Professional boundaries: research report

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PROFESSIONAL BOUNDARIES

RESEARCH REPORT

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RESEARCH REPORT

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1 SUMMARY

1.1 Background

In 2009 the General Social Care Council (GSCC) published *Raising standards: Social work conduct in England 2003-2008*. This constituted the GSCC's first report covering the work undertaken to uphold standards and protect people who use social care services. The GSCC's analysis revealed that a considerable proportion of conduct cases, some 40%, involved allegations of 'inappropriate relations'. In the light of this finding, and the release by the Council for Healthcare Regulatory Excellence of sexual boundaries guidance for healthcare workers at the beginning of this year (Halter *et al*, 2009), the GSCC committed itself to exploring the possibility of producing professional boundaries guidance for social workers.

To begin this exploration the GSCC commissioned a study in early 2009. This is the report of that study. There were two main purposes. First, to establish what professional boundaries[1] guidance currently exists for social workers, or for sections of the workforce that includes social workers in the United Kingdom, and the content of any such guidance. Secondly, to identify and discuss a number of other examples of professional boundaries guidance to act as points of reference for the GSCC's project. The aim was to identify and discuss examples relevant to the GSCC's project.

1.2 The research questions

- What current professional boundaries guidance exists for social workers specifically, or for sections of the workforce that include social workers, in the United Kingdom? To what extent is such guidance prescriptive?

[1] see Section 2 for a definition of 'Professional Boundaries'.

- With respect to the professional boundaries guidance identified, what does such guidance cover or not cover? How comprehensive is the professional boundaries guidance? In other words, what scope does it leave to professional judgment?

NB: safeguarding guidelines were not included in the scope of the study, but they will be referred to where relevant.

Guidance currently exists in three ways.

- Research as presented in the academic literature (in academic journals, for example).
- Professional and regulatory codes of ethics and practice.
- Policy documents and conduct codes at agency and local levels.

The research reviewed the academic literature from a number of professions, not just social work, and included professional codes. Analysis of agency policies provided snapshots of the kinds of organisational codes of conduct in daily use. This last objective was achieved by asking a sample of professionals, managers, students and educators, including service user educators, to respond to a set of brief scenarios, each representaing a professional boundary issue. People responding to these scenarios were asked to consider what guidance they would use to come to a decision. They were asked to attach copies of any codes of practice that they had used. The 12 scenarios were deliberately set in the shadows, or 'penumbra', of professional practice: in other words, we avoided the obviously illegal and immoral, since these unambiguous situations are seen as less problematic and therefore less illuminating.

The information from the review of the academic literature, the responses to the scenarios and the analysis of agency codes of conduct was supplemented by eight telephone interviews with key people in four regulatory bodies, three professional organisations and one overseeing regulatory body. The findings from these interviews are presented in section 7. There is a detailed analysis

of the scenario responses in section 5 and the policy documents in section 6, with a presentation of the themes arising in section 8 and a discussion of these in section 9.

1.3 The findings

The findings suggest that academic research plays minimal, if any, part in the guidance that individuals and agencies use to help them determine professional boundaries and to help avoid transgressions or violations of these boundaries. None of the 49 informants (those responding to the scenarios) made reference to any academic research or literature, including the eight informants who were primarily education-based. Some informants, around 10%-15%, made reference to regulatory codes of practice, such as the GSCC code (GSCC, 2002) or the Scottish code of practice (SSSC, 2005) and a smaller number quoted specific sections from these codes. A similar, slightly larger group (15%-20%) made reference to their agency's policy documents - code of conduct, whistleblowing, media policy, etc., depending on the scenario. There were also non-specific references to 'disciplinary procedures', but with no particular cross-reference to a code of conduct or practice. Clear majorities of those who responded to each scenario relied on their own sense of what was appropriate or inappropriate, and made their judgements with no reference to any formal guidance (see Table 5.1).

The research was also tasked with exploring what areas the guidance covers, to make a judgement about how comprehensive it is and to consider what scope it leaves for professional judgement - in other words how prescriptive it is. We found no reviews in the academic literature of the day-to-day documents that are available to social work agencies and professionals, still less any analysis of how they are used to make professional boundary judgements. In considering agency codes of practice, then, this current study appears to break new ground.

From the 49 individuals or teams who responded to the scenarios, 17 examples of documents were returned from a total of eight agencies (see

Appendix 4). These documents covered a range of agencies, types of work and settings. It is impossible to know whether they are 'representative', but in the totality of their 269 pages they provided a rich source of material, especially when taken together with the analysis of 504 scenario responses.

The research found a relative absence of grey areas in the policy documentation when compared to the discussion in the responses to the actual scenarios. So, the *penumbra*, the ambiguous area in which guidance is really needed, is overlooked in most of the guidance. However, as will become evident from this research, we found that it is an impossible task to provide a comprehensive bullet point list to steer professionals through these shadows. The conclusions, presented in the final section, suggest a metaphor where professional boundary issues are seen as a dense wood; rather than expecting professionals to recognise individually named trees in this wood, it is likely to be more effective for them to learn to *navigate* through this wood. In other words, bullet points of prohibitions, warnings and injunctions can grow like topsy, but it is unlikely that when a transgression occurs it is the result of a missing bullet point.

A notion of *ethical engagement* is presented as critical to helping professional and managers to navigate through difficult professional boundary issues. Ethical engagement is a process whereby the ethical issues that underpin professional boundary dilemmas are regularly discussed and addressed - in the supervision of staff, in team development work and in the everyday practices of the organisation. In this way, codes of conduct are not seen as insurance policies to be dusted off when something goes wrong, but as an active document, developed out of everyday practices ('bottom up' rather than 'top down') and seen as credible and relevant by those who work with professional boundary dilemmas day by day.

The report concludes with some recommendations, based on the findings from the research, to assist those who are charged with providing professional boundary guidance and to help to develop *ethical engagement.*

2. WHAT ARE 'PROFESSIONAL BOUNDARIES'?

During the course of the research it was noted that the term 'Professional Boundaries' can be used in various ways with slightly different meanings. There are at least three related senses of the term:

- the boundary between what is acceptable and unacceptable for a professional to do both at work and outside work (for example, whether a social worker should have a sexual relationship with a former service user);

- the boundaries of a professional's expertise to practise (for example, whether complementary therapies can be undertaken by the professional as part of their work); and

- inter-professional boundaries (for example, whether a social worker should do a task usually undertaken by a nurse).

This research focused on the first two meanings but it is important to understand that the term can be interpreted in different ways.

3. THE RESEARCH PROCESS

The research had four main components. The first was a formal literature search, the second was a 'snowballing ' technique to access the grey literature and the use of codes of practice, the third was an analysis of policy documents acquired through the snowballing process, and the fourth component was telephone interviews with key stakeholders.

3.1 Literature review

A literature search was conducted using 22 databases in all subject areas covered by the project, using the following keywords:

- 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*.

We restricted the literature search to post-2000 results, except where the article title was very alluring!

The results were made available to the research team via RefWorks bibliographical software. Duplicate article records were deleted, using the RefWorks duplicates filter, before the results were disseminated to the

research team. The literature search results were divided up into folders relating to the project's different subject areas to be examined by members of the project group. A first sift of titles was undertaken, leading to a second sort of abstracts. Articles of core relevance were selected and read for inclusion in the analysis. Attempting to use exclusion and inclusion terms was found to be insufficiently nuanced (especially given the different interpretations of the term 'professional boundaries'), so the decision to move from abstract to full article review was individually judged by each research team member.

Appendix 1 lists the number of results for each database searched, minus duplicate entries weeded out by RefWorks.

3.2 Snowballing and policy documents

An innovative aspect of this study has been the use of a modified snowballing technique. In preliminary discussions with the GSCC (commissioners of the research) it was agreed that the term 'boundaries' suggested grey areas and that, in some respects, obviously illegal activities did not fall within the remit of the research. For example, if a social worker were to steal from a service user, that would be so clearly out of bounds that further discussion is not necessary. Twelve very brief scenarios were developed to illustrate the different kinds of more difficult boundary issues (see Appendix 2); these were emailed, with an introductory and personalised email message, to a convenience sample of 142 informants throughout the UK and abroad (see Appendix 3). Each informant was asked to consider forwarding the scenarios to further potential informants who might be interested to respond, hence the 'snowballing'.

Since the purpose of the responses to the scenarios was illustrative rather than systematically scientific, it did not matter that the sample was not 'representative', or that we had little control over who might respond. 49 responses were received before the deadline date and these were all included in the analysis. A further 14 were received outside the deadline and were

therefore excluded from the study. The responses to the scenarios were analysed and coded for themes.

The responses were designed to provide a picture of a) the way professional boundary issues are seen in actual practice and b) how people in positions to make decisions come to their conclusions as to whether there has been a transgression and what might be done about it. In relation to the 12 scenarios, informants were asked what codes of practice and agency policies would be relevant and were requested to return electronic copies of these where possible. In all, 17 policy documents were received from seven of the 49 respondents. An eighth agency sent a code of practice without the scenarios. This amounted to 269 pages of information. Responses were received from agencies with a wide range of characteristics (city and county based, and ranging in size from a small local voluntary organisation to a large national charity). A key finding was that the majority of all the respondents to the scenarios made no reference to any specific local policy or professional code of practice.

A number of informants mentioned how interesting they had found this activity; some had involved their whole team in the exercise of deciding responses and some, based in educational settings, had used it in class with social work students. A number of informants asked permission to use the scenario exercise in the future in staff development and student training and we were happy to grant this.

3.3. 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); and
- 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. The full report of this part of the project is given in section 7.

3.4 Strengths and limitations of the research

The research group was a broad-based, experienced team and covered several professions and disciplines; the team had a strong background in ethics. Individual members were well-connected so that the snowballing technique had a very wide and immediate reach. In addition, the team had the specialist help of an Information Advisor to manage the complex task of electronic literature searches.

The research design included a good range of strategies (described above), some traditional and some a little experimental that, together, give us confidence that the findings are 'triangulated' - not just from one perspective. The gathering and analysis of in-use policy documents around professional boundaries, linked to the snapshots we gained through the scenarios about their use, is unusual - perhaps even unique. There were some examples of the use of scenarios in the formal literature and one article that described social workers' 'ethical journeys'; but none that we found considered local guidance in any detail or reflected on its use (or lack of use).

