ *Code of Ethics* (NASW, 1999) makes very specific mention of individuals’ religious beliefs and practices:

Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. (P3)

and states very clearly that:

Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests. (P9)

In contrast, in Britain, although the British Association of Social Workers' *Code of Practice* (BASW, 2003) recognises, amongst many other things, that social workers have a duty to:

Show respect for all persons, and respect service users' beliefs, values, culture, goals, needs, preferences, relationships and affiliations (P4)

and:

Place service users' needs and interests before their own beliefs, aims, views and advantage, and not to use professional relationships to gain personal, material or financial advantage (P7)

and:

Be alert to the possibility of any conflict of interest, which may affect their ability to exercise professional discretion or bias their judgement (P10)

the BASW code makes no specific mention of religious beliefs or practices, at any point.

At the same time, the General Social Care Council's *Code of Practice for Social Care Workers and Code of Practice for Employers of Social Care Workers* (GSCC, 2002) also omits any specific mention of either religion or spirituality, while the Council on

Social Work Education (CSWE) has for the past decade required American social work programmes to include the teaching of religion and spirituality within their curricula in relation to diversity and populations at risk (CSWE, 1994). This appears to account for the increase in modules offered by many American programmes.

British social workers and British social work students report that religion and spirituality have very rarely been explored with them in their professional training (Furness, 2003; Gilligan, 2003; Furman et al, 2004), whereas, to give one of several possible examples, the California state university at Bakersfield, offers a module entitled *Spirituality, Religion and Social Work*, the objective of which is that, on completion of the course, students will be able to demonstrate:

1. Knowledge and understanding of diverse religious and spiritual practices and experiences, and the roles they play in social work philosophy, theories, and frameworks.
2. Recognition of the impact of diverse religious and spiritual practices on the clients social workers serve.
3. Knowledge and understanding of religious and spiritual resources in the local community.
4. Skills in applying holistic criteria when doing a spiritually sensitive assessment with clients.
5. Application of spiritually sensitive clinical practice techniques in their work with clients

6. The ability to analyze client cases for ethical issues that involve religion and spiritual based content.
7. The ability to critically analyze the recent research on religion and spirituality in social work practice.

(California State University Bakersfield, 2003)

However, it is also worth noting that in the 1990s more than one study suggested that around two thirds of social work students in the USA were reporting that they had received very little input related to religion and spirituality in their graduate social work classes (Derezotes, 1995; Sheridan and Amato-von Hemert, 1999). Despite this, and in further contrast to Britain, there has, in recent years, clearly been a virtual explosion of literature on these issues in the USA (Scales et al, 2002) to the extent that the Haworth Press now publishes a quarterly *Journal of Religion & Spirituality in Social Work* (Haworth Press, 2001 – present).

Some such contrasts are, of course, to be expected, given the sometimes very different national contexts. Britain and the USA share much in the way of history and language and have many continuing cultural, religious and political ties in common. However, patterns of religious and spiritual practice within their populations are extremely different. It was estimated, in 1997, for example, that only 27% of the population in Britain attended a religious service on a weekly basis, compared to 44% in the USA (University of Michigan, 1997), while in Britain, the country's 2 million Muslims account for a relatively high proportion of those attending. At the same time, there is

also much to suggest that religion and spirituality are of considerable significance to a large proportion of the populations in both countries. This includes many social workers and service users, and, in this context, the issues need to be given serious attention by policy makers, educators and practitioners.

In Britain, Patel et al (1998) emphasise that, for a large, and increasing, number of service users “Religion is a basic aspect of human experience, both within and outside the context of religious institutions”, while Modood et al (1997) report that “religion is central in the self-definition of the majority of South Asian people”. 56% of people questioned in the 2000 British social attitudes survey, regarded themselves as belonging to a particular religion (Carvel, 2003), while the 2001 census reported over 75% of households in England and Wales as having a religion. Perhaps, even more significantly, the census also demonstrated that populations adhering to the larger minority religions are concentrated in particular localities. For example, 16.1% of Bradford’s population is Muslim (National Statistics, 2003). As part of the Fourth National Survey of Ethnic Minorities, Modood et al (1997) collected and analysed data on the importance of religion amongst white and ethnic minority groups. They considered the relationship between the impact of British socialisation on religious observance and the length of residence in Britain, and found that for Muslims with Pakistani and Bangladeshi heritage, religion remained central to people’s lives, regardless of such factors. This reinforces the views of writers such as Devore and Schlesinger (1994) and Al-Krenawi and Graham (2000) that, since Islam is an all-embracing way of life, social work with Muslims needs to be adapted according to Muslim values.

In Britain, as elsewhere, statute clearly requires that social workers take account of the cultural and spiritual needs of those requiring services. The Children Act 1989, for example, gives explicit directions to local authorities to give “due consideration ... to the child’s religious persuasion, racial origin, cultural and linguistic background” (Section 22 5(c)) when placing them and requires that they “shall not cause the child to be brought up in any religious persuasion other than that in which he would have been brought up if the order had not been made.” (Section 31). In the Practice Guidance associated with the *Framework for the Assessment of Children in Need and their Families* (DOH, 2000) it is emphasised, that “Religion or spirituality is an issue for all families whether white or black,” and that “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.” (2.69)

The value base of social work has long advocated respect for persons and an appreciation of diversity in terms of race, ethnicity, age, sexual orientation and disability. Literature for health workers in Britain has begun to stress the importance of recognising the religious or spiritual needs of patients. The Department of Health, for example, has recently published guidance for the spiritual care of patients (DOH, 2003) and, in 2004, made educational materials freely available for use by educators and practitioners (Husband and Torry, 2004).

