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ETHICAL PRACTICE IN FAITH-BASED ORGANIZATIONS

Therefore, a religious perspective on welfare should be considered a value system on which social welfare can be pursued. As an inherently moral and ethical discourse, religious welfare merely reaffirms that all perspectives to social welfare bury within them certain ideological and normative convictions about the nature of the good society.

(Jawad 2009: 255)

Introduction

Ethical practice is a fundamental concept and expectation for social workers and those with whom they work. As Jawad states in the above quote, ethics, also referred to as ‘morality’, is fundamental within many religions. As the director of a Scottish faith-based organization stated:

Voluntary agencies with a religious kind of history and background do have a – I mean I know with this agency, but I speak to other agencies as well – there’s a real kind of moral imperative around what we do. . . . Local authorities don’t in the same way do that and I think it’s because faith-based agencies do believe – come from a kind of moral sort of point of our responsibility.

If this speaker is correct, one might readily conclude that ethical practice within faith-based organizations could be assumed and was a non-issue. However, as to what is considered ethical is frequently contested and there is the potential for disparate ethical stances within and between faith-based organizations, let alone between faith-based organizations and individuals or groups not working from a faith basis. This chapter will first consider

notions of ethical practice by faith-based organizations before turning to explore some ethical concerns for social workers employed by faith-based organizations.

Ethical practice by faith-based organizations

Ethical practice by organizations, sometimes referred to as ‘corporate social responsibility’, may extend from ensuring that stakeholders are not harmed, to an obligation to act in ways which the organization contributes to the well-being of those it serves (Ozanne and Rose 2013). Stereotypically, in the case of faith-based organizations, this has frequently involved taking stances for or against particular practices or behaviours such that it has been proposed that ‘the moral nature of a religious group is characterized not only by the practices it develops for observing fundamental imperatives but by those imperatives it recognizes and those it does not’ (Battin 1990: 192).

Some of the most common ethical issues for faith-based organizations involve proscriptions around sexual behaviour and human reproduction, including sexual intercourse outside marriage, sexual relationships between persons of the same sex, contraception and termination of pregnancy. Medical interventions, including blood transfusions, use of donor organs and euthanasia, and substance use, including alcohol or stimulants such as caffeine, may be considered problematic within some religions. Furthermore, religious communities associated with faith-based organizations may have stances grounded in their beliefs about matters including spirit possession, infant circumcision, corporal punishment and religious-based practices such as male infant circumcision, as well as the rights of adults versus children and women versus men (Furness and Gilligan 2010a).

Ethical considerations vary between religions. For example, if an elderly person in care decided she no longer wanted to live and refused food, respect for autonomous choices may guide practitioners working in Protestant or Hindu settings, whereas the principle of sanctity of life would present issues in Catholic, Jewish and Muslim settings, all of which are religions which may consider such actions to be suicide, which is morally reprehensible (Linzer 2006). However, within a religion there can be very different interpretations as to what is ethical. For example, unlike many other branches of Christianity which are explicitly opposed (Quadagno and Rohlinger 2009), the Church of Sweden and the Church of Norway officially support abortion (Barbosa da Silva 2009). Nevertheless, there are those within these churches who oppose this. Hence, even social workers working from a similar religious basis may come with very different perspectives on so-called moral issues such as abortion:

Whereas one social worker may cite the ‘thou shall not kill’ commandment as the reason to restrict a woman’s right to choose,

another cites the God given endowment of humans to make choices, as reason to support a woman's right to choose.

(Ortiz 2003: 52)

In response to their particular beliefs, religious communities may deem it as not appropriate to provide particular services or only to provide them within limited parameters. For example, consistent with its understanding of Islamic principles, Islamic Relief will provide advice on family planning and distribute contraceptives but only to those who are married, except in situations where not to do so would be placing individuals at a high risk of harm (Palmer 2011). However, sometimes it is less clear-cut as to whether offering a specific service conflicts with religious beliefs, particularly when there are conflicting perspectives about 'conflicting political and religious views about individual and corporate responsibilities' (Furness and Gilligan 2012: 603).