The convenience sample is both a strength and a limitation. There was strength in the fact that we were able to target a wide range of individuals whom we judged would be interested to participate or to snowball to others; but there were limitations in that we have no way of knowing whether responses are at all *representative.* However, to design a sample that could be considered representative of the groups that we wished to access would have been a far larger undertaking; moreover, the intent was that this aspect of the research be *illuminative* rather than representative. For these purposes it worked well. There were indications of sub-group responses (for example, the African doctors and nurses who made up five of the sample) but these were not a large enough group to make any sound generalisations.

There was some surprise that the snowball exercise did not generate more documents, though by happenstance the ones received were from diverse agencies (Appendix 4). However, the fact that 86% of the informants did not append any documentation (professional code or agency policy) could in itself be significant as it might indicate that these codes and policies are not at the forefront of informants' minds when considering these matters.

With hindsight, it would have been useful to have asked informants to rate the *seriousness* of each scenario, to provide a quantitative measure by which to compare responses (*within* one 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.

Time prevented some other explorations that would be useful, such as stakeholders like Witness, or the way in which professional boundaries are taught in the social work curriculum. Eight of the informants were wholly or mainly based in social work education settings (as students or teachers), so they came to the study from this perspective and one of the reviewed articles concerned professional boundaries in academic settings (Stromm-Gottfried and D'Aprix, 2006) but a systematic study of professional boundaries teaching is a major project in its own right.

3.5 Research ethics

The literature review and scenario consultations did not require ethics approval as research. However, the interviews with representatives from professional bodies did constitute research albeit of a fairly informal type. Approval to pursue this research was obtained from the Chair of the Faculty Research Ethics Committee, Faculty of Health and Wellbeing, Sheffield Hallam University. The potential interviewees were identified through information on the organisation's websites. Once contacted, the interviewees were sent an information sheet electronically (see appendix 5). The researcher spoke to the potential interviewees over the phone and answered their queries. The interview then proceeded on the basis of their verbal consent. The reports from the interviews were checked with the interviewees and the latter were invited to correct the report as they wishes. Details of who was interviewed have been kept on the password-protected computer of the researcher who did the interviews. However, all those interviewed were put forward by their organisation so the organisations know who was involved.

4. LITERATURE REVIEW

4.1 Key findings from the social work literature

Three hundred and fifty seven abstracts and titles were reviewed and these were narrowed to 35 key abstracts. Of particular note is an analysis of professional code violations coming to the attention of a professional body (Strom-Gottfried, 2000). The key findings from the social work literature on professional boundaries are summarised below.

i) Prevalence of transgressions and violations

The prevalence of professional boundary issues is difficult to estimate, not least because of the discrepancies in what is considered to be a transgression or violation. An extraordinary 29% of Israeli therapists who responded to a questionnaire reported at least one of their patients had experienced sexual relations with the most recent, former therapist (Aviv *et al,* 2006), though it is not clear how 'sexual' was interpreted. Formal expulsions from professional bodies is one way to consider prevalence and 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.

Sexual violations are the most commonly reported of boundary violations (Stromm-Gottfried 2000), but the focus of our current research is less on obvious violations and more on the grey areas that we might term *transgressions*. The American literature makes a distinction 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) and any single reported incident might result in a number of different violations. Financial transgressions figure more prominently in the US literature.

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. By far the largest category of complaint was poor professional practice (46%), and the pattern was for multiple and related transgressions. The most common breach is 'behave in a way, in work or outside work, which would call into question your suitability to work in social care services'. A considerable proportion of complaints that end as conduct cases (40%) involve allegations of inappropriate relations.

In 1993 the NASW Center for Policy and Practice reviewed a random sample of 300 cases drawn from all complaints to NASW for the period 1982 to 1992. The researchers found that, of 226 alleged violations, 72 were substantiated through hearings. They found that 29% of those who breached the Code of Ethics did so by violating the prohibition against sexual activity with clients. This was followed by conflicts of interest (17% percent of violations); precipitous withdrawal of services (17%); exploitation of professional relationships for personal gain (16%); dishonesty, fraud, and deceit (14%); succumbing to pressures that affect impartiality (violated by 13%); exploitation of client (13%); and failure to terminate or transfer a case appropriately (12%). Findings involving other tenets of the Code occurred in fewer than 12% of the cases reviewed.

ii) Identification and resolution

It is one thing to determine a boundary, another to agree that it has been transgressed (especially when this might be incremental) and yet another to find out about it. The most likely people to be aware of boundary issues are colleagues, but what likelihood is there of whistleblowing? 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).

The literature included some studies that track 'the moral journey'. 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 considered professional socialisation over time (Landau, 1999) and 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.

Reamer (2000) suggests that social workers need regularly to perform a kind social work ethics audit. Certainly, in one study, American MSW students indicated that they did not feel adequately prepared to handle sexual feelings towards or from a service user (Berkman *et al,* 2000). 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 Younge, 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).

Iii) Contextual factors

Given social work's traditional role as working with individuals-in-their-environment, it is unsurprising that issues of relativism and universalism are considered in the literature. At the heart of this is the difficulty of applying particular codes of ethics that may not be accepted by some social groups. Squaring the circle of respecting culture while upholding professional ethics is difficult, but 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. For example, a study by 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).

We will see in Section 5 that organisational contexts were strong, perhaps even paramount, in the responses to the Scenarios, yet these were more difficult to gauge from the formal literature. A study of expulsions from professional bodies in the US context (Phelan, 2007) noted that organisational sanctioning may be even more rigid than the state boards but Stromm-Gottfried (2003) found a higher rate of violations amongst private practitioners. Banks (2004) 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. She considers that ethical codes should be bottom up, reflecting daily practice.

iv) Inclusion and exclusion

The vocabulary used to discuss professional boundaries frequently puts distance between service users and professionals, almost as though service users are regarded as a different 'caste'. In these circumstances the

boundaries seem less designed to uphold the proper consideration of power differentials, etc. and more to deny people who happen to use services certain rights, privacies and possibilities. 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. The difficulty in moving between 'castes' is illustrated by the problems that workers and agencies have in deciding when and in what circumstances a person becomes a 'former' client or service user (Mattison *et al,* 2002).

So, in what circumstances can relationships between service users and professionals that fall outside the service-based one (sometimes referred to as ‘dual relationships') be considered permissible or even desirable? NASW's code of practice (2000) recognises that dual relationships can be part of sound social work practice (Boland-Prom and Anderson, 2005), but Kabel and Giebelhausen (1994) see dual relationships as, by definition, boundary violations. This latter position implies that social workers never become users of services and that service users never become professional providers, yet another reinforcement of the 'caste' approach to social immobility.

As Lord Nelson *et al* (2004) discovered in their study of families with children in special education, it is highly likely that service users themselves have a preference for practitioners who are flexible with the boundaries. The families in this study appreciated reliable and flexible availability and accessibility, broad responsibility that went beyond a strict interpretation of the professional's role, and dual relationships (i.e. fostering friendships, etc).

The successful resolution of professional boundaries issues seem to depend on balancing personal privacy, the safety of vulnerable individuals and the protection of the wider public. In a more general context, Clark (2006) suggests that there should be more focus on the collective common good to balance current obsessions with defending individual interests. A simple example of this is a father who transports his child to school by car. He does so in order to keep the child safe from traffic but, of course, in doing so he

exacerbates the general social problem. In a similar way, focus on, say, the individual social worker's right to act in any way that is legal might nonetheless harm some clients. These issues are complex and suggest the need for a broader view of boundaries than can be satisfied by a bullet point list of injunctions.

4.2 Key findings from the nursing literature

There is wide interest in the nursing profession in issues relating to ethics and professional boundaries and this has produced an extensive range of literature. A large number of abstracts were reviewed and these were narrowed to 28 key abstracts. Of these, of particular note, are papers which were literature reviews themselves (for example, Meulenbergs *et al,* 2004). A further feature of the literature is the regular reporting over time of professional misconduct cases in the British Journal of Nursing (Castledine, 2002, 2003) where detail of specific practice is linked to codes of conduct and learning points.

i) Codes of ethics and international boundaries

There is a wide range of interest across international boundaries in codes of ethics and their relationship to moral obligations and conduct. The International Council of Nurses Code of Ethics (2005) tends to be the starting point with literature responding to that code in terms of comparisons: e.g. the Belgian regulatory body having no specific code relying on general legislation (Verpeet *et al,* 2003) and the UK one (at that time) having a detailed code offering specific guidance in some areas such as consent for care procedures. A further example is the guidance produced by the General Medial Council in the UK on personal beliefs and medical practice where principles are linked to specific guidance and specific situations (GMC, 2008). Literature comparing UK, Poland, Ireland, Netherlands and Hong Kong was specifically identified.

In comparing the international literature two key themes arose:

1. many moral duties in the codes of different countries are the same, the difference lies in the specificity with which they address issues (Dobrowolska 2007); and

2. codes of ethics are seen as part of the professionalisation of nursing as a means of self assertion and both an expression of identity and a means of self regulation (Meulenbergs et al 2004).

ii) A critique of codes of ethics and codes of conduct

A critique of codes of ethics and of conduct is developed in the literature.

Codes include universal norms but also those related to specific problems faced in each country. For example, in Ireland the code of professional conduct indicates "every effort should be made to preserve human life, born and unborn", whereas this is not indicated in the UK code. Consequently, professional ethics are relative and arguable dependant on prevailing ideology (Dopbrowolska, 2007).

It has been suggested that professions are losing their exclusivity and identity. In the health service this is seen in a move away from being a general nurse and a move toward being someone trained to work in a specific area doing whatever tasks are required. In this post-professional context, codes are likely to become mechanisms of control rather than instruments for the promotion of ethics in nursing (Meulenbergs, *et al* 2004). Ethical codes are identified as too instructive and restrictive, framing morality in duty and rule-based terms and undermining the development of ethical sensitivity as a central element in professional competence (Hussey, 1996; Meulenbergs *et al,* 2004). Consequently, codes can produce the opposite effect from that intended, encouraging nurses to disguise their errors and not making professionally mature 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).

