

# Religion and Belief in Health and Social Care Assessments with Service Users

## Social Work and Social Care Training, Benchmarks and Regulations

The majority of standards, benchmarks and ethical codes in the UK and internationally require that religion and belief are addressed in the social care professions, but barely any define the terms or set out what to do about them. There is a religion and belief literacy gap.

A study comparing the British Association of Social Workers (BASW) and the National Association of Social Workers (NASW) in the US shows that the US looks more favourably at the role and significance of religion and belief in their profession than their British counterparts (Furman et al 2005). Furman also cites a survey by Moss (2003) into the extent to which social work training programmes are preparing social workers to understand the role and impact of religion and belief in society in the UK. Among the thirty social work training programs willing to take part, 26% reported that their syllabus did not cover these issues at all, 46% reported that these issues were included very minimally (usually once in the entire programme) and then only in modules on diversity, and 36% included these issues only in training on death and dying or the elderly (Furman et al 2005 p833). Many social work and social care professionals report feeling inadequately prepared to discuss religion and belief with service users (Horwath & Lees, 2010), or even knowing how to refer to religious celebrations in ways which will avoid offending people of varying religions (Bradstock, 2015).

Crucially the study found that none of the standards include any definition as to what is meant by terms such as 'religion' or 'belief' or 'spirituality'. Instead, they are used mostly interchangeably and most frequently mentioned as parts of long lists of factors which contribute to diversity within communities. The NISCC standards for social care workers (NISCC, 2015a, p. 32) and social workers (NISCC, 2015b, p. 38) goes furthest, providing a "Glossary" which defines "Equality" as "Treating everyone fairly and ensuring they have access to the same opportunities irrespective of their race, gender, disability, age, sexual orientation, religion or belief". But this still leaves practitioners ill-equipped to define or act on religion, belief or spirituality.

These issues are found internationally too in a study of guidance across a set of countries which have English in common as an official language and for whom a degree of shared histories and ideologies have resulted in many commonalities in respect of social work education (Crisp and Dinham 2019). This research explored the regulations or standards for social work education for Australia, Canada, Hong Kong, Ireland, New Zealand,

South Africa, the UK and the United States as well as the *Global Standards for the Education and Training of the Social Work Profession* (IFSW and IASSW, 2004). Each document was searched electronically using the keywords 'Beliefs', 'Faith', 'Religion', 'Secular' and 'Spirituality'. One or more statements associated with religion and belief was found in documents from all jurisdictions except for Hong Kong (SWRB, 2015) and Wales (CCfW, 2013). But none defines the terms, or gives guidance on what to do in practice. Religion is often one of several items in a list of factors which contribute to diversity within communities.

Considerations of religion, belief, faith and spirituality come to the fore at different stages in the social work journey, including in assessment, care planning and review, and, quite often, when decisions about safeguarding are being made. Merchant et al. (2008: 3) state that, in particular, 'initial assessment provides a key encounter point in which to place the value of the whole person at the centre of activity' and therefore is a crucial time to begin to understand the value of religion and/or spirituality in the lives of service users.

Alongside the religion and belief literacy framework we outlined above, there exist a number of other practical frameworks for social care practitioners in working with religion and belief that support the different types of assessment and planning tasks. Most notable of these include Furness and Gilligan's (2010) framework (see text box below), and Hodge's (2001) 'narrative framework'. Although there are different practical tools that might be used to gather values, views and life-stories throughout the assessment processes, as Furness and Gilligan (2010: 45) state, 'In most settings, it is perhaps unrealistic to expect practitioners to conduct separate assessments of issues arising from religion and belief' (p. 45), not least because of the pressures of time and resources. Furness and Gilligan's (2010) framework is based around a series of questions that practitioners can ask themselves before, during and after an assessment to judge whether religion, spirituality and belief have been adequately considered. This framework can be used with existing assessments within the Single Assessment Process or the Common Assessment Framework (p. 45).

