

## **Professional boundaries: crossing a line or entering the shadows?**

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## **Professional Boundaries: crossing a line or entering the shadows?**

### **Abstract**

This article explores the professional boundaries guidance for social workers. It presents research findings from the formal literature, from agency codes of practice, from telephone interviews with regulatory and professional bodies and from an exercise using 'snowballing techniques' in which informants responded to brief scenarios illustrating boundary dilemmas.

The findings suggest that formal research plays little part in the guidance that individuals use to help them determine professional boundaries. 10%-15% of informants (n=49) made regular reference to regulatory and professional codes of practice and a smaller number quoted specific sections from these codes. A slightly larger group (15%-20%) made fairly regular reference to their agency's policy documents. A clear majority relied on their own sense of what is appropriate or inappropriate, and made their judgements with no reference to any formal guidance. Agency guidance tended to ignore the ambiguous areas of practice and act as an insurance policy, brought out and dusted off when something goes awry.

The authors caution against ever-increasing bullet points of advice and prescription, and advance a notion of *ethical engagement* in which professionals exercise their ethical senses through regular discussion of professional boundary dilemmas.

**Key words:** professional boundaries; professional ethics; code of practice; professional relationship; practice dilemma; dual relationships.

## **Background**

The research on which this article is based was commissioned by the General Social Care Council (GSCC, 2008) following the publication of *Raising standards: Social work conduct in England 2003-2008*. This publication constituted the GSCC's first report covering the work undertaken to uphold standards and protect people who use social care services. In the light of findings revealing 40% of conduct cases involved allegations of 'inappropriate relations', the GSCC committed itself to developing professional boundaries guidance for social workers. This article reports the findings from the research to assist this task [*Authors' resaech report reference to be inserted*].

The research had two main purposes. First, to establish what professional boundaries guidance currently exists for social workers in the United Kingdom. Secondly, to identify and discuss a number of other examples of professional boundaries guidance (from outside the UK and from other professions) which would act as illuminative points of reference.

### ***A note on terminology***

'Professional boundaries' is used to describe the boundary between what is acceptable and unacceptable for a professional to do, both at work and outside it, and also the boundaries of a professional's practice (for example, whether complementary therapies can be undertaken by the professional as part of their work). It should not be confused with boundary disputes between different professions, i.e. inter-professional boundaries.

## **The research process**

The research had four components.

### ***1 Literature review***

A literature search was conducted using 22 databases in seven related professional areas: social work, nursing, criminal justice/policing, health and

allied professionals, physiotherapy, counselling and teaching. Keywords used were:

- professional boundar\* OR professional guid\* OR professional conduct AND
- social work\*; nurs\*; criminal justice OR law; police OR policing; counsel\*; physiotherapy OR health or therap\*; teach\*
- professional standard\* OR professional ethic\* AND  
social work\*; nurs\*; criminal justice OR law; police OR policing; counsel\*; physiotherapy OR health or therap\*; teach\*
- GSCC or General Social Care Council AND  
social work\*; nurs\*; criminal justice OR law; police OR policing; counsel\*; physiotherapy OR health or therap\*; teach\*

The search was restricted to post-2000 results, except where an article title seemed especially relevant. A first sift of titles was undertaken, leading to a second sort of abstracts. 109 articles of core relevance were selected and read for inclusion in the analysis.

## **2 Scenarios**

Twelve very brief scenarios were developed to illustrate different kinds of ambiguous boundary issues (see Appendix). The scenarios were emailed, with an introductory and personalised message, to a convenience sample of 142 informants across nine countries (UK, Eire, US, Canada, Australia, New Zealand, South Africa, Sweden and, with translation, Germany ); and to a convenience sample of six related professions (social work, nursing, medicine, educational psychology, probation and occupational therapy). The largest proportion of informants before and after snowballing were UK social work professionals in a range of agencies in the statutory and voluntary sectors and educational settings and in a variety of different job roles. Each informant was asked to forward the scenarios to further potential informants.

There were 49 responses within the deadline, of which 59% were derived from 'snowballing' (i.e. they were not direct informants). There was a total of 504 separate scenario responses and these were analysed and coded for themes.

The sample was designed to generate illustrative rather than systematically representative content. The scenarios were designed to provide a picture of actual responses to professional boundary issues, how these conclusions are made and what actions are considered.

### ***3 Policy documents***

Informants were asked what codes of practice (e.g. BASW, 2002; GSCC, 2002; NASW 2008; SSSC, 2005) and agency policies would be relevant to each scenario and were requested to return electronic copies of these. 17 policy documents were received from eight respondents (seven UK, one Australian) amounting to 269 pages of information and representing a wide spread of agencies - statutory city and county, small local voluntary organisation and large national charity. The content, style and purpose of these documents was analysed.

### ***4 Telephone interviews***

Telephone interviews were conducted with three types of professional body:

- 4 regulatory bodies (General Medical Council, GMC; General Teaching Council, GTC; Health Professions Council, HPC; Nursing and Midwifery Council (NMC).
- 1 overseeing regulator (Council for Healthcare Regulatory Excellence, CHRE)
- 3 professional organisations (Chartered Society of Physiotherapy, CSP; College of Occupational Therapists, COT; College of Radiographers, COR).