Ethical codes are seen as too vague in identifying virtues and principles which are of no direct practical use in everyday work situations (Meulenbergs *et al,* 2004).

iii) Ways of providing guidance on ethically appropriate professional behaviour

The critiques reflect dissatisfaction with codes of ethics because of the outcomes of their application. If too instructive then the professional fears sanctions, if too vague then no tangible guidance is offered. Ways of managing this tension are seen as integrating ethical codes more fully into professional training so they are seen as helpful and also contribute to the cultivation of virtuous attitude (Gastman, 2002). Ethical expertise is seen as wider than any clinical expertise and is interdisciplinary in nature (Yoder, 1998, in Meulenbergs *et al,* 2004). Codes can never replace a nurse's ethical sensitivity and individual decision making. Consequently, codes and guidance should not be formulated by a top-down approach which restricts participation to a profession's hierarchy but rather a bottom up approach reflective of daily practice (Meulenbergs *et al,* 2004).

Behaviour beyond professional practice is not spelt out in codes but for example the UK and Polish codes indicate that nurses should refrain from activity which would injure the reputation of the profession – this raises the question of what activity or conduct is wrong and what is the norm which the literature does not clarify other than in certain examples, such as the significant literature on the nature of sexual relations between psychiatric nurses and clients/patients (Bachmann *et al,* 2000). There is support for the view that a code is not an algorithm of conduct in a morally difficult situation, but rather a guideline that points to the values that need protection. Thus, guidance helps in identifying boundaries and when they may have been

crossed – when the professional fails to act in the best interests of the client (Peternelj-Taylor and Younge, 2003). Making decisions about crossing boundaries is seen as more than following a framework of instructions but requires ethical competence.

Dobrowolska *et al* (2007) argue that codes' norms are established according to recurring situations – where moral conflict arises then the norms of conduct become established. The British Journal of Nursing takes this approach further by publishing professional misconduct case studies (e.g. Castledine, 2002, 2003) which allows specific cases to be considered in the light of relevant clauses of the code.

4.3 Key findings from the allied health and physiotherapy literature

From the literature search 200 articles were retrieved from those related to allied health and physiotherapy. 146 of these were from PsychINFO and 30 from ASSIA. After review of the abstracts 17 were identified as relevant to professional boundaries and full text articles obtained. Following this, ten articles were selected and included in this review. None were from Sociological or Social Services. The rest were from ASSIA, PsychINFO, ERIC, Web of Knowledge and Scopus.

The Allied Health professions literature included that from psychotherapy. It considered a range of issues and examples that related to professionals boundaries. Across the literature different examples were given of how health care staff can breach professional boundaries (PBs) and strategies suggested to prevent or address them. These are summarised below.

i) How are professional boundaries breached?

Examples of how professional boundaries are breached considered in the articles varied from more severe acts of cruelty involving de-humanizing patients, and abuse and harassment (Boon and Turner, 2004) to the less

serious, such as accepting gifts (Boon and Turner 2004; Browne and Russell, 2005). A consideration was distinguishing between a violation and a transgression (Austin *et al,* 2006). A violation is recognised as harmful and / or exploitative. However, in practice many people cross a boundary line meaning to be helpful not to harm. The concern, then, is that crossing the line can lead to violation in an incremental way. That is why guidance should emphasise the principles behind judgement rather than being just a list of do's and don'ts. Examples of how transgressions can lead to future violations included use of touch, not recognising diversity and difference, and breaching trust. Bowman and Hughes (2005) provide an example from medical education. They describe how a breach in professional boundaries can occur between tutors and students because of the nature of problem based learning and the caring role. As they spend a lot of time together, socialize and share views and experiences, normal teacher/student roles become blurred and can make people vulnerable to breaching professional boundaries. In relation to this type of situation, Austin *et al* (2006) also advise that guidance should help professionals make the distinction between when their actions are motivated by satisfying their own needs rather than those of their clients.

ii) "Crossing the line"

Much of the literature considered the issue of professional boundaries and the difficulty distinguishing between violation and transgression in terms of 'crossing a line. It is sometimes difficult to know when the line is crossed. Professionals and clients may consider the line should be crossed in different places. If the line is crossed it can be difficult to know what to do. Browne and Russell (2005) comment that professional organisations in Australia provide guidelines to discourage carers from assisting clients with their sexual needs. However, when participants felt a situation was getting out of hand a few participants had clearly defined strategies and others felt uncertain about what to do in such situations.

In relation to the example of health professionals praying with patients (discussed in the scenario section below), Cohen *et al* (2002) make the point

that because a patient requests something the health professional is not necessarily obliged to respond. They should refer elsewhere or seek advice.

Austin *et al* (2006) identified a number of factors that influence where a professional should draw the line in terms of professionals boundaries with patients and clients. These were the:

- needs and personality of the client;
- character and training of the professional;
- status of the treatment alliance; and
- the treatment setting.

It is therefore difficult to account for all eventualities in guidance as so many variables are at play. Instead guidance should support the reflection, judgement and decision making required in such demanding real world situations (Bridges, 1999; Bowman and Hughes, 2005; Curton, 2000). Guidelines should therefore respect differences but also promote professionals taking responsibility for their actions (Austin *et al,* 2006).

iii) Remit of codes and guidance

Comment was made on existing codes and that little exists to guide practitioners in such areas of uncertainty. There was a recognition that professionals and guidance both needed to be flexible in order to best meet client's needs. Reed *et al* (2002) raised the point that guidance had to accommodate exceptions and unusual occurrences, whatever they may be and that individual patient / client encounters can be at variance to codes. This led to a consideration of a tension that exists where codes and guidance advise professionals to act in a way to please the organisation or profession rather than the individual client. Browne and Russell (2005) illustrated this clearly when exploring the difficulties in helping disabled clients maintain their sexual health and wellbeing. Here it was suggested that in protecting the professional or organisation, a clients needs may not be met. Responsibility

for maintaining professional boundaries is often seen to lie with the professional but there was a suggestion that the client's views should have more weight.

Codes seem to instruct against breaches of professional boundaries. However, once a breach has occurred there is little guidance on what to do, especially if it is not illegal.

iv) Advice on developing a code

One article by Davis (2007) was a discursive piece sharing his experience as a philosopher involved in developing an ethical code for software engineers. He drills this experience down to 18 rules for professional organisations in developing professional codes. This advice is less about the content and more about the process. Salient points for the GSCC to consider include:

- the importance of having an open process. The way a code has developed should be clear, transparent and auditable and open to comment from all relevant bodies within and outside the profession;
- leave a paper trail so that the content of a code or guidance can be traced back to its source(s);
- use scenarios that adequately reflect the reality of the working world in that profession to stimulate debate regarding the code or guidance. If this is done within the profession, for example at professional meetings or conferences, it ensures a response and input from the profession;
- the importance of not being too secular and involving external experts who can offer advice. Key examples here include ethicists and philosophers;
- guidelines are often based on expert / professional opinion - need to i*nclude users* and to protect their interests; and
- be clear what you are developing and its *intended remit* e.g. guidelines are aspiration: standards are mandatory and enforceable.

Guidelines need to explain why behaviour should be a certain way, not just a list of dos and don'ts. Guidelines can't address every eventuality.

Strategies to deal with professional boundary issues

A number of approaches were identified to either prevent or deal with violations or transgressions in professional boundaries. They can be summarized as follows:

- professional conduct. Emphasis from training to practice on standards of professional behaviour was seen as important. Characteristics such as honesty, appearance, respect for law and others, and confidentiality were cited as helpful in preventing professionals "crossing the line" (Boon and Turner, 2004);
- ongoing assessment in practice was also advised. Examples here included peer or observed assessment of practice, patient or service user evaluations, and own account journals (Boon and Turner, 2004);
- self-scrutiny and reflection strategies were recommended (Bridges, 1999). Self examination of ones own motives for action and honest reflection were key approaches to self management at an individual level (Curtin, 2000);
- seeking advice as early as possible after an incident has emerged was crucial. Methods included consultation, supervision and mentorship (Bridges, 1999; Bowman and Hughes, 2004); and
- the use vignettes for training was also seen as valuable (Bowman and Hughes, 2004).

4.4 Key findings from the policing literature

From a review of abstracts and titles, 15 articles were considered as relevant and the following principle themes emerged.

(i) Responding to breaches of professional boundaries

Moran (2002) reports strategies by the Metropolitan and Merseyside police to combat corruption by establishing anti-corruption units and developing a range of preventative measures. However, of key importance is the role played by the anti-corruption units in the development of overall professional standards. Punch (2000) suggests that to identify corruption and to maintain professional standards 'strong leadership, a multifaceted organizational strategy, a well-resourced internal affairs unit, proactive techniques of investigation, and persistent efforts to promote professional standards' (Punch 2000: 301) are needed. Lamboo *et al* (2008) draw attention to the high priority police senior management in the United States, United Kingdom and Holland have given to developing policies to developing professional probity – particularly in relation to officers receiving gifts or services in kind. This is most notable in the development by Dutch police forces of 'integrity policies'.

Other commentators highlight the importance of considering organisational context when considering the aetiology and response to corruption, which is construed as the breaking of many professional boundaries (Punch, 2000; Ekenvall, 2002; Alain, 2004; Westmarland, 2005). Highlighted as a key area of concern is the relationship of official discourses (Lasthuizen *et al,* 2008) to sub-cultural practices (Ekenvall, 2002; Westmarland, 2005); in other words, the official line and what actually happens. Sub-cultures within the police are strong and can undermine official guidance, codes and so forth.

(ii) The influence of employee sub-culture(s) on professional conduct

The policing literature pays particular attention to the importance of the *culture* of the police forces in determining how police officers should act (Marc and Martin, 2008; Catlin and Maupin, 2002; Westmarland, 2005). The research is international in its scope but clearly points to what Westmarland (2005) refers to as the 'blue code' or 'Dirty Harry' belief systems. There is a significant literature on 'police (sub) culture(s)' (Westmarland, 2001; Newburn and Reiner, 2007; Rowe, 2008).

Thus it is important to distinguish between the 'profession' that is shaped by professional codes and indigenous 'employee' codes (what Fielding, 1994, calls 'cop canteen culture').

Professional sub-cultures produce alternative ethical hierarchies. Ekenvall (2002) found Swedish police officers were most intolerant of colleagues who engaged in theft during their professional duties, but were only moderately intolerant of colleagues using excessive force with suspects of crime. He found that these types of misconduct were ranked similarly in USA and Croatia. Westmarland (2005: 145) found similar hierarchies – namely that officers in her study regarded 'the acquisition of goods or money as much worse than behaviour involving illegal brutality or bending the rules in order to protect colleagues from criminal proceedings'.