In working with older people, for example, there are several places on the Single Assessment Process documentation where questions about religion or belief might arise, and which can also be reviewed at later stages. Social care practitioners are asked to collect demographic information about an individual's religious affiliation which might trigger a conversation, but

# Religion and Belief in Health and Social Care Assessments with Service Users

beyond this, when asking about mental or physical wellbeing, or about culture and religion, there is an opportunity to raise bigger questions about an individual's view of life and to use this to determine what might be important. Merchant et al. (2008) encourage asking 'what helps you most when things are difficult, when times are hard?' Although they are writing from the perspective of mental health care, a similar approach could be taken in other fields of social care practice. Answers to these kinds of questions could determine how an individual might cope under stress, who or what they draw on for support, what community connections they might want to maintain in the event of illness or disability, and, in terms of care planning, which services that they might want to access. This might also work the other way around - for example, someone with a strongly atheist tendency, might be very averse to attending a faith-based lunch club or residential provision. It is also important not to discount conversations about religion and belief if someone highlights that they are non-religious. They may well be open to discussing spirituality and faith practices but might not fit neatly into an institutional affiliation. This is likely to be increasingly the case in British society, if the number of those with 'no religion' continues to rise.

When considering religion and belief in assessment and care planning, there might be a tendency to think primarily about the practical issues for daily living, for example, relating to dietary restrictions and annual religious observances. Whilst taking these into account is of vital importance according to the law, it is also important to leave space for 'the bigger questions' of what gives life meaning. This can be difficult when time is limited in certain assessment situations (for example, in hospital, or if someone is extremely distressed) and also if social care practitioners are not prepared for the kinds of answers that might be given, or the kinds of requests people might make following on from discussions of this nature. However, providing sufficient space to air views on religion, belief, faith and spirituality might help you to understand your service user's attitudes and perspectives with more clarity.

## The Furness and Gilligan Framework (2010)

"We suggest that, in undertaking assessments, interventions and evaluations, practitioners need to reflect explicitly on the following eight questions:

1. Are you sufficiently spiritually 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 the needs that arise from them?
3. Are you listening to what they say about their beliefs and the strengths, difficulties and needs that arise from them?
4. Do you recognise individuals' expertise about their own beliefs and the strengths and needs that 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 that 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 that arise from them?
8. Have you sought out relevant information and advice regarding any religious and spiritual beliefs and practices that were previously unfamiliar to you?

(Furness and Gilligan, 2010: 47-48).

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In assessment and care planning with due regard to religion and belief, what is important is to move beyond simply accepting that people hold faith positions (and recording it as demographic information about them) to a more careful investigation of the role of religion in the lives of individuals and within communities. Knitter (2010: 260) draws a clear distinction between 'respecting' people's religious affiliations and 'engaging' with them properly, which for him, means that practitioners 'have to enter into these commitments and appreciate their power and their coherence'. This kind of approach has also been emphasized by Furness and Gilligan, and within Crisp (2017).

A number of scholars and social care practitioners have noted that religion might not always be a force for positive change in the lives of service users. Although religious practices might bring comfort to people in distress, and religious communities might be a support, they also might not. There have been well-documented cases where people diagnosed with mental health conditions might be encouraged to pray rather than accept psychiatric support, and where religiously oriented delusions might cause significant distress (see also, Furness and Gilligan, 2010, and Merchant et al, 2008: 7).

## Key messages summary

- Social care practitioners have a responsibility to give attention to religion, belief and spirituality in their practice. However, not every social worker feels comfortable or equipped to do this well.
- There is a legal duty on social workers and social care organisations to give due regard to religion and belief (and this is enshrined in the Equalities Act 2010), including for their own employees.
- The religion and belief landscape in contemporary Britain is highly diverse and plural. Drawing on a range of statistical data, one can identify certain trends – a decline in Anglican and Catholic Christianity, an increase in Pentecostal Christianity and minority religions (such as Islam or Buddhism), and a large increase in the 'non-religious'. Non-religion, however, does not always equate to atheism.
- In the Religion and Belief Literacy Framework (Dinham 2019), there are four phases that social care staff can use to think through the implications and challenges of religion and belief:
  1. categorisation (the need to understand the religion and belief landscape)
  2. disposition (space to explore the assumptions we bring to the conversation about religion and belief)
  3. knowledge (learning about the context and asking appropriate questions)
  4. skills (context specific application of developed knowledge).
- Consideration of religion and belief arise often at the assessment and care planning stage. It is important to consider the implications of religion and belief on practical tasks of daily living, but also around the bigger questions of the lives that people want to lead and what gives life meaning.