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A special comment on this special issue on international ethics and values, by Senior Editor Stephen M. Marson, Ph.D.

I write this as a welcoming statement for those attending the Conference on International Social Work.

Approximately 8 years ago, when the *Journal of Social Work Values and Ethics* was still in the planning stages, the Editorial Board discussed the desire to offer a special issue on international ethics. Since then, I have been introducing the possibility at every appropriate venue in which I had an opportunity to speak. Over the Internet, I met Jason L. Powell, an Associate Dean at the University of Liverpool in the UK, who expressed a strong interest in joining the Editorial Board. Besides having an impressive résumé, after an energetic discussion with Jason, he "volunteered" take the helm as Special Guest Editor for our *Special Issue on International Social Work Values and Ethics.*

During the 2009 conference of the Council on Social Work Education, I met Robin Sakina Mama, Dean of Social Work at Monmouth University. I learned that Robin is the representative to the International Federation of Social Work at the United Nations. In addition, she was one of the coordinators for the Conference on International Social Work scheduled for July 10-12, 2009, in Jersey City, New Jersey USA. Our special issue on international social work was scheduled to appear in the fall or winter of 2009, but after speaking to both Robin and Jason, we were able to move up the production of this issue to be available for the attendees of the July conference. Changing the publication date is a clear advantage that online publications have over paper.

I welcome the attendees of the Conference on International Social Work and cordially invite them to sign up for a free subscription to the *Journal of Social Work Values and Ethics.* To get a subscription, merely go to http://www.socialworker.com/jswve/. On the left side of the screen, one will read:

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Stephen M. Marson, Ph.D. Senior Editor

Editorial: IFSW code of practice in comparison to national codes

Jason L. Powell, Ph.D., University of Liverpool

This special issue of *Journal of Social Work Values and Ethics* focuses on the relationship between international and national codes of social work ethics. Ethical awareness is a fundamental part of the professional practice of social workers. The ability and commitment to act ethically is an essential aspect of the quality of the service offered to those who use social work services. In discussions about the ethical base of social work, a distinction has to be drawn between two competing notions. One is of *ethics* as relating to the value base of social work and in providing a set of principles or values on which those involved in social work base their actions—a kind of moral code.

However, *ethics* will also often refer to certain rules and regulations that govern the behaviours of professionals such as social workers. In understanding why this is important, a comparative context is an essential issue. Hence, the purpose of the International Federation of Social Workers statement on ethics is to promote ethical debate and reflection in national member organisations such as the UK, Australia, US, and Canada. Some ethical challenges and problems facing social workers are specific to particular countries. The special issue focuses on international comparisons, namely and predominantly in the UK as well as comparative coverage in Canada, the USA, and Australia.

In the IFSW, social work is based on respect for the inherent worth and dignity of all user groups, and the rights that follow from this. The IFSW code suggests that social workers should uphold and defend each person's physical, psychological, emotional, and spiritual integrity and well-being in respecting the right to self-determination. Social workers should respect and promote people's rights to make their own choices and decisions, irrespective of their values and life choices, provided this does not threaten the rights and legitimate interests of others. The IFSW also suggests that social workers should promote the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives.

Further, through their commitment to the promotion of social justice, social workers should challenge negative discrimination on whatever grounds; recognise diversity whether it be individual, family, or community based; challenge unjust policies; and work in solidarity by challenging the conditions that contribute to social exclusion, stigmatisation, or subjugation and work toward an inclusive society.

The importance of maintaining a set of core values for social work also contributes to the notion of the professionalisation of social work—that it has its own distinctive ethics and values that demarcate it from other professions. What this special issue serves to do, on comparing national codes of ethics with IFSW code, is to highlight a number of critical implications so that we can understand how ethics plays out in the UK, USA, Canada, and Australia. We hope you enjoy the issue.

Guest Editor, Dr. Jason L. Powell, University of Liverpool

Letter to the Editor

Dear Editors:

We are so pleased to see this special issue on disabilities come to fruition. Having been discussed for years, it is also rewarding to know that the CSWE Council on Social Work Education Council on Disability and Persons with Disabilities was able to participate in a meaningful way and serve as a catalyst for the project's completion. The Council functions to develop social work education resources that are related to issues surrounding disability and the experiences of individuals with disabilities; to facilitate the full participation of people with disabilities in social work education; and to advocate for inclusion of social, political, and economic matters involving disability and individuals with disabilities in the framework of social work education. Thank you to all the individuals who contributed to the completion of this critical issue of the Journal.

Julia Watkins
CSWE Executive Director

Ethical Codes of Practice in the US and UK: One Profession, Two Standards

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NOTE: This is a revised version of this article. It was revised on 6/26/09.

Abstract

Social work codes of professional ethics in the United States and the United Kingdom are juxtaposed to reveal differences in form, content, structure and historical development. The approach taken in the two countries to professional regulation, through codes of ethics, is strikingly different; tentative explanations are offered.

Keywords: social work; code of ethics; profession values; ethical standards; United States; United Kingdom;

1.0 Introduction

Codes of professional ethics, in social work as in other occupations, purport to fulfill several functions. Among the most important claims made for such codes are that they provide: information to those members of the public about standards of services provided by practitioners; guidance to professional practitioners about decisions to be made in determining acceptable and unacceptable professional behaviours; and when combined with a regulatory body, standards to determine who may be excluded from the profession on account of unacceptable behaviour. This article juxtaposes the codes of ethics in use in the United States with those in the United Kingdom, presenting first the different evolutionary histories of the two codes; explores some dimensions of difference, and comments upon some of the reasons for those differences. This comparison provides a rich opportunity to examine the ways in which codes of ethics reflect similarities and differences in national character, history, and political context.

2.0. The Evolution of Ethics Standards in the U.S.

In the U.S., the National Association of Social Workers (NASW) Code of Ethics is the best known and most influential set of ethical standards applying to social workers. Ethics codes have also been developed by other social work organizations in the U.S., such as the National Association of Black Social Workers and the Clinical Social Work Association (Reamer, 2006a).

In the U.S., codes of ethics are used by several formal bodies that govern social workers. NASW, the largest professional social work association in the U.S., uses the NASW Code of Ethics to review and adjudicate ethics complaints filed against NASW members. Social workers who have been found by NASW to be in violation of the code may be required to engage in some form of corrective action (e.g., consultation, supervision, continuing education) or may be sanctioned (e.g., suspended or expelled from NASW).

Further, many of the individual state licensing boards in the U.S. have formally adopted the NASW Code of Ethics, or portions of the code, and use it to review and adjudicate ethics complaints filed against licensed social workers. [1] Licensed social workers who have been found by their licensing boards to have violated ethical standards may be required to engage in some form of corrective action (e.g., consultation, supervision, continuing education) or may be sanctioned (e.g., placed on probation, suspended license, revocation of license).

Finally, many public and private social service agencies have adopted the NASW Code of Ethics, or portions of the code, as agency policy and use the code's standards to guide and assess employees' conduct. Social workers who have been found by their employer to have violated the agency's ethical standards may be required to engage in

some form of corrective action (see above) or may be sanctioned (e.g., demoted, suspended, or fired).

2.1. Early Efforts

In the U.S., the earliest known attempt to formulate a code was an experimental draft printed in the 1920s, and attributed to Mary Richmond, (Pumphrey, 1959; Reamer, 2006b), nearly thirty years after the formal inauguration of social work in this nation. Although, several other social work organizations formulated draft codes during the profession's early years (for example, the American Association for Organizing Family Social Work and several chapters of the American Association of Social Workers [AASW]), it was not until 1947 that the AASW, the largest organization of social workers in that era, adopted a formal code (Johnson, 1955). In 1960, NASW adopted its first code of ethics, five years after the association was formed.

In 1960, the NASW Code of Ethics was one page long and consisted of fourteen brief, first-person proclamations concerning, for example, every social worker's duty to give precedence to professional responsibility over personal interests; to respect the privacy of clients [2]; to give appropriate service in public emergencies; and to contribute knowledge, skills, and support to human welfare programs. In 1967, a fifteenth principle pledging nondiscrimination was added.

In 1977, NASW established a task force to revise the code and enhance its relevance to practice. It is important to note that this development occurred just as the broader field of applied and professional ethics – especially bioethics – was emerging in the U.S. and abroad. During this period, professions as diverse as medicine, psychology, nursing, journalism, engineering, social work, and law enforcement were becoming much more cognizant of challenging ethical issues and embarked, for the first time, on ambitious projects designed to identify compelling ethical issues and develop conceptual frameworks to address them.

The second major NASW Code of Ethics was adopted in 1979. It included six sections of brief, unannotated principles with a preamble setting forth the code's general purpose. The major sections focused on social workers' general conduct and comportment and ethical responsibilities to clients, colleagues, employers, employing organizations, the social work profession, and the broader society. The 1979 code was revised twice, eventually including approximately eighty principles.

By 1994, NASWs governing body recognized that the 1979 code was no longer adequate in light of dramatic changes in social workers' understanding of ethical issues in the profession. Scholarly research on professional ethics had burgeoned since the 1970s and social workers had a much clearer grasp of ethical issues in the profession concerning

such phenomena as conflicts of interest, dual relationships, boundaries, informed consent, and paternalism. Also, contemporary social workers were facing new challenges that were not addressed in the 1979 code, for example, confidentiality challenges created by new computer and other electronic technology. NASW recognized that modest revision of the 1979 code would not suffice; rather, the profession needed an entirely new code.

2.2. A Fundamental Shift: A New Code of Ethics

A completely new code of ethics was ratified by the NASW governing body in 1996; this is the current code in the U.S., with several relatively minor revisions since then. The code includes four major sections. [3] The first section, "Preamble," summarizes social work's mission and core values. This is the first time in NASW's history that its code of ethics has contained a formally sanctioned mission statement and an explicit summary of the profession's core values.

The second section, "Purpose of the NASW Code of Ethics," provides an overview of the code's main functions and a brief guide for dealing with ethical issues or dilemmas. The code identifies five key purposes:

· to set forth broad ethical principles that reflect the profession's core values and establish ethical standards to guide social work practice;

· to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise;

· to familiarize practitioners new to the field to social work's mission, values, and ethical standards;

· to provide ethical standards to which the general public can hold the social work profession accountable; and

· to articulate standards that the profession itself (and other bodies that choose to adopt the code, such as licensing and regulatory boards, professional liability insurance providers, and government agencies) can use to assess whether social workers have engaged in unethical conduct.

An important feature of the current NASW code is its overview of key resources social workers should consider when faced with difficult ethical decisions. These resources

include ethical theory and conceptually based decision-making frameworks; social work practice theory and research; laws and regulations; agency policies; and other relevant codes of ethics. The code also encourages social workers to obtain ethics consultation, when appropriate, from an agency-based ethics committee, regulatory bodies, trained ethicists, knowledgeable colleagues, supervisors, or legal counsel.

Another key feature in this section of the NASW code is explicit acknowledgement that instances sometimes arise in social work in which the code's values, principles, and ethical standards conflict. The code does not provide a formula for resolving such conflicts and does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Further, the code acknowledges that reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank-ordered with the conflict.

The code's third section, "Ethical Principles," presents six broad ethical principles that inform social work practice, one for each of the six core values cited in the preamble: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Each principle includes a brief annotation.

The code's final and most extensive section, "Ethical Standards," includes 155 specific ethical standards designed to guide social workers' conduct and provide a basis for adjudication of ethics complaints. The standards are divided into six sections concerning social workers' ethical responsibilities to clients, to colleagues, in practice settings, as professionals, to the profession, and to society at large. The introduction to this section of the code states explicitly that some of the standards are enforceable guidelines for professional conduct and some are standards to which social workers should aspire (so-called aspirational, as opposed to enforceable, standards).

In general, the NASW code's standards concern three kinds of issues (Reamer, 2003, 2006a). The first includes what can be defined as "mistakes" that social workers might make which have ethical implications. Examples include leaving confidential documents displayed in public areas in such a way that they can be read by unauthorized persons or forgetting to include important details in a client's informed consent documents. The second category includes issues associated with difficult ethical decisions – for example, whether to disclose confidential information, without client consent, to protect a third party from harm; barter with low-income clients who want to exchange goods for social work services; or terminate services to a noncompliant, yet vulnerable, client. The final category includes issues pertaining to social worker misconduct, such as exploitation of clients, boundary violations, or fraudulent billing for services.

2.3. The Diverse Uses of the NASW Code of Ethics

It is difficult to measure precisely the extent to which the NASW Code of Ethics has been used to adjudicate ethics-related complaints against social workers. As mentioned earlier, the code is used by NASW to review and adjudicate complaints filed against NASW members (not all U.S. social workers belong to NASW, in which membership is voluntary). McCann and Cutler (1979) found that between 1960 and 1977, there were 152 ethics complaints filed against NASW members; most were filed in 1976 and 1977 and most involved disputes between the social worker as employee and the social worker as manager. Strom-Gottfried (2000) examined complaints filed against NASW members between 1986 and 1997. She documented 267 cases in which there was evidence of ethics violations, including a total of 781 different violations in categories such as: violating boundaries, poor practice, competence, record keeping, honesty, confidentiality, informed consent, collegial actions, reimbursement, and conflicts of interest.

However, since NASW is a voluntary membership organization and professional association, it does not have the legal authority to regulate social work practice in the form of suspension or revocation of a social worker's right to practice. Although NASW has the authority to suspend or revoke NASW membership, this does not necessarily mean that a suspended or expelled member will be unable to practice social work. In the U.S., only state licensing and regulatory boards hold that legal authority. These legal bodies render decisions about ethics-related complaints based on the ethical standards that are codified in formal licensing statutes and regulations. Some states formally adopt the NASW Code of Ethics as their ethical standards, some adopt portions of the NASW code and supplement these with other ethical standards adopted by the licensing or regulatory body, and some do not draw explicitly on the NASW code. As a result, it is difficult to measure precisely the extent to which the NASW code has been used to sanction licensed social workers.

The NASW code is also frequently invoked in lawsuits filed against social workers that raise ethical issues. In the U.S., which some believe is more litigious than many other societies in which social work is practiced, many lawsuits include allegations of ethics-related violations of professional boundaries, incompetent practice, conflicts of interest, client abandonment, and confidentiality breaches, among others. During legal proceedings, lawyers often introduce the NASW Code of Ethics as evidence of the social work profession's standards of care. Standards of care reflect what ordinary, reasonable, and prudent social workers, with similar education and training, would have done in the same or similar circumstances (Reamer, 2003, 2006b). Here too, however, it is difficult to measure the extent to which the NASW code is cited or drawn on in such litigation against social workers in that there is no centralized repository of data.

Reamer (1995) examined claims data drawn from the records of the National Association of Social Workers Insurance Trust covering the period between 1969 and 1990. At the time of the study, the Trust provided malpractice insurance coverage to nearly 60,000 social workers in the U.S. The lawsuits filed during this time period cited a wide range of ethics-related allegations against social workers. According to data compiled by the administrator of the NASW malpractice insurance program, only one claim was filed in 1970; forty claims, however, were filed in 1980, and 126 claims were filed in 1990. Between 1969 (the first full year during which claims were filed) and 1990, 634 liability

claims – not all of which were substantiated – were filed against NASW members insured through the Insurance Trust.

Claims were made under 27 different categories that can be divided into two broad groups. The first group includes malpractice claims alleging that a social worker carried out his or her duties improperly or in a fashion inconsistent with the profession's standards of care (so-called acts of commission – misfeasance or malfeasance). Many of the issues broached in these claims are addressed in the NASW Code of Ethics. Examples include flawed treatment of a client (incorrect or incompetent treatment), sexual impropriety, breach of confidentiality or privacy, improper referral to another service provider, defamation of a client's character (as a result of slander or libel), violation of a client's rights, assault and battery, and improper termination of service (abandonment).

The second broad category includes claims alleging that a social worker failed to carry out a duty that he or she is ordinarily expected to carry out according to the profession's standard of care (so-called acts of omission, or nonfeasance). Examples include failure to diagnose properly, failure to prevent a client's suicide, failure to supervise a client properly, failure to protect third parties from harm, failure to treat a client successfully (failure to cure or poor results) or at all, and failure to refer a client for consultation or treatment.

These general claims categories, which are reported by NASW's insurance carrier, reflect a wide variety of ethics-related allegations. For example, the category "incorrect treatment" might include allegations such as improperly offering clients medical or pharmacological advice, using hypnosis or biofeedback without proper training in these techniques, inappropriate use of restraints in a residential setting, or use of a treatment approach that is not supported by at least a significant minority of social workers. The category, "failure to treat a client successfully" might include allegations that a social worker failed to implement a well-accepted treatment technique competently or failed to achieve minimally acceptable results.

The largest claims categories involving individual practitioners (as opposed to agencies) during this twenty-one-year period were "incorrect treatment" (18.6 percent of total claims) and "sexual impropriety" (18.5 percent of total claims). Thus, just two of the twenty-eight categories account for nearly two-fifths of all claims filed from 1969 to 1990. Incorrect treatment may include a wide variety of allegations, including failure to introduce appropriate therapeutic intervention or failure to implement intervention techniques properly. Sexual impropriety may include fondling of, harassment of, or intercourse with a client (Cohen & Mariano, 1982; Kilburg, Nathan, & Thoreson, 1986; Pope, 1988; Reamer, 2003).

The next most frequent claims categories include "breach of confidence or privacy" (8.7 percent), "diagnosis, failure to or incorrect" (5.7 percent), "miscellaneous" (5.2 percent), and "suicide of patient" (5.1 percent). Each of the remaining claims categories constituted less than 5 percent of the total.

3.0. The Evolution of Ethics Standards in the United Kingdom

In England, a mandatory code of conduct for social workers was first published in September 2002 by the General Social Care Council (the competent body appointed by the UK Government to regulate professional social work and professional social work education). Registration of social workers commenced in April 2003, and on April 1, 2005, the term "social worker" became a protected title [4]. Subsequently, only those who had a professional qualification and were also registered with the regulatory body could henceforth use the title. From that date, social workers were required to accept a code of conduct and could be disciplined if their actions were deemed to have breached the code. Prior to 2004, any person in the caring professions could use the term social worker irrespective of role or qualification; moreover such individuals would have been subject to the performance requirements of their employer, who would have been able to discipline staff for inappropriate behaviour – even if not professionally regulated.

Prior to 2004, a non-mandatory code of ethics did exist. The British Association of Social Workers (BASW), an individual subscription based professional organisation, adopted a code of ethics in 1975 (revised: 1986; 1996: 2002) – each revision expanded the range and scope of the code. The current version (BASW, 2002) subscribes to the principles incorporated in the International Federation of Social Workers IFSW (IFSW, 1994) Code of Ethics and draws upon previous versions of the Australian Code of Ethics (AASW, 2004). The BASW code only applied to those social workers who became members of the association and the sanction for serious breaches of the code was to be dismissed from membership, which would not necessarily have affected the social worker's employment.