Underpinning these hierarchies is a reluctance of police officers to report the wrong-doings of colleagues. Ekenvall (2002) identified a code of silence that is similar to the 'Blue code' identified by Westmarland (2005). Alain (2004: 3) asked a representative sample of 455 Quebec police officers why 'an officer might or might not report instances of conduct that clearly violate police professional ethics'. He identifies three types of respondent – 'the reluctant, the relativist and the compliant' and suggests that resources should be focused on the 'main determinants' of how police officers construe 'corrupt conduct'. This, he suggests, will better increase the chances of developing a culture that prevents boundary transgressions.

(iii) 'Ethical Burn-out' or Changes in ethical construing and behaviour

Research into the early years of policing indicates that officers shift from idealistic ethical standpoints to positions of self-interest. Catlin and Maupin (2002) compared the ethical orientations of new male recruits (n=128) and trainees who were one year into their training. They used a "parsimonious" scale for judging ethical standpoint which consisted of two axes. Along one axes, recruits could be either idealistic or not; an idealist believes there is a correlation between right action and good outcome. Along the other, they

could be either absolutist or relativist; an absolutist believes there are universal moral rules and standards; a relativist believes these are relative to time, place and individual. New recruits tended to be idealistic and absolutist; their counterparts of one year's experience were predominantly non-idealist and relativist. Additionally, whilst only 13 per cent of the new recruits identified as having a subjectivist orientation (defined as accepting that self-interest is the guiding principle in ethical decisions), almost 42 per cent of those with one year's experience identified as being subjectivist. Similar changes were identified in Alain and Grégoire's (2008) study of Quebec police recruits. They point to a tension between an *exogenous* (externally imposed) morality, particularly legal statute and the *endogenous* (internal to the profession/workforce) morality. The latter is more concerned with preserving colleagues from the threat of a hostile outside world by making context/situation specific decisions, whereas the former is construed by police officers that are two or more years into the job as being alien, as hostile rules that must be managed.

4.5 Key findings from the counselling and teaching literatures

Counselling

A large number of abstracts were read and reduced to 14 key texts.

A feature of the literature regarding counselling is the lack of specific exploration and guidance on boundary transgressions, particularly in literature from the UK. As Khele *et al* (2008) indicate, despite media interest much of the evidence is anecdotal. What evidence there is emanates primarily from the USA (Pope and Vettner, 1992) and they identify only one study in the UK which examines sexual contact between psychologists and patients (Garett, 1998). The British Association of Counselling and Psychotherapy (2002, 2007) provide an ethical framework for good practice in counselling and psychology alongside codes of ethics for counsellors, trainers and supervisors. Khele et al (2008) argue that these codes encourage ethical

thinking rather than prescribing specific behaviours. Their analysis of complaints against counsellors indicates only 12% of the overall sample involved boundary transgressions but a large number 75% were upheld.

In the more theoretical literature a key concern is the examination of the *slippery slope* concept of boundary dilemmas linked to a rule based approach to ethical decision making (Martinez, 2000). This concept takes the view that boundary violations are not a single event but a process, a slippery slope, where minor boundary crossings precede more serious breaches. A further and distinct theoretical distinction is drawn between boundary crossings and boundary violations. A boundary crossing describes a departure from clinical practice that may or may not benefit the client, for example accepting a gift from the client, which can in itself be a focus for therapeutic work. A boundary violation is a departure from practice that puts the client at serious risk (Smith and Fitzpatrick, 1995).

Various attempts are made to group boundary transgressions under types, for example, non-erotic physical contact, self disclosure, and sexual contact (Smith and Fitzpatrick, 1995). In discussing how to avoid such boundary transgressions in respect of clergy psychotherapists Haug (1999) argues that establishing behavioural rules and guidelines is only partially helpful. What is also required is addressing through supervision and training the attitudes and practices that give rise to the misuse of power and authority. Hill (2004) discusses the USA Standard of Care as a legal determinant that a counsellor should practice in the same way as a reasonable similarly educated counsellor would practice in a similar situation. The way to avoid boundary transgressions is by discussion with colleagues to explore similar situations and to regulate conduct in the light of the Standard.

Teaching

The literature on teaching provided little illumination or guidance in respect of professional boundaries. There is considerable discussion of ethical issues but the focus is primarily on ethical situations that require the balancing of

responsibilities to students with the teacher's duties to those students' families, for example in potential child abuse situations (Freeman and Swick, 2007). Resolving the ethical issues involves both applying professional codes of ethics and individual judgement.

5. SCENARIOS

5.1 Purpose of the Scenarios

12 brief scenarios were devised in consultation with the commissioning team at GSCC in order to give selected informants the opportunity to respond to a variety of ambiguous boundary issues (see §3.2 for more details; see Appendices 2 and 3 for the scenarios and the informants). Informants were asked to 'snowball' these scenarios to other informants in order to achieve a wide broadcast and potential catchment area. The scenarios were designed to act as a trigger for informants to consider the *actual* response likely from the informant's agency or in the informant's experience. Informants were encouraged to append electronic copies of policy documents, formal guidance and codes of conduct that would be used to help make a decision in the various scenarios.

5.2 Results of the snowballing technique

142 informants were contacted across nine countries (UK, Eire, US, Canada, Australia, New Zealand, South Africa, Sweden and Germany) and six professions (social work, nursing, medicine, educational psychology, probation and occupational therapy). By far the largest proportion of informants were UK social work professionals, with these being employed in a range of agencies in the statutory and voluntary sectors and educational settings; and in a variety of different job roles. 63 responses were received, 49 of which arrived before the deadline. Of these, 59% were derived from 'snowballing', i.e. they were not direct informants (see Appendix 3).

This method is designed to be illustrative rather than representative; as a convenience sample, then, we cannot infer any prevalence from the information gained. However, in its intent to provide considerable, rich, illustrative data it was a successful technique; in its purpose to elicit a wide

range of policy documents it was less successful, though this fact was in itself illustrative, as we will explore in §5.3.

Were this exercise to be repeated the research team would recommend including some numeric questions, such as *'rate on a scale of 1 to 10 how serious you would consider this boundary issue'*. This would have achieved a more ready comparison between different informants' responses to the same scenario, and enabled comparisons across scenarios to be more easily made. There was a wealth of qualitative data, but any comparative judgements had to be inferred.

Table 5.1
Responses to the question, *Would your agency take action if the following information came to light?*

Scenario #	Yes	No	It Depends	Total responses	Nil response	Total	Ref to code*
01	18	9	17	44	5	49	20
02	41	1	4	46	3	49	21
03	32	3	7	42	7	49	26
04	20	6	18	44	5	49	9
05	32	0	7	39	10	49	18
06	13	3	28	44	5	49	16
07	33	2	4	39	10	49	22
08	30	5	6	41	8	49	10
09	17	5	17	39	10	49	12
10	28	3	7	38	11	49	15
11	29	5	8	42	7	49	20
12	34	1	6	41	8	49	19
12a	1	3	1	5	1	6	2
				504			

** this column documents the numbers of respondents who made reference to a specific agency code of conduct, professional code of practice, disciplinary action or legislation.*

5.3 Themes arising from the scenario responses

In this section we present a brief overview of the themes arising out of each scenario, followed by a bullet-point list of the learning from the analysis of the

scenario responses. 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.

This scenario had the highest number of 'No' responses to the question, *would action be taken?* (20% of the 44 who responded to this scenario) - and a relatively high number of 'It Depends' (37%), almost as many as the unequivocal 'Yes' responses (41%). The broadest consensus focused on whether the professional worked directly with the service user and whether the relationship had begun during that contact - so, it was a question of both *timing* and of *proximity.*

> *'There would be very limited issues if, for example, a hospital social worker get engaged to a person who used a service of the same hospital but not the social work services'* [ref 11§1].

In a number of instances it was stated that policies were not considered to cover former service users. Factors specific to the service user, the practitioner, the agency and the relationship were all considered relevant - *Perhaps they met outside of the agency?* [ref 20§1]. One informant reported that this situation would fall under the conflict of interest category: '*If you have a personal interest in any group or individual you must declare it'* [31§1 City Council code]. This was one of only three scenarios (#1, #7, #11) in which one informant made reference to the fact that they knew of this situation actually happening.

2 A [social worker] over claims mileage allowance in order to fund a group for services users.

This is the scenario with the highest proportion of unequivocal 'Yes, action would be taken' responses (89% of the 46 responding) and the smallest number of informants who did not address this scenario (94% addressed it). Comments in the main were tough and, for most, the motivation was not considered relevant:

> *'It is not appropriate and in my opinion, illegal, for a social worker to fraudulently claim mileage for any reason, however 'worthy' it may seem'* [ref 13§2].

There were a few more low-key responses:

> *'This is misguided activity and needs to be stopped. This could be done in a low key way during supervision'* [ref 14§2].

The most sympathetic response came from an Educational Psychologist:

> *'This would be against council policy, but as people may have sympathy with the situation I don't know if anyone would take action'* [ref 38§2].

For some the scale had a bearing but others were absolutist about the fact that this was dishonest/illegal no matter what size the sum.

> *'How the disciplinary action is progressed (i.e. with a view to the likely outcome) will be influenced by the scale of the inappropriate use of mileage allowance'* [ref 25§2].

A theme that a number of informants considered important was whether this was a first-time breach or something that was recurring. There was also a sense that the response of the practitioner (contrite, arrogant, etc.) would have a bearing on the decision. Only one informant [ref 37] mentioned reporting this to a professional body.

#3 A [social worker] refuses to work with a same-sex couple because it contravenes his/her religious beliefs.

There was quite wide agreement that equality and diversity policies would kick in, but considerably more accommodation of the social worker's position than, say, the mileage overclaim in #2, even though this had a 'good intention'. Many informants made mention of the need for discussion in supervision and further training before taking any further action. In particular, the fact that the worker's behaviour was related to religious beliefs seemed to have the effect of making informants nervous of any stiffer action:

> *The worker would have to agree to work with the family while getting support from his or her supervisor to deal with his or her feelings. While we respect religious beliefs we are a publicly funded agency and must serve families regardless of race, religion, or sexual orientation'* [ref 11§3].
> *'More and more religious organizations are providing services and their beliefs often come in conflict with how I personally read the code of ethics'* [ref 08§3].

