**Religion and Belief in Health and Social Care: the case for Religious Literacy**

***International Journal of Human Rights in Healthcare***

**Adam Dinham**

**Abstract**

The relationship between religion and belief and health and social care practice has been scarcely addressed, despite the important work of Furness and Gilligan in the UK and Canda in the US. Their work appears as exceptional within a wider context of professions which have been forged in a predominantly secular milieu, despite having their roots in Christian social services in the US, Canada and the UK. New research in the sociology of religion shows that religion and belief themselves vary in form, number and mix around the world, and that the religious landscape itself has changed enormously in the period during which secular social work has been operating within state stystems. It has been observed that in the UK secular assumptions reached a peak of confidence in the 1960s, when social work was most rapidly consolidating as a public profession (Dinham 2015). The inheritance has been generations of health and social care practitioners and educators who are ill-equipped to address the religion and belief identities which they encounter. In recent years this has become a pressing issue as societies across the West come to terms with the persistent – and in some ways growing – presence of religion or belief.. 84% of the global population declares a religious affiliation (Pew 2012); globalisation and migration put us all in to daily encounter with religious plurality as citizens, neighbours, service users and professionals; and internationally, mixed economies of welfare increasingly involve faith groups in service provision, including in social work and welfare settings across Europe and North America. Yet the 20th Century – the secular century – leaves behind a lamentable quality of conversation about religion and belief. Public professionals find themselves precarious on the subject, and largely unable to engage systematically and informedly with religion and belief as they encounter them. Religion and belief have been bracketed off in education in departments of Theology and Religious Studies. Social Work education has largely neglected them, and professional standards, benchmarks, values and toolkits, have tended to use proxies for religion and belief, such as ‘spirituality’, which are often ill-defined and vague. In a context of the reemergence of public faith, and a widespread acknowledgement that religion and belief did not go away after all, health and social care face the pressing challenge of engaging skilfully. This article draws on an action research programme in the UK to address this through the notion of religious literacy. Reflecting on original research and analysis in UK higher education settings, the article will argue that health and social care educators, policy makers and practitioners need to develop their religious literacy in order to engage fully and competently with the religion and belief identities of their service users in a religiously diverse and complex world.

Keywords: religious literacy, belief, spirituality, social work,

**Religion and Belief in Health and Social Care: the case for Religious Literacy**

**Adam Dinham**

Health and social care take place in an environment of intense religion and belief diversity. Continuing and changing indigenous religion and belief, alongside migration and globalization, puts professionals in to daily encounter with a growing plurality of religion, belief and non-belief (Dinham and Francis 2015). Recent law in the UK prohibits discrimination on the grounds of religion or belief in the provision of services and in employment (Equality Act 2010). A small number of cases have drawn attention to the ethical concerns that arise: for example, a GP who suggested to a vulnerable patient that he might benefit from a Christian faith above his own religion, is being investigated by the General Medical Council (GMC); and a nurse was suspended, but later reinstated, after a patient complained that she had offered to pray for her. At the same time, there is some emphasis on the rebalancing of medical and social model perspectives in health and care to respect the ‘whole person’ – including religion and belief - of service users (Crisp 2017). This is also reflected in an emerging interest in notions of well-being, mindfulness, spirituality and ‘compassion in care’ (*Compassion in Practice* 2013; Arat 2017). This presents a challenge to explore religion and belief in the context of health and social care with the goal of improving training, practice and service user experience.

This is pressing because health and social care is one of the most populated front lines where public professionals meet the greatest number and growing diversity of religion, beliefs and non-beliefs. For example, there are 13.9 million users of emergency departments in England and 70,000 children in care in England per year (see <http://www.statistics.gov.uk/hub/index.html> accessed April 2017). Health and social care professions also reflect a systemic understanding of the person as physical, mental, social *and spiritual.* Indeed, many health and social care providers and educators employ chaplaincies, and in some cases these are legally mandated (eg, in UK hospitals). Yet curricula for professional education appear to reflect largely ill-defined secular assumptions (Dinham & Jones 2010), tending towards medical model and social scientific accounts of the person which can obscure religion, belief and the spiritual (Furness and Gilligan 2012a; Furness, S. and Gilligan 2012b; Furness and Gilligan 2010).