There are now four bodies that have responsibility for the regulation of social work across the United Kingdom. Each of the constituent countries has a regulatory body that holds the code: in England, this is the General Social Care Council (GSCC, 2004); in Northern Ireland, this is the Northern Ireland Social Care Council (NISSC, 2004); in Scotland, this is the Scottish Social Services Council (SSSC, 2004), and in Wales this is Cyngor Gofal Cymru/Care Council for Wales (CGC/CCW, 2004b). The codes, adopted in each country, are effectively the same, having been jointly developed. There are some minor differences in the titles, for example: the title of the Scottish Code refers to social services whereas the others refer to social care; the Welsh code is available in a format that is designed to be easily accessible to clients - pictorial representation (CGC/CCW, 2004a). For ease, in this paper, we draw mainly on the English version, for no other substantive reason that one of the authors is resident in England.

3.1. Early developments

In the United Kingdom, attempts to regulate social work practice, of which the adoption of a code of ethics forms a part, have a long history. Debates about the regulation of practice and the attempts to establish regulatory bodies are intertwined with initiatives to realize a code of ethics. Early recorded attempts occurred in 1907 when two associations of Hospital Almoners sought to set up a professional register of practitioners (Barclay, 1982, p. 343) and then in 1911 the Home Office began to register Probation Officers (Malherbe, 1980). Following the creation of the post-Second World War welfare state, a failed attempt was made to establish a General Social Work Council in 1954 (Tissier, 1990). Simultaneously, the Association of Psychiatric Social Workers (APSW) set up a register of accredited practitioners. This remained in force until 1970 with the creation of the British Association of Social Workers (BASW) – an optional membership organisation open to all social workers whatever the nature of their professional practice when the APSW register was closed. The drive to establish social work as a recognised profession, with all the attributes of a profession combined with a growing concern for the rights of the social work client, famously expressed in Bill Jordan's address to the 1975 BASW Annual Conference (Jordan, 1975), combined to promote a climate that led to the adoption of a code of ethics by BASW.

Following BASWs initiative, there was renewed interest in the proper regulation of social work and not just for those social workers that elected to join BASW. Hence, in 1977, a joint committee comprising almost all of the interested professional bodies was set up. The Joint Steering Group on Accreditation in Social Work produced two reports (Joint Steering Group on Accreditation, 1997; Malherbe, 1980) that made the case for regulating standards of professional practice. These reports had little practical effect and singularly failed to influence the government appointed commission Barclay Report (Barclay, 1982) which, in defining the parameters of social work practice for the 1980s, rejected the idea of a regulatory system of social work other than through standard employment legislation - based on the belief that such an initiative would be premature.

However, a series of examples of questionable professional practice in the 1980s revived interest in better regulating social work. These included, for example: the deaths of children who should have been protected by social workers, most notably Jasmine Beckford (Blom-Cooper, 1985) and Kimberley Carlisle (A Child in Mind, 1987); the exercise of arbitrary power by social workers, as in the Cleveland scandal (Report of the Inquiry into Child Abuse in Cleveland, 1988); the supposed case of ritualized abuse in the Orkneys (Lord Clyde, 1992); and the failure of internal local authority procedures to deal with staff who were abusive or even violent towards older people living in residential care (Clough, 1987). These events all contributed towards the reawakening of interest in the need for a regulatory body for social work, leading to the establishment of a national steering committee which reported (NISW, 1992; Parker, 1990) and extended academic debate (Cohen, 1990; Rickford, 1992; Tissier, 1990). Appropriately, the issue was resolved at the April 1998 BASW Annual Conference, when Paul Boateng, Minister of Health, gave details of the proposals for the creation of a General Social Services Council– later the General Social Care Council (GSCC). Once established, on the October 1, 2001, the initiation of a

consultative process, involving several stakeholders to generate codes of practice was a very early priority for the GSCC; this process produced the codes that are now in force.

3.2. A Code of Ethics or a Code of Practice

The general character of the English Codes of Practice is unusual in an international context and contrasts strongly with the U.S. Code of Ethics.

First, the English documents are not entitled "codes of ethics," but rather codes of practice. The omission of any notion of ethics in the title of the document and the substitution of the word practice is highly significant. The reason England has a code of practice and not a code of ethics is that the GSSC, as charged by Parliament in the Care Standards Act 2000 (see Section 62 of the Act), is required to produce and maintain codes that lay down standards of conduct and practice. A simple search of the document reveals that nowhere in the code of practice does the term "ethics" appear. Use of the term "ethics" suggests that expected behaviour should be consistent with some *moral* imperatives and that the notion of *morality* is the driving force in the determination of acceptable and unacceptable behaviour. An ethical code, as in the case of the U.S., also conveys the force that the individual practitioner is *choosing* to comply due to the conformity of the code to professional norms. The force of the term "code of practice" is seemingly rather more mundane – it demands adherence as a managerial tool rather than encourages the individual practitioner.

Second there are two codes of practice: one is for "workers" - not professionals, and the other is for employers. These are "presented together...because they are complementary and mirror the joint responsibilities of employers and workers in ensuring high standards" (GSCC, 2004). This is an innovative approach and requires a compact between employees and employers to deliver "high standards," not, it should be noted, to ensure that professional practice is ethical practice.

Third, the purview of the "codes of practice" is broad. It is not intended, at least in the long term, to restrict the codes for the exclusive use of professional social workers. This is clearly indicated by the use of the term "social care workers." The term "social care" is problematic; it is not widely used outside of the United Kingdom, and even within the United Kingdom is it is subject to a variety of meanings. The term "social care" is sometimes used: i) as a comprehensive term to incorporate all of social services and to provide a conceptual mirror to the term health care; ii) to differentiate social work from a different category of practice, where "social care" refers to the provision of interventions such as home care (e.g., provision of meals, domestic tasks such as cleaning); ii) increasingly as a term that refers to professional practice with adults, in particular *older adults* whilst the term "social work" is used to refer to professional practice with children and families. Perhaps the most pertinent meaning in the present context is that the term "social care workers" can be taken

to refer to a wide range of staff groups that work within the human services sector. Thus, for example, it could refer to staff that provide care for older people in a care home. In the UK, such staff would not usually have a university education. The implications of this are that, in contrast to the way the NASW code is used in the U.S., the codes are intended to be understood and apply to staff that do not possess a professional education. To date, social workers are the sole occupational group that is required to adhere to these codes.

3.3. The Use of the Codes in the England

The extent of the use of the codes of practice in England is unknown (complaints against social workers have been taken by the GSCC since 2005). This is not surprising, given the very short period of time in which they have been in force. Writing in the Guardian Newspaper, Brindle (2008) commented that:

> Of 49 cases heard, the council says 21 have involved allegations of inappropriate relationships.
>
> Although comparisons are not exact, the relative numbers of nurses and doctors disciplined for forming relationships with patients are much fewer: of all cases heard by the Nursing and Midwifery Council in 2007-08, only 14% related to inappropriate relationships and alleged abuse of all kinds.

If Brindle's figures are correct, they may suggest that either the nature of social work practice is such that it provides more opportunities for the development of inappropriate relationships than other professions, possibly that there is something about social workers that leads them to develop such relationships, or that social work clients may be more disposed to make complaints than others that use professional services. Clearly, these figures provide more than a suggestion of an interesting area for further investigation.

Since Brindle published this article, a further 17 cases have been heard making the total 66. Of the additional seventeen, ten concern inappropriate relationships with clients or colleagues; two, the inappropriate use of computers; two, the mental health problems of the social worker; one, assault; one, failure of professional judgement, and one, fraudulent qualification. So, as in the U.S., a high proportion of the most recent cases also concern inappropriate behaviour and boundary issues. It is interesting that, given the dual nature of the English code with sections that refer to employers' duties and sections that refer to practitioners' responsibilities, no examples of employers having been brought to answer for breaches of the code have been reported. These would not be the responsibility of the GSCC, but it would be for the various government-appointed inspection bodies to act.

4.0. Comparison of and Comment on the Codes

The English code comprises 3,495 words and is organised in three broad sections: an introduction that describes the function of the codes, a code of practice for employers, and a code of practice for social care workers. The employers' section contains five-broad areas (see below) with 25 subsections or paragraphs (these are not equally distributed across the five broad areas). The social care workers' section contains six broad areas with 41 subsections or paragraphs (these are not equally distributed across the six broad areas). These broad topic areas can be seen in Table 1.

Table 1

Broad areas in the English Codes of practice

Section	Themes
Introduction	The nature, purpose, and status of the codes
	English employers' code of practice
One	As a social care employer, you must make sure people are suitable to enter the social care workforce and understand their roles and responsibilities
Two	As a social care employer, you must have written policies and procedures in place to enable social care workers to meet the GSCC's Code of Practice for Social Care Workers
Three	As a social care employer, you must provide training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge
Four	As a social care employer, you must put into place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice
Five	As a social care employer, you must promote the GSCC's codes of practice to social care workers, service users and carers and co-operate with the GSCC's proceedings
	Social care workers' code of practice
One	As a social care worker, you must protect the rights and promote the interests of service users and carers

Two	As a social care worker, you must strive to establish and maintain the trust and confidence of service users and carers
Three	As a social care worker, you must promote the independence of service users while protecting them as far as possible from danger or harm
Four	As a social care worker, you must respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people
Five	As a social care worker, you must uphold public trust and confidence in social care services
Six	As a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills

The U.S. code is by comparison longer at 8170 words and is organised into three broad sections: three of these provide contextual material: a preamble, a statement of purpose and a statement of the fundamental ethical values on which social work is based. The longest section of the code of ethics is the statement of ethical standards that is divided into six domains of ethical responsibilities to which social workers should adhere. These broad areas can be seen in Table 2.

Table 2

Broad Areas in the NASW Code of Practice

Section	Theme
Preamble	The nature and function of the social work profession
Purpose	Presentation of the six purposes of the Code of Ethics
Ethical Principles	Statement of Ethical Principles on which social work is based (core values of service)
Ethical	*The subsequent sections present a set of standards grouped*

Standards	*under the following headings*
One	Social Workers Ethical Responsibilities to Clients
Two	Social Workers Ethical Responsibilities to Colleagues
Three	Social Workers Ethical Responsibilities in Practice Settings
Four	Social Workers Ethical Responsibilities as Professionals
Five	Social Workers Ethical Responsibilities to the Social Work Profession
Six	Social Workers Ethical Responsibilities to the Broader Society

The U.S. code is substantially longer than the English code; this is especially evident if a direct comparison is made between the sections of the English code that refers to practitioners (i.e., not to employers). This difference in length almost inevitably implies that items in the English code are dealt with in less detailed fashion or not included at all. Given the large number of disciplinary cases that have been heard by the GSCC, it is instructive to look at the main section (section 5) in the English code that deals with this issue. This section makes the following prohibitions:

In particular you must not:

      5.1   Abuse, neglect or harm service users [5], carers or colleagues;

      5.2   Exploit service users, carers or colleagues in any way;

      5.3   Form inappropriate personal relationships with service users; (GSCC, 2002)

and section

3.8 Recognizing and using responsibly the power that comes from your work with service users and carers.

(GSCC, 2002)

These are highly generalised statements that are open to very varied interpretation. By comparison, the U.S. code is very specific. The following sections specifically address this issue:

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

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

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

And

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers

engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature. (NASW, 1996)

The NASW code contains a very clear listing of prescribed and proscribed behaviours and is therefore a more useful guide to social workers, as a guide to action, when faced with any issue concerning relationships with clients. Similarly, the more detailed statements in the NASW code provide more detailed and clear information to clients. The more detailed NASW code may also provide clearer guidelines to help settle disputes and adjudicate ethics complaints. Perhaps the advantage of the English code is that it is easy to remember and can be typed onto a simple and small card.

So which is preferable: the minimalist or the more extensive approach? The answer to this question depends on several factors, including one's purposes in using a code (e.g., moral guidance, agency and personnel management, adjudication of ethics complaints), the context in which the code is used (e.g., social service agency, regulatory or licensing board, court of law), the service user or client context (e.g., voluntary v. mandated clients), agency setting and auspices (e.g., private or independent practice, public social service agency, private social service agency), and political and cultural context (e.g., United Kingdom v. United States). The UK and U.S. codes were created in very different social and cultural contexts, for somewhat different purposes, at different stages of social work's development in these two nations, and for different reasons. Thinking ahead,

it will be interesting to see whether these and other international codes throughout the world begin to resemble each other or maintain their noteworthy differences.

References

A Child in Mind. (1987). *Report of the Commission of Inquiry into the circumstances surrounding the death of Kimberley Carlile*. London: London Borough of Greenwich.

AASW. (2004). Code of ethics. Retrieved 28 October, 2008, from http://www.aasw.asn.au/adobe/about/AASW_Code_of_Ethics-2004.pdf

Barclay, P. M. (1982). *Social workers: Their role and tasks (The Barclay Report)*. London: Bedford Square Press.

BASW (2002). The code of ethics for social work. Retrieved 28 October, 2008, from http://www.basw.co.uk/Portals/0/CODE%20OF%20ETHICS.pdf

Blom-Cooper, L. (1985). *A child in trus:, The report of the panel of inquiry into the circumstances surrounding the death of Jasmine Beckford*. London: London Borough of Brent.

Brindle, D. (2008). Social workers to get new guidance on conduct. *The Guardian.* Retrieved 15 May 2009, from http://www.guardian.co.uk/society/2008/sep/05/socialcare.guidelines

CGC/CCW. (2004a). Code of practice: Standards for social care workers and their managers. Retrieved 28 October, 2008, from http://www.ccwales.org.uk/eng/conduct/pdf/pictorial_codes.pdf

CGC/CCW. (2004b). Codes of practice for social care workers and employers. Retrieved 29 October, 2008, from http://www.ccwales.org.uk/eng/conduct/pdf/final_codes_workers.pdf

Clough, R. (1987). *Report of the enquiry into Nye Bevan Lodge*. London: London Borough of Southwark.

Cohen, P. (1990). Anyone for a general council. *Social Work Today, 3 May*, 22-24.

Cohen, R., & Mariano, W. (1982). *Legal guidebook in mental health.* New York: Free Press.

GSCC. (2002). Code of practice for social care workers and code of practice for employers of social care workers. *General Social Care Council* Retrieved 18 November 2008, from http://www.gscc.org.uk/pdf/Codes_of_Practice.doc

GSCC. (2004). Codes of practice for social care workers and employers. Retrieved 23 March, 2008, from http://www.gscc.org.uk/NR/rdonlyres/041E6261-6BB0-43A7-A9A4-80F658D2A0B4/0/Codes_of_Practice.pdf

IFSW. (1994, 2004). Ethics in social work: Statement of principles. Retrieved 23 March, 2008, from http://www.ifsw.org/en/p38000324.html

Johnson, A. (1955). Educating professional social workers for ethical practice. *Social Service Review, 29* (2), 125-136.

Joint Steering Group on Accreditation. (1997). The future of social work. *Social Work Today* (October).

Jordan, B. (1975). Is the client a fellow citizen? *Social Work Today, 6* (15), 471-475.

Kilburg, R., Nathan, P., & Thoreson, R. (Eds.). (1986). *Professionals in distress: Issues, syndromes, and solutions in psychology.* Washington, D.C.: American Psychological Association.

Lord Clyde. (1992). *The report of the inquiry into the removal of children from Orkne.y February 1991*. London: HMSO.

Malherbe, M. (1980). *Accreditation in social work: Principles and issues in context: A contribution to the debate (CCETSW Study 4)*. London: Central Council of Education and Training in Social Work.

McCann, C., & Cutler, J. (1979). Ethics and the alleged unethical. *Social Work, 24* (1), 5-8.

NASW. (1996, 1999). Code of ethics. *NASW.* Retrieved 26 May, 2009, from http://www.naswdc.org/code.htm

NISSC. (2004). Codes of practice for social care workers and employers of social care workers. Retrieved 28 October, 2008, from http://www.niscc.info/content/uploads/downloads/registration/Codes_of_Practice.pdf

NISW. (1992). *General social services council consultation papers*. London: National Institute for Social Work.

Parker, R. (1990). *Safeguarding standards*. London: National Institute for Social Work.

Pope, K. (1988). How clients are harmed by sexual contact with mental health professionals: The syndrome and its prevalence. *Journal of Consulting and Development, 67* (4), 222-226.

Pumphrey, M. (1959). *The teaching of values and Eethics in social work education.* New York: Council on Social Work Education.

Reamer, F. (1995). Malpractice claims against social workers: First facts. *Social Work, 40* (5), 595-601.

Reamer, F. (2003). *Social work malpractice and liability: Strategies for prevention* (2nd ed.). New York: Columbia University Press.

Reamer, F. (2006a). *Ethical standards in social work: A review of the NASW code of ethics* (2nd ed.). Washington, DC: NASW Press.

Reamer, F. (2006b). *Social work values and ethics* (3rd ed.). New York: Columbia University Press.

Report of the Inquiry into Child Abuse in Cleveland. (1988). London: HMSO (Command 412).

Rickford, F. (1992). Action stations. *Social Work Today, (28 may),* 10-11.

SSSC. (2004). Codes of practice for social service workers and employers. Retrieved 28 October 2008, from http://www.sssc.uk.com/NR/rdonlyres/761AD208-BF96-4C71-8EFF-CD61092FB626/0/CodesofPractice21405.pdf

Strom-Gottfried, K. (2000). Ensuring ethical practice: An examination of NASW code violations. *Social Work, 45* (3), 251-261.

Tissier, G. (1990). A permit to practice. *Community Care* (814), 20-22.

[1] In the United States, social workers are licensed by their respective states. Each state establishes its own licensing laws, requirements, regulations, ethical standards, disciplinary procedures, and sanctions. Licensed social workers may or may not be members of NASW, which is a professional association rather than a licensing board. NASW has its own ethics review and adjudication procedures. For more information on licensing in the U.S., consult the Association of Social Work Boards at http://www.aswb.org/. For more information on NASW ethics review and adjudication procedures, see http://www.socialworkers.org/nasw/ethics/default.asp.

[2] The term "client" has been largely displaced by the term "service user" in UK discourse.

[3] In booklet form, the current NASW Code of Ethics is 27 pages long and includes 8,170 words.

[4] Social workers must have a recognized degree (bachelors or masters in social work) and be registered with the competent body for the country in which they practice in the United Kingdom. To maintain registration, which lasts for three years, it is necessary to undertaken a prescribed amount of professional education and development. There is no stipulation about the posts that require a professional qualification in social work – this is at the employers' discretion.

[5] The term "service user" has largely displaced the terms "client" in UK discourse about social work.

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Ethics in Social Work: A Comparison of the Intl Statement of Principles in SW with the British Code

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Abstract:

This paper compares the International Statement of Principles in Social Work (IFSW/IASSW, 2004) with the Code of Ethics for British Social Workers (BASW, 2002). First, similarities and differences in the structure and language of the two documents is discussed and while both sit firmly within the tradition of Western liberal ethics, the latter is argued to pursue a stronger commitment to duty. However, both rely on voluntary acceptance as neither can be enforced beyond restricting membership. This is particularly embarrassing for the BASW code, as there also exists a code of practice in the UK that retains the capacity to sanction rogue practitioners. Beyond minor differences, both documents are also prone to a range of criticisms from sources that reject Western liberal hegemony providing the contradictory position where the aims of these organisations are challenged as discriminatory.