The need for prevention and pre-emption was noted:

> *'If a particular case bothers SW, appropriate to know one's triggers and to avoid getting in a sticky situation'* [ref 06§3].

One of the few stronger statements was:

> *'Our Council has a strong diversity policy which we think would be contravened in this situation and disciplinary action would be likely. In our team it is not possible to know the sexuality of our clients before we assess them and we do not feel this type of view is acceptable'* [ref 15§3].

The practical issue of the quality of the service likely from a 'coerced' social worker was also called into question.

#4 A [social worker] invites a service user to pray with him/her.

This scenario gave the strongest evidence of subculture, in that five or the six informants who said that no action should be taken were doctors and nurses from Africa. Of the other 39 who responded to this situation, 97% thought action should be taken, though for almost half of these, there were situational factors which would determine whether and what that action would be.

A key theme was who initiates the prayer and the context (for example, if a dying service user invited a social worker in attendance to say a prayer with them; or the social worker and services user attended the same church). However, a US informant noted that some agencies employing social workers would *expect* the service user to pray '*before reaping the benefits in soup kitchens and homeless shelters'* [ref 08§4] which begs the question of the agency's mandate and service users' knowledge and expectations of that mandate (and, indeed, realistic choice to seek help elsewhere).

Where the GSCC Code of Practice was quoted there was little agreement as to which part of the code might be called into question.

#5 A [social worker] masturbates a 25 year old man who has lost use of his arms.

This was the only situation in which all informants felt that some action would be taken, though 7 (18% of the 39 responding) felt that action would depend on other factors and was therefore situational. The main situational factor was the existence of a care plan:

'[Masturbation is OK if part of a] full consenting adult agreement, part of care plan and kept within professional boundaries – very contentious issue' [ref 10§5].

There was a spread of opinion about what the action would be likely to be (from *police action* and *disciplinaries* to *it is acceptable if it is part of a care plan*). One of the strongest themes was about roles and responsibilities and whether this is part of the social worker's role, with most thinking not. There was a near-consensus on this aspect, even though some differences about how serious the breach was - gross misconduct or misguided conduct. Though not at all explicit, the responses perhaps also reflected individuals' feelings about the nature of this sexual activity.

Some were uncertain, some very clear; yet, within this clarity, no questioning about service users' human rights and some evidence of an 'out-caste' which we will return to later in Themes (§8).

'If the man is a service user it would be a disciplinary matter. No question' [ref 03§5].
'I feel it [masturbation] is a "slippery slope" to abuse' [ref 05§5]

The significance of local subcultures at a team level are highlighted in this response:

'There is much concern and caution about the sexual needs of certain service users, so a particularly progressive and liberal team of workers may see this [masturbation] as appropriate' [ref 13§5].

#6 A [social worker] appears on local television with a service user to publicise the service user's plight.

This situation had by far the highest proportion of 'It Depends' responses - 64% of those responding. By way of comparison, the next highest number of It Depends was 41% of those responding (scenario #4). The significant factor that would help informants to make their decision was how the issue being publicised affected or concerned the agency and, supremely, whether the agency had given its permission. The focus on the agency, and especially its reputation, was more prominent than the position in which the publicity might place the service user.

Only one informant (a nurse) mentioned the related issue of whistleblowing. Very few respondents raised the question of whether the service user is taking issue with the agency. There seemed a strong presumption both that the agency is benign and also that it is all-powerful - if the agency has not given permission, disciplinary action is certain.

> *'We are not allowed to even speak to the press. Such requests go straight to the press office'* [ref 14§6].

If the publicity serves the agency's interests and prior permission has been granted it could be sanctioned:

> *'... it could be appropriate. EG: the agency may be setting up a befriending service and with the service user's agreement, the exposure may encourage volunteers to come forward'* [ref 13§6].

Only one informant imagined that staff might also be service users:

> *'The question 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'* [ref 18§6].

The scenario, like many others, called into question the fundamental issue of what is the social work role. The following view was asserted with no apparent sense that it might be controversial:

> *'Social workers are not advocates for people - this is not their role. They are expected to maintain an independent and objective position'* [ref 31§6].

#7 A [social worker] gives advice about where a service user can purchase cannabis.

Most informants judged this to be illegal, so a high percentage said that action would be taken (85%), though a relatively high number did not respond at all to his scenario (20%); it is difficult to interpret what this might mean. One informant, who completed the scenarios as part of a team discussion, was unclear about the legal issues:

> *'We felt this is crossing professional boundaries and although the social worker is not acting illegally they are advising someone else to'* [15§7].

One of the main contextual factors was a possible medical condition and whether the purchase of cannabis is legal in the situation where it is occurring. How the situation came to light was part of the equation (for instance, as part of a complaint?) and, as with scenario #6, the agency's reputation and self-protection figured large. The professional setting had a bearing (rehabilitation; substance abuse, etc.)

Distinctions were also made as to whether the act is one of commission or omission, and whether it is in work or outside it:

'The matter would be slightly different if the service user simply admitted that they purchased cannabis and the worker did not alert anyone to this' [ref 13§7].

'This [council policy] does make a distinction between actions at work and out of work. If it happened at work it is very likely that a disciplinary investigation would follow. Out of work the issue becomes one of whether the action is one which "renders the employee unsuitable for remaining in County Council employment" (section 6)' [ref 25§7].

One informant who discloses that they had once to report on a head teacher, did muse that it would be *'interesting to know how many people would pretend not to know, as people generally don't want to report on other people'* [ref 38§7].

#8 A [social worker] becomes aware that a colleague has borrowed money from a service user.

A relatively high proportion (73%) of informants who responded to this question considered that action would be taken and that this would be disciplinary action. All bar one of those who did not see this as problematic were from Africa, which is probably explained by cultural differences: *'I think if they have come to a mutual agreement then its none of the social worker's business to interfere'* [ref 44§8]. The other 'no action' was from the US. Another US informant noted that:

'It again is a question of relationship. We have thousands of service users and some are husbands, wives, brothers, uncles, friends etc of agency staff. If the service user was on the social workers case load and money was borrowed in the course of the working day under the guise of a professional relationship, this would be a problem' [ref 03§8].

Issues of safeguarding were considered relevant by some informants and, as with a number of other scenarios, alternative good practices were advanced that would address the problem in question but keep within what the informant considered were professional boundaries:

> *'This strikes me as an area where we should be more connected to community-building initiatives and resources. If a service user needs money or friends then staff should be directing them to the ordinary places where people can do this kind of thing safely – in this scenario, it might be the local credit union*' [ref 18§8].

One informant referred to this as 'corrupt' practice [ref 25§8], citing a paragraph from their city council code of conduct, and made reference to the whistleblowing procedure in terms of the fact that the behaviour involves a colleague. Another informant made reference to the scale of the loan - if it were 'trivial' (the price of a cup of tea) this would be different.

#9 A [social worker] uses hypnosis with a service user

Themes arising from this scenario resonated with a number of themes already presented; for example, the remit of the social worker and the agency which employs them, supervision protocols, and service user consent. Responses to this scenario were very contextual (it was in the top three for the proportion of 'It Depends' replies). Although many thought it inappropriate, they has difficulty citing a policy or code and this scenario (along with the one involving prayer) had one of the lowest percentage of informants citing a code or policy (31% of those responding).

For those who could countenance this as within a professional boundary, it would depend on prior permissions, proper consents and safeguarding, and appropriate qualifications and experience. A few responses seemed to imply 'out of sight out of mind'. Once it was raised by the service user, staff or in a complaint, there would be action, but in many instances there would be a preference to ignore it.

#10 A [social worker] invites a homeless service user back to his/her home to stay

The contrasting responses that were evident in just about every scenario are exemplified by these two comments, the first the Director of a Women's Shelter, the second a social work masters student. The third (from a child protection background) embraces both positions:

> *'Agency policy forbids such boundary infractions, worker would be warned and educated on what other actions might have been taken' [ref 5§10];*
> *'Social worker would be fired for crossing personal/professional boundaries' [ref 7§10];*
> *'As a general rule, this is blurring of boundaries under the code of ethics and the organizational code of practice. As well it raises issues about a range of aspects of the helping relationship. That said, there is also a reality that often (and often late at night) there are no accommodation options and the choices are to allow to client to remain on the street or to be taken to the worker's home – thus there are competing duties of care between keeping the client safe and keeping professional boundaries clear' [ref 16§10].*

A major concern stemmed from a position that the possibilities for exploitation are great in this scenario, no matter what the original motivation. Many replies indicated the ambivalence of ref16's quote above, knowing it breaches professional boundaries but feeling 'torn' in certain circumstances. Some were, nevertheless, certain and *'can't think of any circumstance where this would be appropriate* [ref 13§10].

#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.

There was considerable agreement that this behaviour was wrong, ethically and morally, and breached confidentiality:

> *'In addition to breaching client rights to privacy, the social worker is breaching their ethical obligation to their employer' [ref 20§11].*

However, there was less agreement as to whether *particular codes were broken.* Some respondents were able to quote specific policies, such as:

> '*Harassment of the boss in terms of the ESCC Policy on the Promotion of Dignity at Work; Respecting the confidentiality of service users (even without them being named) in terms of the Code of Practice for Social Care Workers and ESCC Confidentiality procedures.'* [ref 25§11].

At least two informants were completely lost for a response:

> *'Ooo no idea, probably depend if the service user was identifiable from the info disclosed and how rude they were about their boss!'* [ref 3§11]; '*I am nonplussed by this question'* [ref 35§11].

Knowledge of technology was seen as limiting action and only one respondent quoted codes relating to IT or data protection; some others thought it should be but wasn't covered by codes of conduct as yet:

> *'Whether Senior mangers are sufficiently aware of the nature of Facebook. I suspect at present they are not!'* [ref 41§11].

As opposed to all but two of the other scenarios, this one was noted as real, current and topical by some:

'This is currently an issue within my service, whereby (mostly) young female workers post images and gossip re themselves and colleagues on a public networking site. I understand that management are aware of this but am not sure what action, if any, has been taken to date' [ref 40§11].

As was very common throughout the scenario responses, reporting behaviour to professional bodies was not considered as an option in the responses we received.

#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.

This scenario was relatively straight forward, with all but one the informants declaring that action would be taken, from discussion in supervision to dismissal. This service user educator had strong feelings about this:

'Should be sacked because they are jobs-worth dinosaurs' [ref 49§12].