At the same time, health and social care are distinctive in the UK in being within a National Health Service which has been considered a new kind of ‘sacred’ in itself (see Woodhead and Catto 2012). This puts them on another front line, with public opinion and public policy-making, which are themselves heavily inflected with secular assumptions which may also inhibit the ability to engage with religion, belief and non-belief (Dinham & Francis 2015). Yet, while a range of policy documents, regulations, benchmarks and professional guidelines hint at a role for ‘spirituality’, ‘well-being’, ‘mindfulness’, and the ‘holistic person’ (for example, the UK Health and Social Care Act 2012, which establishes ‘health and wellbeing boards’), these references are minimal, largely undefined and non-operationalised.

**Existing Knowledge and Practice**

Internationally, there is a growing body of literature on the importance of cultural and religious or spiritual sensitivity in health and social care practices in general. A common complaint is that practitioners know too little about the religious and spiritual dimensions of service users ([Gilligan, 2013](#_ENREF_14); [Hodge, 2004](#_ENREF_17), [2005](#_ENREF_18)). Others ask for research about more general, cross-cultural principles for professionals in their work, across religious and spiritual traditions ([Al-Krenawi & Graham, 2000](#_ENREF_1)). It is also noted that it is important for professionals to be aware of their own belief systems as these may influence ethical decision making and practice ([Osmo & Landau, 2003](#_ENREF_22)). Meanwhile, the UK government’s Department of Health has noted that the majority of patients identify as having religious needs, while fewer than half are asked about their religious needs (DoH 2003b).

In social work, a comparative study in Norway, the UK and the US ([Furman, Zahl, Benson, & Canda, 2007](#_ENREF_11); [Zahl, Furman, Benson, & Canda, 2007](#_ENREF_26)), explores attitudes and perceptions regarding the role of religion and spirituality in practice. It concludes that social workers in both the UK and the US were more positive to including religion and spirituality in professional practice than their Norwegian colleagues.

Indeed, while the British Association of Social Work code of ethics ([BASW, 2012](#_ENREF_2)) refers to ‘spirituality, this is not defined and the code makes no mention of religion, though the Professional Capabilities Framework (a reflection of the code of ethics), does mentions it. By contrast, the Norwegian code of ethics for social workers ([FO, 2015](#_ENREF_7)) recognises that “service providers should avoid and defeat unreasonable differential treatment of people”, including discrimination on the basis of religion, belief and non-beliefs.

A Norwegian follow-up study was carried out in 2011 ([Vetvik, 2016](#_ENREF_25)) in which the majority of respondents agree that religion and spirituality have a significant role to play in human life. When it comes to whether religion and spirituality should be included in professional social work practice however, respondents are divided and a large majority only legitimate inclusion on service users’ explicit request. Hodge ([2002](#_ENREF_16)) goes further to argue that social work has a tendency to oppress certain religious orientations.

Furness and Gilligan ([2014](#_ENREF_12)) surveyed social work students' views about issues of religion, belief and non-belief in practice settings. Students reported that few agencies promoted any opportunity for staff development and training in this area. This resonates with research in the UK and the US concluding that social workers are not adequately prepared to deal properly with religion and spirituality in their interactions with service users ([Canda & Nakashima, 2004](#_ENREF_4); [Furman, Benson, Canda, & Grimwood, 2005](#_ENREF_10); [Gilligan & Furness, 2006](#_ENREF_15); [Sheridan & Hemert, 1999](#_ENREF_23)). Canda and Furman ([2010](#_ENREF_3); [but see also Holloway & Moss, 2010](#_ENREF_19)) attempt to address this, with an interdisciplinary framework of values, knowledge, skills, and evidence for ‘spiritually sensitive practice’, using the language of spirituality but not religion. This has been criticized for concealing the real challenge through use of ‘apologetic proxies’ (Dinham 2017). Gilligan’s judgement of the situation in the UK is that practitioners are still able to “continue with ‘religion-blind’ and ‘belief-blind’ approaches without these being significantly challenged by agency policies or by professional cultures” ([Gilligan, 2009 p94](#_ENREF_13)).