Keywords:

International Statement of Principles, Code of Ethics, Codes of Practice, Social Work, alternative ethical frameworks

1.   Introduction

This paper sets out to compare two statements concerning the ethics of social work. The first is the Statement of Principles published by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) (revised, 2004). Second is the Code of Ethics for Social Workers published by the British

Association of Social Workers (BASW, 2002). On the surface, this appears to be an easy task as the code published by the British Association of Social Workers acknowledges the influences of earlier versions of the international statement in its own formulation. However, on further examination contradictions emerge as these codes operate in a pseudo-hierarchy, which privileges the international statement without exploring the problematic and contested idea of international social work (Healy, 2007; Midgley, 2001) or the assumptions of Western Liberal ethical theory on which these statements are based (Hugman, 2008).

These two statements promote social work, in its broadest context, an ethical activity (Parton, 2000), one where a complex range of human interests and desires circulate with a range of environmental demands to produce dilemmas at individual, group, community, organisational, and societal levels. Understood as an international activity, social work takes place in a variety of contexts in an ever-increasing range of countries. Moreover, the range of activities described as social work is such that social workers in one country may not initially recognise an activity in another country as social work. Even within countries, further complication arises when taking account of what might be broadly considered as social work rather than just the activity of qualified social workers (Sheppard, 2006). The development of international statements of values and principles is part of the process of developing a unifying framework for the social work profession based on, or influenced by, human rights declarations such as the Universal Declaration of Human Rights (1948) and the United Nations declaration of the rights of the Child (1959) (Banks, 2006). However, increasing globalisation has brought many of these values and principles into sharp relief producing a paradox challenging statements such as those above as modern forms of imperialism (Healy, 2007).

The format for this paper is as follows. The first section will explore and describe the structure of the IASW/IASSW Statement of Principles and BASW Codes of Ethics with a view to setting out the similarities and the basis for exploring differences. The second section will explore the feasibility of a universal code of ethics taking the different role and function of national versus international codes, in the process drawing on criticisms from non-Western ethical traditions. The final section will seek to explore challenges to the Western liberal position that emerge from revisions and responses to the liberal tradition, including challenges emanate from the postmodern position.

2. Statements Compared

As noted earlier and elsewhere (Strom-Gottfried & D'Aprix, 2006), considerable similarity exists between the statement by IFSW/IASSW and the code of ethics produced by BASW. Both introduce the respective documents by prefacing ethical practice and the need to make ethical judgements as essential to social work. In addition, the BASW code borrows the IFSW/IASSW definition of social work to set out what it considers social work to mean, although BASW feels the need to extend this by providing an extra interpretation. At this point, possibly the most important difference between the two documents is linguistic. The IFSW/IASSW addresses "people" as the target of social work activity. This is replaced by "service user" in the BASW code and can be used singularly or in the plural to denote individuals, families, other groups, or communities (BASW, 2002; Strom-Gottfried &

D'Aprix, 2006). This is not to suggest that IFSW/IASSW do not recognise "individuals, families, other groups, or communities," but rather refer to these separately, maintaining for the most part a more generic use of "people," possibly reflecting a more individualistic discourse and the dominant role of U.S. social work in the internationalisation of social work (Midgley, 2001).

The next section of the IFSW/IASSW document identifies international human rights conventions that form common standards to be achieved by the global community. Alongside the Universal Declaration of Human Rights, it notes conventions covering civil, political, economic and social rights. In addition, there are conventions concerning the elimination of all forms of discrimination based on race or gender, the promotion of rights of indigenous peoples, and children. BASW's code omits such distinct genealogical claims and any interdiscursive and intertextual implications (Fairclough, 1992, 2001) preferring instead to include respecting such conventions as a principle of the value of human dignity and worth. This rhetorical shift probably originates from the pseudo-hierarchical relationship of the two documents. The IFSW/IASSW statement rests at a level of abstraction where statements of principles support claims of applicability across the range of international contexts in which social work takes place. The BASW code displays a degree of fixity, as it refers only to the UK context. This need to accommodate both universal and specific contexts in the international statement provides the basis for an ongoing tension between the two documents. The critical issue here is that while the UK may be described as a residual welfare state (Jordan & Jordan, 2000; Jordan, 2005), economic and social rights remain embedded in UK citizenship. This situation cannot be said to be the same for many developed and developing countries. Indeed, Healy (2007) points out that the U.S. rejects the notion of social rights and has a limited view of economic rights. This, alongside the fact that many developing countries do not have (or desire) the infrastructure of a welfare state, means that claims to universality on this basis of a social citizenship cannot be sustained; rather, human rights becomes the universal substitute.

The IFSW/IASSW statement now moves on to identify its core principles of (1) Human Rights and Human Dignity and (2) Social Justice. Each principle is described and then supported by a set of statements, four in the case of the former and five for the latter. Hugman (2008) describes the former as derived from deontological theory while the latter derives from teleological theory thus accommodating both Western liberal traditions within the statement. Interestingly, in all cases, the statements supporting the principle of Human Rights and Human Dignity employ a version of the imperative softened by the use of "should" to denote the responsibilities of social workers as do three out of five statements supporting Social Justice. This leaves just two supporting statements, "Challenging negative discrimination" and "Challenging unjust policies and practices" where the statement contains a firmer version of the imperative using "responsibility" and "duty" respectively. Moreover, these occur in a principle drawn from teleology. A section on "Professional Conduct" follows that sets out the responsibility of national associations affiliated with IFSW/IASSW to maintain codes in line with the international code. This continues with a series of twelve statements setting out appropriate behaviours concerning the accountability, competence, and integrity of social workers and their relationship with the users of services and welfare organisations. In addition, there are statements regarding the development of the profession and furtherance of the international statement of principles. Acknowledging the universal status of this code and the need to cover a range of national associations, the

IFSW/IASSW code has a distinct teleological rather than deontological feel—a position best represented as mid-range (Healy, 2007).

BASW's Code of Ethics demonstrates both similarities and differences in format when compared to the IFSW/IASSW code. As expected, the BASW code contains a similar range of issues and much of the language is the same as the IFSW/IASSW code, which the former acknowledges in its development. The code identifies five social work values: (1) Human Dignity and Worth, (2) Social Justice, (3) Service to Humanity, (4) Integrity and (5) Competence, which it then articulates into a single sentence: *Social work practice should both promote respect for human dignity and pursue social justice, through services to humanity, integrity and competence* (BASW, 2002, p. 2). Supporting each value is an explanation and a series of principles (6/11/6/8/11 respectively). As noted earlier, much of the language in the BASW code resembles that of the international statement with two key exceptions. The first relates to the notion of duty. In contrast with the use of "should" throughout much of the IFSW/IASSW code, the word "duty" provides the imperative preceding statements of principle. Ethically, this provides a much stronger deontological influence to expectations of social workers. Second, the influence of the UK context is apparent as the commitment to a welfare citizenship persists in the language around social justice. This is particularly evident in the focus on "equitable distribution of resources" and "fair access to public services." The final section of the BASW code sets out a series of statements related to ethical practice, again using firm imperatives, "will, duty to, or will not" in reference to responsibilities to service users, responsibility to the profession, responsibilities to the workplace, responsibilities in particular roles (i.e., management, education, research).

Differences in the language between these two documents can be explained in part by their respective positions in the pseudo-hierarchy noted earlier and by the relationship of the respective ethical codes for a distinct community of social workers. Therefore, while the IFSW/IASSW statement aims to address social workers in over 100 countries and something in excess of 1,700 schools of social work (Hokenstad & Kendall, 1995; Midgley, 2001), the BASW code addresses social workers in the four countries of the UK. Contextualising the BASW code has two effects. As noted earlier, it places this code in the context of a history of welfare that includes the concept of a social citizenship, which encapsulates commitments to social and economic rights. Additionally, existence of a welfare state in the UK has ensured a strong administrative role for both central and local arms of the state. In this context, the BASW code has to be viewed alongside the role of the four social care councils, one in each of the countries of the UK, set up in 2001 to regulate social (care) work (GSCC, 2002). The relationship between BASW and the councils is important to understanding the UK context. Legislation passed prior to the inception of the councils enabled the protection of the term "registered social worker" and restricts it to those persons who had completed a recognised programme of education and who had been accepted onto a national register held by the General Social Care Council. As the register develops, other "social care" workers will also become registered in different parts of the national register, hence the use of the title social care workers to address a wider audience than just registered social workers. Alongside the register, the councils have published "Codes of Practice" setting out expectations of professional social workers. The significance of the register lies in the ability of the council to remove rogue professionals from the social work profession, and therefore remove them from practice.

UK regulatory councils, such as the General Social Care Council in England, operate in a semi-autonomous position from government to regulate standards for social work and social care. Nevertheless, local authorities and many private and voluntary organisations employing social workers require registration with the GSCC as a condition of employment. As in some states in the U.S. and other countries (e.g., New Zealand), the GSCC has the power to sanction practitioners who breach the "Code of Practice" with the ultimate sanction of removal from the register preventing employment. BASW, which is very influential and played a significant role in the development of social work, is a professional association where membership is voluntary. While it can exclude practitioners from membership, it has no powers to remove registration. In addition, the GSCC code of practice is enforceable on employers as well as workers through inspectorates that regulate social care providers, which again operate in a semi-autonomous relationship with the state. However, the GSCC Code of Practice is not a code of ethics, although it might derive from such codes. The Code of Practice covers six areas: (1) Protect rights and interests of service users and carers; (2) Strive to maintain trust and confidence of service users and carers; (3) Promote the independence of service users and protect from harm; (4) Respect the rights of service users and ensure their behaviour does not harm others; (5) Uphold public trust and confidence in social care services; (6) Be accountable for quality of own work.

The GSCC Code of Practice maintains the language of the "service user" established in the BASW code, although this subject is now joined by another subject "carers" and much of the discourse of GSCC code reflects the section of the BASW code that focuses on ethical behaviour. However, significant differences exist between the codes. The GSCC Code of Practice makes no mention of human rights and dignity nor does it make commitments to social justice. Moreover, the requirement of social workers to bring issues of oppression and discrimination to the notice of their employers is absent. These omissions suggest the limits to the semi-autonomous status of the GSCC, for as Hugman (2008) notes, the influence of neo-liberalism has sought to limit and de-legitimise the political activity of professions. Interestingly, the Code of Practice makes no requirements on employers to provide opportunity or protection for workers who act to bring such issues to the attention of the employer. In fact, it might be argued that requirements on practitioners to "maintaining public trust and confidence in social care services" militates against criticism that extends beyond the immediate confines of organisations.

3. Challenges to Universalism

The IFSW/IASSW statement of principles and the BASW code of Ethics aim to guide the practice of social workers as they seek to manage complex and dynamic situations. The significance of debates concerning ethics is summarised by Parton (2000) who describes social work as a practical–moral act rather than a techno–rational action, thus requiring a morally active practitioner or, as Dominalli (2002) suggests, a practicing values. However, while theories of ethics look to bring clarity of purpose in ambiguous and uncertain situations, the precepts on which such theories are based are often uncertain and contested as are the propositions that follow. Leaving aside for now the challenge to universalism due to its embedding in Western liberal thought, I would like to turn first to the question of values.

A number of writers have pointed out that the discussion of values, "value-talk," often takes place in unsatisfactory ways that assume what is discussed is self evident, known, and fixed and therefore beyond question (Timms, 1983; 1989; Powell, 2005). Others (Banks, 2006; Clark, 2000) concur noting the problematic, conceptually vague, and largely unsatisfactory way values are discussed as central to social work with little clarification of meaning. Powell (2005) suggests that values in professional practice concern the beliefs practitioners hold over what is important which can be summarised as beliefs about the essential ends of human life and social living. Clark (2000) proposes that discussions of values are limited to fundamentals of social work and can be summarised under four headings: (1) the worth and uniqueness of every person, (2) The entitlement to justice, (3) The aspiration to freedom, and (4) The essentiality of community. All this is further complicated with the recognition that social work values exist in a practice world of competing and often contradictory value positions (Beckett & Maynard, 2005). The significance of this debate rests with the actuality that the international code promoted by IFSW/IASSW is not immune from such uncertainties and conflicts. In fact, its aim is to negotiate such dynamics however. Presently, the document is brief and uses a high level of abstraction in an attempt to achieve universality in the process, conceding detail to national codes. Consequently, it neither achieves universality nor provides a level of detail enabling a satisfactory exposition of values that underpin the principles.

Returning to the question of universalism, previous discussion noted that both documents under discussion, the IFSW/IASSW Statement of Principles and the BASW Code of Ethics, derive from Western liberal thought heavily influenced by commitments to individualism. One of the major challenges to the status of both documents emanates from claims that this disregards other philosophical and cultural traditions such as those of Asia, Africa, China, and the East (Hugman, 2005; Midgley, 2001; Powell, 2005; Healy, 2007). However, the impact on each of these statements differs. In the context of the IFSW/IASSW statement of principles, challenges to universality emerge due to objections to the primacy of "individual rights." Critics point out that many of the other traditions prioritise the harmony of family or the community over the interests of individuals (Wong, 2004; Healy, 2007). Similar observations are made of the value systems of many indigenous peoples (Hugman, 2008). Challenges that are more strident come from writers who consider the IFSW/IASSW statement as a form of imperialism. Against a background where twenty-five nations filed reservations about the United Nations Convention of Eliminating all Forms of Discriminations against Women (1979) Cobbah (1987), described Human Rights as a "Trojan Horse" seeking to undermine African civilisations.

In the context of the BASW code of Ethics, criticism is contextualised to the UK. Nevertheless, it has a similar theme. In this case, the challenge is to claims of anti-discriminatory practice and the limited knowledge social workers have and the limited amount of time in social work programmes devoted to issues of cultural and other forms of diversity and the dominance of Christian values in services (Gatrad & Sheikh, 2002; Parrot, 2006; Mulé, 2006). In this sense, social work is criticised for promoting a position providing the illusion of inclusion while excluding many of the most vulnerable, particularly those who do not share Western liberal beliefs or Christian traditions. Alternatively, the state is

charged with appropriating the voice of radical social work, neutralising its effect and placing the state as the representative of the oppressed:

> *Indeed anti-oppressive practice has allowed the state to reposition itself as a benign arbiter between competing identity claims. Perversely, given its aim to make the personal political, it has allowed the problems of society to be recast as due to the moral failings of individuals who need censure and correction from the anti-oppressive social worker.* (McLaughlin, 2005, p. 300)

Nevertheless, it is also difficult to concede supremacy to cultural relativism without significant caution as more extreme forms bring a range of dangers. Moreover, in defence of CEDAW, many of these dangers affect women and children as Blyth (2008) vividly sets out in a review of sexual health and a range of mutilating practices undertaken without consent in unsterile conditions.

4.   Alternate Ethical Frameworks: Care, Emotion, Ecology and Postmodernism

If the challenges to ethics built on traditional liberal thought noted above can be considered as challenges from "without," the challenges discussed in this section can be described as challenges from "within." Emerging from and a response to the traditions of Western liberal theory are ideas about ethics that take quite different starting points from the debate between deontology and teleology. Hugman (2005, 2008) describes these as an "ethics of care," which take caring relationships as the start point; "ethics of compassion" where intelligent use of emotion provides the fulcrum for ethical decision making; an "ethics of life" that takes sustainability as criteria, and post-modern ethics that focus on the contingent, uncertain, and transient nature of contemporary social relationships.

Ethics of Care derives from feminist critiques of male values embedded in liberal thought, turning instead to the reciprocal and relational aspects of caring relationships in which the carer and cared for are set in a mutually responsive relationship. Ethics of Emotion share elements with the former position but focus on the rational and deliberate use of emotion, in particular compassion, to promote caring relationships and provide a balance to abstract ethical concepts drawn from liberal ethics. In taking sustainability as criteria, "ethics of life" suggests the importance of the "ecology" dependent on the interrelationship between a diverse range of systems that support life. The final perspective, "post-modern" approaches, seeks to go beyond the limits of liberal theory rejecting meta-narratives that provide overarching answers for a preference on perspectives that explore the relationship between social interaction, language and meaning. While none of these positions has gained ascendancy in place of liberal orthodoxy as the guide for professional activity, each in different ways raises challenges for abstracted, analytical, and detached ethics. In addition, in keeping with social work's traditions, values of human dignity, worth, and social justice can be accommodated as each promotes a political imperative capable of social change.

5.   Conclusion

Comparing the IFSW/IASSW Statement of Principles and the BASW Code of Ethics has provided a discussion that identifies similarities that emerge from traditional liberal ethics that underpin both. In the case of the former, the articulation of higher-level principles seeks universal acceptance across a range of national contexts in which social work occurs. However, this brings criticism from those whose nations are influenced by other traditions of thought that resist and reject liberal hegemony. The latter addresses these international principles in the context of the UK. Nevertheless, primacy is given to the Code of Practice for social care practitioners, which retains the capability to sanction or ultimately remove the qualification of practitioners that transgress the code. Furthermore, the Code of Practice partially nullifies the Code of Ethics, as BASW cannot sanction a rogue practitioner in the same way. In addition, the influence of neo-liberal government removes any political commitment to social justice from the Code of Practice.

In seeking to promote a universalist position, both documents draw challenges from alternative traditions and emerging ethical frameworks that reject liberal orthodoxy and the hegemony of western forms of thought. Ironically, this places the two documents in a contradictory position to that which they are aiming to achieve and neither has an easy way out. However, Hugman (2008, p. 448) provides the following solution this dilemma:

> Perhaps, then, the solution to this diversity is to regard ethical statements, at both the national and international level, as living traditions in the manner of an on-going conversation (Hugman, 2005). At any specific time there will be a written statement on ethics, probably in the form of a code, which applies to the professional community. But this is open to continual debate and reconsideration. The task for each social worker is to be prepared to take part in the conversation and to ensure that the ethical tradition of social work remains alive and continues to grow.

6.   References

Banks, S. (2006). *Ethics and values in social work* (3rd Ed.). Basingstoke: Palgrave MacMillan.

Beckett, C., & Maynard, A. (2005). *Values and ethics in social work: An introduction*. London: Sage.

Blyth, E. (2008). Inequalities in reproductive health: What is the challenge for social work and how can it respond? *Journal of Social Work, 8* (3): 213–232.

British Association of Social Workers. (2002). *Code of ethics for social workers*. Birmingham: BASW.

Clark, C. L. (2000). *Social work ethics: Politics, principles and Practice*. Basingstoke: MacMillan.

Cobbah, J. A. M. (1987). African values and the human rights debate: An African perspective. *Human Rights Quarterly, 9*, 309–331.

Dominalli, L. (2002). Values in social work: Contested entities with enduring qualities, in R, Adams., L, Dominelli and M, Payne (eds.) *Critical Practice in Social Work*. Basingstoke: Palgrave, 15–27.

Fairclough, N. (1992). *Discourse and social change.* Cambridge: Polity Press.

Fairclough, N. (2001). Discourse of new labour: Critical discourse analysis. In M, Wetherall. S. Taylor and S. J. Yates (eds.). *Discourse as Data*. London: Sage, 229–266.

Gatrad, A. R., & Sheikh, A. (2002). Palliative care for Muslims and issues before death. *International Journal of Palliative Nursing, 8*, 526-531.

General Social Care Council (GSCC). (2002). *Codes of practice.* London: GSCC.