In Australia in the late 1990s, it was anticipated that the country's first medically supervised injecting centre would be run by the Sisters of Charity Health Services, a major provider of drug treatment services in Sydney and part of the Roman Catholic Church. Under pressure from the Vatican which did not consider this an appropriate service in which the Catholic Church should be involved, the Sisters of Charity withdrew their involvement (MSIC 2013). However, this was not the end of faith-based involvement in such a service and when the Sydney Medically Supervised Injecting Centre [MSIC] opened in 2001 it was auspiced by the Uniting Church which at the time argued:

Sometimes, in order to live in community with another person we must be prepared to tolerate actions with which we do not necessarily agree. The dilemma of the Church in the situation of drug addiction is no different to that faced by families with drug takers. Do they totally exclude the offending family member until he/she is rehabilitated or do they at least provide food and shelter and maintain the contact which, ultimately, can provide the environment for change?

The critics of an MSIC will characterise it as a place of hopelessness and despair. Some critics of the MSIC argue that it is giving the message that there is no way out for the addict and that the best that can be done is to stop them from killing themselves. This is a false image of an MSIC. . . . Indeed, the MSIC will be rather an embodiment of Christian hope because it will say to the addict, even though we don't approve of your habit, and we all know that what you are doing is illegal outside this room, we will make a space for you to inject, because we believe that our first consideration is to keep you alive so that other things can be addressed later.

(Herbert and Talbot 2000)

Ethical considerations not only contribute to the decisions by faith-based organizations to commence new services but also to decisions about the future of existing services. Changes in legislation in 2007 had significant consequences for the adoption agencies associated with the Catholic Church in Britain. Whereas they had previously been able to set their own criteria for adoptive parents and could exclude couples not legally married or same-sex couples, such restrictions became illegal and organizations receiving public funding were required to change their assessment process to be in line with the legislation (St Andrew's Children's Society 2012). Believing this to be against Catholic notions of the family, some organizations advocated for an exemption from the requirement not to take into account sexual orientation of potential adoptive parents, while others decided to close their adoption services rather than comply with such requirements (Cosis Brown and Kershaw 2008). A third alternative was to adopt the new requirements and continue involvement in the field of adoption. At least one Catholic adoption agency in England decided not to follow the recommendation of their bishop that they cease involvement in adoption and fostering if they could not be exempted from placing children with unmarried or same-sex couples (White 2008). This organization now states in information to prospective adopters:

We welcome enquiries from married or unmarried couples who have a stable long term relationship and who have made a life long commitment to one another, and we also welcome enquiries from single people. What is important is that adopters are positively motivated and able to meet the needs of children and provide a stable, loving home.

(Caritas Care 2013a)

Having made a decision to continue as an adoption provider resulted in the agency losing its official status as a church organization (White 2008). Despite a rift with the bishop however, no longer being formally affiliated with the Catholic Church and having undergone a change of name, the organization retains a Christian identity (Caritas Care 2013b). A much more amicable separation was achieved by a Scottish organization which also chose to remain working in the field of adoption:

Our close links to the Catholic community continue despite the formal relationship with the Church ending in 2010 when the Equality Regulations came into effect. Our former president, Cardinal O'Brien, is still a strong supporter of the work we do and we still receive support from many clergy in the Archdiocese of St. Andrews and Edinburgh.

(St Andrew's Children's Society 2012: 8)

Each of the differing ways in which the Catholic adoption societies and their religious hierarchies responded to the changes in adoption legislation reflects an ethical imperative, with the key difference being whether providing a compromised service is regarded as better or worse than not providing a service at all (Hyde 2012). How seemingly similar organizations could make such different decisions about their future directions is a pertinent reminder that ethical decision-making in faith-based organizations may be context specific, with ethical imperatives:

expressed in a general way rather than as a clear guidepost for ethical resolution. Additionally, these were superseded by other considerations such as regulations, funders, intra-organizational power dynamics, or principles derived from other reference points (such as faith). Thus, decisions regarding social work practice seem to be informed largely by non-social work values and procedures.