In nursing, the NMC *Code of Professional Standards of Practice and Behaviour for Nurses and Midwives* (2015) states that ‘this Code reflects the world in which we live and work today, and the changing roles and expectations of nurses and midwives’, yet mentions religion only once, saying “Make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way” (ibid). NHS England has provided guidance in *Religion, belief and non-belief: a practical guide for the NHS* (2009), with similar documents for NHS Wales and Scotland, which set religion, belief and non-belief in the narrow contexts of employment and training issues, and in relation to the specifically delicate areas of abortion and end of life. More broadly, a World Health Organisation (WHO) statement about spiritual care (2007) states that

“Until recently the health professions have largely followed a medical mode…this reductionist or mechanistic view of patients as being only a material body is no longer satisfactory. Patients and physicians have to begin to realize the value of elements such as faith, hope and compassion in the healing process” (WHO 2007).

 In training, this is reflected in a growing emphasis on ‘holistic’ or ‘person-centred’ care which is “…tailored to the individual needs and choices of the service user, taking into account diversity, culture, religion, spirituality, sexuality, gender, age, and disability’. The UK Nursing and Midwifery Council Standards for Pre-Registration(2010) require programme providers to offer guidance on what to do when a student’s culture or religion might create difficulties in meeting programme requirements, for example, because of dress codes or timetabling. They are also required to demonstrate an ‘understanding of how culture, religion, spiritual beliefs, gender and sexuality can impact on illness and disability’, and ‘be acceptant of differing cultural traditions, beliefs, UK legal frameworks and professional ethics when planning care with people and their families and carers’. A Royal College of Nursing (RCN) on-line survey of over 4000 nurses’ perceptions and understandings of spirituality and spiritual care led to a pocket guide (RCN 2011) and an on-line resource (RCN 2014). How this plays out in learning and practice is not yet known.

In a third arena, which perhaps even more than these others connects mind and body, the counselling professions are not regulated by statute, and there are no standardized qualifying points, but a range of core competencies and curricula are well-established. An ethical framework emphasizes ‘a form of ethical thinking’. This contains no explicit mention of religion, belief and non-belief, and in project development discussions with leading regulators (Dinham, personal communication 2017) they described a deliberate policy to avoid the word religion which was seen as ‘inappropriate’, ‘non-inclusive’ and ‘off-putting’. A key theoretical challenge those discussions also revealed in relation to therapeutic practices is underlying traces of thinking about religion as madness, and the accompanying difficulty of practitioners being confident to tell the difference. We heard that sometimes therapists refer clients with religion issues on to psychiatrists, who are themselves no better equipped. Some controversies with religious therapists offering gay conversion treatments have also made the whole area fragile. At the same time, in common with social work and nursing, spirituality has emerged as an area of interest but is bracketed off as specialist and exceptional. This raises questions about how it feels to be interested in religion, belief and non-belief within counselling environments.

**An Emerging Research Agenda**

These considerations present an emerging research agenda across health and social care, a central lens of which is the sociological notion of the ‘post-secular’. This is an intensely contested term that reflects a renewed visibility of religion and belief in the 21st century West, while enjoining the related notion of the secular. A key voice in this debate observes ‘a postsecular self-understanding of society as a whole in which the vigorous continuation of religion in a continually secularizing environment must be reckoned with’ (Habermas 2006). His assertion relies on several elements: the continued expansion of religion globally and its power to shape culture and politics as well as individual behaviour; the inherent discrimination of a one-size-fits-all secular vision of the public square that requires religious citizens to modify their religious identity; and the struggle of liberal democracies to challenge the materialism of global capitalism. Liberal democracies, says Habermas, need to rediscover the wisdom, discernment and discipline that are linked with ‘pre-political’ religious sources because they are independent and self-generating, beyond the influence of both State and Market . An emerging research agenda should explore the secular and the post-secular as critical conceptual contexts in which the professional spheres of health and social care struggle to engage with contemporary religion, belief and non-belief. While critics have argued that the ubiquitous nature of the term ‘post-secular’ risks its devaluation (Beckford, 2012), the fluid and uncertain nature of public space reflected in the term is precisely a core definitional challenge for research to address. The emergence of a religiously plural public sphere, characterised by more blurred and fluid encounters, is one of the hallmarks of the current policy-making and practice context. In this context, research should radically question traditional 20th century assumptions of an unbridgeable religious/secular divide in which health and social care practices take place.

A second critical frame is the notion of religious literacy, and this should underpin research questions and analysis in four domains, rooted in earlier careful scholarship to induce, test and refine the idea of religious literacy in the HE sector, and in schools. This has resulted in a religious literacy framework (Dinham 2017), which challenges settings to consider themselves in relation to religion and belief in four ways.