In all cases, the person interviewed was put forward by the organisation in the light of email and phone enquiry. The precise title and role of the interviewee

varied but in all cases it was someone senior who felt able to give an organisational view on the topics.

### ***Strengths and limitations of the research***

The **seven-strong** research team comprised several professions and had a strong background in ethics. Individual members were well-connected so that the snowballing technique had a wide and immediate reach. The team included the specialist help of an Information Advisor to manage the complex task of electronic literature searches.

As indicated, there was a range of strategies in the research design and this give us some confidence that the findings are 'triangulated'. The gathering and analysis of policy documents actually in use, linked to the snapshots gained through the scenarios about their use, is unusual; we found little consideration of local guidance in any of the formal literature.

The convenience sample is both a strength and a limitation. It does not provide a representative sample but it did generate considerable illustrative material. With hindsight, it would have been useful to have asked informants to rate the *seriousness* of each scenario, which would have provided a quantitative measure by which to compare responses (within each scenario from informant to informant, and across scenarios). Any comparisons between the scenarios - and any sense of the hierarchy of principles that is discussed in some of the literature - had to be inferred from the text of the responses.

### ***Research ethics***

Approval to pursue the research elements of the project was obtained from the Chair of the Faculty Research Ethics Committee at Sheffield Hallam University. Respondents were assured of anonymity and confidentiality and no particular ethical issues were identified.

### ***Review of the literature***

### ***Prevalence, kind and range***

The prevalence of professional boundary issues is difficult to estimate, not least because of the discrepancies in what is considered to be a crossing, a transgression or a violation (Austin et al, 2006). Formal expulsions from professional bodies is one way to consider prevalence; the evidence from Strom-Gottfried (2003) and Phelan (2007), both in the US, suggests that rates are steady or even in decline, but that they are disproportional across organisations. Our findings also suggest that very different actions are likely to be taken in different agencies in the UK with no obvious factors to explain this.

Sexual violations are the most commonly reported of boundary violations (Strom-Gottfried 2000), but the focus of our research was the grey areas rather than obvious violations. Examples of professional boundary breaches in allied health professions varied from severe acts of cruelty involving de-humanizing patients and abuse and harassment (Boon and Turner 2004) to the less serious, such as accepting gifts (Browne and Russell 2005). Financial transgressions figure more prominently in the US literature, where a distinction is made between professional boundaries and other kinds of violation, such as poor practice, competence, record keeping, honesty, confidentiality, informed consent, collegial actions, reimbursement, and conflicts of interest (Strom-Gottfried, 2000). Of course, any single reported incident might result in a number of different violations.

A report of social work activity in England between 2003-08 (GSCC, 2008) recorded that allegations were received regarding less than 1% (n=503) of the registered workforce in 2007-08, and in 2006-08 only 0.04% (n=36) of the total workforce of social workers and students have appeared before a hearing. The largest source of complaint was the public and people who use services (44%), followed by the employer (35%). By far the largest category of complaint was poor professional practice (46%). Only 9% of complaints related to inappropriate relationships. However, the pattern was for multiple and related transgressions. The most common professional boundary breach

is 'behave in a way, in work or outside work, which would call into question your suitability to work in social care services'.

### ***Recognition and reporting***

Reporting of incidents is an important theme in the literature. A study of students revealed a high level of willingness to act in situations viewed as detrimental to service users, but this form of self-report is unreliable (Mansbach and Bachner, 2009). Asquith and Cheers (2001) examined the moral issues that 15 social workers faced over a one-month period and discovered that the main source of influence to resolve these issues were the practitioners' personal moral perspectives. Tellingly, most of these resolutions did not conform to accepted social work ethical practice principles. This finding is reinforced by a study which suggested that professional socialisation did not seem to affect the ethical judgement of the social workers and students in the study; the only variable which significantly affected their ethical judgements was religiosity (Landau, 1999).

Reamer (2000) suggests that social workers need regularly to perform a kind of 'social work ethics' audit in order to facilitate confidence in reporting. The Social Work Ethics Audit is described as an 'easy-to-use tool to [help practitioners] examine their ethics related practices, policies and procedures' (Kirkpatrick *et al*, 2006: 225), but the literature suggests that making boundary decisions requires *ethical competence* rather than following a framework of instructions (Peternelj-Taylor and Yonge, 2003). Integrating ethical codes more fully into professional training is seen as one way of managing the tension between over-vague principles and over-instructive diktats (Gastman, 2002). In an American study, Masters of Social Work (MSW) students indicated that they did not feel adequately prepared to handle sexual feelings towards or from a service user (Berkman *et al*, 2000).

Dobrowolska *et al* (2007) argue that norms are established according to recurring situations, for example by publishing professional misconduct case studies and considering these in the light of relevant clauses of the professional code (see Castledine, 2003).