(Hyde 2012: 363)

Decisions made may also reflect the different roles of various stakeholders in the organization when it comes to strategic decision-making (Hyde 2012). However, ethical practice in faith-based organizations does not just apply to strategic decision-making, but also to the values which underpin practice on a daily basis. When discussing their organizations, many of the research participants noted values such as integrity, compassion, social justice and dignity as occupying a central place in the organizational ethos (see also Jawad 2012b). For example, as one explained:

I think the real strength of an organization like [organization] is their ethos and their Christian values of kind of compassion and love and social justice and that. I think that really drives it as an organization and there are other factors like business models and such like which drive it, but I think that's a real strength for it and other similar faith-based organizations, which isn't maybe always as strong in secular organizations.

A strong value in some faith-based organizations is hospitality. Comparing her organization to non-faith-based organizations, a social worker commented:

In this organization, if we were having a meeting at lunchtime, inviting people to come to something at 12.30, we would always provide some lunch. . . . Someone told me the other day they went to [non-faith-based organization], for a meeting at 12.30 and they got a water jug and polystyrene cups. And I've been to other meetings where you haven't got offered anything.

Programmes within organizations are often funded in silos, but service users need to be treated holistically (Gardner 2011). Ethical practice at an organizational level can mean ensuring that once service users commence in a service the programmes they are assessed for are provided, even if funding received by the organization changes mid-programme. Referring to a programme in a non-faith-organization which had previously provided a mix of services, including medical and dental treatment along with counselling and life skills, one research participant noted how unethical it was to cease intervention mid-treatment:

Anyway, [non-faith-based organization] have recently changed their brokerage, that the medical category of brokerage and the life skills category of brokerage have gone, and all you can now have is counselling. So that means you might have been halfway through some treatment for your teeth and the funding has just stopped. Now, I actually think that's unethical to do that, and I have said that. Now if that was in [faith-based organization] I don't think we would make that decision because I think we would have much greater principles in place and our values would say that you can't just suddenly stop that and you would have to find a way to get around that. So I guess for me, the fact that the organization has these values, the fact that they come from where they do, usually means for me that it is easier to make an ethical decision.

Funding shortages may also lead to ethical dilemmas as to where faith-based organizations should seek funding from. In Scotland, a social worker told of the expectations that non-government organizations seeking funding would apply to the National Lottery Commission, and may be ineligible for some funding sources if they have not applied for this:

I don't go in the lottery right, because I think, I don't believe in gambling in general, and I think gambling can be particularly, with the more vulnerable people that we work with, can be quite negative for them. . . . I was involved in [organization] 10–15 years ago, they were saying quite clearly, 'We will not be involved in the national lottery and we won't accept national lottery money.' Which, right, I believe in that and I agree with that but the problem is that the government have changed the rules now and you can only get certain grants if you have actually applied for the lottery as well. So [organization] have now said, 'Well, as it stands, which way we will accept . . .', you know, so that they are wishing for their, what they are trained in, what their belief is so, and it's the fire to the nails, all the regulations get slightly, just diluted. It's not going away but slightly changed something.

Social work practice

Working for an organization with a strong value base can support and reinforce social workers' capacity to practise within their ethical framework, particularly if there is congruence between the organization's values and the social workers' code of ethics (Ortiz 2003) and especially if they are employed by an organization in their own faith tradition (Neagoe 2013). In response to a question about any tensions between his religious beliefs and understanding of social work, an Australian social worker replied, 'No, I never experienced that. I felt that they aligned quite well and certainly when I studied social work I felt that they fitted with my own ethics anyway. Having grown up in the [religion], that was simply a part of me.' Similarly, a social worker working in an organization from a different religious tradition said:

I've always found them quite aligned and it could potentially be because I was from the faith that the agencies were, so there was a good synergy there. It might have been interesting for instance if I worked in an alternative faith-based agency that wasn't aligned to my denomination. There potentially could have been more issues in that scenario.