**A Religious Literacy Framework**

This framework has four key elements: ‘category’, ‘disposition’, ‘knowledge’ and ‘skills’. The first element of this framework, labeled ‘Category’, asks ‘what do we mean by religion and belief and how can we think about it?’ It observes the dominance of the idea of secularity in sociology as the primary lens through which religion is understood as simply in decline – probably to a vanishing point - and how this has translated in to its social dominance more broadly. It proposes that understanding the real religious landscape, and the contested idea of the secular which frames it, is just as important as understanding the religion, belief and non-belief within it. To do religion justice, religious literacy proposes a stretchy understanding of religion to include religious traditions; informal, non-traditional religion which are growing, to do with nature, goddesses, angels and afterlife; non-religion, like secularism, atheism and humanism; and non-religious beliefs, like environmentalism, which are also growth areas. At the same time it demands an understanding that European and Western societies continue to be varyingly secular but also Christian and plural, and that all of these things are happening at once. This area of questioning should examine which religion, belief and non-beliefs are thought to count, what respondents mean by secular, and what purpose they are pursuing through engagement.

The second aspect of the framework is labelled ‘Disposition’ and asks ‘What emotional and atavistic assumptions are brought to the conversation and what are the effects of people’s own emotional positions in relation to religion or belief?’ This addresses whether feelings about religion or belief may be part of why the conversation is often ill-informed and ill-tempered, preoccupied with the ways in which religion, belief and non-belief clash, or oppress people. It explores the connections to the controversies which can arise. This dimension proposes that moving from untested assumptions and emotions which underpin so much experience to the expressly understood will be important if professions are to engage well with the religion, belief and non-belief they encounter. It focuses on these assumptions and feelings through seeking responses to statements of emotional positions in relation to religion and belief with which respondents can agree or strongly agree, and disagree or strongly disagree. It demands an epistemological shift in favour of engaging with feelings and attitudes as legitimate targets of research in both qualitative and quantitative modes.

The third element is labeled ‘Knowledge’ and the starts with the observation that comprehensive knowledge is neither possible nor desirable. The religious literacy framework talks about ‘a degree of general knowledge about at least some religious traditions and beliefs and the confidence to find out about others’ (Dinham and Jones 2011). The knowledge that is needed is about the shape of religion, belief and non-belief where practitioners find themselves. This is referred to as ‘the real religious landscape’ (Dinham and Shaw 2015), and it varies from place to place and time to time. So an engagement with religion, belief and non-belief as identity, rather than tradition, is proposed, which releases practitioners from the notion that they can and ought to learn some sort of comprehensive A-Z of a *tradition*, as though this is always the same, everywhere, in every person. In turn this challenges the notion of religions and beliefs as monolithic blocks of unchanging facts, relocating them instead as fluid and shifting lived experiences and identities. Questions in this area should fall into three parts: 1) a focus on respondents’ recognition of statistical and demographic features of the real religious landscape, to identify gaps between that and the realities; 2) respondents’ observations of religion, belief and non-belief realities and challenges in their settings, including ‘stories’ of episodes when things have gone right or wrong; and 3) understandings of key concepts in the sociology of religion concerning religion, belief and non-belief as identity versus tradition and fluid rather than fixed, including ‘believing without belonging’ and ‘vicarious religion’ (Davie 1994), ‘belonging without believing’ (Hervieu-Leger 2000), and ‘post-secularity’ (see Beckford 2012).

This leads to the fourth and final element of the religious literacy framework, which is labelled ‘Skills’. This involves connecting an understanding of the challenges and needs presented by religion, belief and non-belief in professional spaces, to the task of translate those findings in to training for practice. This should provide practitioners with skills for encounter with the real religious landscape. In this stage, stakeholders, including policy makers and service users, could co-produce the shape and purposes of new training, and this could lead in to the co-production of training materials and resources which follow, and their piloting and evaluation. This squarely suggests an action-research model which connects policy, practice and research in one direction, and the professional values of the health and social care professions on the other, in particular those relating to service-user empowerment, social justice and inclusion.