## **Context**

The importance of context is highlighted by research indicating that social workers change their professional and personal ethical hierarchies depending on their professional situations (Landau and Osmo, 2003). Given social work's holistic perspective, it is unsurprising that issues of relativism and universalism are considered in the literature. Squaring the circle of respecting culture while upholding professional ethics is difficult. Healy (2007) recommends a moderately universalist stance; that is, one in which certain principles or rules of ethics are said to hold universally (for example, not to abuse children). Nevertheless, a comparative study of Cuban and Canadian professionals found very different stories about the meaning of professional ethics, reflecting the strength of collectivist and individualist societies respectively (Rossiter *et al*, 2002); prevailing ideologies clearly have an impact on specific codes of practice.

Another significant contextual factor is the kind of work that the social worker is undertaking. Düvell and Jordan (2001) found that the boundary issues for social workers with asylum seekers were exceptionally sharp, given the workers' acknowledgement that the prevailing standards in their agencies were unacceptable, 'in terms of human rights, decency, efficiency and social justice'. The rural/urban context also emerges as significant, with the likelihood of dual relationships (knowing service users in other guises) more common in rural communities (Austin *et al*, 2006; Pugh, 2007).

Organisational contexts were strong in the scenario responses, less so in the literature. Banks (2004; 2006) sees the increasing proceduralisation of social work and other changes in role as a threat to the idea of a single code of professional ethics, especially with the strengthening of a consumerist approach to the social work profession. Dietz and Thompson (2004) contrast a patriarchal 'distance' model of social worker-client relationships and a feminist 'relational' model; they view the drive to proceduralise social worker-service user relationships as a strengthening of the patriarchal model.

Indeed, the agency's desire to protect itself can lead to a failure to meet service user needs (Browne and Russell, 2005).

The local context can become a strong subculture. This was particularly noted in the policing literature (Alain, 2004; Marc and Martin, 2008; Westmarland, 2001; Westmarland, 2005), with a focus on anti-corruption and 'integrity' policies and strong leadership (Lamboo *et al*, 2008; Moran, 2002; Punch, 2000). Local subcultures can introduce alternative ethical hierarchies, including a code of silence (Ekenvall, 2002). Also of wider relevance is the notion of ethical burn-out; Catlin and Maupin (2002) found that new male police recruits were predominantly 'idealistic' whilst their counterparts of one year's experience in the job were predominantly 'relativist'. Similar changes were identified in Alain and Grégoire's (2008) study of Quebec police recruits.

### ***Professional identity***

Meulenbergs *et al*'s (2004) finding that codes of ethics are part of the professionalisation of nursing as a means of self-assertion and an expression of identity, is probably true of other professions. Similarly transferable is the conclusion that if interpreted in a literal way, codes produce the opposite effect from that intended, forcing nurses to disguise their errors and not making accurate reports (Esterhuizen, 1996); the professional's commitment to act rightly according to moral standards is transferred to a focus on compliance with the code (Pattison, 2001). Yoder (1998) sees ethical expertise as interdisciplinary and, therefore, wider than clinical expertise, with codes unable to replace a professional's ethical sensitivity and individual decision making.

### ***Balance***

The successful resolution of professional boundaries issues might depend on achieving a balance between personal privacy, the safety of vulnerable individuals and the protection of the wider public. Clark (2006) suggests that there should be more focus on the collective common good to balance current obsessions with defending individual interests.

Our understanding of professional boundaries should be balanced by research into the views of service users, but these do not figure strongly in the research. However, Lord Nelson *et al* (2004) discovered that the families in their study had a preference for practitioners who were flexible with boundaries, and who went beyond a strict interpretation of the professional's role.

## **Findings from the scenarios**

In the tradition of vignettes used for training (Bowman and Hughes, 2005), twelve brief scenarios were designed to act as a trigger for informants to consider the *actual* response likely from their agency (see Appendix). A few informants responded as a pair or as a team. Some asked to use the scenarios in the future for continuing professional development purposes. Every scenario drew wide and varying opinions with little consensus and the sub-samples were too small to draw any comparative conclusions. Even when there was a consensus that action should or would be taken (such as 89% of those responding to #2, *A social worker overclaims mileage allowance in order to fund a group for services users*) there was a wide range of opinion about what the action should be (see later). No obvious subgroups are evident, though we will propose one possible explanation for these differences later.

## **Contextualisation**

Most informants explored a range of contextual factors for each scenario and these frequently differed from one to another. They included: first time or recurrent; attitude of the professional to the discovery of the transgression; medical condition; care plan; inside work, outside work.

## **Pragmatism**

There were frequent comments suggesting that no action would occur if the breach was 'out of sight, out of mind'. '*We have a specific policy on this but common-sense would prevail!*' [05§7]. Notions of scale (is it just the price of

a cup of tea that is borrowed - §8) and 'common sense' influenced whether action would be triggered. For two respondents it was not necessarily the nature of the action but a pragmatic view as to whether the worker undertaking the behaviour could be traced to the specific agency (§12a).

