

# Ethical Codes of Practice in the US and UK: One Profession, Two Standards<sup>1</sup>

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## **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.

## **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.

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## **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.<sup>2</sup> 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).

### **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,

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<sup>2</sup> 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>.

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<sup>3</sup>; 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, NASW's 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

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<sup>3</sup> The term "client" has been largely displaced by the term "service user" in UK discourse.

recognized that modest revision of the 1979 code would not suffice; rather, the profession needed an entirely new code.

### **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.<sup>4</sup> 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

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<sup>4</sup> In booklet form, the current NASW Code of Ethics is 27 pages long and includes 8,170 words.

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.

### **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.

### **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.<sup>5</sup> 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

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<sup>5</sup> Social workers must have a recognized degree (bachelors or master’s 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 undertake 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.

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.

### **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 recognized 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 BASW's 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.

### **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” (GSSC, 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.

### **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.

## 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)

**Table 1**  
Broad areas in the English Codes of practice

SECTION	THEMES
Introduction	
	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

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.

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	<i>The subsequent sections present a set of standards grouped</i>

*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,<sup>6</sup> 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*

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<sup>6</sup> The term "service user" has largely displaced the terms "client" in UK discourse about social work.

*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](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 trust: 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](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](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.gsc.org.uk/pdf/Codes\\_of\\_Practice.doc](http://www.gsc.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.gsc.org.uk/NR/rdonlyres/041E6261-6BB0-43A7-A9A4-80F658D2A0B4/0/Codes\\_of\\_Practice.pdf](http://www.gsc.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 Orkney 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>
- NISCC. (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](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 ethics 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.