Less attention has been given to ‘spirituality’ within the recently revised British social work curriculum (GSCC, 2002), while most issues around religion, spirituality and social work remain matters of controversy. However, as Canda (Sanzenbach et al, 1989) observed, more than a decade ago, social workers need to respond to a variety

of religious and spiritual needs and to understand a variety of religious and spiritual issues, if they are to be of service to people to whom religion and spirituality have significance. In such a context, this study attempts to explore the views of British practitioners and students regarding the place of religion and spirituality within their education, practice and professional development.

METHODOLOGY

The research was based, in part, on the questionnaire used by Sheridan and Amato-von Hemert (1999) in their survey of 208 students on 2 social work programmes. This American study was one of the first surveys of social work students' views about the appropriateness of using particular religious or spiritual interventions with service users and the relevance of the social work curriculum to these issues. For comparative purposes, some questions used by Sheridan and Amato-von Hemert (1999) were incorporated into the authors' questionnaire. For the current study, a decision was taken not to include all questions from Sheridan and Amato-von Hemert's questionnaire. In particular, the language used in their descriptors of personal religious / spiritual ideology was seen as culturally inappropriate to Britain and these questions were omitted in order to avoid misunderstandings and misinterpretation. The same 14 'religious or spiritually sensitive interventions' were included, but it was decided that, in the British context, it would not be acceptable to risk suggesting that the interventions, 'Recommending religious or spiritual forgiveness, penance or amends'; 'Touching clients for healing purposes'; or 'Performing exorcism' could be considered acceptable practice. In relation to these 3 interventions, respondents were,

therefore, asked to give their hypothetical response to a colleague who told them that they had used such interventions within their social work practice.

In addition to surveying students, the current authors also sought responses from qualified social workers. Approximately 200 qualified social workers were invited to complete a questionnaire, during the first 6 months of 2003. They included practice teachers and children and families workers attending post qualifying award programmes and practice teachers attending the 2nd International Conference on Practice Teaching in April 2003. A total of 43 questionnaires were completed and returned. Further data, using a similar questionnaire were collected from another 22 qualified social workers during a six week period in April / May 2004. Again these included a high proportion of practice teachers and children and families workers accessed via post-qualifying award programmes.

The other target population were students on the combined undergraduate degree with Diploma in Social Work (DipSW) at the University of Bradford. Other lecturers distributed questionnaires at the beginning of sessions with social work students in October 2003. All 39 students attending completed them. They comprised 83.9% of all Year 2 students and 50% of all Year 3 students. Further data, using a similar questionnaire, were collected from 23 different students attending the same programme in May 2004.

The conclusions drawn from analysis of these 127 questionnaires must, of necessity, be seen as tentative. The total sample is relatively small; all the students attended the same social work programme and a majority of the qualified practitioners worked

within West Yorkshire. In addition, it has also become increasingly clear that the use of questionnaires alone allows only limited exploration of the issues raised.

Experience suggests that discussions, following completion of the questionnaires, allowed much deeper exploration of people's views and, in future work, the authors plan to make greater use of less structured methods, such as focus groups and semi-structured interviews.

FINDINGS

Sample Characteristics: Qualified Social Workers

Individual respondents were self-selecting from amongst several opportunity samples and, as such, must be viewed as a non-probability sample (Sapsford and Jupp, 1996). Consequently, it seems reasonable to assume that the overall sample was, in fact, likely to be biased towards social workers who were interested in questions of religion and belief and may well, as a result, include a disproportionately high number of individuals who were relatively sympathetic to religious and spiritual interventions in social work practice. As indicated in the Tables 1 and 2, in the 2003 sample, respondents included 43 British social workers employed in, at least, 6 local authorities and 5 voluntary sector agencies. 71.7% were practice teachers, two-thirds of whom held a post-qualifying Practice Teaching Award. They had qualified as social workers between 1967 and 2000. 86% were female. 88% were 'White'. In the 2004 sample, all respondents were employed within West Yorkshire. They had qualified between 1983 and 2003. 77% were female. 87% were 'White'.

Table 1.

Table 2.

Sample Characteristics: Social Work Students

Again these were opportunity samples available in the context of both authors being lecturers at the students' university. Although all students present on the days in question completed questionnaires they must be viewed strictly as a non-probability sample. The 2003 sample comprised 77% females and 23% males. The average age was 31.5 years. 67% of the respondents were 'White', 28% were 'Asian'. The 2004 sample comprised 70% females and 30% males. 57% of the respondents were 'White', 30% 'Asian' and 1 was 'African-Caribbean'. The ethnic composition of the student samples was broadly representative of the relevant cohort of the local population. (See Table 2 for details).

Personal factors related to religion or spirituality

In the 2003 survey, the students were asked to identify their religious affiliation or spiritual orientation. In this sample, the largest groups were the 28% who identified themselves as 'Christian' (Protestant, Catholic and Other), the 23% who identified themselves as 'Muslim' and the 23% who answered 'None' (See Table 3 for details).