### ***Wide range of responses***

There was a wide range of responses, not just concerning whether action would or should be taken, but what the likely course of the investigation would take and the different outcomes, frequently varying from a quiet word in supervision through to dismissal.

### ***Levels of (un)certainty***

Levels of certainty and doubt varied as widely as the decisions recorded. One person was 'stumped' by virtually all the scenarios *'I don't really know the honest answer to 1-10'* [#39]. Others felt able, even on the quite limited information from the brief scenario, to make definitive judgements.

### ***Local culture and possible subsets***

The numbers were insufficient to generalise, but there was a hint of notable differences in some subsets such as the responses of a group of five African doctors and nurses. 'Some of these questions do not fit our own context in Nigeria ... The supervision of staff is not that close and stringent ... Same sex marriages are not allowed and making wrong allowance claims is not uncommon' [#45].

### ***Roles and remits***

Although there were disagreements about what the social work (or other professional) role is, there was a more consistent view that professional boundaries were related to role and to ideas of good practice. Crossing boundaries inappropriately is not, then, just a moral issue but a question of fitness to practice.

### ***Pre-emption***

Frequently, the make-or-break position was whether there had been prior agreement with the agency about the boundary crossed. In addition, there was an onus on the agency to make it clear when they employ new staff what is and is not considered to be acceptable. *'Prospective employees are reminded at interview that they cannot discriminate, so they have had the opportunity to discuss these issues before (which would make it worse if they now refused to do this work?)'* [#32§3].

### ***Reporting is uncommon***

Even when there was considerable unanimity that a code has been breached (as in §12) and when dismissal was being considered, only in one case did one person consider informing the professional body [#37§2]. Informants were more likely to refer to agency codes of conduct than professional codes of practice; but they were even more likely to refer to neither of these, relying on an implicit personal code.

### ***Power of individual manager***

The employer is a stronger reference point than the profession, and the individual manager has exceptional power in terms of whether action will be taken, irrespective of the existence of the agency code. Two managers in the same city were at odds in their response to §12a (the lap dancer), starkly revealing the significance of the operational manager in making decisions about whether action would or would not be taken - and that this was dependent more on the manager's moral stance than on the employment code or professional code of practice.

### ***Service user rights***

The reference points for informants tended to emphasise either the agency (possible disrepute, etc.) or the service user (protection, power, safety, etc.) Some of the former responses placed service users at great distance, almost as an out-caste. *'The [former] service user [who became engaged to a social worker] could not receive future services from the agency UNLESS the social worker no longer works there'* [#07§1]. Human rights were not mentioned in

any of the scenario responses which suggests that this part of the equation (balancing protection with notions of fellow citizenship) was weak.

## **Policy documents**

The 17 policy documents elicited from the snowballing exercise were reviewed for content, style and purpose. Their overarching purpose seemed to be to set the parameters within which employees should operate. Broadly, they described measures to reduce the likelihood of inappropriate behaviour and to improve management processes in preventing and responding to allegations of professional boundary crossings. There was an expectation that employees will read and be familiar with their contents.

The documents stated principles and expectations that were considered to be binding for professionals. Some codes implied a distinction between *misconduct* (a failure to follow a workplace rule) and *poor performance* (failure to work to an acceptable level). Typically, they made reference to complementary and conduct-related policies.

The policies outlined courses of action that are intended to influence and determine the decision-making and behaviour of professionals. While there are differences in emphases, the guidance outlined what professionals *should do* by stating particular courses of action. Similarly, the procedures and protocols specified particular steps to be followed. They hinged on methods and ways of proceeding at micro and macro levels.

The documents cited legislation, principles and values to different degrees. Few, however, confirmed the existence of 'grey areas,' or of the complexity of dilemmas requiring judgements of value where there may be grounds for misgivings about the possibilities for full resolution. There were glimpses of a more reflective approach, with employers exploring competing understandings of professional boundaries:

*Personal and professional boundaries need to be established by all members of staff...Service Z will strive to ensure that staff do not seek to control clients or colleagues and will not tolerate abuse within the workplace...The need to establish, maintain or modify boundaries will be discussed as part of induction...Training in boundary issues is compulsory for staff...staff requiring additional training relating to boundaries will be supported to do this as part of their individual training programme. (from the Boundaries policy and procedures of a National Voluntary Organisation)*

The documents were concerned with the reputation of employers: *'please inform the communications department of any activity that could positively (or negatively) impact upon our reputation...'* (from a National Organisation's Media Contact Policy). *'You are employed by X City Council and that means you are a local government officer. You and the services you provide are paid for by public money and therefore you are accountable to the public for your behaviour, actions and decisions. You must not only behave properly, you should also be seen to behave in a way that is beyond question'* (from a Code of Conduct for Employees).

Starkly expressed directives, duties and obligations are not consistently accompanied by a rationale or explanatory framework and may be described as pre-reflective. They acknowledge that professional boundary violations exist and confirm that employers will have no truck with breaches of professional trust. They suggest a preparedness for the claim, *"But no one said I couldn't have a relationship with a client"* and a readiness to take action when professional boundaries are violated. All make clear the limits to individuals exercising their professional power and authority. The tasks of the authors of these documents are similar to those of software companies. They write codes to protect their software, which expose flaws, and as more products are developed more codes are required. Similarly, service managers identify new boundary violation problems and describe them in updated and revised policies and codes of conduct.