**From Framework to Methodology**

This agenda for research on religion and belief in health and social care reflects the challenges more than it sets out the lines of enquiry, although it certainly demands the reimagining of a number of fundamental binaries which have taken hold: that societies are increasingly secular, not sacred; religion and belief are private, not public; and that there is a story of complex change, not simple decline. The epistemological challenges which follow are also fundamental, requiring aspects of the natural and social scientific assumptions which underpin health and social care to admit of more religious, experiential and qualitative dimensions than are sometimes allowed. Of particular prominence is Dawkins’ binary opposition of science as rational and and religion as delusion, which he extends to the conclusion that even the study of religion, let alone the practice, can have no place in any serious university (Dawkins 2006). Yet this is itself one of many reasons why precisely this research agenda is pressing. The question is not whether it has legitimacy so much as how to go about it in contexts which struggle to talk and think well about religion. In the Religious Literacy work which has so far emerged, this has evolved in a two-stage process. First, the contingency of religion and belief landscapes, and the settings in which they occur, requires the location of research in the issues where they happen. This enjoins an approach which in some way audits the challenges and needs. This might be through a highly formal research process. It might be something lighter touch – depending on the time and resources of the setting under examination. Second, the action orientation of this field requires that the findings which emerge be developed into training which fits. This itself generates a space for co-production with the people in those settings. It also respects the observation that religious literacy is not one size fits all, because religion and belief are not one size fits all.

**Contingency and Shared Values**

In these ways religious literacy is a framework, not a recipe. It has different purposes, contents and outcomes in different settings. But underpinning it are a number of key observations which make it much more than a simple acquisition of knowledge.

First, religious literacy is a problem of the developed West (including New Zealand and Australia), in that it is ill-conceived secular-mindedness that makes the conversation so hard and ill-tempered in the first place, because it assumes a post-religious world, and seeks to act as though it is one.

Second, religious literacy is also a Western solution in that it is an essentially liberal endeavour: that is to say, it stands within the liberal values of human rights, social justice and freedoms of speech and thought, and invites people of all religions, beliefs and none to engage with religion and belief diversity in this spirit. Yet it does not extend as far as respecting and tolerating any and all expressions of religion or belief, where those expressions cut across liberal ones, especially when it comes to women and gay people, and religious freedom. So it is normative, in that it has purposes and goals: informed encounter across religion and belief differences, especially between religious and non-religious people. It emphasises a respectful conversation, rather than a tolerant one. And it acknowledges that some people will never join the conversation – including the least tolerant, who are perhaps most in need of it.

Third, religious literacy is context-specific. One size does not fit all. Understanding and responding to the religion and belief landscape of any particular sector or setting, is the key task of religious literacy.

**Conclusions**

In relation to religion and belief, religious literacy may become an essential element of professional training. Here it engages with the observation that

“Religion, belief and culture should be recognized…as potential sources of moral purpose and personal strength amidst the experience of ill-health, healing, suffering and dying. They should not be viewed solely or primarily as sources of problems in the delivery and reception of care” (Hordern 2016).

It may only be needed – or the categorical and dispositional parts anyway - in the first half of the twenty-first century, as the conversation is regained through education in schools and universities. In the meantime, the research agenda proposed here envisages equipping the public sphere *now* with the ability to have the conversation as the urgent task of professional training and continuing professional development across and beyond the sector.

**Word count: 4003**

Al-Krenawi, A., & Graham, J. R. (2000). Islamic theology and prayer: Relevance for

social work practice. *International Social Work, 43*(3), 289-304.

BASW. (2012). The code of ethics for social work: statement of principles Retrieved

19 April, 2017, from <http://cdn.basw.co.uk/upload/basw_112315-7.pdf>

Beckford, James. “SSSR Presidential Address Public Religions and the Postsecular: Critical Reflections.” *Journal for the Scientific Study of Religion* 51 (2012): 1–19.

Canda, E. R., & Furman, L. D. (2010). *Spiritual diversity in social work practice: The*

*heart of helping* (2nd ed.). New York: Oxford University Press.

Canda, E. R., & Nakashima, M. (2004). Ethical considerations about spirituality in

social work: insights from a national qualitative survey. *Families in Society: The*

*Journal of Contemporary Social Services, 85*(1), 27-35.

Crisp B (2017) (ed) *Routledge International Handbook of Religion, Spirituality and Social Work*Melbourne: Routledge

Crompton, M. (1998). *Children, spirituality, religion and social work*. Aldershot:

Ashgate/Arena.