Table 3

In the 2004 sample, 30% of the students had been brought up to hold 'Christian' beliefs and most of these continued to do so. 26% had been brought up to hold 'Muslim' beliefs and all reported that they continued to do so. 39% had been brought up to hold no religious or spiritual beliefs (See Table 4 for details).

Table 4

In Britain, during 2001, the Census collected information about religion for the first time since 1851 (Snell and Ell 2000). Interestingly, approximately three quarters of the UK population were reported as having a religion. In Bradford, 60% were recorded as 'Christian', 16% as 'Muslim', 1% as 'Sikh' and 1% as 'Hindu'. 21.4% were reported as having no religion or as not stating it (National Statistics, 2003). However, although people may affiliate themselves to a particular faith, this may or may not affect their daily actions. It was, therefore, important, where possible, to consider associated behaviours. In 2003, students were asked questions about early and current practices relating to religion. 66.7% indicated that they had attended a religious service at least once a week as children, compared to only 55.1% of the American students in the Sheridan and Amato-von Hemert study. However, questions about their current practices revealed a considerable reduction in attendance at religious services over time. Currently, 15.4% attended on a daily or weekly basis. 38.5% said that they attended religious services 'a few times or occasionally' each year and another 38.5% reported no current attendance.

It is relevant to note that there have been numerous attempts, both in Britain and America, to identify possible reasons for this cultural trend away from participation in church services. In America, Fuller identified 40% of the American population as 'unchurched' whilst 20% stated they were 'spiritual but not religious' (Fuller 2001). In Britain the decrease in numbers attending religious services has been particularly marked amongst those formerly attending Christian churches (National Statistics, 2003). A variety of explanations have been suggested to explain this trend, including general disillusionment with the churches, societal trends that reject conformity and promote individuality, and increased criticism of the potentially oppressive nature of religion (Brierley, 2000; Brown, 2000; Jackson, 2002; Davie et al, 2003). However, as humans, we internalise many of our early beliefs. Our actions and behaviour tend to be shaped by our experiences and to some extent by the dominant religious legacies that have become enmeshed with and translated into the cultural traditions, rituals and customs of communities.

The significance of such factors is also likely to be greater for some individuals and groups than for others. 55.6% of 'Muslim' students, in the authors' 2003 sample, compared to only 9.1% of the 'Protestant' students, indicated a daily or weekly commitment to their faith. Of the eight students attending a daily or weekly service, 4 were female Pakistani 'Muslims', 1 a female Bangladeshi 'Muslim', 1 a white female 'Catholic' student, 1 a male Caribbean 'Protestant' and 1 a white female who specified her religion as 'Other'.

Another interesting measure of comparison involved those students who described their relationship with religion as 'active participation, high levels of involvement'.

17.9% of the students in the authors' 2003 sample fitted this category, compared to 15.5% of the American students reported on in the Sheridan and Amato-von Hemert study (1999). The highest percentages of participants in both studies reported some 'identification' with religion or a spiritual group but very limited or no 'involvement' with it: 41% in the case of British students and 37.7% in the Sheridan and Amato-von Hemert sample. A relatively high percentage of British students, 30.8%, indicated no identification, participation or involvement as opposed to 19.8% of the American sample.

In this context, it is perhaps encouraging that only 7.7% of the authors' 2003 sample of students expressed disdain or negative reactions to religion or spiritual tradition. The overwhelming majority appeared to subscribe to a value base, which required them to be both non-judgemental and careful to prevent their personal prejudices affecting professional practice. However, the responses of at least one of the students in respect of the use of religious or spiritually sensitive interventions and to the appropriateness of their use were of some concern. She implied that she would be dismissive of all such interventions, indicating that she would be unwilling to consider them, even where such interventions were being sought by her clients.

Amongst the qualified British social workers surveyed in 2003, 72% had been brought up in a particular religious faith or other identifiable set of beliefs, including 65% brought up as 'Christians'. 56% viewed themselves as currently having a particular religious faith or other identifiable set of beliefs and 37% as having none. 35% described themselves in ways suggesting Christian beliefs (Catholic, Anglican, Christian, Seventh Day Adventist or Attender at Quaker Meeting). 16% described

themselves in ways suggesting broad spiritual beliefs (Earth-based spirituality, No name belief in an entity, Alternative beliefs in human energy, Theism and Universal Creator), 1 each as Muslim, Sikh and Pseudo Christian, and 2 as Socialist. (See Tables 3 and 4). They were asked to rate the significance of their faith or upbringing as an influence on their practice. 36% rated it at '5' or '4', 28% at '3' or '2' and 30% at '1' or '0', on a scale in which '5' indicated the highest significance and '0' the lowest.

In the authors' 2004 sample of qualified workers, 64% had been brought up to hold 'Christian' beliefs and of these, more than half reported that they continued to do so, while another 23% reported other current beliefs. 38% had been brought up to hold no religious or spiritual beliefs and 41% reported themselves as currently holding no religious or spiritual beliefs (See Tables 3 and 4).