Broadly, the documents conveyed a greater readiness to engage with the boundary violations arising from sexual relationships with service users than among staff themselves. The 'Dealing with Complaints about Service Delivery' policy of a city acknowledged that this may be the vehicle via which 'alerts' pertaining to professional boundary violations may occur - perhaps confirming the reluctance to speak out about the actions of colleagues or those who are in positions of trust.

### **Consultation interviews**

Telephone interviews were conducted with representatives of a number of professional organisations to understand how these organisations view professional boundary issues. There were three types of professional organisation represented. The first were regulatory bodies (n=4). Their role is to maintain a register of professionals. They do this in various ways: some set the standards that determine who enters a register; all keep a register of professionals; and all have some process for determining the fitness to practice of practitioners in the light of complaints. The second group were overseeing regulators (n=1). Only one such is represented here: the Council for Healthcare Regulatory Excellence (CHRE). It oversees nine regulatory bodies. This involves *inter alia* an annual performance review, a scrutiny of all fitness to practice decisions (around 1000 annually, and referral of cases to the High Court if the CHRE believe the regulatory bodies have been too lenient. The third group interviewed were the Professional Bodies (n=3). These work on behalf of professionals as a type of Trade Union. However, they also provide advice on professional issues and publish various documents and codes.

The phone interviews lasted 35-40 minutes and took the form of fairly informal discussion during which the researcher made notes which were sent to the interviewee to check over. In most cases, the report was sent back with some changes and clarifications. The interviews were structured around general questions concerning the definition of a professional boundary issue and the



types seen by the organisation. The interview then turned to some specific examples of professional boundary issues.

### ***Themes from the interviews***

In deciding what actions are acceptable both at and outside work, two key factors were commonly cited. The first is fitness to practice: the professional organisations would ask to what extent lack of such fitness is represented by the action. Roughly, this seems to translate to whether the professional is able to do his or her job reasonably well and without undue risk of harm to the service user. This covers bare competency, as in the requirement that those taking on additional roles or treatments must be suitably qualified, but it also covers normative behaviour. A professional's membership of a racist political party might indicate an inability to work with ethnic minorities and, therefore, to work at all in the profession. Similarly, a professional who makes lewd or suggestive comments to some service users would be of concern. Hence, behaviour both at work and outside is relevant in indicating fitness to practice. One of the most important reasons for enforcing professional boundaries is to protect people.

The second factor commonly cited as relevant in decisions about professional boundary violations was public confidence in the profession or the professional. This is sometimes described in consequentialist form: for example, behaviour X is unacceptable because the public would not have confidence in the professional who did that sort of thing. There is no necessary suggestion here that the behaviour itself is wrong, only that it undermines confidence. Sometimes the behaviour is described more deontologically: for example, behaviour X is unacceptable because it shows lack of integrity; professionals should have integrity and this shows that he or she does not. This might lie behind some difference in emphasis in some of the replies. Those who were more inclined to be concerned by legal but disapproved-of behaviour sometimes cited public concern. However, the thought that, say, being a member of a private Swingers' club could be of concern might also reflect some idea that this reveals something unacceptable about the professional himself or herself. It could be argued

that if the public's confidence is undermined then *so what?*; they should not expect professionals to be superhuman or saintly.

Overall, the interviews suggest that it might be useful to think of professional boundaries as a circle of two. The inner circle of boundaries concerns fitness to practice; someone who violates this circle is harming or likely to harm people. Someone who is racist at work or a rapist outside would clearly be in this category. So also would be the professional with serious drink or drug problems. The outer circle concerns the public confidence in the professional or the profession. Someone who violates this circle is undermining confidence, displaying a lack of integrity and so forth; but they are not necessarily displaying lack of fitness to practice. The professional who gossips on Facebook, or who takes Ecstasy tablets occasionally at parties, might be an example of this. Perhaps it is this outer circle that represents the grey area for which it is difficult to be prescriptive.