The key theme was that this scenario contravened *requirements for registration* set by the regulatory body. Consequently there was little to discuss and little grey area in terms of action, as a clear line had been drawn by an external body. However, only a very small number said that they would actually inform the registering body, even when dismissal was considered. The emphasis is on the breach of contract with the employer, not the breach of registration requirements. A number of respondents did not see this scenario being about professional boundaries.

Even in this situation of relative unanimity, casuist (case by case) comments were present. For example, some respondents tried to see individuals in their context (are they ill? nearing retirement? etc.)

#12a A [social worker] is working as a dancer in a lap dancing club in their own time

Given the view that #12 was not really a professional boundary issue, late in the day this further scenario was added to the list sent to six of the informants. Even from such a small sample, this scenario brought two directly opposing views from two managers working in the same city, though one in a statutory setting and the other in a voluntary organisation.

> *'No [action], except it would have to be declared as a second income and would be considered at that stage. It would not necessarily be regarded as a crossing of professional boundaries'* [ref 31§12].

> *'To remind the worker about issues related to bringing the agency's reputation into disrepute should it come to light that they worked for us. Depending on the response disciplinary measures could be sought possibly resulting in dismissal'* [ref 35§12a].

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. Both these respondents work for the same national agency although at different ends of the country. One of them stated:

> *'Maybe if they were commuting to a city where there was not potential for service users or colleagues from other agencies to use the service then this might be seen as an individual act with no direct consequences for the agency!'* [ref 35§12a]'

Perhaps because there were only six informants, this scenario in particular starkly emphasises the significance of the operational manager in making decisions about whether action will or will not be taken, and that this is as dependent on the manager's moral stance as it is on the employment code or professional code of practice.

5.4 Learning from scenario themes

There are a number of significant learning points from the overall analysis of the 504 individual scenario responses from 49 informants.

- **Contextual factors are pre-eminent.** Each situation is discovered to have its own cluster of potential contextual factors. These included the following: first time or recurrent; attitude of the professional to the discovery of the transgression; medical condition; care plan; inside work, outside work. Most informants explore a range of contextual factors for each scenario and, frequently, these contextual factors differ from scenario to scenario.

- **Pragmatism**. There are frequent comments that lead us to believe 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) and common sense affect whether action is 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**. Not surprisingly, with many different contextual factors being weighed, and different weighing scales being used, there is a very 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 certainty**. Some informants are more aware than others that they are 'using different weighing scales' and weighing different things: in other words, levels of certainty and doubt vary 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'* [ref 39]. Others feel able, even on the quite limited knowledge from the brief scenario text to make definitive judgements.

- ***Local culture and possible subsets***. The numbers are not large enough to make any claims, but there is just the hint of notable differences in some subsets, for example, the responses of the African doctors: '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]. Some responses were given by teams rather than individuals.

- **Roles, remits, good practice**. Although there were disagreements about what the social work role is (or other professional, where this was the case), there was a more consistent view that professional boundaries were related to the notion of role and remit and that it somehow also related to ideas of good practice. Crossing boundaries inappropriately is not, then, just a moral issue but one of lack of fitness to practice.

- **Pre-emption**. A common theme, related to the previous point about good practice, is whether there had been prior agreement with the agency about the action undertaken. This was frequently the make-or-break position. The onus is also 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 is considerable unanimity that a code has been breached (as in #12), only a very few consider actually informing the registering body - even when dismissal is being considered. Informants are more likely to refer to agency codes of conduct than professional codes of practice; but they are even more likely to refer to neither of these, relying on an implicit personal code.

- **Power of agency and 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 or will not be taken, irrespective of the existence of the agency code. 'This scenario in particular starkly emphasises the significance of the operational manager in making decisions about whether action will or will not be taken, and that this is as dependent on the manager's moral stance as it is on the employment code or professional code of practice' (#12a).

- **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 responses that neglected the service user perspective placed the service users at such distance as to convey a sense that they were a kind of 'other caste'. This out-caste status meant that, in some cases, a transgression could actually lead to the service user's rights being diminished, for example: *'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) is weak.

6. POLICY DOCUMENTS

Key findings from the policy documents

The policies reviewed included: codes of conduct and a guide to a code of conduct; a performance and conduct policy; a social work contract of employment; a statement about the promotion of dignity at work; a conflict of interest policy; a whistleblowing policy; guidance for safer working practice; a complaints procedure; a media contact policy; a diversity policy; and a single *Boundaries Policies and Procedures* (see Appendix 4 for a list of policy documents received).

The overarching purpose of these documents is to set the parameters within which employees should operate. Broadly, they describe measures to reduce the likelihood of inappropriate behaviour and to improve management processes in preventing and responding to allegations of professional boundary crossings. There is an expectation that employees will read and be familiar with their contents.

6.1 Codes of conduct/ of practice, policies, procedures, protocols, guidance, guides…

Codes of conduct/of practice exemplify a positive (rather than legalistic) approach to the promotion of professional conduct. They state principles (including the Nolan Committee's *Seven Principles of Public Life)* and expectations that are considered to be binding for professionals. Some codes imply a distinction between *misconduct* i.e. a failure to follow a workplace rule and *poor performance* i.e. failure to work to an acceptable level. Typically, the codes make reference to complementary and conduct-related codes and policies.

The policies outline 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 outlines what professionals *should do* by stating particular courses of action. Similarly, the procedures and protocols specify particular steps to be followed. They hinge on methods and ways of proceeding at micro and macro levels.

6.2 Justifications referencing legislation, principles and norms

The documents cite legislation, principles and values to different degrees. Few, however, confirm 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 are glimpses of a more 'reflective' approach of employers addressing shortcomings in professional boundaries and for 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 promulgate the importance of the reputation of employers; e.g. *XXX is a large and complex organisation…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 XYZ 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).

In reminding staff of their visibility beyond the professional-client dyad, employers reference, but do not define, high professional standards.

6.3 The bottom line – what to do and what not to do

The documents contain frankly expressed directives, e.g.
Employees must act with integrity at all times;
Employees must maintain a good working relationship with the public but avoid favouritism towards any group or individual in the course of their work (from a guide to a corporate code of conduct).

Staff and volunteers must not:
Abuse their position of power or responsibility in relation to other staff, volunteers, service users or other contacts of XX;
Engage in inappropriate relationships with, or inappropriate contact with the users of its services or other contacts of XX (from a national voluntary organisation's code of conduct).

Staff must not:
Enter into sexual relationships with service users;
Take service users to their own homes (from the oundaries policy and procedures of a national voluntary organisation).

Such 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 up-dated and revised policies and codes of conduct.

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

6.4 The limits of personal agency

The documents are united in indicating that employees must bring concerns and dilemmas to the attention of their managers and supervisors at the earliest opportunity. In this respect they resemble the refrain of those who have surfaced from abuse in all its manifestations, *tell someone!*

A footnote

These documents set parameters for activities and may be crudely described as decision support tools. It is curious that they are entirely silent in respect of the ambiguities surrounding service users' 'self-directed support.' It should be noted, however, that human resources matters abound in circumstances of service users employing their own staff. The employees to whom the documents are addressed are required to promote personalisation to vulnerable adults and their family caregivers (there were 152,000 Personal Assistants employed by Direct Payments Recipients in 2007-08 in England).

Professional boundary violations require effective and decisive action, including preventive measures and training. There is no requirement for Personal Assistants to be trained, CRB checks are not compulsory and their Terms and Conditions are determined by the Direct Payments Recipients.

7. CONSULTATION INTERVIEWS WITH KEY STAKEHOLDERS

Introduction

For this section of the project, telephone interviews were conducted with representatives of a number of professional organisations. The main purpose of these interviews was to get a sense of how these organisations view professional boundary issues both in terms of what they are and how they should be tackled.

7.1 Who was consulted?

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 regulatory bodies spoken to in these interviews were the following.

The General Medical Council (GMC): this is the regulatory body for the medical profession in the UK. It is overseen by the CHRE. The GMC has a statutory role to provide guidance to doctors on medical ethics. The core guidance document is *Good Medical Practice* which sets out the principles and values on which good practice is founded. There are supporting guidance documents which expand on the principles in GMP and provide more detail on how to comply with the principles in GMP, including *Maintaining Boundaries*. These documents are available online.

The General Teaching Council (GTC): this is the regulatory body covering school teachers in the maintained sector. All such teachers must be registered with the GTC. It also covers around a third of teachers in the independent sector in England. The GTC investigate allegations of

misconduct, serious incompetence and the committing of relevant offences. It published a statement of values in 2002 and a code of conduct in 2004. Both are online and the code is the benchmark for regulatory decisions. The code is being revised and a consultation period has just ended. The new code is due for publication in September 2009.

The Health Professions Council (HPC): this is the regulatory body covering 13 professions in all - details are on its website. Each of these professions has at least one professional body giving advice and publishing guidelines. However, the HPC deals with fitness-to-practice cases. It keeps a register of professionals and publishes several sets of standards which are referred to in the fitness-to-practice cases. Most relevant to the discussion of professional boundaries is the standards of conduct, performance and ethics (available online). The standards are reviewed as a matter of course every five years, the next review being due in 2011/12. However, they can be reviewed in between these times if a matter of urgency arises. The HPC is overseen by the CHRE which conducts an annual performance review. The HPC also keeps open relationships with the professional bodies, offering advice and holding regular meetings. Finally, the HPC liaises with the charity Witness and other organisations representing individuals who use the service of the professions it regulates. Currently, the HPC is involved in adding practitioner psychologists to the list of professions it regulates.

The Nursing and Midwifery Council (NMC): this is the regulatory body for nurses and midwives and exists to safeguard the health and wellbeing of the public. It does this by maintaining a register of nurses and midwives, setting standards for education and practice, and giving guidance and advice to the professions. It aims to inspire confidence by ensuring that the nurses and midwives on the register are fit to practise and by dealing swiftly and fairly with those who are not. It keeps a register of professional nurses and midwives and, overall, its role can be seen as putting people on the register, maintaining the register and removing people from the register. The latter is usually in relation to fitness to practice. It publishes a code of conduct which was updated last year and was launched on April 7th 2008. It is much shorter

than the previous code although it has on-line links to other advisory sheets. It has a specific statement saying the nurse must maintain "clear professional boundaries". With this statement there is further subset of three statements - one relates to gifts and gratuities (and has a related additional information sheet); the second relates to asking for loans; and the third relates to keeping clear sexual boundaries between the nurse or midwife and patients, their families and their carers. There is also a statement about maintaining the reputation of the profession. Whilst this report was being prepared, the NMC published an advice sheet on sexual boundaries. Thjs seems fairly much in line with the CHRE documentation (see next paragraph), although there might be (albeit very little) scope within it for toleration of sexual relationships between professionals and current service users.