Education and Training in the Area of Religion and Spirituality

Students' perceptions about the extent to which their professional training covered religion and spirituality revealed that 41% of the authors' 2003 sample believed that these topics had, thus far, been covered 'Rarely' and 38.5% 'Sometimes'. 20.5% thought that they had 'Never' been covered and no students thought they had been covered 'Often'. These results are similar to those from Sheridan and Amato-von Hemert's 1999 study, where 54.1% believed they were 'Rarely' presented, and only 2.4% that they were 'Often' presented.

The qualified British social workers, surveyed in 2003, were asked about the frequency with which their faith or upbringing in a particular religion and its impact on their practice had been explored during training. 11.6% answered 'Often', 9.3% 'Sometimes', 34.9% 'Rarely' and 39.5% 'Never'. These results also suggested little or no differences in the experiences of individuals for whom these issues were of most importance and those for whom they were of least importance. Furman et al (2004)'s survey of 789 BASW members in 2000 indicates a similar pattern. They note that 76% of respondents reported little or no input on religion or spirituality in their social work education and training. In the present study, when respondents had qualified appeared to be of some importance in determining the frequency with which these issues were explored. Those who answered 'Never' or 'Rarely', included 81% of those who qualified between 1990 and 2000, but only 60% of those who had qualified between 1970 and 1980.

The authors' 2003 sample of students was asked to rate their satisfaction with the amount of training they were receiving in relation to these topics. Their views indicated that 23.1% were 'somewhat or 'very satisfied' and only 12.8% were 'somewhat dissatisfied', compared with 28.5% and 30.9% in the Sheridan and Amato-von Hemert study (1999). However, 64% of the British students expressed a 'neutral' view about this, compared with 30.4% of the American students, perhaps indicating that they were uncertain about what would be the 'correct' amount of such training.

Only 19.3% of the practice teachers amongst the qualified social workers, surveyed by the authors in 2003, reported that they had 'Often' explored a student's faith or upbringing in a particular religion during supervision. 38.7% had done so

‘Sometimes’, 25.8% ‘Rarely’ and 16.1% ‘Never’, suggesting that this sample of practice teachers was much more likely to address the issues with their students than had been their own practice teachers. Nevertheless, over 40% had done so ‘Rarely’ or ‘Never’.

Views on Curriculum Issues

Although the majority of students in the authors’ 2003 sample were neutral about their satisfaction with the amount of training provided in these areas, a greater majority, 74.4% expressed the view that social work students should be offered a specialised course in religion and spirituality as part of their training. Of these, 28.2% thought it should be a compulsory element of the course and 46.2% thought that it should be an elective choice. There is some correlation with the Sheridan and Amato-von Hemert study in that 25.4% of the American students thought this should be a compulsory element, although a higher number, 66.8%, preferred it to be an elective.

65.1% of the qualified British social workers, surveyed in 2003, agreed that greater attention should be given to such issues in the new social work degree, while 95.5% of the qualified workers, but only 49.2% of the students surveyed in 2004, saw practice teachers and others giving students opportunities “to discuss their religious or spiritual beliefs” as ‘Very’ or ‘Very Very’ important.

Religious or Spiritually Sensitive Interventions: similarities and contrasts.

Tables 5, 6 and 7 summarise the responses from qualified British social workers, British students and American students in the Sheridan and Amato-von Hemert study (1999) in relation to religious or spiritually sensitive interventions. They illustrate many similarities and some marked contrasts between results from the three groups. However, whilst it is reasonable to assume that the results indicate some likely patterns and trends, it must again be noted, that they are all based on opportunity samples.

Table 5 presents data on respondents' answers across the British and American surveys to questions about the use and appropriateness of eleven religious and spiritually sensitive interventions. Table 6 presents data on answers to these questions from British students, according to whether or not they viewed themselves as currently holding religious or spiritual beliefs and, for 'believers', according to whether they were Christian or Muslim. Table 7 presents data on answers to these questions from qualified British social workers, using the same headings as Table 6.

Several trends are identifiable. As would be expected, those who have utilised particular interventions in the past also considered them to be appropriate.

Table 5

Generally, the British samples in this study were much less likely to consider religious or spiritually sensitive interventions as potentially appropriate than were those reported on by Sheridan and Amato-von Hemert. This was particularly noticeable on

issues such as 'Praying or meditating with a client', 'Recommending participation in a religious or spiritual program' or 'Referring clients to religious or spiritual counselors'. All three groups had similarly very positive responses to some interventions, notably 'Gathering information on clients' religious or spiritual backgrounds'.

The British students were generally less likely than their qualified colleagues to consider religious or spiritually sensitive interventions to be appropriate, even where the views of their qualified colleagues were broadly similar to those of the American students. This was particularly noticeable on issues such as 'Helping clients develop ritual as an intervention (e.g. visiting graves of relatives, house blessings, etc), 'Participating in clients' rituals as an intervention' or 'Using religious or spiritual language or concepts'. A similar tendency was apparent in the data presented in Table 6 with regard to 'Sharing your own religious or spiritual beliefs or views'. However, in this context, it is particularly interesting to note that 64% of Muslim students viewed this as potentially appropriate compared with only 27% of the Christian students.