Whereas a professional code of ethics is binding on its members and is prescriptive in identifying what is appropriate behaviour by individuals, a code of practice for an individual organization may establish normative expectations of its staff. While this doesn't necessarily have to result in conflict for individuals who are expected to comply with both, it can do so, and there is the potential for this in faith-based organizations (Smith 1989). Hence, it may be necessary to recognize the different perspectives which underpin religious teaching and professional codes of ethics. It has been argued that the underlying philosophical bases of social work and Christianity differ such that tensions between the two would be expected if not inevitable, with contemporary social work often founded on secular humanist principles rather than on divine teaching (Stewart 2009). However, emphasizing apparent differences between religious and professional codes of ethics/practice can mask underlying similarities and the fact that both want what is best for individuals (Siporin 1986), whereas emphasizing the similarities may obscure the potential for conflict (Neagoe 2013). For example, it has been argued that both Catholic social teaching and social work codes of ethics respect the basic human rights of individuals and groups (Ebear *et al.* 2006; Himchak 2005) and that there is more convergence than divergence between these two influential dialogues

(Brenden 2007). A social worker working in a Catholic organization drew links between her professional ethics and Catholic social teaching:

I don't know that there is a clash. I think they just come from different perspectives, but they are one and the same in lots of ways but are driven by different in saying Catholic social teaching, the agency values and that, that is coming from gospel values. Very rooted in the gospel I suppose, whereas, social work and the values within the code of practice and all that, is not necessarily.

Similarly, it has been noted that both Islamic (Ashencaen Crabtree *et al.* 2008) and Jewish (Guttmann and Cohen 1995) teachings are compatible with the principles of social work. Nevertheless, it is necessary to realize that ethical systems based on religious teachings do not necessarily provide day-to-day practice guidance for social workers or other professionals (Constable 2007). Ressler and Hodge (2003) in their interviews with 12 US social workers who identified as theologically conservative Christians found that all the respondents regarded their personal values as compatible with the values set out in the NASW Code of Ethics, i.e. service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Nevertheless, they recognized that others may not view their religiously based stances on some issues to be in concordance with ethical stances held by others within the profession. In other words, it is the interpretation not the principle which may lead to dissent.

On the other hand, there are practices in some religions which go against social work ethics, particularly around equality of treatment for women and people who don't identify as heterosexual, and it may be important that these are able to be addressed (Brenden 2007; Larson and Robertson 2007), especially when religious beliefs have been used to sanction violence:

History demonstrates how spirituality, in the form of religion can be used to validate violence in the form of war and oppression of many kinds. Christianity has been problematic for many, endorsing missionary zeal that ignores the spirituality of others. We live still in a world where religious values are used to justify violence and to impose life limiting expectations on individuals and communities. This happens at many levels: continuing warfare in many parts of the world, tensions within communities where there is religious intolerance; an expectation, for example, that women remain married in spite of domestic violence; at policy and program levels such as whether funding should be provided for condoms in AIDS prone areas.

(Gardner 2011: 20)

Social workers in faith-based organizations may report working around agency policies and practices to meet the needs of clients (Svare *et al.* 2007)

and on a day-to-day basis have considerable autonomy which enables them to do so. As one social work manager explained, ‘I often say to my staff that “look, you’ve got a level of autonomy in your role, use it . . . you’ve got a level of autonomy, you’re all professionals and can make those choices”’.

The autonomous worker may recognize the ethical stance of their organization but determine that there are other moral imperatives which also need to be considered. Workers in a faith-based organization associated with a religion where sex outside marriage is not approved may nevertheless put aside their own disapproval and support individuals such as unmarried pregnant teenagers (Siporin 1986). Hence, when asked about whether there were ever any tensions between the values espoused by the organization and her understanding of social work, an experienced social worker in a Catholic organization responded:

There are probably two answers to that. One would be the official answer and one would be the practice answer, I think. And it’s probably most obvious in the area of youth when you are talking about contraception and a lot of talk about safe sex which . . . was more of a case of do what you need to do to educate the person and help them to make their own choices and to be safe and that sort of thing. And don’t bring too much to our attention that there’s a conflict in that. These days I think that the young person’s welfare is first and foremost and whatever needs to happen to promote their welfare and give them choices.