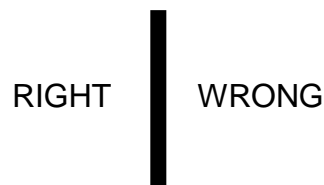


*figure 1* **Competence and confidence**

## Key themes

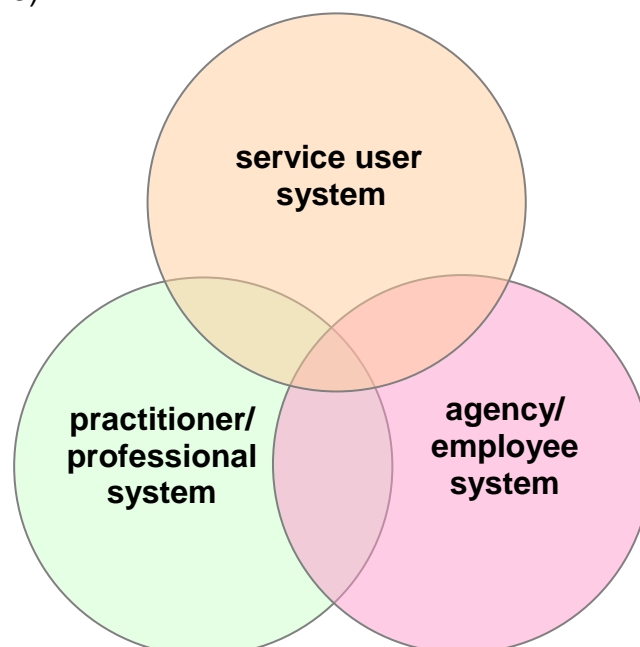
### ***Crossing the line or entering the shadows?***

The very word 'boundary' is full of ambiguities. For some, a boundary is a clear demarcation between x and y. This is consistent with strong views that there is right and wrong, and universal moral principles that can prescribe correct and incorrect behaviours.



*figure 2* ***Crossing the line***

For others, the idea of 'boundary' is not so clearcut. Boundaries are more like a no-man's land, or a disputed piece of territory that is capable of being claimed by many sides. Moreover, the rules that are used to determine who might claim what part of the territory are also changing and negotiable. From this perspective, crossing a boundary is not necessarily a violation or a transgression, since the boundary areas are fluid (Austin *et al*, 2006). Indeed, many practitioners might cross these boundaries trying to be helpful; they could drift incrementally into one of the indeterminate areas. From this perspective, boundaries are shadow areas where two or more systems overlap (Figure 3).

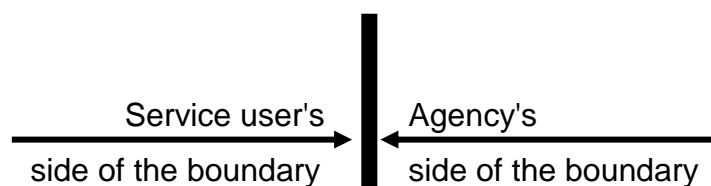


*figure 3 **Entering the shadows***

Those individuals or agencies that see boundaries as lines - and therefore every crossing as a violation - are more likely to see the need for a highly prescribed code of conduct. Those that view boundaries as shifting areas of shadow, where flexibility can *become* transgression, will be more inclined to a set of guidance based on general principles that require interpretation in the light of the particular circumstances. Of course, these different paradigms can have serious consequences: a social worker who came from one agency where gift acceptance was the norm and part of the agency's therapeutic approach to mutual help, would be exceptionally vulnerable moving to an agency where gift acceptance was viewed as tantamount to grooming. Perhaps the existence of these sharply at-odds paradigms explains the wide differences noted in the scenarios about the action that different informants would take.

### ***Reference points***

Two contrasting reference points are evident. For some the key question is *how does this affect the service user?* (Figure 4). That in turn can be from an empowering point of view or a paternalistic, protective one of a 'vulnerable person'. Those on the other side of the line ask themselves, *how does this affect the agency?* The two are not mutually exclusive, nor are they necessarily always compatible.



*figure 4 **Reference points***

This reference point is linked to notions of social distance, with some scenario informants clearly seeing service users as a different caste, 'others' from whom professionals must be resolutely insular. This might be seen as defensive self-preservation from a hostile public or as a failure to see people who use services as fellow citizens. The patriarchal distance model of social worker-client relationships identified by Dietz and Thompson (2004) emerged as perhaps dominant over the feminist 'relational' model they describe. It seems clear that service users are not routinely involved in developing codes of practice or in discussions about professional boundaries, though what evidence we have suggests they prefer professionals who are able to be flexible and 'human' (Browne and Russell, 2005; Doel and Best, 2008; Lord-Nelson *et al*, 2004).

Only occasionally is the possibility that professionals and service users may be one and the same person considered:

*'The [scenario] implies that service users and staff are completely separate rather than overlapping groups. Any policy or approach to managing these issues needs to address the possibility that staff may also use services' [#18§6].*

### **Contextual issues**

We have highlighted the significance of case-specific contexts, but it is clear that there are wider socio-political influences. Differences in the ways that professional boundaries are drawn and conceived are probably at their most pronounced if one considers the contrasts between collectivist and individualist societies (Rossiter *et al*, 2002) and societies that have strong religious beliefs (Dobrowolska, 2007).

Figure 5 (below) attempts to capture the wider influences and to illustrate the many potential 'pinch-points' for boundary quandaries.