Table 6

A further comparison of responses from students to specific interventions, suggests a fairly consistent pattern between particular groups. 64% of the Muslim students considered 'The use of religious or spiritual language or concepts' as potentially appropriate, in contrast to only 25% of Christian students and 36% of those holding no current beliefs. Also, a higher number of Muslim students considered

‘Recommending participation in a religious or spiritual program’ and ‘Participation in a client’s rituals as an intervention’ as potentially appropriate. This difference seems likely to result from the fact that religious beliefs and customs are central to the lives of Muslims and that they are, as a result, more likely to recognise the potential importance of religion and spirituality in the lives of others. However, while most of the Christian students saw the intervention, ‘Helping clients develop ritual as an intervention (e.g. visiting graves of relatives, house blessings, etc)’ as potentially appropriate, most Muslim students did not, possibly because of the essentially euro-centric nature of the examples offered.

The results presented in Table 7 suggest that attitudes often varied little between those who currently held religious or spiritual beliefs and those who did not, but that Muslim students, in particular, were much more likely than others to view religious and spiritual interventions as potentially appropriate.

Table 7

It must, however, be noted that these trends are not consistent, in some details, with those reported by Furman et al (2004) who suggest a much clearer difference between the attitudes of all ‘Religious’ and all ‘Non-Religious’ respondents. This may, in part, be the result of the fact that Furman and colleagues used a different, although similar list of spiritually-oriented helping activities and that their sample included a very small proportion of Muslims (< 1%) and a much larger proportion of Christians (56%), and that their study was targeted on those already in practice.

Unsurprisingly, as Table 8 shows, very large majorities in all the authors' samples saw the 3 most obviously controversial interventions ('Recommending religious or spiritual forgiveness, penance or amends'; 'Touching clients for healing purposes'; and 'Performing exorcism') as inappropriate. Both the students and their qualified colleagues were always, at least, questioning of such interventions and, more often, extremely disapproving, to the extent of viewing them as grounds for disciplinary action. Interestingly, almost 25% of the students did not answer these particular questions. They were perhaps either too shocked by or too incredulous of the hypothetical situation presented or, perhaps, lacked the confidence to comment.

Table 8

DISCUSSION AND CONCLUSIONS

It appears that a large number of social workers have been brought up with religious or spiritual beliefs and that many continue to hold these. However, for many years, social work professionals have received very little and inconsistent preparation around either how to respond to the needs of those individuals and groups for whom religion or spirituality is of central importance or how to resolve dilemmas arising from their own beliefs. Although it appears that social workers are overwhelmingly critical of interventions that might be viewed as 'judgemental' and are, generally at least, questioning of any which place them in roles where they would appear to be active participants in particular religious or spiritual practices, they tend to see other religious and spiritual interventions as potentially appropriate, especially where these

would be undertaken in response to the service user's explicit need or wish. However, many have never utilised the interventions discussed, even when they view them as potentially appropriate. Furthermore, while the question of whether or not they hold current beliefs does not appear to determine whether or not they view particular interventions as potentially appropriate, some groups such as the Muslim students were much more likely to do so than others.

The complex and sometimes confusing picture suggested by the findings reported here and elsewhere (Furness, 2003; Gilligan, 2003) is not, perhaps, surprising. Several American authors in the field of religion, spirituality and social work indicate that social work professionals are inadequately prepared to undertake spiritually competent work with clients and advocate the inclusion of relevant material within the social work curriculum (Sheridan et al, 1994; Canda, 1998; Canda and Furman 1999; Canda et al, 2004). There seems to be some consensus that it is important to cover this dimension, but there is debate about the content and the means by which it should be achieved (Sheridan and Amato-von Hemert, 1999; Gilbert, 2000; Praglin, 2003).

A similar debate has now been underway in Britain for several years but, again, there is no obvious consensus around how to actually achieve 'spiritually-competent' social work practice. In 1998, the Central Council for Education and Training in Social Work (CCETSW), as the awarding and regulatory body for social work education in Britain, published a range of literature to promote equal opportunities and antiracism in social work. As part of this series, consideration was given to the implications of the beliefs and practices of minority faiths for social work practice (Furness 2003). Patel et al (1998), whilst acknowledging that "religious cultural practices, group and

individual spirituality, religious divisions and religion as therapy have had no place in social work education and practice” (Pii), argued for a more informed understanding of religious differences and ethnic influences to better prepare social workers for a plural society. More recently, Moss (2003) reported on the provisional findings of a survey he had carried out with British Higher Education Institutions offering professional social work courses to find out the extent to which issues of religion and spirituality were included within the curriculum. His findings indicated a very wide variation between individual programmes. Meanwhile, the question of how qualified workers can be challenged to effectively address such issues has, arguably, received even less and less consistent attention.