Davie, G. (1994) *Religion in Britain since 1945: believing without belonging*, Oxford: Blackwell Publishing.

Dawkins R (2006) *The God Delusion* Boston and New York, Mariner

Dinham, A. and Francis, M. (2015) (eds) *Religious Literacy in Policy and Practice*, Bristol: Policy Press.

Dinham A (2016) Religious Literacy in Public and Professional Settings in Crisp B (2017) (ed) *Routledge International Handbook of Religion, Spirituality and Social Work*Melbourne: Routledge

Dinham A and Baker C (2017) New Interdisciplinary Spaces of Religions and Beliefs in Contemporary Thought and Practice: an analysis *Religions*, vol 8 no 1, Basel: MDPI

Dinham and Francis 2015 *Religious Literacy in Policy and Practice: problems, challengesm controversies* Bristol: Policy Press

Dinham, A. and Jones, S.H. (2012) ‘Religion, public policy, and the academy: brokering public faith in a context of ambivalence?’, *Journal of Contemporary Religion*, 27(2): 185-201.

Dinham, A. and Shaw, M. (2015) *REforREal: the future of teaching and learning about religion and belief* London: Goldsmiths University of London. Online. Available HTTP: <<http://www.gold.ac.uk/media/goldsmiths/169-images/departments/research-units/faiths-unit/REforREal-web-b.pdf>> (accessed 9 August 2016).

Ellison, C. G., & Sherkat, D. E. (1993). Obedience and autonomy: Religion and

parental values reconsidered. *Journal for the Scientific Study of Religion, 32*(4), 313-

329.

Furness, S. and Gilligan, P. (2014) ‘It never came up’: encouragements and discouragements to addressing religion and belief in professional practice. What do social work students have to say?’, *The British Journal of Social Work*, 44(3): 763-81.

FO. (2015). Yrkesetisk grunnlagsdokument for barnevernspedagoger, sosionomer,

vernepleiere og velferdsvitere [Foundation document for a code of ethics for child

protection and social workers, occupational therapists and welfare workers]

Retrieved from https://[www.fo.no/getfile.php/1320310/01%20Om%20FO/Hefter%20og%20publikasjoner/Yrkesetisk%20grunnlagsdokument\_2015.pdf](http://www.fo.no/getfile.php/1320310/01%20Om%20FO/Hefter%20og%20publikasjoner/Yrkesetisk%20grunnlagsdokument_2015.pdf)

Friestad, E. (2016, 6 January). Massiv utenlandsk støtte etter påstander om

trosforfølgelse, *Vårt Land*. Retrieved from <http://www.vl.no/nyhet/massiv-utenlandsk-stotte-etter-pastander-om-trosforfolgelse-1.671147?paywall=true>

Furman, L. D., Benson, P. W., & Canda, E. R. (2011). Christian social workers'

attitudes on the role of religion and spirituality in U.S. social work practice and

education: 1997-2008. *Social Work & Christianity, 38*(2), 175-200.

Furman, L. D., Benson, P. W., Canda, E. R., & Grimwood, C. (2005). A comparative

international analysis of religion and spirituality in social work: A survey of UK and US

social workers. *Social Work Education, 24*(8), 813-839.

Furman, L. D., Zahl, M.-A., Benson, P. W., & Canda, E. R. (2007). An international

analysis of the role of religion and spirituality in social work practice. *Families in*

*Society: The Journal of Contemporary Social Services, 88*(2), 241-254.

Furness, S., & Gilligan, P. (2014). ‘It Never Came Up’: Encouragements and

Discouragements to Addressing Religion and Belief in Professional Practice—What

Do Social Work Students Have To Say? *The British Journal of Social Work, 44*(3), 763-

781. doi: 10.1093/bjsw/bcs140

Gilligan, P. (2009). Considering religion and beliefs in child protection and

safeguarding work: is any consensus emerging? *Child Abuse Review, 18*(2), 94-110.