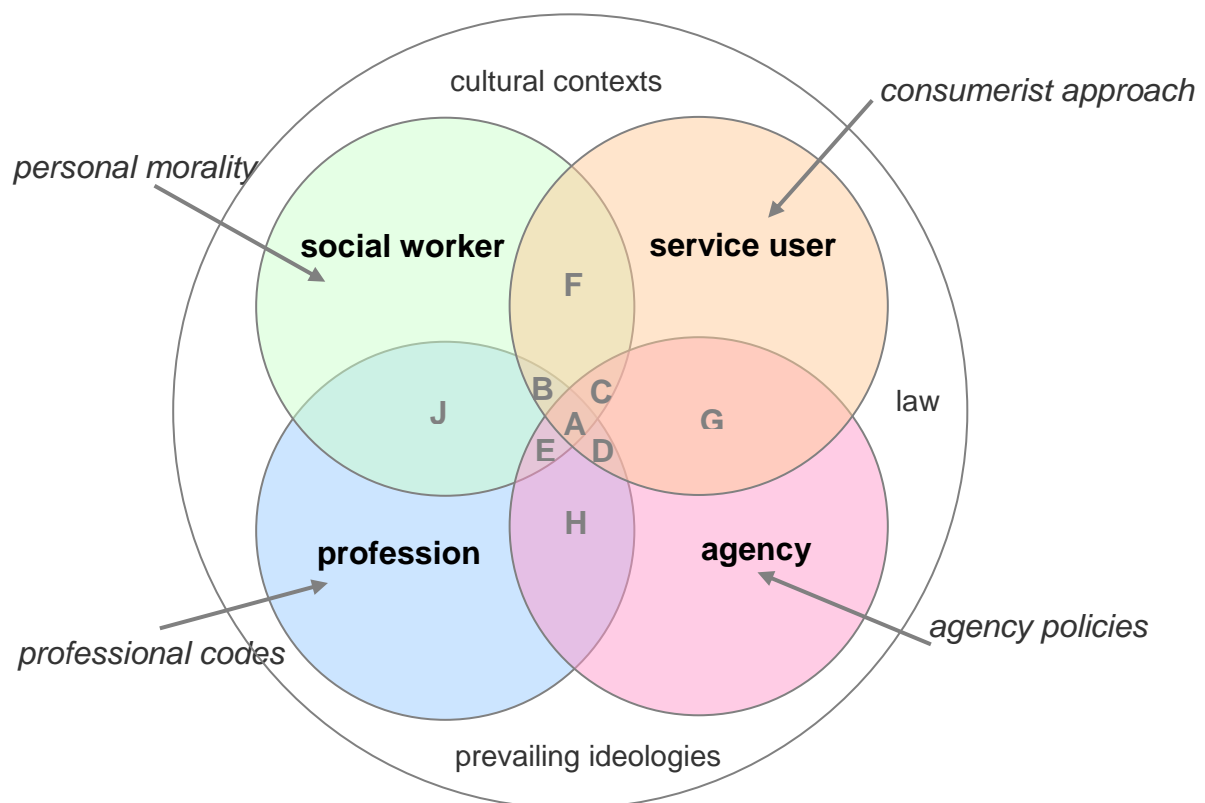


figure 5 **Boundary zones**

### ***Personal and professional moralities***

Because personal moral codes are developed incrementally throughout our lives and drawn from personal experiences, it should not surprise us that these codes seem more likely to influence us than professional standards (Asquith and Cheers, 2001), though religiosity has also been found to have a strong influence (Landau, 1999). This must lead us to the conclusion that a professional or regulatory code of ethics is unlikely to have as strong an impact on the behaviour of the individual professional as the creators of the code might hope.

### ***Sliding scales and hierarchies of principles***

'Slippery slope' is a term mentioned in two of the scenarios responses and present in the literature. For some, even a penny overclaimed (Scenario §2)

was a dismissible offence because, once crossed, this breach could lead to much more serious transgressions - i.e. larger sums of money.

Lowenberg and Dolgoff (1992) propose a hierarchy of principles in which financial probity sits below, for example, distributive justice. However, the response to the mileage over-claim scenario (§2) suggests that financial probity is rated highly and far-outweighs any support for redistributive justice implied by the motivation for the over-claim. In contrast, a commitment to anti-discriminatory practice, which relates to one of the highest of Lowenberg and Dolgoff's principles, was evident in only some of the responses to Scenario §3, in which a social worker refuses to work with a same-sex couple. Whilst not viewing it as right *per se*, a significant minority of informants were prepared to accommodate this discriminatory behaviour and would favour transferring the case quietly to another worker. The reference to 'religious beliefs' seemed to be important to many informants.

### ***Identification and investigation***

As we noted in the literature review, the prevalence of boundary transgressions is difficult to estimate, not least because of the discrepancies in what is considered to be a transgression (Pope and Vettner, 1992). What evidence we have suggests that boundary violations, certainly as reported to professional bodies, are steady (Phelan, 2007; Stromm-Gottfried, 2003). Prevalence is important because it relates to the ways in which codes of practice are developed: do they arise because there are recurring patterns of misconduct or do they arise from highly unusual one-off situations?