Healy, L. M. (2007). Universalism and cultural relativism in social work. *International Journal of Social Work*, *50* (1): 11–26.

Hokenstad, M. C., & Kendall, K. A. (1995). International social work education, in National Association of Social Work, *Encyclopedia of Social Work*. Washington, D.C., NASW Press, 1511–1520.

Hugman, R. (2005). *New approaches to ethics for caring professions.* Basingstoke: Palgrave MacMillan.

Hugman, R. (2008). An ethical perspective on social work, in M, Davies (ed.) *The Blackwell Companion to Social Work* (third edition), London: Blackwell, 442-448.

International Federation of Social Workers and the International Association of Schools of Social Work. (2004). Code of ethics, Statement of principles. IFSW/IASSW: Berne, Switzerland.

Jordan, B., & Jordan, C. (2000). *Social work and the third way: Tough love as social policy.* London, Sage.

Jordon, B. (2005). New labour: Choice and values. *Critical Social Policy, 25* (4): 427-446.

McLaughlin, K. (2005). From ridicule to institutionalization: anti-oppression, the state and social work. *Critical Social Policy*, *2 5*(3): 283-305.

Midgley, J. (2001). Issues in the international social work: Resolving critical debates in the profession. *Journal of Social Work. 1* (1): 21-35.

Mulé, N, J. (2006). Equity vs. invisibility: Sexual orientation issues in social work ethics and curricula standards. *Social Work Education, 25* (6): 608–622.

Parrot, L. (2006). *Values and ethics in social work practice.* Exeter: Learning Matters.

Parton, N. (2000). Some thoughts on the relationship between theory and practice in and for social work. *British Journal of Social Work, 30* (4): 449-504.

Powell, J. (2005). Value talk in social work research: Reflection, rhetoric and reality. *European Journal of Social Work, 8* (1): 21-37.

Sheppard, M. (2006). *Social work and social exclusion: The idea of practice*. Aldershot: Ashgate.

Strom-Gottfried, K., & D'Aprix, A. (2006). Ethics for academics. *Journal of Social Work Education, 25* (3): 225-244.

Timms, N. (1989). Social work values: Context and contribution, in S. Shadrow (ed.) *The Values of Change in Social Work*. London: Routledge, 11-23.

Timms, N. (1983). *Social work values: An enquiry*. London: Routledge and Kegan Paul.

United Nations. (1948). Universal declaration of human rights. UN: Geneva.

United Nations. (1959). Declaration on the rights of the child. UN: Geneva.

United Nations. (1979). Convention on the elimination of all forms of discrimination against women (CEDAW). UN: Geneva.

Wong, D. B. (2004). Rights and community in confucianism. In K. L. Shun and D. B. Wong (eds*.) Confucian Ethics: A comparative study of self, autonomy and community*. Cambridge: Cambridge University Press.

Reflecting on the Use of the Code of Ethics in SW Practice: A Newfoundland and Labrador Perspective

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Abstract

This exploratory study was designed to develop an understanding of how social workers use the code of ethics. Through focus groups and written surveys, social workers provided information about the factors that influenced their knowledge about and ability to interpret the 1994 version of the Canadian Association of Social Workers (CASW) Code of Ethics. The literature demonstrates that code of ethics documents are not consistently utilized as a tool to resolve ethical dilemmas in social work practice, and a number of barriers have been identified. The findings from this study demonstrate that incorporating the code of ethics in social work education and integrating the document into the workplace is associated with increased knowledge and use of the code of ethics in practice. A narrative approach will be used to discuss the findings, and a reflective tool for practitioners, educators, and students to enhance their own use of the code of ethics will be presented.

Key Words: ethics, code of ethics, social work, and ethical decision-making

1. Introduction

Social work practice is connected to an ethical framework that is unique and is what brings us together (Antle, 2005). Social workers make complex ethical decisions in their

practice every day using a variety of tools and resources. A code of ethics is one component of ethical practice and is essential from a professional and regulatory perspective. However, there has been limited research, particularly in Canada, into how codes of ethics are applied in practice. The overall purpose of this study was to develop an understanding of how social workers use codes of ethics and the factors that influence the use of a code of ethics in the resolution of ethical dilemmas.

For the purpose of this study, participants were asked to discuss their use of the Canadian Association of Social Workers (CASW) Code of Ethics (1994), which was the document currently in use at the time of data collection. Whereas the CASW adopted a revised code of ethics in 2005, the results of this study speak to the use of a code of ethics in general.

2. Literature Review

Brill (2001) refers to codes of ethics as "windows into a profession" (p. 223). The CASW adopted the first Canadian Social Work Code of Ethics in 1983. Previously, the National Association of Social Workers (NASW) Code of Ethics, developed in the United States, was utilized in social work practice in Canada. Subsequent revisions to the Canadian Code of Ethics in 1994 and 2005 have reflected the evolution and growth of the profession. Yet, whereas codes of ethics set forth the values, principles, obligations, and responsibilities that guide professional conduct, several challenges to the use of a code of ethics in practice have been identified in the literature.

Clark (1999) raises several criticisms of professional codes of ethics, including a) professionals often are unclear about the meaning and interpretation of some of the principles and how these translate into practice, b) codes do not offer guidance when goals and principles conflict, c) codes are irrelevant with practice being guided more by law and organizational procedures, and d) codes are not being used in practice. According to Peluso (2003), "one of the most difficult aspects of being a counsellor is understanding and acting in accordance with the ethical codes" (p. 286).

The literature also demonstrates that social work codes of ethics are not systematically utilized in practice (Holland & Kilpatrick, 1991; Kugelman, 1992; Millstein, 2000; Antle, 2002). Holland & Kilpatrick (1991) found that whereas references to different aspects of the code were implicit in their discussions with social workers, the code of ethics was not mentioned specifically as a resource. Millstein (2000) found that only 15.9% of social workers in her study referred to the code of ethics when faced with an ethical dilemma. Jayaratne, Croxton, & Mattison (1997) found that there was often "confusion and dissension among social workers as to what constitutes appropriate professional conduct" (p. 195), and that social work practice standards were seen as being out of touch with the practice realities of social workers.

Kugelman (1992) raised the issue that social workers often feel more comfortable making decisions based on the technical aspects of work rather than relying on values and principles of the code of ethics. She found that in the absence of professional ethics, social workers tended to rely more on personal experiences and organizational guidance. Similarly, Manning (1997), referencing Kass, 1990, noted that there is "an increasing

reliance on policy, procedures, guidelines and regulations" (p. 225). This over-reliance on policies and procedures can make ethical decision-making more complex. Reamer (2005) notes that in some instances, following legal rules may lead social workers to act in contradiction to the Code of Ethics, thus creating ethical dilemmas. Freud and Krug (2002) in their discussion of the fiduciary nature of social work and the interplay between legal and ethical issues, note that oftentimes social workers will not act, or will delay acting, as a result of perceived or actual legal implications.

Whereas these challenges to utilizing a code of ethics have been identified in the literature, models of ethical decision making consistently integrate professional codes of ethics (Reamer, 1999; Congress, 2000; Mattison, 2000; Dolgoff, Loewenberg, & Harrington, 2005), thus demonstrating the importance of these documents in practice. Therefore, this research project was seen as being very timely and relevant to the profession of social work in Newfoundland and Labrador, as well as social work on the national and international scene.

3. Research Study

3.1. *Methodology*

An exploratory research design was used, and respondents were selected using convenience sampling. Data were collected using quantitative and qualitative measures. A written questionnaire was mailed to 1,094 social workers registered with the Newfoundland and Labrador Association of Social Workers (NLASW) in January 2006. The response rate was 23.9% (n = 262). Eight focus groups were conducted with 52 social workers. Legislation in Newfoundland and Labrador (NL) requires registration for individuals to use the title social worker or to practice social work. The minimum educational requirement for registration is a Bachelor of Social Work degree from a university accredited by the Canadian Association of Schools of Social Work or international equivalent.

Quantitative data from the questionnaires were coded and analyzed using SPSS. Tests of statistical significance were analyzed using Pearson's Chi Square. Qualitative data were collected through focus groups, using semi-structured questions and through written survey responses. During the focus group sessions, social workers were asked to share their perspectives on their use of the 1994 Code of Ethics and factors that impeded and/or facilitated the use of the document. Data were analyzed using content analysis to identify issues, themes, and trends.

3.2. *Respondents*

The majority of survey respondents were between the ages of 31 and 50 (72.9%), were female (84%), and held a Bachelor of Social Work (BSW) degree (84%). A smaller percentage (29.8%) indicated they had a Master of Social Work (MSW) degree, and 1.5% had a doctorate (PhD) degree. Of the respondents that had a MSW, 59% also held a BSW

degree. There was not a wide discrepancy in the number of years of practice among survey respondents, as outlined in Figure 1.

Figure 1: Years in Practice

21plus years
24.8%

0-5 years
21.0%

6-10 years
18.3%

16-20 years
14.1%

11-15 years
21.8%
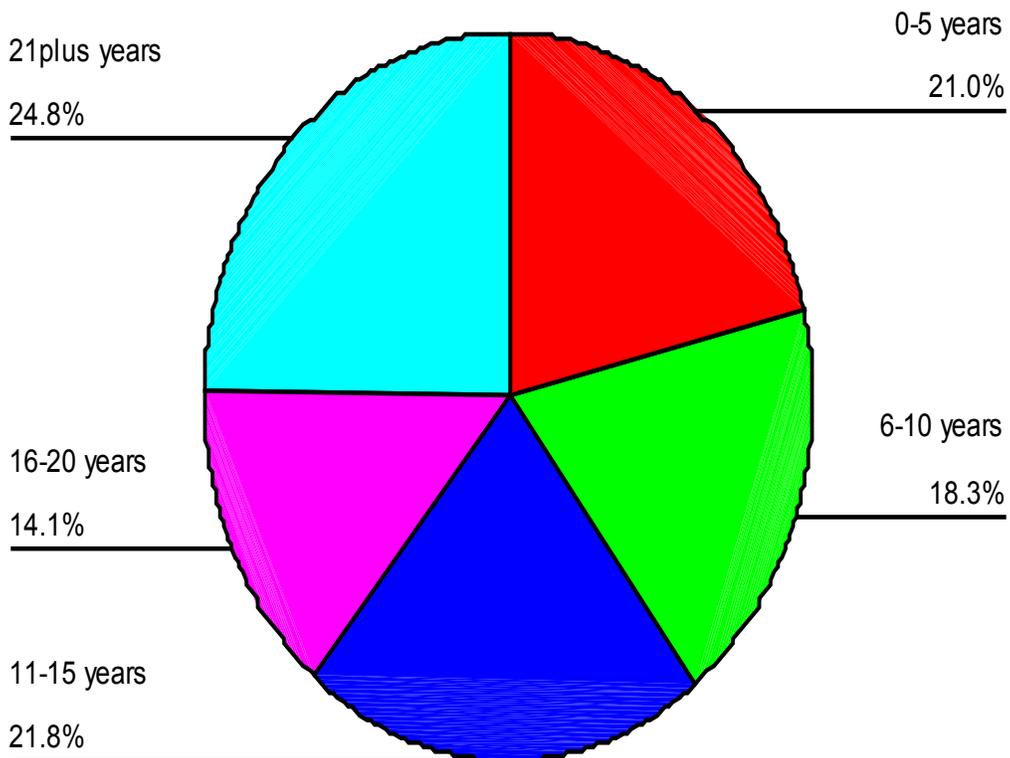
Seventy-seven and a half percent (77.5%) of respondents indicated that they worked in front-line service delivery. For those who indicated front-line service delivery, many survey respondents also indicated that they worked in positions of instructor, manager, supervisor, and community developer.

The majority (53.1%) of survey respondents worked in communities of 10,000 or more people, 22.5% in communities with a population of more than 5,000, but fewer than 10,000, and 20.2% in communities that had 5,000 or fewer people. Of the survey respondents, 30.2% worked with Aboriginal populations, and 17.9% worked with immigrants to Canada.

The majority of focus group respondents were female (96.2%). Each focus group ranged from three to 13 respondents and represented diverse areas of practice. Demographic information was not collected from focus group participants.

4. Key Quantitative Findings

### 4.1. *Access and Information about the CASW Code of Ethics (1994)*

The majority of respondents (80.5%) indicated that they currently had a copy of the CASW Code of Ethics (1994). Many respondents indicated that they received information about the social work Code of Ethics at university (66.4%), whereas 48.5% received information in the workplace, and 17.2% attended a Code of Ethics workshop offered by the NLASW.

4.2. *Knowledge and Application of the Code of Ethics*

When asked about knowledge of the contents of the 1994 Code of Ethics, 67.6% of respondents indicated that they were "somewhat familiar" and 27.9% were "very familiar." In terms of interpreting the Code, 61.8% rated their ability to interpret this document as "good," 16% as "very good," and 1.9 % as "poor." Three respondents indicated that their ability to interpret the code was "very poor."

Figure 2

Knowledge of the Code of Ethics

current knowledge of code of ethics
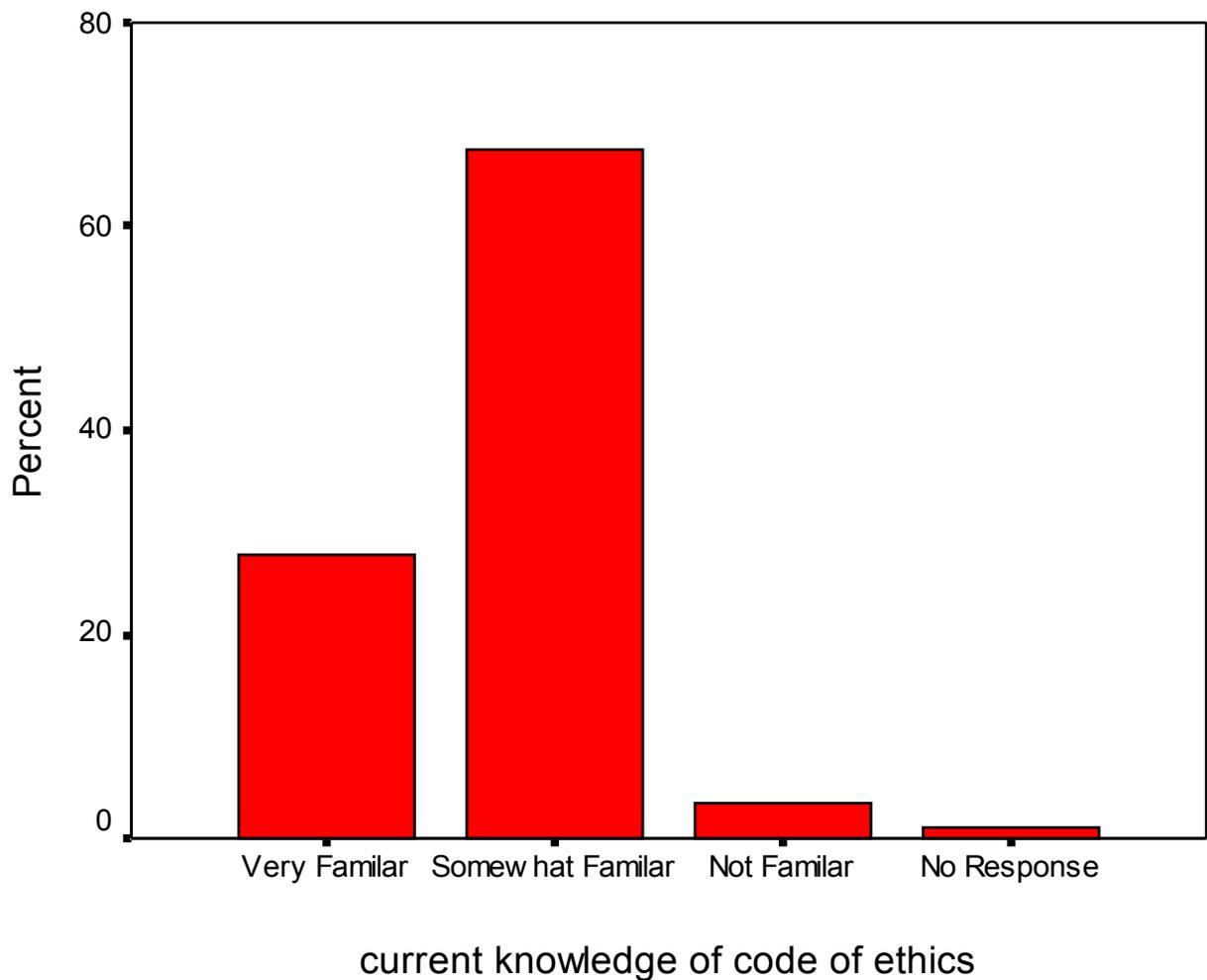
Respondents who indicated they received information about the Code of Ethics during their university education and reported that they were very familiar with the Code of Ethics was higher (34.5%) than those who did not receive it at that time (21.7%) (x^2 (9) =125.68; p. =.00). Similarly, 41.8% of those who indicated they received information through field education were "very familiar" compared to 26.7% who did not receive information through field education (x^2 (6) =14.67; p. <.05).

Of those who indicated they received information at university, 20.7% rated their ability to interpret the Code of Ethics as "very good," compared to 8.7% of those who did not receive this information (x^2 (15) =107.54; p.=.00). Additionally, 22.8% of those who received information through field education rated their ability to interpret the Code of

Ethics as very good, compared to 16% who did not receive this information in field education (x² (8) =25.18; p. <.01).

A little more than half of the respondents (52.7%) indicated they had referred to the Code of Ethics within the past twelve months, and 95.7% of this group indicated that the Code of Ethics was a useful document. The majority reported they used the Code of Ethics for support in resolving an ethical dilemma (50.7%), followed by to determine the position of the profession on a practice issue (35.5%), to support daily practice (31.9%), and to analyze ethical issues in relation to legal obligations (29.0%).

Of those who indicated that they received information about the Code of Ethics at their workplace, 63.8% referred to the Code within the past twelve months, compared to 43.7% of those who did not (x² (3) =15.09; p. <.01).

The percentage of respondents who received information in their workplace and agreed or strongly agreed that work allowed them to fulfill their ethical obligations and responsibilities, was higher than those who did not receive this information in the workplace (86.6% compared to 73.8%) (x² (15) =36.87; p. <.01).

The majority (80.3%) of those in front line service delivery agreed or strongly agreed that work allows them to fulfill the duties and obligations set forth in the Code, 14.3% were undecided, and 1% strongly disagreed.

Respondents were asked to rate their level of agreement with a series of practice statements. A comparison between those who strongly agreed with these practice statements and who had referred to the Code of Ethics within the last twelve months was higher than those who had not referred to the Code. See Table 1.