The second group were overseeing regulators (n=1). Only one such is represented here: the Council for Healthcare Regulatory Excellence (CHRE). This oversees nine regulatory bodies: the General Chiropractic Council; the General Dental Council; the General Medical Council; the General Optical Council; the General Osteopathic Council; the Health Professions Council; the Nursing and Midwifery Council; the Pharmaceutical Society of Northern Ireland; and the Royal Pharmaceutical Society of Great Britain. 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. As part of the annual review, the regulatory bodies are asked what they have done in relation to guidance from the CHRE. This is presumably part of the reason that organisations such as the NMC are changing their guidance on sexual boundaries. It follows that the CHRE also publishes guidance and principles which are used by the regulatory bodies and in other settings. In the wake of a number of scandals relating to the violation of professional sexual boundaries it produced four documents relating to sexual boundary violations. The scandals are highlighted in a number of reports including the Kerr/Haslan inquiry, the Clifford Ayling inquiry and the Neal inquiry. The four publications are a literature review, a report on education and training, guidance for fitness

to practice panels and a pamphlet of responsibilities of healthcare professionals. These are all on the CHRE website.

The third group interviewed were the Professional Organisations (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. They maintain their own register of members. This published work might be used in fitness-to-practice cases as examples of the guidance and standards available. The Codes are voluntary rather than statutory. The organisations spoken to were the following.

The Chartered Society of Physiotherapy (CSP): this is the professional body for physiotherapy encompassing educational validation, trade union and professional body activities. It also has a set of rules of professional conduct. A summary of the rules is available on-line but the full set is available free only to members of the society. The important section for our purposes here is probably rule 2 (relationships with patients) and possibly rule 8 (personal and professional standards).

The College of Occupational Therapists (COT): this is a professional body for occupational therapy staff. It is a subsidiary of the British Association of Occupational Therapists which is a trade union. Its trade union activities are currently contracted out to UNISON. Regulatory activity for occupational therapy is ultimately covered by the Health Professions Council (which covers 13 professions in all). However, the COT is a first point-of-call for OTs seeking advice. It also has code of ethics and professional conduct which is available on-line. The key sections for us are probably in section 4, concerning personal and professional integrity. It is worth noting that the COT covers OT support workers and OT students as well as qualified OTs. Also, the Code is currently going through a rewrite which is due for final publication in 2010.

The College of Radiographers (COR): this is a professional body combining advisory work with trade union activity. Regulatory activity for radiography is

ultimately covered by the Health Professions Council. However, the COR is a first point-of-call for radiographers seeking advice. It also has a set of statements for professional conduct. These are available on-line. Statements 7 and 8 are probably the most relevant to this topic. Statement 7 concerns the reputation of the profession; Statement 8 concerns acting in a manner to justify public trust and confidence. It is a voluntary code.

Regulatory activity for these three professions is performed by the Health Professions Council. However, the professional bodies are the first point-of-call for professionals seeking advice. They also each have their own codes or statements of ethics and professional guidance and these all include statements that are relevant to professional boundaries. The codes are voluntary.

7.2 What form did the consultation take?

In all cases, the person interviewed was put forward by the organisation in the light of email and phone enquiry. This included sending an information sheet about the project (see appendix). 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. The phone interviews were not taped. They took the form of fairly informal discussion during which the researcher made notes. These notes were typed into a short report and sent them to the interviewee to check over. In most cases, the report was sent back to with some changes and clarifications.

The interviews lasted 35-40 minutes. They 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. The examples varied a little. For example, in the case of the CHRE, the vast majority of its work at the moment concerns sexual boundaries; for that reason, this was the area on which the discussion focused. This point is important in reading this report. Just because it says, for example, that no-one spoken to objected to praying for a

client privately at home it does not follow that none of the organisations approached would have an objection.

It is worth saying that the discussion with the GTC also took a slightly different form. The GTC covers teachers in the non-further-education sector. As such, the professionals are dealing in the main with children. Their guidance and the discussion reflect this. Teachers are also required to have an act of worship daily in their practice - this too was reflected in the discussion of the issue of praying with clients. However, the GTC interview and materials are certainly relevant, particularly to social workers who deal with children.

7.3 The interviews

What are professional boundaries and professional boundary issues?

The discussion was directed in part by the questionnaire we had used in component three. As such, we as a team had already taken a view on what constituted a professional boundary issue; and all the organisations had views on the types of issue we had identified. However, the term "professional boundary issue" was not one that necessarily seemed correct to my interviewees for at least two reasons. The first is that, for some, the term itself is too technical. The HPC guidance has received a "crystal mark" from the Plain English Society. The HPC want their documentation to be accessible to clients as well as professionals. Whilst this documentation covers many of the issues we have identified as relating to professional boundaries, the term itself is one they do not use and would avoid within public-facing materials. (However, the HPC point out that it is a term it understands and recognises as an organisation.) The second is that, for others, the term is used in more limited ways than those implied by the cases brought up in interview. Typically, the term might be used to discuss inter-professional boundaries; the demarcation lines between, for example, nurses and physiotherapists.

Most interviewees, though, were familiar with the term used in the way it was used in this project. Roughly, this is that professional boundaries are the

boundaries of what is acceptable for a professional to do both in and outside work. Some of these are obvious: it is wrong to steal from clients, for example. Others are less obvious, such as forming personal relationships with clients. The rest of this reported is divided into two main categories activities within work and activities outside work.

7.4 Activity within work

Hypnotherapy and complementary and alternative therapies

The usage of the term "professional boundaries" to mean inter-professional boundaries seems, at first, outside the definition given above. However inter-professional boundaries also concern the boundaries of the profession in the sense of what it is acceptable for a professional to do. More than one respondent pointed to a move away from clear demarcations in role towards a competency-based service. Thus, for example, whether or not a nurse should do a task formerly set aside for doctors will depend on whether she is competent to do so and has the permission of her employer. For some of the Professional Bodies, what would be important here is that the new tasks taken by the professional contributed to the care of the patient. As an example, an occupational therapist might be asked to undertake joint injections. If the aim of this request is to give the patient shorter waiting times through not having to wait for a second professional, it might well be acceptable. If the request is primarily to do with, say, a shortage of nursing staff, it probably would not.

The general principle of competence seemed to be widely accepted in discussion of the example of the social worker using hypnotherapy with a client. Respondents first wanted to be assured that the professional had the requisite training and permission. The professional would need to abide by local policy. The Professional Bodies would also want to know that the client had given informed consent. In the case of standard therapies, consent would be reasonably straightforward. However, with therapies in the complementary to alternative spectrum it is more problematic. Some respondents would want the client to be clear that when the professional uses

such a therapy she is no longer acting as professional but rather as alternative therapist. Some respondents raised the concern that the professional might not be covered by professional indemnity. If this were so then the professional would either need assurance that their employer will cover them or would need alternative cover.

There was a difference in emphasis amongst the respondents in this area. Some professional groups appear to have members who regularly use alternative or complementary treatments. For example, some physiotherapists use reflexology. Others did not or seemed less accommodating. This difference came out in comments on the evidence base for treatments. One or two respondents felt that it was inappropriate for the professional *qua* (or as) professional to use these treatments because she would then be operating outside a professional requirement to use evidence-based treatments. By contrast, with one of the more accommodating organisations, the respondent came up with a principle that looked rather like the Bolam test.[2] Roughly, this would be that a practitioner who was using a treatment that was accepted by a responsible group of fellow professionals would be practising within professional boundaries. One respondent added that there should be evidence that the intervention is, at least, safe.

Prayer

There was also some difference in emphasis in discussions of the professional who prays with a client. There was, in the first place, general agreement that any imposition of prayer on a patient who did not ask for it and who did not necessarily share the professional's beliefs would be unacceptable. The GMC publishes guidance on *Personal Beliefs and Medical Practice.* Its concern with praying for patients is part of a wider objection to expressing to patients your personal beliefs: political, moral or religious. One respondent picked out what seems an important principle: the professional

[2] The Bolam test is used in civil cases of negligence in the UK. Roughly, a professional is not negligent provided he or she acted in accordance with a practice accepted as proper by a responsible body of fellow professionals skilled in that particular art.

needs to remember the reason for their relationship with the client. It is, at heart, the patient's best interest; it is not, say, the recruitment of patients to a cause or belief.

Nonetheless, there was also some agreement that there are circumstances in which it might be acceptable. Two relevant criteria here were, first, that the request came from the client and, second, that the professional knew the client well enough to identify that prayer is an acceptable action. However, the difference in emphasis related to the extent that prayer fell within a professional's appropriate practice. Two of the respondents felt that it did not and that wherever possible the professional should refer the client on to someone more appropriate, such as the hospital chaplain. One of these added that praying with a client could be viewed as wasting time that should be spent in professional practice. Others felt that prayer could be part of a therapeutic relationship. One mentioned the term "holistic care" which, for some practitioners, might include a spiritual dimension.

No-one asked objected to praying for a client privately at home. One did emphasise the requirement for confidentiality if, say, praying for a client in a church service.

Objecting to working with a same-sex couple

All those spoken to on the topic would find it problematic were a professional to refuse working with a same-sex couple. Most pointed to elements in their codes or documentation that forbade discrimination along several lines, including sexuality. Although there are some grounds for conscientious objection, they are strictly limited in law to taking part in abortion or in activities licensed under the *Human Fertilisation and Embryology Act* (2007). A practitioner is entitled to object to these treatments and procedures but not to object to a patient. One respondent did suggest that an employer might be able to accommodate the objection and not allocate the professional to the case. S/he did not say that this should be done, however; and s/he added

that if the accommodation were not possible the professional would be expected to work with the couple.

Gifts

None of the organisations spoken to appears to forbid accepting gifts from clients although the topic itself was only discussed in three interviews. However, some give specific advice on the topic, including the GMC and the NMC. Interestingly, both these emphasise that it is not simply a matter of whether the gift actually leads to favourable treatment for a client; it is also a matter of whether the gift could appear or be interpreted in such a way. The CHRE seems more wary of gifts in general; its focus being on sexual boundary violations, it views gifts as being potential items in a grooming process.