When it’s not possible to provide a service within their faith-based organization, social workers may refer a service user to another organization which can meet and address their needs. There will also be times when social workers may consider it necessary to explicitly challenge the organization’s stance which may result in values being imposed upon service users (Neagoe 2013). For example, not permitting service users to consume alcohol may be consistent with some interpretations of religious teaching but impinging upon their freedom to make choices (Lake 2013). As a social worker in a faith-based organization which didn’t approve of alcohol explains:

If a client can’t go shopping, I will catch a bus with them to wherever they need to go. One of the ethical dilemmas that I had at one stage, and it was a really interesting one too, one of my clients wanted me to take him to an alcohol store to buy alcohol. Now [organization] has a no-alcohol policy. So I was instructed not to take my client to an alcohol shop. Now it’s going back a fair while, and my response to that was ‘Why is that?’ Because the [organization] doesn’t believe in drinking but how is that relevant to taking a client and his choice? He’s not going to drink in front of me, so for me there’s a lot of ethical

dilemma around that. Do I respect the client's individuality or do I have to abide by the [organization's] guidelines? . . .

Well I offset that by saying that the guy has never been shopping. He's actually stepped outside his house and started to address social inclusion. This is about social inclusion which is what we are about and I argued the point and I won.

There may however be times when social workers in faith-based organizations are horrified by the requests of service users. For example, a Scottish social worker talked about a residential setting for adults, where service users with learning difficulties had been known to request the services of commercial sex workers. Such requests raise issues as to what is the organization's limits of responsibility when person-centred planning is expected to be a key principle in social work practice:

Our organization does sometimes have issues with . . . members of staff who are asked by service users, not just with learning difficulties, but with difficulties about, to provide them with prostitutes and things like that. And the first time that came up it was like, 'What will God say?' And that is quite clear, that is offensive, they don't do it. But the, I think that is what can be difficult being within a Christian organization and actually providing someone with what they best need for their needs if that doesn't 100 per cent tie in with your own faith. But I think that happens in any organization whether you are a Christian organization or not. . . . But I mean there was a real panic, what do you do? Will people say that we are being bad because we are Christians, or see that we are actually taking a step to protect these vulnerable adults? Which is more of what was being done rather than because we are Christian, because we believe what should be done.

When self-determination potentially conflicts with religious values, social workers may need to ensure that they are not perceived as promoting a religious viewpoint or the need for religious conversion. Ethical practice is non-discriminatory and service provision should not be contingent upon receptivity to any efforts at proselytizing (De Cordier 2009), although it is just as important that social workers are not coerced into taking or supporting actions which they regard as unethical. Attempts to limit self-determination by service users may also come from individuals outside the organization who make it known as to what they expect from a faith-based organization. For example, a social worker in a faith-based organization which offers relationship counselling may find abusive spouses expecting them to uphold religious teachings which promote marriage as an inviolable contract (Gardner 2011). In addition to self-determination, other potential

clashes between social work and religious values have been identified in respect of notions of informed consent and confidentiality (Battin 1990).

In addition to the specific ethical issues which emerge directly from working in a faith-based organization, social workers in faith-based organizations also experience many ethical issues with social workers employed in other sectors. One such issue is the involvement of unqualified staff in case work or counselling roles. Although many faith-based organizations have a high regard for professionalism and may regard it as a hallmark of ethical practice (Ferris 2011), others have paid unqualified staff or volunteers who may lack knowledge of what is regarded as best practice and ethical practice in their field (Charnley 2007; Conradson 2011). As one Australian social worker explained:

Interesting enough we have a manager who de-professionalized case management a few years ago. Their work ethics weren't up to our standard for some of the workers; just the way they dealt with clients, they were quite abrupt. They told them 'This is how it's going to be.' As opposed to working with the client, asking them what they need.

While social workers in any setting may find themselves working with services users who have experienced a religious conversion, service users may be more open to disclosing this to staff in a faith-based organization, particularly one aligned with their new-found religion. At the same time, social workers, particularly those who do not want to be seen as in any way encouraging such a conversion, even if privately they regard it as positive, may be uneasy in discussing this. As to what is the role of the professional worker when a service user has a religious conversion, Maxine Green (2010) provides the following guidance, which is applicable both within and outside faith-based organizations:

What is important is that the concept of conversion is not necessarily positive or negative. It is possible to assess the impact that conversion has on people's lives and to make judgements based on assessing their subsequent behaviour against particular expectations. For example, as a result of conversion, are people happier, and do they have more or less control over their lives?