Table 1. Response to Practice Statements and Referred to the Code of Ethics (n = 262)

Practice Statement	% Strongly Agreed & Referred to Code	% Strongly Agreed & Didn't Refer to Code
Code of ethics is an integral part of my social work practice	66.7%	33.3%
My work allows me to fulfill the duties and obligations set forth in the code	63.8%	36.2%
The code supports my personal values	61.2%	38.8%

All social workers should receive on-going training in the code of ethics	61.4%	38.6%
The code of ethics is culturally responsive	60.7%	39.3%
The code of ethics is a useful tool in ethical decision-making	69.6%	30.4%

4.3. *Factors that Impede & Facilitate Use of the Code of Ethics in Practice*

When asked about the factors that would impede the use of the Code of Ethics in practice, 30.9% of the respondents indicated that sections of the Code are vague and do not provide clear direction, 29% reported that organizational policies and procedures are paramount, 27.1% reported that conflict between the code and legal requirements was a factor that would impede the use of the Code of Ethics in practice, 19.8% highlighted time restraints, 15.6% indicated that the language of the Code is difficult to interpret, and 14.9% reported that the Code does not reflect their practice reality.

When asked if the Code was culturally responsive, 46.6% agreed or strongly agreed, 45.8% were undecided, and 4.2% disagreed. Of those who answered this question, 30.2% indicated that they worked with Aboriginal populations. Eight respondents (10.1%) who worked with Aboriginal populations disagreed with the statement that the Code of Ethics was culturally responsive, compared to three respondents (1.7%) who did not work with Aboriginal populations. This analysis was statistically significant (x^2 (8) = 23.95; p. <. 01).

When asked what would be most helpful in resolving an ethical dilemma, the majority of respondents (31.3%) indicated peer consultation as their first choice, followed by discussion with a supervisor (20.6%), and personal values and experiences (15.3%). The Code of Ethics was listed as a first choice by 6.1% of the respondents.

5. Qualitative Data: Reflections on the Use of the Code of Ethics in Practice

Qualitative data were collected through a series of focus groups and written responses to the questionnaire. Responses were clustered to reflect themes that were identified by participants and are outlined in this section.

5.1. Challenges to the Use of the Code of Ethics

What Gets In the Way of Using the Code of Ethics in Practice?

- It is too subjective and open to interpretation.

    "Code is general enough – but not specific enough."

    "Which element do I honor?"

- There is less emphasis placed on the Code of Ethics because of overriding organizational policies and procedures, and a perception exists that the Code does not have the same weight and respect as these factors. Restructuring and lack of clinical supervision led to a feeling of being more "managed" than "clinically supervised."

    "Depending on where you work, usage of the code may or may not be promoted."

- There are barriers to upholding the principle of confidentiality, such as workplace policies, the changing nature of practice, greater access to client records, and work in small communities. One focus group participant noted that sometimes we use the Code to put limits on ourselves as social workers, particularly as it relates to confidentiality, versus using the Code as a component of reflective practice.
- There is a perceived conflict between the Code of Ethics and legal requirements. One respondent referred to aspects of child protection work as placing social workers *"in violation of the code."* Others noted that whereas the Code was in line with child welfare, they questioned the ease of implementation in practice.
- Insufficient time to critically reflect on the Code and heavy workloads led some focus group respondents to question whether *"we do a good enough job of responding to ethical dilemmas."* One focus group participant expressed that the Code is mainly used *"when something is wrong – not to increase our own knowledge or learning."*

5.2. *Capacity in which Code of Ethics is used*

In what types of situations are you most likely to consult the Code of Ethics"?

Focus group and survey respondents identified the following factors that facilitated use of the Code of Ethics document:

- To provide a *"check point"* or *"sounding board"* when trying to determine if an issue is an ethical dilemma. The Code can help provide clarity when issues are gray even if it does not always provide a direct answer.

"Sometimes we will use the code and be better informed, and other times we will still find ourselves in a dilemma, yet it is the code that identifies and affirms our fundamental values."

- When organizational polices clash with the Code of Ethics. One focus group participant noted that the Code was helpful as a guide to balance organizational policies and ethical responsibilities. Other respondents expressed that they used the Code of Ethics as a benchmark for developing, informing, or challenging organizational policies or directions.
- To clarify questions about confidentiality and when struggling with a challenging case with a risk of liability.

"The more familiar we are with the Code – the less worried we would be about complaints."

- To educate non-social work colleagues about the role of social work and to build relationships with clients by helping them to understand the values and principles of the profession.
- To teach social work students and to supervise social work staff.
- To engage in advocacy and to guide social justice activities.

"the code is a model/framework for the big picture."

5.3. *Ethical Decision-Making*

Where does the Code of Ethics fit within your ethical decision-making process?

Many focus group and survey respondents identified the following:

- The Code guides *"everyday practice,"* and the values and principles are inherent in the work.

"the Code is ever present," "don't pull it out anymore," "it is just good common sense."

- Consulting the Code of Ethics was often an initial response, or when seeking ethical consultation with a supervisor or peer.
- Whereas the Code does provide a model or framework for ethical decision-making, it is important to see it as a living versus a static document.

"The Code grounds our work as a profession" and "helps us to feel part of the collective."

5.4. *Reflections on Enhancing the Use of the Code of Ethics in Practice*

What are your recommendations for enhancing the use of the Code of Ethics in practice?

The following key issues emerged in the analysis of the data:

5.4.1. *Curriculum Programming*

The need for greater emphasis on the Code of Ethics in social work education, particularly in the bachelor of social work program. was identified. This would include heightened awareness of the Code of Ethics, a specific ethics course, and integration of the values and principles throughout the entire program. The importance of helping students bridge the gap between learning about the code and applying it in practice and the need for a greater emphasis on the Code of Ethics during field education was identified.

5.4.2. *Continuing Education*

Continuing education on the application of the Code of Ethics and ethical decision-making through professional associations, universities, and agencies/organizations in the form of workshops, ethics debates, and ethics consultation days was suggested.

5.4.3. *Organizational Supports*

Organizations employing social workers need to offer and to be educated about the code of ethics, and to highlight the importance of the Code of Ethics in the workplace. This would require decreased caseload sizes that would allow for more in-depth practice, exploration of how the implementation of agency policies considers the Code of Ethics, and additional time set aside for social workers to be able to reflect on the Code of Ethics and to discuss ethical issues with co-workers. Respondents also recommended that supervisors and managers receive additional training on the Code of Ethics.

5.4.4. *Other Key Factors*

Additional recommendations to facilitate the use of the Code of Ethics in practice included: 1) highlighting case examples of how other social workers have applied the Code in practice, 2) ensuring language used in the Code is relevant and clear, 3) having a Code that is more user friendly with practical applications to limit the vagueness, 4) including regular ethics articles in professional association newsletters, 5) having an exam on the Code of Ethics, and 6) developing position statements on provincial issues and take ethical stands in the public domain.

6. Discussion

Our prevailing narratives provide the vocabulary that sets our realities. Our destinies are opened or closed in terms of the stories that we construct to understand our experiences. (Harry Goolishian, in Freedman & Combs, 1996)

This quote speaks to the importance of narratives and how narratives construct social realities. Narrative therapy is not a new approach in social work practice. Based on the belief that people have stories and that these stories are shaped by experiences, context, and culture, narrative therapy provides a forum for people to explore the dominant stories in their life that have become problematic and to re-author an alternative or preferred story based on a strengths perspective. The re-authoring of stories is achieved through a process of reflective questioning. (Morgan, 2000; Freedman & Combs, 1996)

Using the language of the narrative approach, it would appear, from the results of this study and the literature reviewed, that a dominant story for the profession is that social work codes of ethics are not regularly or systematically used in practice, and there are barriers to using the code of ethics in practice. Many of these barriers included a) time restraints, b) heavy workloads, c) vagueness of code, and d) conflict between code and legal/organizational polices and procedures. This is reflected in a quote from one of the survey respondents

…because social work is so gray… social workers are craving concrete answers to ethical issues. Many social workers want examples of practice situations to refer to in their personal practice. This likely stems from heavy caseloads/workloads, and one's need to reduce liability.

In exploring this proposed dominant story, it is important to recognize, as Morgan (2000) points out, that "no single story can be free of ambiguity or contradiction and no single story can encapsulate or handle all the contingencies of life" (p. 8). Given the complexity of social work practice and ethical decision-making, it is important that social workers continue to give meaning to their personal and professional experiences, as we are constantly being changed through our interactions with others. Our use of the code of ethics in practice can also change over time, particularly as we build our preferred narratives and a new discourse is generated. This new story can then be extended throughout time as we move forward.

6.1. *Beginning A New Story*

As a profession, we need to ask if how we think about and discuss the Code influences how we use it. Several of the study focus group respondents stated that the Code of Ethics is inherent in our work. Is this sufficient? One of the critiques of the Code of Ethics is that the code is too vague and open to interpretation. However, we would pose the question, "Is a code of ethics meant to be a prescription for ethical practice, or is it meant to foster critical reflection and self-awareness?" Congress (2000) asserts that it is not sufficient just to know about the code of ethics. Social workers need to understand the application in practice. Rice, as cited in Banks (2003), states that "a Code of Ethics creates the spirit and standard of ethical reflection in that community [of social workers]" (p. 140). This is in keeping with a model of ethical, reflective practice.

Whereas respondents in our study discussed many of the challenges to using the Code of Ethics in practice, the majority indicated that they had a copy of the Code, were familiar with the Code, and were confident in their ability to interpret the Code of Ethics.

This research clearly demonstrated that access to the Code of Ethics in the workplace, and throughout social work education, does make a difference. Providing education at the undergraduate and graduate level, enhancing access to ongoing professional development, and ensuring that organizations that employ social workers support the use of the Code of Ethics will provide the solid foundation upon which to build strong ethical practice. Kugelman (1992), referencing Joseph & Conrad, 1989, noted that social workers who are "academically prepared for ethical decision-making took a more active role in ethical matters in their agencies than those unprepared for the task" (p. 75). However, educational and organizational support must be combined with critical reflection on the part of individual social workers in order to strengthen the use of the Code of Ethics in practice.

6.2. *A Model for Reflecting on the Use of the Code of Ethics in Practice*

"Every time we ask a question, we're generating a possible version of a life" (David Epston in Freedman & Combs, 1996). To contribute to the direction of reflective questioning, a participatory framework that fosters critical reflection, discussion, and debate on the Code of Ethics is presented. Table 2 can be used by students, educators, and practitioners to reflect on their own use of the Code of Ethics in practice and develop their preferred story.

Table 2. Questons for Students, Educators, and Practitioners

STUDENTS	EDUCATORS	PRACTITIONERS

1) How satisfied am I with my current knowledge and understanding of the Code of Ethics? Where would I like it to be? What steps can I take for achieving this?

2) How does the Code of Ethics fit with my own values and ways of working with people? Where did these values come from? Who recognizes this about me?

3) To what extent have I been able to integrate the Code of Ethics in my social work education?

4) Where does the Code of Ethics fit within my current ethical decision-making process? What led me to view my work in this way?

5) How will I integrate the Code

1) How do I utilize the Code of Ethics in my work?

2) How does the Code of Ethics fit with my teaching philosophy? Do I see the Code of Ethics as a useful teaching tool? Who would notice this?

3) Is my current knowledge and understanding of the Code of Ethics where I would like for it to be? What is the ideal for me? How can I achieve this?

4) If the Code of Ethics was being used in social work education as I would like to see it being used, what would this look like? Where did these ideas come from?

5) What do I see as my role in enhancing the use of the Code of Ethics at the School of Social Work

1) How do I make ethical decisions in my practice? Who recognizes this?

2) How does my role within the agency in which I work influence my ethical decision-making? Is there anything I would like to change? What steps can I take to make this change?

3) If the Code of Cthics was being used in practice, as I would like to see it being used, what would this look like?

4) What have I been doing to enhance the use of the Code of Ethics in practice? How might I put other social workers and the profession in touch with these developments?

5) Is it enough that as a profession we say that the values and principles

of Ethics into my practice once I graduate?	and/or through field education?	of the Code of Ethics are inherent in our work? How can we make this visible to others?

7. Summary

       Ethical awareness is a necessary part of professional social work practice. The use of the Code of Ethics is one component of ethical decision-making. As a profession, it is important that social workers have a solid understanding of the Code of Ethics and the application in practice. This needs to begin at the undergraduate level and continue throughout one's professional career and in the workplace. It also is important to understand the use of the Code of Ethics within an ethical decision-making framework. The Code of Ethics will continue to be updated and refined, and critiques and commentaries will be written. However, as a profession, we need to continue to engage in reflective practice

and continue our dialogue on the use of the Code of Ethics in practice. This research has contributed to understanding the use of the code of ethics in NL and is applicable to all social workers. Reflecting on the use of the Code of Ethics in NL contributes to strengthening the story of the profession.

References

Antle, B. (2002). *CASW-ACTS project to research and develop a national statement of ethical principles: Phase 1 – Critical appraisal of the literature.* Ottawa: CASW.

Antle, B. (2005, October). Code of Ethics Training. Hosted by the Canadian Association of Social Workers.

Banks, S. (2003). From oaths to rulebooks: A critical examination of codes of ethics for the social profession. *European Journal of Social Work*, *6* (2), 133–144.

Brill, C. (2001). Looking at the social work profession through the eye of the NASW code of ethics. *Research on Social Work Practice*, *11* (2), 223–234.

Canadian Association of Social Workers (CASW). (1994, 2005). *CASW Social Work Code of Ethics.* Ottawa: CASW.

Clark, C. (1999). Observing the lighthouse: From theory to institutions in social work ethics. *European Journal of Social Work*, *2* (3), 259-270.

Congress, E. (2000). What social workers should know about ethics: Understanding and resolving practice dilemmas. *Advances in Social Work, 1* (1), 1-23.

Dolgoff, R., Loewenberg, F., & Harrington, D. (2005). *Ethical decisions for social workers* (7th ed.). Belmont: Brooks/Cole – Thomson Learning.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of   preferred realities.* New York: W. W. Norton & Company.

Freud, S., & Krug, S. (2002). Beyond the Code of Ethics, part 1: Complexities of ethical decision making in social work practice. *Families in Society: The Journal of Contemporary Human Services*, *83* (5/6), 474–482.

Holland, T., & Kilpatrick, A. (1991). Ethical issues in social work: Toward a grounded theory of professional ethics. *Social Work, 36* (2), 138-144.

Jayaratne, S., Croxton, T., & Mattison, D. (1997). Social work professional standards: An exploratory study. *Social Work*, *42* (2), 187–199.

Kugelman, W. (1992). Social work ethics in the practice arena: A qualitative study. *Social Work in Health Care*, *17* (4), 59–80.

Manning, S. (1997). The social worker as moral citizen: Ethics in action. *Social Work, 42* (3), 223–230.

Mattison, M. (2000). Ethical decision-making: The person in the process. *Social Work, 45* (3), 201–212.

Millstein, K. (2000). Confidentiality in direct social-work practice: Inevitable challenges and ethical dilemmas. *Families in Society: The Journal of Contemporary Human Services, 81* (3), 270–282.

Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction.* Adelaide: Dulwich Centre Publications

Peluso, P. (2003). The ethical genogram: A tool for helping therapists understand their ethical   decision-making styles. *The Family Journal: Counseling and Therapy for Couples and Families, 11* (3), 286–291.

Reamer, F. (1999). *Social work values and ethics* (2nd ed.). New York: Columbia   University Press.

Reamer, F. (2005). Ethical and legal standards in social work: Consistency and conflict. *Families in Society: The Journal of Contemporary Social Services, 86* (2), 163-169.

Are the International and National Codes of Ethics for Social Work in the UK as Useful as a Chocolate Teapot?

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Abstract

In the UK, the move from a Welfare State to welfare "markets" has changed the nature of social work and its relationship to the State and to those receiving services. The definition of social work adopted by the international and UK professional social work bodies is therefore no longer applicable, and a code of ethics unachievable.

Key words: social work, ethics, welfare "markets," child protection

1. Introduction

During the last twenty years, social work in the UK has become increasingly prescribed in legislation and subject to more stringent regulation. The Children Act 1989, for example, detailed for the first time in statute specific elements in social work assessments of children involved in court proceedings (the "welfare check-list"—Part 1, sec. 3). The National Health Service and Community Care Act (1990) imposed organisational and managerial requirements on local authority social services for adults defining the nature of the interaction between worker and service user in market terms. The establishment of the Social Care Register, compulsory since 2005 for UK and non-UK qualified social workers and student social workers, now means it is an offence to call oneself a social worker or practise as one without registration. Registration means adherence to the General Social Care Council (GSCC) *Codes of Practice* (2001), and failure to do so can lead to deregistration. Although external regulation designed to maintain standards has increased, social work has acquired nevertheless a predominantly negative public image. This has been commonly centred on what are perceived to be major failures in relation to child protection and the community care of adults suffering from severe mental ill-health (Galilee, 2005). Against this backdrop, what do ethical guidelines offer the UK practitioner? It has been suggested that the current configuration of social work services in the UK undermines ethical practice and is one reason why there are major staff retention problems:

The inability to operate according to core principles may also in part account for the fact that many social workers leave the profession ... What the literature does reveal is that for those who leave the profession, or indeed those who remain within it, the situation in which they practice does not allow them to fulfil their commitment to key principles (Asquith, et al., 2005, 4.7).

This paper compares and contrasts the International Association of Schools of Social Work (IASSW)/ International Federation of Social Workers (IFSW) *Ethics in Social Work: Statement of Principles* (2004) and the British Association of Social Workers (BASW) *Code of Ethics* (2002) and argues there has been a failure to develop an effective code of ethics in the UK. The next section will consider the purpose of ethical codes for social work and whether the IASSW/IASW *Statement of Principles* and BASW *Code of Ethics* are, in effect, fit for purpose. Section three outlines the fragmentation of roles and functions brought about by the move from the Welfare State to legislatively imposed welfare "markets." Using child protection social work as an example, it will be shown in section four that this has changed the practice of social work to such a degree that the definition adopted by the IASSW/IFSW and BASW no longer applies. In the last section, I will argue that the changed nature of UK social work and the ethical challenges inherent in the current social, political, and regulatory context for social work practice requires an urgent review of the nature of social work in the UK before any code of ethics is feasible.

2. What is the purpose of a code of ethics for social work?

Debates about ethics in social work must begin by considering the nature of social work itself. Social work in the UK, as in many other countries, evolved from social movements concerned with the betterment of humanity. In the UK, the twin tracks of charitable and religious endeavours and the politics of Fabian Socialism gradually led to the establishment of state employees responsible for a range of welfare activities. These historical roots ensured that the beginnings of social work activity in the early 20th century and formalised in the Welfare State established in 1948 had moral and ethical foundations. Jobs such as Lady Almoners in hospitals, Mental Welfare Officers, Child Care Officers, and Probation Officers and so on were considered to have a vocational aspect. At the height of the Welfare State debates prominent in the UK were concerned with ethical issues and the wider implications of social work practices. For example, there were debates about whether social work was primarily about therapeutic intra- and inter-personal change (Hollis, [1954] 1967; Biestek, [1957] 1976) or should be about bettering social conditions within and between groups and communities (Batten & Batten, 1967; Popple, 1995). Could social work be called a profession, with a unique body of knowledge and expertise (Younghusband, 1965; Butrym, 1976) or merely a "semi-profession" (Mungham, 1975, p. 26), administering welfare in its various forms. Could social work be an agent for social change, with the capacity for challenging and changing social processes and institutions on behalf of the poor and oppressed (Corrigan & Leonard, 1978; Brake & Bailey, 1980)? Or was social work, on the other hand, a mechanism of social control operating in the interface between citizen and state, constructed by the prevailing power interests (Jones, 1983)?