At present, some involved in delivering the degree in social work and in post-qualifying training are beginning to explore questions around the development of teaching methods and materials, which will aid both newly qualifying and qualified social workers to develop greater awareness of, and sensitivity to, the impact of religion and spirituality on people’s lives. Such developments remain, as yet, largely dependent on individual initiatives. In the authors’ experience, while most social work students and practitioners may respond positively to an invitation to consider the potential importance of religion and spirituality in the lives of others, some remain reluctant to do so on their own initiative and some dismiss such questions as outdated, irrelevant or worse (Gilligan, 2003). It appears that some in social work have never addressed such questions and, while some clearly feel “liberated” by the challenge to do so, others equally clearly wish to maintain a safe distance from such potentially complex issues. For too many the reality, in practice, is that, despite statute and

despite the evident needs of a large number of people, relevant questions are not asked during assessments, in reviews or case conferences, in supervision or in training (Seden, 1995; Crompton, 1996; Gilligan, 2003). Meanwhile, many practitioners continue to equate a 'religion-blind' and 'spirituality-blind' approach with what they see as 'anti-oppressive practice'. As a result, they frequently risk imposing culturally-incompetent 'secular' and 'rationalist' interventions on service users, who may have very different actual needs and wishes. Hence, we continue to hear informal anecdotes, such as that about a Muslim elder with mental health problems whose medication was repeatedly increased in response to his reports of being visited by angels, until a fellow Muslim explained to colleagues that this was more likely to indicate a greater sense of calm and a reduction in symptoms than it was an increase in delusions.

Furthermore, evidence from the Victoria Climbié enquiry indicated that a lack of understanding of cultural difference, by a range of different professionals, contributed to the death of this child (Laming 2003). In Britain, health and social care workers have tended to have separate training and education. However, in a changing context, opportunities for multi-disciplinary working are increasing as each profession is involved with overlapping tasks in both community and institutional settings. The charge of failing to protect vulnerable children by a range of workers has, amongst other things, led to changes in legislation and moves towards closer working relationships. Consequently, there is a pressing need for the educators of social workers, health workers and teachers to come together to find ways of enabling students and practitioners to develop greater cultural competence, including a understanding of the potential impact of religious or spiritual beliefs. In this context,

the materials developed by Husband and Torry (2004) for the Department of Health are likely to provide valuable resources to equip practitioners in providing more effective services.

However, until the GSCC requires social work programmes to include, within their curricula, more explicit teaching about the potential significance of religion and spirituality and, until central government, through bodies such as inspection services, gives greater emphasis to implementation of long standing legislation, such as relevant sections of the Children Act 1989, it seems likely that the situation will remain extremely inconsistent. Without concerted action, such as that which put anti-racism on the social work curriculum in the early 1990s (Curriculum Development Project Steering Group, 1991; Ahmad-Aziz A et al, 1992; Gambe et al, 1992), the likelihood of those for whom religion and spirituality are of importance, receiving a competent service seems likely to remain largely a matter of chance. It will remain dependent more on workers' individual views and knowledge than it is on any shared professional view of best practice.

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Table 1: Gender							
	Students 2003	Students 2004	All Students	Workers 2003	Workers 2004	All Workers	All
Female	76.9% n=30	69.6% n=16	74.2% n=46	85.7% n=36	77.3% n=17	82.8% n=53	78.6% 99
Male	23% n=9	30.4% n=7	25.8% n=16	14.3% n=6	22.7% n=5	17.2% n=11	21.4% n=27
TOTALS	n=39	n=23	n=62	n=42	n=22	n=64	n=126

One worker (2003) did not answer this question

Table 2: Ethnicity							
	Students 2003	Students 2004	All Students	Workers 2003	Workers 2004	All Workers	All
<u>White</u>	66.7% n=26	56.5% n=13	62.9% n=39	88.4% n=38	86.4% n=19	87.7% n=57	75.6% n=96
British	66.7% n=26	55.2% n=12	61.3% n=38	88.4% n=38	77.3% n=17	84.6% n=55	73.2% n=93
Other		4.3% n=1	1.6% n=1		9.1% n=2	3.1% n=2	2.4% n=3
<u>Asian</u>	28.2% n=11	30.4% n=7	29.0% n=18	2.4% n=1	4.5% n=1	3.1% n=2	15.8% n=20
Pakistani	17.9% n=7	17.4% n=4	17.7% n=11				
Bangladeshi	5.1% n=2		3.2% n=1				
Indian	2.6% n=1		1.6% n=1	2.4% n=1	4.5% n=1	3.1% n=2	2.4% n=3
Kashmiri	2.6% n=1		1.6% n=1				0.8% n=1
British		8.7% n=2	3.2% n=2				1.6% n=2
Muslim		4.3% n=1	1.6% n=1				0.8% n=1
African	2.6% n=1		1.6% n=1				0.8% n=1
African – Caribbean		4.3% n=1	1.6% n=1				0.8% n=1
Black				2.4% n=1			0.8% n=1
Shared Heritage	2.6% n=1		1.6% n=1		4.5% n=1	1.5% n=1	1.6% n=2
Not Known	0	8.7% n=2	3.2% n=2	4.7% n=2	4.5% n=1	4.6% n=3	3.9% n=5
TOTALS	n=39	n=23	n=62	n=43	n=22	n=65	n=127