(Green 2010: 124)

Social workers may also encounter service users who have been subjected to exorcisms or other religious interventions that have sought to rid them of some form of evil spirit which has either not been effective or has increased their level of disturbance (Coyte 2007). One of the most horrific cases of child abuse which has received widespread reporting in recent years is the case of Victoria Climbié, who died at 8 years of age in London in 2000. The

previous year she was sent from the Ivory Coast to live with a relative, initially in France, before moving to London. Although she suffered from an illness which caused incontinence, this was interpreted by her carers as wilful behaviour caused by evil spirits. As punishment she was kept in an empty bath, tied up in a bag containing her own excrement and forced to eat cold food. The advice from the pastor of a local church was that Victoria's problematic behaviour could be solved by prayer. When the condition subsequently returned, the same pastor suggested that insufficient care had been taken, hence allowing the evil spirit to return. Some months later she was taken to a second church where the pastor also diagnosed spirit possession as the problem which needed curing (Laming 2003). Although the social workers involved with Victoria Climbié were employed in statutory agencies and not by faith-based organizations, Gilligan (2010) has proposed spirit possession as one of the key moral issues which needs to be addressed in respect of social work in faith-based organizations. However, beliefs in spirit possession do not necessarily result in harm (Briggs *et al.* 2011), and the number of cases of child abuse associated with spirit possession presenting themselves to social workers in any setting is very low (Briggs *et al.* 2011; Gilligan 2008). In all likelihood a social worker in a faith-based organization may never encounter a case, but when it does occur this may well be one issue when individual social workers find they cannot reconcile religious beliefs with their social work values.

Conclusion

There may be multiple and contradictory perspectives on what is considered ethical practice when considering service provision by faith-based welfare organizations, especially when organizations are working from a supposedly similar value basis in similar situations such as the Catholic adoption agencies in Britain. Not only has this issue created schisms in the social work community between those who are anti-homosexual and those who are anti-religious (Melville-Wiseman 2013) but it has opened up public debate as to the contemporary relevance of the so-called ethical stance taken by some faith-based organizations. At the same time that some faith-based organizations are taking issue with increasingly prevailing community values which tolerate a wide range of sexual identities and lifestyles beyond heterosexual marriage,

Others are sceptical about a public role for faiths on the grounds of a perception of their tendency to assert moral superiority by appeal to imagined deities, coupled with self-justifying discrimination expressed in sexism, racism and homophobia.

(Dinham 2012a: 8)

Working for a faith-based organization can indeed create challenges for ethical practice (Charnley 2007) and, prior to undertaking this research, social workers employed in other organizations often commented to the author that there would be too many ethical issues to overcome and that it would make employment in a faith-based organization difficult. Hence, social workers employed in faith-based organizations are more likely to be those who are able to negotiate the ethical issues associated with employment in this setting:

The pragmatic reality is that when one chooses to work for any institution, whether Catholic, Dutch Reformed, Jewish, Muslim, or one in the public sector, the employment contract stipulates the practice arena and its limitations. If a social worker cannot find a balance point between her or his own values, the expectations of the profession's values upon them in the workplace and the expectations of the workplace, the logical choice is not to work in the setting.

(Ebear *et al.* 2008: 191)

It is not that ethical issues do not emerge for social workers in faith-based organizations which might clash with the values of their employer but how they resolve these issues. Several of the research participants demonstrated an adeptness for doing what they believe is in the best interests of service users, which at times may involve taking a stance contra to what one might expect for an organization of a particular religious disposition.

Social work in faith-based organizations will probably raise difficult ethical issues for individuals, organizations and whole societies. However, this is perhaps no more so than when faith-based organizations are considered to have engaged in unethical practices at a systemic level, which will be the focus of Chapter 7.