The discourse of social work was (and arguably is still) predominantly White and western. Debates about ethnicity and cultural difference only really emerged in the UK in the early 1980s (Cheetham, 1982) and at that time were considered to be "specialisms" (Williams, 1989; Dominelli, 1997). Feminist perspectives gained ground especially from the 1990s with the emphasis on care for family members by women embedded in Care in the Community policies (Maclean & Groves, 1991; Langan & Day, 1992). Different manifestations of social work practice predominated in the UK in response to changing socio-economic and political conditions. Nevertheless, wherever the balance was placed, most commentators recognised that all these themes and practices were to be found within social work. Similar debates took place elsewhere, and the definition of social work adopted by the IASSW/IFSW by the Copenhagen Agreement of May 2001 is sufficiently broad to encapsulate all these perspectives:

The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of

human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IASSW/IFSW, 2001).

It is important to note the emphasis on human rights and social justice. The IASSW/IFSW *Ethics in Social Work, Statement of Principles* (2004) rests on this definition although it is also stated that it is not exhaustive or final, since social work in the 21st century is dynamic and evolving. As social work is conceptualised as an interrelated system of values, theories, and practices, it is recommended that national codes of ethics offer more detailed guidance to practitioners specific to their own national contexts, and these should be regularly updated and reviewed.

The IASSW/IFSW definition of social work was adopted by BASW and incorporated into its revised *Code of Ethics* in 2002. This Code was influenced by the Economic and Social Science Research Council (ESRC) sponsored seminar series "Theorising Social Work" that ended in 2000, which facilitated discussion of a number of issues including ethical practice. One of the subsequent papers (Butler, 2002) makes the point that codes of ethics are less about identifying actions that are intrinsically "good" or "bad" and are more about identifying a distinctive professional culture and consequently contain a considerable measure of self-interest. As such, Butler argues, codes are not morally neutral and must be contextualised and situated. A more recent review of social work in the 21st century for the Scottish government (Asquith, Clark, & Waterhouse, 2005) also acknowledges this tension. A distinction is made between a moral code of values and principles upon which social workers base their actions and a code of rules and regulations for monitoring their behaviour.

The IASSW/IFSW *Statement of Principles* (2004) is clearly what it sets out to be. The principles are few in number: "Human Rights and Human Dignity; Social Justice; Professional Conduct." Their moral weight and legitimacy is drawn from legislation, and seven Rights-based International Conventions and Covenants are cited. Although each of the principles is fleshed out to some extent by explanatory sentences, it is made clear that:

By staying at the level of general principles, the joint IASSW/IFSW statement aims to encourage social workers across the world to reflect on the challenges and dilemmas that face them and make ethically informed decisions about how to act in each particular case (IASSW/IFSW, 2004, Sec. 1).

The *Code of Ethics for Social Work* (BASW, 2002), on the other hand, attempts to provide both a moral code and a regulator of behaviour and moves uneasily between the two. There are major moral imperatives that could place social workers in conflict with their employers, local or national government policies, or expose them to public hostility, such as:

Bring to the attention of those in power and the general public, and where appropriate challenge ways in which the policies or activities of government, organisations or society create or contribute to structural disadvantage, hardship and suffering, or militate against their relief (BASW, 2002, p. 3).

Although aspects of the role and function of social work and workers are now prescribed in UK legislation, there is no consideration of whether statutory duties and social work values could be in conflict, and if so, what the ethical practitioner should do.

Subsequently, the Code moves from general ethical statements to specific requirements aimed at regulating personal behaviour, for example, "Not to engage into an intimate or sexual relationship with a former service-user without careful consideration of any potential for exploitation, taking advice as appropriate" (BASW, 2002, p. 6). Instead of

the three principles identified in the international statement, five basic values are outlined extending the moral framework. These values are: "Human dignity and worth; Social Justice; Service to humanity; Integrity; Competence." There are an additional 47 principles linked to these values (ranging from six to 11) with a final section on ethical practice containing four main headings, 12 sub-headings and 59 requirements. Although the last section states it " … is not intended to be exhaustive or to constitute detailed prescription" (BASW, 2004, p. 7), the plethora of identified ethical practices are presented as actions to be followed with little regard for the complex and often contradictory nature of ethical dilemmas. "Rights" and "Laws" are mentioned from time to time throughout the Code, but in contrast to the international statement, the only legislative framework mentioned is the United Nations Universal Declaration of Human Rights "and other international conventions" (BASW, 2002, p. 2), and no domestic legislation is cited at all. It is, therefore, unclear as to what is the basis for the ethical legitimacy of the Code, although there are echoes of both the religious and political philosophies of the precursors of social work. Despite a document that is 16 pages long, there is no explanation as to how the *Code of Ethics* links to the GSCC *Codes of Practice* (2001) or the mandatory Social Care Register.

Whereas the IASSW/IFSW *Statement of Principles* offers a coherent and clear outline of ethical principles, it is acknowledged that generalities are of little help in the resolution of actual ethical dilemmas. Country codes are meant to contextualise these principles and assist the practitioner to make ethical judgements. The BASW Code is too grandiose in some areas and too detailed in others. In common with many welfare policies of the UK government in recent years, it could be described as an amalgam of a "blue skies" wish-list and tick-box template and in attempting to cover everything achieves little. This is highly problematic as the current context and likely future challenges for social work in the UK are such that much greater clarity is needed about the nature of social work and whether basic and inviolable ethical principles, such as commitments to human rights and social justice, are now possible. Welfare sectors, organisations, worker roles and functions have fragmented to such a degree that the definition of social work underpinning the international statement and UK code arguably no longer applies.

3. The fragmentation of social work in the UK — from Welfare State to welfare "markets"

Like most other countries, social work in the UK has always been provided by a plurality of organisations from all sectors (state, private, and voluntary) and the current "mixed economy" of welfare is not new. What has gradually changed since the late 1970s, however, is the nature of the relationships between voluntary sector organisations and the state welfare system, and state-employed social workers and national government policies. I will argue that this has fundamentally fractured and fragmented social work to such an extent it no longer fits the definition underpinning both the international and national ethical frameworks for social work practice. In order to understand how and why this has taken place, it is necessary to examine the changing nature of welfare in the UK since the establishment of the Welfare State in 1948.

There were many reasons for the emergence of the Welfare State, but a desire for a more humane and just society following World War II was clearly manifest in public and professional debates and political manifestos. The post-WW II political settlement of the late 1940s was designed to resolve social antagonisms and form the basis for social harmony (Burden, Cooper, & Petrie, 2000) and was brought about by the series of Acts stimulated by the report of William Beveridge (Beveridge, 1942) and the economist Keynes. Keynes initiated a policy of an economy managed by government through state expenditure in order to ensure full employment and protect citizens from the vagaries of "free markets." A high level of state-provided "universal" welfare services paid for through taxation was part of this post-war settlement. Most of the legislation came onto the statute book between 1945 and 1950 during the first post-war Labour government. The great scheme of

Beveridge sought to eliminate the five giants of Want, Disease, Ignorance, Squalor, and Idleness. Similar aspirations can be found in the US and UK social work literature of the same period:

Fundamental to all else is the belief that human life is precious, that the individual has the right to grow and develop and achieve the highest degree of happiness or satisfaction in life of which he is capable … we believe, too, that there are inter-relationships between the well-being of one person and another … The lives of individuals are so enmeshed that one person can only be helped as he is seen in relation to the others … Indeed the very existence of social work itself is an expression of this belief … Collectively through social institutions we carry out this responsibility (Hollis ([1954] 1976, p. 31).

When the Conservatives returned to power in 1951, they were also committed to Keynesian full employment and the Welfare State – a post-war consensus in which welfare policies were "beyond" party politics. All major political parties supported the Welfare State, therefore, notwithstanding significant critiques from the Right and Left (Friedman, 1962; Williams, 1989). Throughout this period, social work grew in profile and importance and by the 1980s social service departments were usually the largest departments in local authorities with the largest budgets. At that time, social work was a professionally directed activity and was not incorporated into wider national government economic or social policies. The political context was essentially local arising from whichever political party was in power in the local authority. Consequently, the roles, functions, and training of social workers, under the auspices of the Central Council for Education and Training of Social Workers (CCETSW replaced by the GSCC in 2001), were similar all over the UK. Shifts in direction such as the move from specialist to generic social work (Seebohm, 1968) and the development of community social work (proposed in what was known as the "Barclay" report (National Institute of Social Work, [NISW], 1982) were primarily professional responses to new perspectives and considerations.

During the Welfare State, social work values were largely congruent with the values inherent in legislation and welfare policies. The concept of "universalism," for example, ensured that social work was not allocated on the basis of "need" but of "right." All sectors of society, not just the poor and disadvantaged, could, and did, use social work services. It was also not unusual for social workers, even at senior level, to draw attention to the plight of those in poverty. In 1976, for example, Rochdale social workers appealed to Energy Minister Tony Benn to bring in measures to help people pay fuel bills in winter (Rochdale Observer ([1976] 2003). Fred Edwards, Director of Social Services in Strathclyde from 1976 until 1992:

[B]ecame best known to the public for the role he played during the miners' strike of 1984/5 when he authorized £191,000 in loans to single miners on the grounds of destitution and hardship. These loans were ruled illegal and the decision taken to hold him personally financially liable. After a vigorous public campaign, the government of the day relented (The Herald, 2008).

This is not to say that there were no ethical issues facing social workers during the Welfare State. There were many. The Welfare State was built on the assumption that society would continue to be organised around the traditional family—a working man and stay-at-home mother. Issues of race were ignored. Williams (1989) points out that although the Welfare State depended on the cheap labour of the many people recruited from Caribbean countries, these workers and their families did not receive the benefits of the Welfare State and experienced racism in every aspect of their lives. Nevertheless, such a

level of congruence between the ethics of social work and the ethics of state welfare at that time was probably unique among technological, affluent societies.

The post-war economic boom ended in the 1970s, however, and the neo-liberal wing of the Conservative party gained power under Thatcher in 1979, due in part to a sustained economic, political, and moral critique of the Welfare State (Burden et al., 2000). Such a political shift was not unique to the UK, of course. Similar responses of electorates to welfare provision were noted in other Western liberal democracies:

In one country after another the majority of voters give their support to parties that explicitly demand the curtailment of welfare provisions, or promise more benign taxation of individual incomes … It is this change of axis around which democratic consensus is built that needs explaining (Bauman, 1998, p. 5).

In the UK, the Welfare State was transformed into a framework of welfare markets beginning with the National Health Service and Community Care Act (NHS and CC) 1990 as part of an explicit political agenda by the neo-liberals to reduce state control and introduce "free market" principles into public sector services (Burden et al., 2000).

There had long been pressure for legislative change in relation to services for adults. The quality of services for older people, the ageing population, and the current and projected cost to the state were the focus of a lengthy debate leading up to the Griffiths (1988) Report, which had widespread cross political party, service user, and professional support. Griffiths argued for a repositioning of the enormous resources spent by the state on residential care for older people into domiciliary support in the community. Older people in the main did not want to live in residential care but in their own homes. Legislation was promised but not enacted until 1990 (implemented in 1991) with the NHS and CC Act. The political context was a significant factor in the way in which the law was drafted. The neo-liberals then in government were ideologically committed to "free markets" and determined to reduce the power of local authorities and professionals (Burden et al., 2000). Compulsory Competitive Tendering (CCT) by local authorities had become mandatory in 1981 for such services as rubbish collection. CCT is a situation in which state providers have to compete for state contracts with providers from the private and third sectors. A similar model was finally imposed on health and welfare services for adults by NHS and CC Act 1990, by which local and health authorities were required by legislation to structure their services for adults in line with internal "markets."

The management of service provision had to be separated from the purchasing of services, a system that became known as the "purchaser/ provider split." Care managers were created, and although many social workers accepted these posts, they were not restricted to social workers. These individuals held the budgets that were to be used to purchase services for those older, disabled, or ill (mentally or physically) people requiring care in the community. Managing budgets was a new and highly significant change in direction for social work practice. Theorists such as Le Grand and Bartlett (1993) have argued that welfare "markets" are not true markets but "quasi-markets," as the service-user rarely has purchasing power, since the budget for their care is held by state employees. Care managers could not, however, privilege state provision. These services had to compete for contracts in the same way as private and voluntary sector providers with cost a key consideration. Contracts replaced grants, altering the traditional roles of voluntary sector organisations from that of innovators and enhancers of state provision to

providing mainstream state welfare services under contract (Gutch, 1992). Evidence emerged that the main preoccupation of managers and workers in all sectors became the bureaucratic work involved in bidding for and implementing contracts, which were often very short-term, reducing the time spent on direct work (Young & Wistow, 1996; Townley, 2001). Alongside the imposition of internal "markets," the regulatory duties of local authorities increased, and more social workers became involved in inspectorial functions as a result. This was another significant change in direction as the surveillance aspects of social work practice were codified and separated from other functions more rigidly than ever before.

The managerial load for implementing such considerable change for adult services was of course extremely heavy. Consequently, as certain structural configurations were imposed on local authorities by the NHS and CC Act 1990 and had been prepared for some time, many simply organised children's services along the same lines. Although the Children Act (CA) 1989 did not impose by statute the same market requirements on local authorities as the NHS and CC Act 1990, the political, organisational, and resource context influenced the way in which the legislation was implemented. The key factors that affected children's services were an increase in the mixed economy in welfare, internal and external markets between assessors of "need" and providers of services, and the introduction of cost considerations at the individual level when professional assessments of need were made.

The advent of the New Labour government in 1997 witnessed an increased commitment to markets in the public sector arguably creating additional difficulties for welfare services:

A continuing commitment by New Labour to the mixed economy of welfare introduced with the community care reforms of the Conservative administration led to a plethora of providers or "stakeholders." These bodies and individuals on the one hand had to be regulated, and on the other were to be involved in the evolving arrangements to achieve the necessary standards (Orme, 2001, p. 613).

As spokesperson for New Labour in 1998, Peter Mandelson stated that the mission of New Labour was to move forward from where Margaret Thatcher ended rather than dismantle her government's policies (Burden et al., 2000, p. 251). New Labour's project for welfare, framed within a market paradigm, was the redistribution of opportunity, rather than income; sound fiscal policies, and tight control of public spending in return for citizen recognition of their moral obligations to society (Skinner, 2003).

4. "Welfare" markets, child protection, and social work ethics

It is in relation to children's social services, especially child protection, that the changes to social work and the challenges for ethical practice can be most clearly seen. New Labour focused their attention specifically on social work in a way that had never been done before by its explicit use as a fundamental part of government economic policies in relation to children, families, and poverty (DoH, 1998). The *Framework for the Assessment of Children in Need and their Families* (FACNF, 2000) was New Labour's flagship policy designed to "refocus" local authority child protection services away from formal intervention. This was in order to increase family support services in the community as a way of reducing child poverty, one of their major policy objectives. The FACNF was heavily influenced by research studies commissioned by the DoH in the 1990s and summarised in the publication *Child Protection: Messages from Research* (DoH, 1995). The DoH overview highlights that 160,000 children per year were subject to formal child protection investigations. Most were from families described as multiply disadvantaged, and 96% of

these children remained at home. More than 50% of these received no further action or services. This was interpreted to be a failure of social workers, who were considered to be inappropriately preoccupied with child abuse and unwilling to support parents to care for their children in the community. Consequently government guidance proposed a "new emphasis" (DoH, DfEE, HO, 2000, x) for social work. Guidance urged social workers and departments to respond to families' problems through support in the community, including parenting and domestic education rather than formal child protection investigations.

Concerns had already been expressed that there were dangers in dissipating specialist skills and knowledge about child abuse (Petrie & Wilson, 1999). Within a few years, the Laming Inquiry (2003) into the torture and death of the young immigrant child Victoria Climbié revealed how ethical practice was being undermined by the development of management by performance indictors. Performance indicators are the service targets set by government derived from macro statistics, such as demographic and socio-economic profiles of specific localities. Performance indicators are often linked to government funding or punitive actions such as "special measures." [1] The attention of workers and managers, it was revealed, was on meeting policy demands to the detriment of those the social work service was meant to protect. For example, the Laming Inquiry (2003) revealed that the category of a "child-in-need" [2] was used to exclude some children from services, and therefore cost, to the local authority by ranking their needs as low priority, "The use of eligibility criteria to restrict access to services is not found in either legislation or in guidance and its ill-founded application is not something I support" (Laming, 2003, p. 13).

Surprisingly minimal attention had been paid in guidance to the huge differences between a professionally-led child protection culture formed in the "child rescue" (Corby, 2000) mould of the 1970s and 1980s and a community-based, family support approach to "children-in-need" closely linked to government economic and family policies. How these duties were to be integrated once social workers were brought more overtly into a political agenda was barely addressed. The tensions caused by these two complex and bureaucratic approaches to child need and child protection and the consequences for children have been considered elsewhere (Petrie & Wilson, 1999; Lyon et al., 2003; Petrie, 2003; Johnson & Petrie, 2004; Petrie, 2007) and the impact on child protection social work practice discussed in detail. It had become clear that many child protection services were at breaking point, as experienced workers left because of the constraints within which they now had to work and which made professional and ethical practice impossible. They were replaced by newly qualified, inexperienced or agency staff and departments carried many vacancies. Staffing shortages, in terms of numbers and also experience, were some of the organisational factors identified by Laming as significant reasons why the sufferings of Victoria Climbié went unnoticed during the nine months she was in England before her death.
In response to the Laming Inquiry (2003), new policies and legislation emerged. The *Every Child Matters* (DCSF, 2005) policy agenda, the Children Act (CA) 2004, and the *National Service Framework for Children, Young People and Maternity Services* (DCSF, 2004) aimed to rationalise and improve all services for children by structural reconfiguration drawing together children's social services and education and sometimes health. In addition, the government funded *Surestart* (Glass, 1999) family support programmes in the community were restructured into Children's Centres providing a wide range of early years' services to communities identified as disadvantaged. According to government guidance, better services for children were to happen through the "teaming-up" of all organisations working with children and young people. The examples given include the voluntary sector, the police, hospitals, and schools (DCSF, 2005). Notwithstanding the apparent "universalism" of Children's Centre services, the weaknesses of New Labour's continuing commitment to the

market economy remained (Petrie, 2007). Contradictions and confusions of roles and accountabilities continued with major implications for services for "children-in-need," as reconfiguration meant that once more agencies, staff, posts, and service locations changed. Further assessment templates were developed. The *Common Assessment Framework* (CAF) (DCSF, 2007) was to be used by anyone working with children in health, education, leisure, social services, youth services, the independent sector, and so on. A CAF could act as a trigger and a source for a "child-in-need" assessment. More responsibility was placed on those working with children, other than social workers, to identify children's needs and concerns and respond to them. The CAF was implemented through top-down procedural information and templates, and the emphasis again, despite child-centred rhetoric, was on achieving the requirements set by government.