**Table 3. Upbringing
(Religious / Spiritual Beliefs or Affiliations)**

	Students 2003	Students 2004	All Students	Workers 2003	Workers 2004	All Workers	All
Brought – up with religious / spiritual beliefs / affiliation?	69.2% n=27	60.9% n=14	82.3% n=51	72.1% n=31	63.6% n=14	69.2% n=45	75.6% n=96
<u>Christian</u>	28.2% n=11	30.4% n=7	29.0% n=18	65.1% n=28	59.1% n=13	63.1% n=41	46.5% n=59
Protestant	23.1% n=9				36.4% n=8		
Catholic	5.3% n=2				22.7% n=5		
Other							
Muslim	23.1% n=9	26.1% n=6	24.2% n=15	2.3% n=1		1.5% n=1	12.6% n=16
Sikh	2.6% n=1	4.3% n=1	3.2% n=2	2.3% n=1	4.5% n=1	3.1% n=2	3.2% n=4
Hindu	2.6% n=1		1.6% n=1				0.8% n=1
Other	12.8% n=5		8.1% n=5				3.9% n=5
Atheist	5.1% n=2		3.2% n=2				1.6% n=1
No Answer	2.6% n=1		1.6% n=1				0.8% n=1
None	23.1% n=9	39.1% n=9	29.0% n=18	27.9% n=12	38.4% n=8	30.8% n=20	29.9% n=38

Table 4. Currently held Religious / Spiritual Beliefs or Affiliations

	Students 2003	Students 2004	All Students	Workers 2003	Workers 2004	All Workers	All
Currently held religious / spiritual beliefs / affiliations	51.3% n=20	47.8% n=11	50% n=31	55.8% n=24	59.1% n=13	56.9% n=37	53.5% n=68
<u>Christian</u>	28.2% n=11	21.7% n=5	25.8% n=16	34.9% n=15	34.4% n=8	35.4% n=23	29.9% n=38
Protestant	15.4% n=6						
Catholic	5.1% n=2						
Other	7.7% n=3						
Muslim	20.5% n=8	26.1% n=6	22.6% n=14	2.3% n=1		1.5% n=1	11.8% n=15
Sikh				2.3% n=1	4.5% n=1	3.1% n=2	1.6% n=2
Hindu	2.6% n=1		1.6% n=1				0.8% n=1
Other				16.3% n=7	18.2% n=4	16.9% n=11	8.7% n=11
Atheist							
No answer				7.0% n=3	4.5% n=1	6.2% n=4	3.2% n=4
None	48.7% n=19	51.2% n=12	50% n=31	37.2% n=16	36.4% n=8	35.4% n=23	42.5% n=54

Table 5. Religious or Spiritually Sensitive Interventions	Total numbers answering each question varied. n=number answering (n/k=number who did not answer) % is based on numbers who answered each question					
	Qualified British Social Workers		British Social Work Students		American Social Work Students Sheridan, M.J. & Amato-von Hemert, K. (1999)	
	HAVE UTILISED	CONSIDERED APPROPRIATE	HAVE UTILISED	CONSIDERED APPROPRIATE	HAVE UTILISED	CONSIDERED APPROPRIATE
Gathered information on clients' religious or spiritual backgrounds	83.1% n=54 (n/k=0)	90.4% n=57 (n/k=2)	49.2% n=30 (n/k=1)	91.7% n=55 (n/k=2)	67.8% n=139	93.1% n=190
Used or recommended religious or spiritual books or writings	27.7% n=18 (n/k=0)	51.7% n=31 (n/k=5)	11.7% n=7 (n/k=2)	50.9% n=29 (n/k=5)	18.1% n=37	67.5% n=135
Prayed privately for a client	33.3% n=21 (n/k=2)	55.5% n=35 (n/k=2)	23.3% n=14 (n/k=2)	45.8% n=27 (n/k=3)	42.0% n=86	73.9% n=147
Prayed or meditated with a client	9.2% n=6 (n/k=0)	22.6% n=14 (n/k=3)	3.3% n=2 (n/k=2)	32.2% n=19 (n/k=3)	11.8% n=24	60.2% n=118
Used religious or spiritual language or concepts	42.9% n=27 (n/k=2)	55% n=33 (n/k=5)	26.7% n=16 (n/k=2)	38.2% n=21 (n/k=7)	39.2% n=80	74.5% n=149
Helped clients to clarify their religious or spiritual values	33.8% n=22 (n/k=0)	53.3% n=32 (n/k=5)	11.9% n=7 (n/k=3)	46.3% n=25 (n/k=8)	29.4% n=60	79.4% n=162
Recommended participation in a religious or spiritual program	12.3% n=8 (n/k=0)	26.7% n=16 (n/k=5)	15.5% n=9 (n/k=4)	34.5% n=19 (n/k=7)	31.2% n=64	79.0% n=158
Referred clients to religious or spiritual counsellors	20.0% n=13 (n/k=0)	48.4% n=30 (n/k=3)	5.1% n=3 (n/k=2)	50.9% n=27 (n/k=9)	19.6% n=40	88.1% n=178
Helped clients develop ritual as an intervention (e.g. visiting graves of relatives, house blessings, etc)	41.5% n=27 (n/k=0)	78.9% n=45 (n/k=8)	12.5% n=7 (n/k=6)	58.9% n=33 (n/k=6)	11.7% n=24	67.2% n=137
Participated in clients' rituals as an intervention	21.5% n=14 (n/k=0)	42.1% n=24 (n/k=8)	5.1% n=3 (n/k=2)	27.8% n=15 (n/k=8)	6.8% n=14	42.0% n=84
Shared your own religious or spiritual beliefs or views	33.8% n=22 (n/k=0)	40.0% n=24 (n/k=5)	26.8% n=15 (n/k=6)	30.9% n=17 (n/k=7)	28.9% n=59	61.7% n=124