Gilligan, P. (2013). *Exploring neglected elements of cultural competence in social*

*work practice. Promoting and developing understanding of religion, belief and*

*culture.* PhD by Published Work, University of Bradford. Retrieved from

https://bradscholars.brad.ac.uk/bitstream/handle/10454/6313/P.%20A.%20

Gilligan%20Ph.D%202013%20Exploring%20Neglected%20Elements%20of%20Cultural%20Competence%20in%20Social%20Work.pdf?sequence=3

Gilligan, P., & Furness, S. (2006). The role of religion and spirituality in social work

practice: views and experiences of social workers and students. *The British Journal of*

*Social Work, 36*(4), 617-637. doi: 10.1093/bjsw/bch252

Habermas J (2007) Religion in the Public Sphere Unpublished lecture

<http://www.sandiego.edu/pdf/pdf_library/habermaslecture031105_c939cceb2ab087bdfc6df291ec0fc3fa.pdf>.

Hervieu-Leger D (2000) *[Religion as a Chain of Memory](http://www.cairn.info/revue-europeenne-des-sciences-sociales-2006-3-page-111.htm)* [New Brunswick: Rutgers University Press](http://www.cairn.info/revue-europeenne-des-sciences-sociales-2006-3-page-111.htm)

Hordern J (2016) Religion and Culture in *Medicine vol44 no10* Elsevier

Hodge, D. R. (2002). Does social work oppress Evangelical Christians? A "new class"

analysis of society and social work. *Social Work, 47*(4), 401-414.

Hodge, D. R. (2004). Developing cultural competency with evangelical christians.

*Families in Society: The Journal of Contemporary Social Services, 85*(2), 251-260. doi:

<http://dx.doi.org/10.1606/1044-3894.318>

Hodge, D. R. (2005). Social work and the house of Islam: Orienting practitioners to

the beliefs and values of Muslims in the United States. *Social Work, 50*(2), 162-173.

doi: https://doi.org/10.1093/sw/50.2.162

Holloway, M., & Moss, B. (2010). *Spirituality and social work*. Basingstoke: Palgrave

Macmillan.

Muri, K., & Svendsen, S. H. (2016, 21 February). Demonstrerer mot norsk barnevern -

Påstandene er helt vanvittige, *VG*. Retrieved from <http://www.vg.no/nyheter/barnevernet/demonstrerer-mot-norsk-barnevern-paastandene-er-helt-vanvittige/a/23621550/>

NASW. (2000). Code of ethics of the National Association of Social Workers

Retrieved 19 April, 2017, from [www.naswdc.ord/Code/ethics.htm](http://www.naswdc.ord/Code/ethics.htm)

Osmo, R., & Landau, R. (2003). Religious and secular belief systems in social work: a

survey of israeli social work professionals. *Families in Society: The Journal of*

*Contemporary Social Services, 84*(3), 359-366. doi: <http://dx.doi.org/10.1606/1044-3894.121>

Pew Research Center (2012) *The Global Religious Landscape: a report on the size and distribution of the world’s major religious groups as of 2010*, Washington DC: Pew Research Center. Online. Available HTTP: <http://www.pewforum.org/files/2014/01/global-religion-full.pdf> (accessed 18 April 2016).

Sheridan, M.J. and Amato-von Hemert, K. (1999) ‘The role of religion and spirituality in social work education and practice: a survey of student views and experiences’, *Journal of Social Work Education*, 35(1): 125-41.

Sheridan, M. J., & Hemert, K. A.-V. (1999). The role of religion and spirituality in

social work education and practice: a survey of student views and experiences.

[Article]. *Journal of Social Work Education, 35*(1), 125-142.

Shor, R. (1998). The Significance of Religion in Advancing a Culturally Sensitive

Approach Towards Child Maltreatment. *Families in Society: The Journal of*

*Contemporary Social Services, 79*(4), 400-409.

Vetvik, E. (2016). *Religion og livssyn i profesjonelt sosialt arbeid: Varierende praksis i*

*klientarbeidet: inkludering, marginalisering og ekskludering [Religion and spirituality*

*in professional social work practice with clients in contemporary Norway: Report*

*based on a survey]* (Vol. VID-rapport no. 1/2016). Oslo: VID Specilized University.

[Woodhead, L.](http://www.research.lancs.ac.uk/portal/en/people/linda-woodhead%2825be4bd3-9293-49d5-9477-27f3479fc425%29.html) and Catto, R. (eds.) (2012a) *Religion and change in modern Britain.* London: Routledge, pp. 1-3

Zahl, M.-A., Furman, L. D., Benson, P. W., & Canda, E. R. (2007). Religion and

spirituality in social work practice and education in a cross-cultural context:

findings from a Norwegian and UK study. *European Journal of Social Work, 10*(3), 295-317.