A further child death has revealed the flaws in current policies. Baby P was born in March 2006, and concerns were first raised in October 2006. From February 2007, his mother was provided with home-based support, including a "family friend," a social worker, and health visitor. He died in August 2007 after prolonged and savage physical abuse. The Director of Children's Services, the consultant paediatrician, and local authority solicitor have all been either sacked or disciplined for failing to intervene to protect Baby P. Calls are now being made by politicians and the public for a more interventionist approach to child protection:

The NSPCC has had more than double the usual number of telephone calls from the public following the conviction of Baby P's killers last year. The charity said many people wanted to express their grief and make a donation. About 12,000 people also e-mailed their MP through the website to call for tougher child protection laws. The Local Government Association said two out of three authorities have struggled to recruit children's social workers since the media coverage of Baby P's death and warn that potential recruits could be put off, thinking that they will become targets for hate campaigns if they make a mistake. There are also concerns that more vulnerable children have been left at risk as a result of the increasing court costs of child protection orders (National Children's Bureau (NCB), 2009).

Again, social work services are seen as being inadequate. This time, Directors of the Children's Services established in 2004 and drawn in the main from former Directors of Education are to be the targets of training initiatives. Where does the responsibility really lie? I have argued through this paper that social work has been systematically de-professionalised and fragmented by government policies, and it is hardly surprising that the reconfiguration of children's services has dissipated specialist knowledge about child abuse. It is not legislation that is inadequate but how legislation has been interpreted in response to government policies.

Child protection social work is one example of how the shift in social values stimulated by the dominance of "market" structures and principles has fundamentally changed social work practice. Zygmunt Bauman, in the debate stimulated by the Joseph Rountree Foundation on "Social Evils," has stated unequivocally that affluent, technological societies

are rooted in individualised consumerism and that collective action for the common good is no longer desired (Bauman, 2008). In such a society, how can social work continue to hold to the lofty ethical principles laid out in the BASW *Code of Ethics* (2002)?

5. Social work, ethics, and the future

There is a lack of clarity as to what constitutes social work and its relationship with political and policy agendas at the national and local levels. For example, as noted in the Joint University Council for Social Work Education Committee (JUC/SWEC) strategy (2006), "social work services" are used in Scotland to describe all adult and childcare provision, whereas in England, Wales, and Northern Ireland, social work is subsumed in the term "social care," which has little currency internationally. Since devolution, the four countries comprising the UK have developed very different approaches to social issues, priorities, and services. In Wales, for example, public sector developments have been influenced by the Beecham Report (2006), which signals a different policy perspective for public services from that in England:

In England, the Government is seeking to respond to the new public service challenges through a customer model which emphasises choice as the means to meet consumer expectations with competition, contestability and elements of market testing as the way to achieve efficiency … this has not found favour in Wales, on grounds of both principle and practicality …the Welsh Assembly Government has begun the process of developing an alternative, the citizen model …[which] relies on voice to drive improvement together with system design, management and regulation, all operating in the interests of the citizen (Beecham Report 2006, p. 5).

Wales, too, appears to be pursuing a more "inclusive" policy development process with formal, statutory consultation from the voluntary sector and service-user groups such as Stonewall Cymru, Disability Wales, and so on, in order to improve engagement (Gibbons 2007), whilst Scotland is proposing new legislation to strengthen regulation (Roe 2006). It is unlikely, therefore, that a "one size fits all" definition will have utility for future social work in the UK with implications for a code of ethics.

Policy differences, however, can mask existing substantial evidence of "what works" because of policy-makers' unfamiliarity with accumulated professional knowledge and pressure to come forward with innovatory solutions. For example, although it is pleasing to note that the Scottish Executive in their review of social work (Roe 2006) take account of recent research findings revealing the importance of the quality of the therapeutic relationship in successful outcomes in social work, these findings have been evident in social work research over the last forty years (Petrie, 2007) and should have informed earlier policies. There is a worrying tendency by politicians and policy makers to simplify social work research for reasons of political expediency. For example, the research underpinning the changed emphasis of child protection services in the UK from "child rescue" to "family support" (DoH, 1995) and the FACNF (2000) could have been interpreted differently. The

findings could have been understood as revealing the appropriate professional and ethical practice of social workers. During the 1980s and into the 1990s, child poverty in the UK rose dramatically (Burden et al., 2000), and it is universally accepted that poverty undermines the well-being of children. At that time, social service departments were the primary agency individuals could approach if they were concerned about a child. Of course teachers, doctors, neighbours, and so on referred children they knew or observed and about whom they were worried. In response to such concerns, social service departments are obliged by statute (Children Act, 1989, Sec. 47) to investigate. Social workers, it could be argued, were accurate in their judgments that these children were not the victims of abuse within their families. They may well have been suffering from the effects of poverty (reframed as social exclusion), which can be construed as abuse of another kind, but can social workers really eliminate the effects of poverty on children?

Notwithstanding New Labour's assertions that social workers can reduce social exclusion, poverty is primarily caused by structural factors such as industrial decline, the impact of labour market movement in a global economy (Ferguson et al., 2005), and now global financial recession. It is unlikely that social workers in the UK can have much impact on social catastrophes of this scale. In fact, despite the major policy programmes outlined earlier, child poverty in the UK has not reduced in line with the targets set, and the current global recession is likely to make matters worse. UNICEF (2007) research into the lives and well-being of children and young people in 21 economically advanced nations places the UK at the bottom of the ranking when all indices of well-being are aggregated. There are six primary areas of well-being based on the concepts in the UNCRC (1989) against which each nation's children and young people are assessed. These are material well-being, health and safety, educational well-being, family and peer relationships, behaviours and risks, and subjective well-being. The UK and the US are placed in the bottom third of the rankings for five of the six dimensions analysed. Where have been the voices of social workers charged with the ethical responsibility to:

Bring to the attention of those in power and the general public, and where appropriate challenge ways in which the policies or activities of government, organisations or society create or contribute to structural disadvantage, hardship and suffering, or militate against their relief (BASW, 2002, p. 3).

It is unimaginable today that any social work senior manager could act as Edwards did in 1984/5. This is not because social workers today are lesser people but because the socio-economic, political, and public context in which they work and their roles and functions have greatly changed.

Further ethical challenges confront social workers with the threats to civil liberty and social justice resulting from the focus on terrorism, especially in light of the contradictions between UK child welfare and immigration legislation. New Labour's policies toward immigrants and asylum seekers are not in line with the ethical values identified as central to social work practice:

In the case of asylum, again we find a growing complexity manifest in expanding statuses of protection, severe deficits in accessing the status determination process, constrained social rights and active exclusions from economic rights. These developments have not been part of a creeping erosion, but rather reflect a particular philosophy at work, which has meant that increasingly "rights" represent a privilege which has to be earned and as such offer governments a valuable tool in the management of population and society (Morris, 2007, p. 54).

Social work's low visibility in the global human rights movement, despite the emphasis on human rights and social justice in the internationally agreed definition, has been ascribed to the "lack of sustained global leadership on human rights by organisations that represent the profession" (Healy, 2008, p. 745). The current BASW *Code of Ethics* (2002) highlights this lack of leadership by failing to take full account of the changed context facing social workers in the UK. UK social work is in grave danger of abandoning any professional identity by simply participating in and upholding the welfare "market" paradigm.

Social care, the umbrella term that includes social work as well as work requiring less extensive training or qualifications, is a concept peculiar to the UK and is not understood in Europe or the US in the same way, where social work is regarded as a distinct professional activity. In the UK, this term indicates a shifting welfare landscape not only in terms of structural reconfiguration and the imposition of "market" forces but a philosophical move away from "universal" services. To some extent, social work is a casualty within these changes and is in danger of losing direction and place in the welfare system. The GSCC, which was one of the regulatory bodies replacing CCETSW in 2001 under the Care Standards Act 2000 and responsible for the Social Care Register, states that there are currently 93,000 registered social workers and student social workers in the UK (GSCC, 2008). It is the intention of government, however, to regulate the entire social care workforce – a workforce of more than 200,000. The DoH approach to registration has been criticised for poor ethical practice itself, because the GSCC is more likely to investigate declarations involving health conditions than criminal convictions:

People with mental health problems often have the sort of valuable knowledge and experience that can enrich their work in social care roles but the use of health screening not only risks filtering these people out automatically but discourages people from taking up social work in the first place (Cobb, cited in Community Care, 2008).

There is currently no clarity as to the relationship between the mandatory GSCC Social Care Register and *Codes of Practice* (2001) and the BASW *Code of Ethics* (2002).

6. Conclusion

I have argued that social work in the UK has changed significantly since the height of the Welfare State and is in demise. During the Welfare State debates about ethical practices in social work focused primarily on the nature of the relationship between social work and the "client," as individuals or in groups or communities, and often concerned issues of power, social change, and social control. Throughout this period, social work was not central to wider government economic or social policies and was largely free to develop its own professional practices at a time of economic growth and prosperity. The mixed economy in welfare has led not only to a proliferation of providers, but also to a fragmentation of professional roles and functions in order to bring together a range of skills and breadth of knowledge and unify different professional cultures and values. There are indications that the disadvantages caused by dissipating professional knowledge and expertise and disrupting communication networks and pathways outweigh any advantages from closer collaboration (Johnson & Petrie, 2004).

Social work in the UK has undergone a fundamental reconstruction in its relationship to the state and to social work recipients, because social and political attitudes toward welfare provision and welfare recipients have changed since the late 1970s. This was manifested in policy and legislative changes that directed a move from a Welfare State to a system of welfare markets and non-statutory providers and changed the role of the state from provider to regulator. This form of welfare organisation has fragmented social work

services, leading to discontinuities and inconsistencies in provision. The "universalism" of the welfare state has given way to "targeting" those most in need, yet it has also been argued that market approaches have increased social exclusion and led to an inequitable distribution of services and, in some instances, a reduction in quality leading to serious injustices (Joseph Rowntree Foundation, 2008). The social work profession has been remarkably silent, despite its *Code of Ethics* (2002), on all these matters. In fact, the term "social care" has emerged, highlighting the diminution of social work as a central activity in the UK welfare system. Social work has been disaggregated and spread across a variety of posts, few of which could be said to meet the international definition of social work adopted by the BASW *Code of Ethics* (2002). Social workers may now be working alone without social work peers, managed by those without a social work qualification, and consequently without access to professional supervision.

Returning to Butler's argument (2002) that codes of ethics are primarily about identifying a distinctive professional culture, it is clear why the BASW *Code of Ethics* (2002) has little utility for social work today. Social work is no longer distinctive compared to other welfare activities, and although regulation has increased, professionalism has diminished. Without a major effort to detach social work from political agendas and recover a professional identity, social work in the UK will continue to disintegrate, and a code of ethics will not only be of little use but irrelevant.

References

Asquith, S., Clark, C., & Waterhouse, L. (2005). *The role of the social worker in the 21st century: A literature review*. Edinburgh, UK: University of Edinburgh.

Batten, T. R., & Batten, M. (1967). *The non-directive approach in group and community work*. London, UK: Oxford University Press.

Bauman, Z. (1998). *Work, consumerism and the new poor*. Buckingham, UK: Open University Press.

Bauman, Z. (2008). *The absence of society*. Joseph Rowntree Foundation, Social Evils Debate. *http://www.socialevils.org.uk/2008/08/29/the-absence-of-society/* Accessed, 18.1.09.

Beecham Report. (2006). *Beyond boundaries. Citizen-centred local services for Wales*. Cardiff: Beecham Review Secretariat.

Beveridge, W. (1942). *Social insurance and allied services.* London: HMSO.

Biestek, F. ([1957] 1976). *The casework relationship*. London, UK, George Allen & Unwin.

Brake, M., & Bailey, R. (eds.). (1980). *Radical social work and practice.* London: Edward Arnold.

British Association of Social Workers (BASW). (2002). *Code of ethics.* http://www.basw.co.uk/Default.aspx?tabid=64 Accessed, 17.1.09.

Burden, T., Cooper, C., & Petrie, S. (2000). *"Modernising" social policy: Unravelling new labour's welfare reforms.* Aldershot, UK: Ashgate.

Butler, I. (2002). A code of ethics for social work and social care research. *British Journal of Social Work*, *(32),* 239-248.

Butrym, Z. (1976). *The nature of social work*. London & Basingstoke, UK: Macmillan Press.

Cheetham, J. (ed.). (1982). *Social work and ethnicity*. London: George Allen & Unwin/National Institute for Social Work.

Children Act 1989. (c. 41). http://www.opsi.gov.uk/Acts/acts1989/Ukpga_19890041_en_1.htm Accessed, 17.1.09.

Children Act. (2004). http://www.opsi.gov.uk/acts/acts2004/20040031.htm Accessed, 18.1.09.

Corby, B. (2000). *Child abuse: Towards a knowledge base* (2nd ed.). Buckingham: Open University Press.

Corrigan, P., & Leonard, P. (1979). *Social work practice under capitalism. A Marxist approach.* London and Basingstoke, UK: Macmillan Press.

DCSF (Department for Children, Schools and Families). (2004). *National service framework for children, young people and maternity services.* http://www.everychildmatters.gov.uk/health/ Accessed 18.1.09.

DCSF (Department for Children, Schools and Families). (2005). *Every child matters.* http://www.everychildmatters.gov.uk/aims/ Accessed 18.1.09.

DCSF (Department for Children, Schools and Families). (2007). *Common assessment framework.* http://www.everychildmatters.gov.uk/deliveringservices/caf/ Accessed 18.1.09.

DoH (Department of Health). (1995). *Child protection: Messages from research.* London: HMSO.

DoH (Department of Health). (1998). *Modernising social services.* *http://www.archive.official-documents.co.uk/document/cm41/4169/4169.htm* Accessed 18.1.09.

Dominelli, L. (1997, 2nd ed.). *Anti-racist social work.* Houndmills, Basingstoke, UK: Macmillan Press/BASW.

FACNF (Department of Health, Department for Education and Employment), Home Office. (2000). *Framework for the assessment of children in need and their families.* London: The Stationery Office.

Ferguson, I., Lavalette, M., & Whitmore, E. (2005). *Globalisation, global justice and social work.* London: Routledge.

Friedman, M. (1962). *Capitalism and freedom.* Chicago: University of Chicago Press.

Galilee, J. (2005). *Literature review on media representations of social work and social workers,* Scottish Executive, UK.

General Social Care Council (GSCC). (2001). *Codes of practice.* http://www.gscc.org.uk/codes/Get+copies+of+our+codes/ Accessed, 17.1.09.

General Social Care Council. (2008). *Raising standards: Social work conduct in England 2003-2008.* http://www.gscc.org.uk/NR/rdonlyres/CA51CB58-82B8-4DDE-A9F8-8CBA84CAEBFC/0/ConductMain_newA4.pdf Accessed, 19.1.09.

Gibbons, B. (2007). *A strategy for social services in Wales over the next decade; Fulfille lives, supportive communities.* Cardiff: Welsh Assembly Government.

Glass, N. (1999). Sure start: The development of an early intervention programme for young children in the United Kingdom. *Children and Society*, *13*, 124-125.

GSCC more likely to investigate health conditions than criminal convictions. (2008). *Community Care.* p. 20 (3.8.08).

Griffiths, R. (1988). *Community care: Agenda for action.* London: HMSO.

Gutch, R. (1992). *Contracting lessons from the U.* London: National Council for Voluntary Organisations (NCVO).

Healy, L. M. (2008). Exploring the history of social work as a human rights profession. *International Social Work*, *51* (6), 735-748.

Herald, The. (2009). Web Issue 3354. *Fred Edwards, Director of social work, ecologist and public servant.*

http://www.theherald.co.uk/search/display.var.2461914.0.fred_edwards.php
Accessed, 18.1.09.

Hollis, F. (1954). Principles and assumptions underlying casework practice. In E. Younghusband (Ed.). (1967). *Social work and social values* (pp. 22-38). London: George Allen & Unwin/ National Institute for Social Work.

International Association of Schools of Social Work/ International Federation of Social Workers. (2004). *Ethics in social work: Statement of principles.* http://www.ifsw.org/en/p38000324.html Accessed, 17.1.09.

Johnson, S., & Petrie, S. (2004). Child protection and risk-management: The death of Victoria Climbié, *Journal of Social Policy, (33)* 2, 179-202.

Joint University Council Social Work Education Committee (JUCSWEC). (2006). *A social work research strategy in higher education 2006-2020*. London: Social Care Workforce Research Unit.

Jones, C. (1983). *State social work and the working class*. London & Basingstoke, UK: Macmillan Press.

Joseph Rowntree Foundation. (2008). Social evils debate. *http://www.socialevils.org.uk/2008/08/29/the-absence-of-society/* Accessed, 18.1.09.

Langan, M., & Day, L. (eds.). (1992). *Women, oppression & social work. Issues in anti-discriminatory practice*. London, New York: Routledge.

Laming Inquiry. (2003). *The Victoria Climbié inquiry: Report of an inquiry by Lord Laming*, Cmnd. 5730. London: The Stationary Office.

Le Grand, J., & Bartlett, W. (1993). *Quasi-markets and social policy*. Basingstoke: Macmillan Press.

Lyon, C., Cobley, C., Petrie, S., & Reid, C. (2003 3rd ed.). *Child abuse, family law*. Bristol: Jordans.

Maclean, M., & Groves, D. (eds.). (1991). *Women's issues in social policy*. London: Routledge.

Morris, L. (2007). New labour's community of rights: Welfare immigration and asylum. *Journal of Social Policy*, *36* (1) 39-57.

Mungham, G. (1975). Social workers and political action. In H. Jones (Ed.). (1975). *Towards a new social work* (pp. 26-44). London: Routledge & Kegan Paul.

National Children's Bureau, (NCB). (2009). Library and Information Service, *Children in the news* weeks ending 2.1.09; 9.1.09.

National Health Service and Community Care Act. 1990 (c.19) http://www.opsi.gov.uk/ACTS/acts1990/ukpga_19900019_en_1 Accessed, 17.1.09.

National Institute of Social Work. (1982). *Social workers, their roles and tasks (The Barclay Report)*. London: Bedford Square Press.

Orme, J. (2001). Regulation or fragmentation? Directions for social work under new labour. *British Journal of Social Work, 31*, 611-624.

Petrie S. (2003). Working with families where there are child protection concerns. In M. Bell and K. Wilson (Eds.), *Practitioners Guide to Working Families* (pp. 168-187). Basingstoke: Palgrave/Macmillan.

Petrie, S. (2007). Partnership with parents, In A. James and K.Wilson (Eds.). *The Child Protection Handbook (3rd ed.)*, pp. 377-379. Edinburgh: Elsevier.

Petrie, S., & Wilson, K. (1999). Towards the disintegration of child welfare services. *Social Policy and Administration*, *33* (2),181-196.

Popple, K. (1995). *Analysing community work: Its theory and practice*. Maidenhead, Berkshire, UK, Philadelphia: Open University Press.

Rochdale Observer, The 1970s – News. 11.6.03
http://www.rochdaleobserver.co.uk/news/s/333/333160_the_1970s.html Accessed,
18.1.08.

Roe, W. (2006). *Report of the 21st century social work review*. Edinburgh: Scottish
Executive.

Seebohm, F. (1968). *Report of the committee on local and allied services,* Cmnd., 3703.
London: HMSO.

Skinner, C. (2003). New labour and family policy. In M. Bell and K. Wilson, (2003), *The
practitioner's guide to working with families*, pp. 19-38, Houndsmills, Basingstoke:
Palgrave Macmillan.