The question of prevalence begs that of detection and reporting. The most likely people to be aware of boundary issues are colleagues but what likelihood is there of whistleblowing? Of course, it is difficult to research what is not reported, but the responses to the scenarios elicited only two instances of the informant declaring that they knew of a similar instance happening; and there were a number of 'sympathy' responses: *'Action would probably be taken against the social worker by the council [for publicising a client's plight,*

*scenario §6] but again as people may have sympathy with the situation who would report the social worker?' [#38§6].*

One informant recognised that the manner in which a possible transgression is detected has an impact on the subsequent investigation: *'The type of action [taken] depends on whether this formed a part of a complaint or came to light in a different way' [#31§7].* When there is concern about a possible transgression, who decides whether further action is taken? *'It would be down to the agency to interpret [the code of practice]' [#13§1];* and how wide would the investigation go? *'[We] would want to know a lot more about the member of staff and service user's possible use of cannabis' [#28§7].*

### ***Positive boundary crossing***

Because complaints come to light in the way that compliments do not, it is very difficult to estimate how much good and effective practice is taking place in the shadow areas, where some social workers are prepared to cross hard and fast lines and to 'go the extra mile', but there is evidence that boundary crossing can be something to celebrate rather than suppress (Boland-Prom and Anderson, 2005; Turbett, 2009) and more research into service users' opinions about professional boundaries is needed.

### **Conclusions**

The relative absence of grey areas, the *shadows*, in agency policy documentation about professional conduct is in stark contrast to the reality of everyday practice (as exposed by the responses to the scenarios). Furthermore, the task of providing bullet point lists to steer professionals away from the shadows, or through them, is near-impossible. It is highly unlikely that a breach of professional boundary was caused by the absence of a bullet point in a code of practice.



Our research suggests that the best way to help professionals avoid transgressions is to provide them with opportunities for regular *ethical exercise*. Informants commented how invigorating they found the 'ethical hill climb' of considering the scenarios, and how this can aid team-building. At present, agency codes of conduct seem to be rather like insurance policies that are only brought out from the bottom drawer when the front room carpet has been spoiled, to see if a claim can be made or not. *Ethical engagement* is more than that, and much more than an occasional audit; it is an active and regular engagement with ethical issues in order to inform everyday practice and to remain ethically alert (Khele *et al*, 2008).

Codes of practice should be developed by an ethically engaged workforce in concert with service users, bottom-up rather than top-down. The first step is a recognition that a code of practice, whilst a useful starting point, can never fill every contingency and is not an algorithm of conduct in a morally difficult situation. A more strategic approach should embed professional boundary issues in the daily reality of good practice. Concrete scenarios can engage with these realities and tease out the personal moral codes and belief systems that are so much more significant than objective codes. It is important to ensure that agencies are open to learning and that boundary issues are not forced underground. Workers and supervisors need to be able to recognise 'red flags' of potential misconduct or problematic behaviours. If codes are seen as hostile rules that must be managed, they are likely to fail in their intent. Moreover, boundaries should not always be seen as problematic; some service users appreciate professionals who can cross boundaries, but this must be in a transparent and considered manner.

A long lists of principles or standards risks losing sight of the wood for the trees. For example, NASW (the National Association of Social Workers in the US) upped its list from 80 to 155 in 1999. Would it not be better to learn how to navigate through the wood rather than to count, map and identify all 155 trees? Is it at all likely that a 156th principle or standard would actually have prevented this professional from breaching that boundary? Though we need more research to know *why* individuals breach professional boundaries, the

findings from this research suggest that a broad strategy which develops the ethical engagement of the professional workforce is likely to be the most effective way forward.

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## Appendix: The Scenarios

Would your agency take action if the following information came to light?

What policies and procedures would come into play?

If it is likely that action would be taken, what would the action be?

(If you are answering this as a social work educator please consider how your course might address each of these scenarios with students).

Do please **attach electronic copies of any agency policies and procedures** that you feel are relevant to any of the scenarios below.

These same trigger questions were asked of each scenario:

Action would be taken: NO / YES

If 'IT DEPENDS' what might it depend on?

If YES, what codes of practice or agency policies would be relevant?

How are they likely to be used?

*The term 'social worker' was replaced by the appropriate profession depending on the informant's own profession.*

- §1 A social worker becomes engaged to a person who until two months ago was a user of the agency that employs the social worker.
- §2 A social worker overclaims mileage allowance in order to fund a group for services users.
- §3 A social worker refuses to work with a same-sex couple because it contravenes his/her religious beliefs.
- §4 A social worker invites a service user to pray with him/her.
- §5 A social worker masturbates a 25 year old man who has lost use of his arms.
- §6 A social worker appears on local television with a service user to publicise the service user's plight.
- §7 A social worker gives advice about where a service user can purchase cannabis.
- §8 A social worker becomes aware that a colleague has borrowed money from a service user
- §9 A social worker uses hypnosis with a service user
- §10 A social worker invites a homeless service user back to his/her home to stay

- §11 A social worker discusses the details of a service user (without using their name), to complain about their boss to other friends on Facebook.
- §12 A social worker constantly fails to attend in-house and external training and makes it known that they do not need any further training and have no interest in professional development.

*in a few snowballs, the twelfth scenario above was replaced by this one:*

- §12a A social worker is working as a dancer in a lap dancing club in their own time