Table 6. British Social Work Students

Total numbers answering each question varied.

n=number answering (n/k=number who did not answer)

% is based on numbers who answered each question

Would you ever consider this an appropriate thing to do?	Not holding current religious or spiritual beliefs / affiliations	Holding current religious or spiritual beliefs / affiliations	'Muslim'	'Christian'	All	n/k
Gather information on clients' religious or spiritual backgrounds	96.8% (n=30)	86.2% (n=25)	76.9% (n=10)	93.3% (n=14)	91.7% (n=55)	2
Use or recommend religious or spiritual books or writings	50% (n=13)	51.6% (n=16)	54.5% (n=6)	52.9% (n=9)	50.9% (n=29)	5
Pray privately for a client	33.3% (n=9)	56.25% (n=18)	72.7% (n=8)	55.5% (n=10)	45.8% (n=27)	3
Pray or meditate with a client	21.4% (n=6)	41.9% (n=13)	50% (n=6)	37.5% (n=6)	32.2% (n=19)	3
Use religious or spiritual language or concepts	36% (n=9)	40% (n=12)	63.6% (n=7)	25% (n=4)	38.2% (n=21)	7
Help clients to clarify their religious or spiritual values	52% (n=13)	41.4% (n=12)	54.5% (n=6)	31.25% (n=5)	46.3% (n=25)	8
Recommend participation in a religious or spiritual program	41.7% (n=10)	29.0% (n=9)	54.5% (n=6)	17.6% (n=3)	34.5% (n=19)	7
Refer clients to religious or spiritual counsellors	39.1% (n=9)	60% (n=18)	63.6% (n=7)	52.9% (n=9)	50.9% (n=27)	9
Help clients develop ritual as an intervention (e.g. visiting graves of relatives, house blessings, etc)	63.0% (n=17)	55.2% (n=16)	40.0% (n=4)	68.75% (n=11)	58.9% (n=33)	6
Participate in client's rituals as an intervention	24.0% (n=6)	31.0% (n=9)	50% (n=5)	23.5% (n=4)	27.8% (n=15)	8
Share your own religious or spiritual beliefs or views	22.2% (n=6)	39.3% (n=11)	63.6% (n=7)	26.7% (n=4)	30.9% (n=17)	7

Table 7. Qualified British Social Workers

Total numbers answering each question varied.

n=number answering (n/k=number who did not answer)

% is based on numbers who answered each question

Would you ever consider this an appropriate thing to do?	All 'not holding current religious or spiritual beliefs'	All 'holding current religious or spiritual beliefs'	'Muslim'	'Christian'	All	n/k
Gather information on clients' religious or spiritual backgrounds	88.9% (n=24)	91.7% (n=33)	(n=1)	85.7% (n=18)	90.4% (n=57)	2
Use or recommend religious or spiritual books or writings	46.1% (n=12)	55.9% (n=19)	(n=0)	76.2% n=16	51.7% (n=31)	5
Pray privately for a client	50.0% (n=12)	63.9% (n=23)	(n=0)	78.3% (n=18)	55.5% (n=35)	2
Pray or meditate with a client	12.0% (n=3)	26.5% (n=9)	(n=0)	31.8% (n=7)	22.6% (n=14)	3
Use religious or spiritual language or concepts	50% (n=12)	60.6% (n=20)	(n=1)	59.1% (n=13)	55% (n=33)	5
Help clients to clarify their religious or spiritual values	48.0% (n=12)	55.9% (n=19)	(n=1)	56.5% (n=13)	53.3% (n=32)	5
Recommend participation in a religious or spiritual program	20.0% (n=5)	31.4% (n=11)	(n=0)	31.8% (n=7)	26.7% (n=16)	5
Refer clients to religious or spiritual counsellors	41.7% (n=10)	54.3% (n=19)	(n=0)	59.1% (n=13)	48.4% (n=30)	3
Help clients develop ritual as an intervention (e.g. visiting graves of relatives, house blessings, etc)	90.1% (n=20)	71.9% (n=23)	(n=0)	77.3% (n=17)	78.9% (n=45)	8
Participate in client's rituals as an intervention	45.8% (n=11)	36.7% (n=11)	(n=0)	42.9% (n=9)	42.1% (n=24)	8
Share your own religious or spiritual beliefs or views	29.2% (n=7)	48.5% (n=16)	(n=1)	39.1% (n=9)	40.0% (n=24)	5

Table 8.	Qualified British Social Workers Total numbers answering each question varied			British Social Work Students Total numbers answering each question varied		
	Questioning.	Strongly Disapproving.	n/k	Questioning.	Strongly Disapproving.	n/k
Religious or Spiritually Sensitive Interventions						
Recommended religious or spiritual forgiveness, penance or amends	32.3% (n=20)	67.7% (n=42)	3	29.8% (n=14)	70.2% (n=33)	15
Performed exorcism (expelling evil spirits)	8.3% (n=5)	91.7% (n=55)	5	12.0% (n=6)	88.0% (n=44)	12
Touched a client for healing purposes	27.9% (n=17)	72.1% (n=44)	4	14.6% (n=7)	85.4% (n=41)	14