Townley, B. (2001). The cult of modernity. *Financial Accountability and Management*, *17*
(4), 303-310.

UNICEF (United Nation Children's Fund). (2007). *Child poverty in perspective: An overview
of child well-being in rich countries*. Florence: Innocenti Research Centre.

UNCRC (United Nations Convention on the Rights of the Child) (1989).
http://www2.ohchr.org/english/law/crc.htm Accessed, 19.1.09.

Williams, F. (1989). *Social policy: A critical introduction. Issues of race, gender and class*.
Cambridge, UK: Polity Press.

Young, R., & Wistow, G. (1996). Growth and stability for independent sector providers? *The
Mixed Economy of Care Bulletin, 5*, 18-20.

Younghusband, E. (1965). Postscript. In A. Hancock & P. Willmott, (1965), *The social
workers*, pp. 181-187. London: BBC.

[1]The Secretary of State is empowered by the Local Government Act 1999 to place local
authorities, judged to be failing to give 'Best Value' in their services, under special
measures. Special measures last for defined periods of time within which imposed
performance indictors have to be met.

[2]A 'child-in-need' is the statutory passport to state-provided or paid for services (s. 17
Children Act (CA) 1989).

International and National Professional Social Work Codes of Practice: Australia & Policy & Practice w/Older People

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Abstract

This paper explores the relationship between the IFSW code of ethics and the Australian Association of Social Workers code of ethics. It begins by conceptualising the notion of "ethics" before interrogating the respective standpoints, differences, and commonalities of IFSW and AASW. The paper not only highlights the problems of social work ethics in national and international contexts, but also raises serious questions relating to the impact on service users. In particular, there are implications for the quality of social care for older people despite the rigidity of codes of ethics. The paper ends by examining the important differences between international and national social work codes of ethics and implications for older people as service users.

Key Words: Ethics; IFSW; AASW; Older People; Australia

1. Introduction

The aim of this paper is to examine the International Federation of Social Work (IFSW) code of ethics, which will also be compared with Australian Association of Social

Workers (AASW) code. The paper explores the experiences of older people by assessing factors such as embedded ageist attitudes of both the State and helping professions that may hinder codes of practice being realized. The article will raise three questions about the ethics and values underpinning professional practice. The first section of the article conceptualises ethics and moves to outline the aims and objectives of both national and international codes of ethical practice. The second section considers some of the implications of professional practice in incorporating these codes and values given the critical context that service users may have experiences that do not relate to these codes. In this case, the example draws on the service group of older people and social work. It is not suggested that there is an absence of good practice in social work for older people in Australia but to reveal the problems attached to such international and national issues on codes of practice.

2. Definition of ethics

Ethics involve or encompass norms that are deemed to be universally beneficial to all. They tend to set a standard by which all action can be judged. At an individual level, ethics are value systems that enable individuals to apply a set of principles to their actions and to work out their obligations to others (Powell, 2006).

Although they determine codes of conduct, they appear to have an in-built system of flexibility that allows for shifting of goal posts to facilitate a resetting of boundaries at any given time. Representing an organisation's deeply-held and enduring beliefs, an organisation's values openly declare how it expects everyone to behave and are often embedded in its vision.

If this is to be achieved, there are implications for both the government and the social work and allied professions to achieve this objective. It demands a level of commitment of resources from the state and the appropriate intervention from the professionals to acquire the knowledge and skills required to enable them to work effectively and efficiently in the interest of older people. The interest and enthusiasm shown in other areas of social work should be equal when addressing the needs of older people. With the competing demands from other service groups, the advocacy role is key to this process. Ageist beliefs and practice must be eradicated from all systems, and practitioners must engage in efficiency, in assessment and provision of need, research, and policy development, to ensure that long term goals are set and achieved.

In the context of an increasing ageing population and decreasing numbers in the younger age groups, there is an urgent need for strategic planning and the development of social policies to provide for these changes. The question we are dealing with, therefore, is

how does social work training and practice respond to older people in the light of their code of ethics? What value base dominates in this field? How far into the future does their range of vision go?

3. Codes of ethics

The next section addresses the policy principles that lie at the heart of IFSW and AASW.

3.1 International Federation of Social Workers

The International Federation of Social Workers (IFSW) is a global organisation striving for social justice, human rights, and social development. The principles of human rights and social justice are the building blocks of social work. The IFSW has as its mission to enable all people to enrich their lives and to prevent dysfunction.

IFSW describes social workers as agents of change in society and in the lives of individuals, families, or communities that they serve. It sees social work as "an interrelated system of values, theory and practice." The values underpinning practice, stem from "humanitarian" and "democratic ideals" and therefore encompass respect for the equality, worth, and dignity of all people. Meeting basic human needs and developing human potential are central to the activity of social workers. The profession is highly motivated in its aim to confront poverty and liberate and empower oppressed/vulnerable people. The social work profession has progressed and developed immensely since its inception more than 100 years ago.

The organisational agenda has had to embrace a wide range of issues to keep up with the societal and structural family changes of the post industrial/post modern world. The stakeholders involved in the care of aged communities include formal and informal care networks, statutory organisations, profit-making, and not-for-profit organisations. The role of the social worker has also had to adjust in order to address the new challenges that are constantly emerging in the field of social welfare. The golden image of "good listener" has had to make way for the care manager whose role is to assess and purchase services from a wide range of providers (Phillipson, 1998). Reflexive juggling acts may be central to the platform of increasing demands amidst reducing resources. Political correctness and idealistic policy statements also have a bearing on the world in which social work is practiced. Through all these changes, it is reassuring, however, to note that the basic values and principles integral to the social work profession remain unchanged. This may result in IFSW presenting greater challenges and demands on the individual practitioner, but it also provides good guidance and support for practice.

The key concepts that should be evidenced in the commitment are the requirement to meet basic human need whilst acknowledging the individual's self worth. Respect for the individual is implicit in this. There remains an expectation to acknowledge "human potential." All individuals, whatever their age, health, and personal circumstances, have potential! It is therefore incumbent on the social worker to be mindful of this and, in assessing and addressing needs, to ensure that the individual's full potential is realised in the care planning and provision process. There is an expectation that those who are in

contact with the profession have a right to human dignity. Therefore, in an ever changing world of social care, the common denominator (i.e., the building blocks of social care) remains unchanged—human dignity, individual self worth, and anti-oppressive practice. The inevitable result, therefore, should be an enhancement of the life experiences of all those who are in need of care (Phillipson, 1998).

3.2   The Australian Association of Social Workers

The AASW is the professional representative body of social workers in Australia. It was formed in 1946 at the federal level, although a number of state branches had formed prior to this. It has a code of ethics that contains a set of principles agreed to by all members. These principles guide all social work practice.

AASW claims that social work is committed to five basic values:

*Human dignity

*Social justice

*Service to humanity

*Integrity

*Competence

(AASW Code of Ethics 1999, p. 8)

The principles involved require practitioners to respect the inherent dignity and worth of every person; respect basic human rights of individuals or groups as expressed in the United Nations Universal Declaration of Human Rights; foster individual well-being, autonomy, and personal/social responsibility; and recognise and respect group identity and interdependence and the collective needs of particular communities (AASW Code of Ethics, 1999, p. 8). The social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social workers intervene at the points at which people interact with their environments. Principles of human rights and social justice are fundamental to social work.

The code stresses the importance of working in the best interest of the client and of keeping each client's affairs confidential, except when there are over-riding legal, moral, or ethical reasons (AASW, 1999, p. 15) .

The AASW Code of Ethics confirms the profession's commitment to human well being. As social work operates at the interface between the individuals and their environment, it has to engage on several different planes to do this:

☐   Personal difficulties of vulnerable adults and children

☐   Public issues

☐   Social policy development

☐   Social justice

☐   Research/training /education

So, the AASW serves as a governing body that sets standards and provides guidance to professionals with the stated objective of achieving positive outcomes for the recipients of their care. It defines its objectives as:

- promoting the social work profession
- establishing, monitoring and improving standards of practice
- contributing to the development of social work knowledge and research
- actively supporting social structures and policies in their pursuant of social justice

(AASW, 1999)

The aim of practice standards is to provide a guide to practice and achieve standardisation of practice throughout Australia. It is fair, therefore, to expect that with provision from the State, a good standard of education and training and ongoing support from organisations such as AASW, social workers are well-equipped to serve those in need of their care and help, and provide a quality service that is fair and equal for all (AASW, 1999).

4. User Led Implications

Whilst this is an idealistic narrative, there are several implications for service users such as older people, despite these policy and ethical statements. Indeed, it is evident that Australia, like the rest of the world, is facing a growing older population. The proportion of the population aged 85 years and older will increase from 1.5% as of June 2002 to between 6% and 9% by 2051. This age group will experience the highest growth rate of all age groups. Women in Australia tend to live longer than men. Consequently, women make up a greater proportion of Australians (65%), and their predominance increases with age. In 2001, the proportion of women in the 65-74, 75-84, and 85 and over age categories were

52%, 58%, and 69%, respectively (Powell, 2006). In 2004, the number of older persons aged 65 years or older in Australia was estimated to be 2.6 million, or around 13% of the total population (ABS, 2005). The proportion of older people in the population is projected to increase over time to 26% in 2051, and to 27% in 2101 (Series B) or to 28% and 31% respectively (Series C) (Australian Institute of Health and Welfare, Nov. 2007, National Report).

Longevity itself, however, often is accompanied with complex health and social care needs. State policy statements are often more specific about the principles of practice than they are about the commitment of resources to achieve those high standards of care. The social work profession is based on core humanitarian values that lend themselves to principles in the policy statements, but they can be compromised by the pressures created by the shifting of goal posts to suit budgetary constraints/restraints.

A key question is: *how does everyday social work practice reconcile the current service outcomes with the IFSW's five principles whilst acknowledging the plight of older people referred to above?*

The social work profession aspires to high standards of practice with the specific intention of safeguarding the welfare and well-being of all citizens. By its very nature, social work is categorised as a "caring profession" with certain principles and values integral to its practice. The inevitable outcome of social work intervention, therefore, should guarantee sensitivity and quality care toward the recipient and integrity and competence on the part of the professional.

At the macro level, the community's needs are assessed and planned for in the social, political, and economic context in which they emerge. These factors will ultimately determine the level of commitment that will be made in response to them. The social policies are developed to guide the service planning and the provision of resources to meet needs and provide care in the community to those who require it.

From policy to provision, service planning and design must enable the organisation to operationalize strategies that enable it to meet objectives that enhance the quality of life for those whom it serves. Recognition of the potential contribution of older people to define need, and guide service development, would ensure that the provision made is appropriate and suitable for the community for whom it is intended.

At the individual practitioner/manager (micro) level, the professionals are expected to implement those policies and deliver a standard of care that reflects the principles and values outlined by the IFSW. As "agents of change," there is an expectation for them to prevent, not promote, dysfunction. Human dignity and social justice are key objectives that they must achieve for the service user/client. The process that they engage in should enable the individual to participate in the assessment of need and exercise some choice in the services that are provided to meet that need. The assessment should be a consultative process. Respect and dignity are essential to practice. The outcome for the recipient should be a high standard of care /social justice and for the professional, "competence."

The alarming picture painted in the earlier sections of this paper, however, portrays growing communities with increasing levels of need and state provision in Australia. At best, it lacks the required level of commitment and, at worst, lacks any required sense of responsibility. The inevitable consequence, therefore, for older people is a life experience that reflects injustice instead of social justice, and abuse instead of care. For the organisations, incompetence rather than competence is prevalent in practice and service delivery.

In those circumstances, it would appear that "the agent of change" is caught up in a web of confusion arising out of the conflicting priorities of the service user and the agency. The increasing level of need that accompanies advancement in age competes with the increasing demands of the limited agency resources. The political, socio-economic, and ethical framework within which social work exists may, to some extent, explain the problems encountered when one attempts to address the issues raised earlier. The agent of change concept may have a greater emphasis on agent than on change. Many old people are informal providers of care for older and frailer people. Provision of care often occurs at a cost to the informal care provider whether young or old. Sometimes that pressure can account for the abuse. The level of need is becoming more complex in this group. There is acknowledgement of this phenomenon by politicians, managers of care, and professionals in the allied care professions. This, tragically, is not accompanied by the commitment of resources to provide a basic standard of care for those who need it. There are, therefore, unintended consequences of codes of ethics as there is ample evidence of "unmet need" and indeed abuse experienced by this vulnerable group of people:

> *...the place of aged care in social work has long been ambiguous. Social work (as do other comparable professions), often displays a reluctance to place practice in this field within the core of the profession that embodies aspects of ageism in contemporary society. Working with older people is frequently characterised as "mundane," "routine," and not real social work. He concludes that unless social work affirms practice with older people and their families, we will fail to be congruent with our own values.* (Hugman, 2000, p. 3)

Alongside this, professional practice is becoming more critical in its analysis of social problems and more sophisticated in its intellectualisation of improving professional practice. In my view, the principles outlined by the IFSW mirror many policy documents of good intent issued by the Inspectorate and various governing bodies overseeing/monitoring the quality of care for older people internationally.

Hugman (2000) suggests that this is equally true of Australia. Practitioners and academics have been slow to conceptualise and implement practice that fits social work objectives. Hugman (2000, p. 5) suggests three major roles in aged care social work:

☐ The management of access to supportive services,
☐ Coordination and development of services, and
☐ Provision of supportive care to informal carers.

Hence, there is, however, a gap between the intention to provide and the actual financing and support of the service.

5. Conclusion

The social work profession has been in existence for more than a century and has shaped and reshaped itself to address the post modern era. In addition to the agency codes of practice, Australia has an affiliation to the IFSW and has adapted its "Ethics and Values" principles to encompass those of the IFSW. There is also a great deal of evidence to suggest that older people are faced with a poor quality of life, lacking not only the resources, but courtesy and care in their dealings with health and welfare organisations. It is evident that Australia has an increasing ageing population. There is a clear recognition of the health and welfare needs that manifest themselves in later life. There are well developed social policies that, potentially, have scope for a high standard of care for all. However, the monetary commitment by the state is questionable. In addition to this, the ageist practice ingrained in our institutions has to be eradicated.

The question that arises, therefore, is: *how do we bridge the gap between professional codes of practice in the interest of older Australians?*

References

AASW. (1999). *Code of Ethics.* Australian Association of Social Workers: Sydney retrieved from http://www.aasw.asn.au/about/ethics.htm

Australian Bureau of Statistics (ABS). (2005). Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/mf/4833.0.55.001

Australian Institute of Health and Welfare. (2007). National report retrieved from http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/118-nari/$FILE/Submission%20118%20-%20National%20Ageing%20Research%20Institute%20Submission.pdf

Hugman, R. (2000). Older people and their families: Rethinking the social work task? *Australian Social Work, 53* (1), 3-8.

Phillipson, C. (1998). *Reconstructing old age.* London: Sage.

Powell, J. (2006) *Social theory and aging.* New York: Rowman and Littlefield.

Book Review

Review by Stephen M. Marson. Ph.D.

Recently, I was asked to write a book review for *Human Body Size and the Laws of Scaling: Physiological, Performance, Growth, Longevity and Ecological Ramifications* by Thomas Samaras. This review will be published in Cambridge Press' *Public Health Nutrition* and it is fitting that the review of Samaras' book will be published approximately the same time as Komesaroff's work. Why? After reading the first two chapters of Komesaroff's *Experiments in Love and Death: Medicine, Postmodernism, Microethics and the Body*, it became abundantly apparent that Komesaroff lays out the philosophical underpinnings for Samaras' review of empirical studies. Thus, I found it providential that I had an opportunity to read these fine works sequentially.

Although Komesaroff states that his primary audience includes physicians, nurses, and caregivers, it is obvious to me that he can extend his audience to undergraduate philosophy students and Ph.D. students with an emphasis in public health, sociology, psychology, and social work. Professors who teach within the social sciences will find this book intriguing – especially those who teach ethics and theory construction. Within the first two chapters, Komesaroff completes a comprehensive review of ethical frameworks and successfully links them to the practice of medicine. In the classical tradition of ethical theory books, Komesaroff moves from broad concepts to traditional theory to the application of theory in general to the application of ethical theory to clinical practice and case illustrations with analysis. The book is very orderly, so that students and practitioners can follow it. However, a strong academic background in philosophy (particularly ethical theory) is the prerequisite for comprehending this book. Most American colleges do not mandate a strong philosophy curriculum.

I have very little knowledge of medical education outside the USA, but it is clear to me that the Komesaroff vision of medical practice is not shared with the American Medical Association or most of its members. By the time I started on the fifth chapter, I made a note indicating that his basic concepts for physician/patient interaction were recognizable. Although it is not immediately apparent, Komesaroff's discussion of the application of ethical theory within medical practice employs the systems framework with which most social workers have intimate familiarity. In reflecting on his work on a much deeper level than I normally would, I realized that Komesaroff was presenting the major tenets articulated by Pincus and Minahan in their 1973 paradigm shift text entitled *Social Work Practice: Model and Method.* Although Komesaroff does not employ social work jargon within his discourse, it is apparent that his vision of the practice of medicine would be shared with the typical

MSW social worker. In this respect, *Experiments in Love and Death* can be an inspiring exercise for social workers.

Because of the educational system in the USA, American social workers would find the first two chapters somewhat slow and laborious. Starting with "Animal Experimentations" in chapter 3, interest would be piqued and would continue for the rest of the book. Because of their grounding in basic philosophy, social workers educated elsewhere (particularly Europe and Canada) would find the first two chapters much less problematic.

Two dimensions of this book are particularly noteworthy. First is the emotional response. Once I completed the first two chapters, I found myself responding with sadness and a level of depression.   In fact, after I put the book down, my daughter queried, "What's wrong?" I explained that the case scenarios were depressing. I noted to her that my emotional response suggested that the author was a master of the written word. In fact, the emotional response created the motivation to continue to read. However, for me, I found that I was reading Komesaroff's work in short bursts. The case illustrations are emotionally draining.

Second, a dominant theme exists throughout the case illustrations. In social work jargon, we call it the "right to self determination." Komesaroff does not offer a label for his actions, but it is clear that he totally embraces this centerpiece of social work values. In most of the case scenarios, the patient dies. Komesaroff's emphasis is on the process of the patient's perceptions and needs. As the physician, he offers patients the soundest medical intervention to pursue.   However, when the patient rejects the seemingly best medical alternative, Komesaroff listens to the patient with an empathic ear. In my experience in working with physicians, he responds to his dying patients in an unprecedented manner. He issues support and acceptance for their decision NOT to pursue his recommended medical treatment. The manner in which he lays out his interaction with patients is uncommon within my health care experience. The fact is, Komesaroff's interaction with patients is identical to the manner in which we expect social workers to interact with their clients. *Experiments in Love and Death* is extraordinary reading.   As stated earlier, the book can be quite depressing, but on the other hand, it is also uplifting. In this respect, Komesaroff's work is quite a rich paradox.

In general, *Experiments in Love and Death: Medicine, Postmodernism, Microethics and the Body* is a well-written, emotionally charged book that addresses the application of ethical theory in the practice of medicine and health care. It is an important addition to any academic library that supports a curriculum in philosophy, medicine, nursing, sociology, and social work. I recommend it without reservation.