Sexual boundaries

This takes us to the issue of sexual boundaries that is the central topic for the CHRE which has consulted and published extensively on it. As well as the Professional Bodies, the CHRE consulted with the charity Witness, which describes itself as the 'professional boundaries charity'. The CHRE views sexual boundary violations as especially damaging and liable to lead to scandals that undermine the public confidence in professions; they also impair professional judgement. The CHRE is pretty clear in its opposition to any sexual relationship between a current client and the professional. In its guidance on responsibilities of health care professionals, it states:

> On occasion healthcare professionals find themselves sexually attracted to patients or their carers. It is the healthcare professional's responsibility never to act on these feelings and to recognise the harm that any such actions would cause.

It is slightly more permissive regarding relationships with former clients but the requirement is on professionals to self-reflect and to be able to justify themselves if challenged. They need to be able to show that the relationship has not resulted and will not result in exploitation, preferential treatment and so on.

As stated above, the regulatory bodies covered by the CHRE will need to show that they have responded to its guidance when they are reviewed. The NMC has just published its guidance (see above). Other bodies are also updating their codes and will generally have more to say about sexual boundaries. It was interesting, though, in discussion that not all organisations seemed completely opposed to relationships with current clients. Their position seemed to be that it is a defeasible wrong. A defeasible wrong is one that is subject to potentially successful challenge: we should assume it is wrong but the person accused could bring forward relevant details that would persuade us that it was not wrong in this case.

Perhaps the most common grounds for defeasance would be the example of the remote rural community such as a small Scottish Island. This was mentioned in a number of interviews. Here, forbidding sexual relationships with patients might amount to forbidding them outright. In terms of current patients, the CHRE would always say no. With former patients, it is more difficult. The key question will be whether the professional's behaviour, retrospectively examined, would look as though the professional used that client relationship to coerce or pressure the patient. However, some of the other organisations seemed to view sexual relationships with current patients in these circumstances as potentially acceptable.

One difficulty with this rural exception is that it is hard to see how it can be contained. Any relationships that Professional Organisations declare to be potentially acceptable on a Scottish Isle must presumably also be potentially acceptable elsewhere. A regulatory body could not strike off a professional for forming a relationship with a client in Birmingham if they would not do so were the professional in Harris. Rather, in making the decision, the principle

would need to be something like whether the professional relationship was abused in the pursuit of the personal relationship. Perhaps the fact that the professional in Birmingham could readily have formed relationships with non-clients would indicate a higher likelihood that this principle had been violated.

For teachers, and presumably other professionals working with children, the position is more straightforward. Abuse of trust in this way is a criminal offence (Sexual Offences Act 2003). Where the issue looks to be in this serious category, involving paedophilia for example, the Independent Safeguarding Authority and the regulator would be involved rather than the GTC. Much of the guidance teachers receive is about avoiding inappropriate relationships, or even the impression of such relationships, developing. For example, doing a relaxation session with a group of pupils would often be fine; doing it with one pupil could be seen as, or could actually be, grooming. Where teachers are in one-to-one counselling or other types of sessions with a pupil they should usually have a chaperone present or in sight. Very often, it might be better to refer the pupil on for expert help. Teachers are routinely advised not to put themselves in positions where they might lead themselves open to allegations of improper conduct with pupils. School trips are a common area where there is the potential for the normal teacher/pupil relationship to become blurred, as teachers interact more informally with pupils.

In the case of a teacher's relationship with a former pupil, its acceptability or not would depend on circumstances. It is worth bearing in mind that pupils might be 17 or 18 years old; qualified teachers 23. At school, a pupil and teacher may form affection for each other but not consummate this until the pupil has left. The GTC would need to judge whether the teacher encouraged the relationship in a way that was exploitative - but as the case is described here, it would not necessarily be wrong.

One area of professional boundary issues that was raised as problematic is relationships between professionals in education and their adult students. For the person who raised this issue, there is a problem here in that *prima facie*,

students would be seen as vulnerable to exploitation by their tutors. However, such relationships would not necessarily be wrong in the eyes of some of the organisations. A key factor might be whether the relationship is open or illicit. If the professional makes sure that colleagues are aware of the relationship and that he or she is not allocated to, for example, marking the student's work, then this would be a positive sign. By contrast, a hidden affair would be worrying; this would be worsened by factors such as adultery.

7.5 Activity outside work

Non-criminal activity

In most interviews, three examples of non-criminal activity outside work were discussed: 1) a professional appearing on television with a client in order to publicize the client's plight; 2) a professional moonlighting as a lap-dancer; and 3) a professional gossiping about work on a social networking website. These are examples of legal behaviour that could be frowned upon. In the discussions, further examples of interest were provided. These included: 4) a professional is a member of the far-right British National Party; 5) a professional stars on a television porn channel and 6) a professional is seen incapably drunk in public.

Overall in the discussions there was some difference of emphasis. Some respondents held the view that legal activity outside of work was the professional's own business; that provided he or she is fit for work and that the activity does not compromise this, then it is not a problem. Others were more concerned about, for example, whether the activity would undermine the public's confidence in either the professional or the profession. If it did or might, then it would justify further investigation and possible action.

In the first example, of publicizing the patient's plight, respondents emphasised the need to respect rules of confidentiality and consent. If these were respected, and the initiative came from the client, then the action might be acceptable. However, several respondents gave caveats. The case as

described appears to be one in which there could be an element of blowing the whistle on sub-standard care. Whistleblowing is an area covered by the Public Interest Disclosure Act (1998). Both the Act and guidance relating to it strongly discourage the use of the media in whistle-blowing; the media is not seen as an appropriate channel for complaint. It follows that the professional in the case as described might be outside the law and would almost certainly be acting against professional guidance. In this sense, it would be a professional boundary violation. By contrast, if the media is being used to, say, publicize a new health initiative then this is more likely to be acceptable.

One respondent raised the case of a professional acting as an undercover journalist. This could be to run a story on matters such as so-called filthy wards or chaos in the classroom. There has been such a case in relation to teaching. Here the regulatory body found the teacher/journalist to have breached professional standards. The imperatives of journalism were to produce a good and scandalous story; it is easy to see how this would run against the imperatives of teaching to act in the best interest of the children. It is perhaps less obvious whether a nurse exposing poor hygiene would be violating her code; however, the whistleblowing point just made would be relevant. As this report was produced, a nurse appeared before the NMC and was struck off the register for secretly filming patients being abused; the film was shown on a television documentary. The NMC might have been influenced by the earlier GTC decision although there were important differences between the two cases.

The second example was of a professional moonlighting as a lap-dancer. Again, there was some difference of emphasis here. For some respondents, it would not register as a problem unless there were particular aggravating factors, such as the lap-dancer using her profession in publicity materials. For others, the onus was more on the professional to ensure that the lap-dancing didn't interfere with her reputation or work. This might include, for example, not lap-dancing in the same region as her professional work. For these respondents, there was a possible case to answer. One respondent said the section of their code which spoke of integrity would be relevant. Another

spoke of bringing the profession into disrepute; something which would violate the professional code.

One professional body had an example of a student who worked as a Burlesque dancer to top up funds. They had held a debate within the organisation. Generally, younger members felt that Burlesque is not illegal and that students should be able to fund their studies by any lawful means. Some very senior professionals felt the behaviour completely inappropriate. The professional body did not make a judgement but presented all the aspects that needed consideration for the members to make up their own minds - the key judgement is whether the behaviour would undermine confidence either in the profession or in the individual professional. For example, the student should consider what would happen were a patient to recognise her as someone he had seen at a Burlesque club - would it make him more likely to behave lewdly and to use this as a defence?

Many of the respondents had already seen complaints relating to the use of Facebook and other social networking sites. Their responses to the case described in the interview, where a professional gossips about work on the site, were fairly similar. It would definitely be a boundary violation if there were a breach of confidentiality, including the confidentiality of the employer. Similarly, it would almost certainly be a violation if the comments unfairly criticized a colleague. This type of activity would presumably be covered by common law relating to libel. If the comments were actually fair criticism of a person or institution then presumably the whistleblowing point would come in: Facebook is the wrong medium for such activity. One difficult area is gossiping about work in a way that doesn't identify institutions or individuals. Some respondents felt that this might be an issue worth investigating if it were gossip that undermined faith in the profession. One organisation said they had their own password-protected discussion site and would encourage members to use that rather than a publicly accessible site.

One additional example is interesting. This is of a professional appearing on a so-called Swingers' website which is password protected. For the person

who gave me this example, it could nonetheless become a professional boundary issue were a client or carer to become aware and complain to a regulatory body.

The three other additional examples mentioned above were discussed only with the interviewee who raised them. This was someone from a regulatory body. Membership of the BNP is legal and of itself would not be seen as unacceptable; but any manifestation of those views at work through, for example, racist emails, would result in action. Both the porn-star and drunk-in-public examples would be of concern to the regulatory body in terms of their potential to undermine public confidence in the professional or the profession. But, as with the BNP example, the legality of the activity would be an important issue to consider.

Criminal Activity

The regulatory bodies have the requirement that the professional notifies them of any conviction or caution. The NMC code has the clear statement, "You must adhere to the laws of the country in which you are practising". However, in terms of action the NMC would take if the registrant broke the law, its response is nuanced, as were those of the other professional organisations. The terms that were commonly used in responses on this topic were seriousness, relevance and fitness to practice.

"Seriousness" is something of a term of art; there is no definitive list of crimes that are serious or not. However, one respondent offered the rule-of-thumb that serious offences are those that carry potential prison terms. Any such crime would be liable to investigation by the regulatory bodies and some kind of action likely. This might be striking a registrant off but not necessarily. No respondents gave specific examples; however, perhaps possession of a small amount of ecstasy or heroin might not necessarily be viewed as serious enough to justify striking off, particularly if the registrant is contrite. In other words, perhaps the fact that an offence could lead to imprisonment is not enough to indicate that it will lead to deregistration. However, it is probably

enough to indicate that it will lead to investigation. In the case of less serious offences, examples given included possession of class B or C drugs, drink-driving and shoplifting.

"Relevance" seemed to be based on at least two factors. First, does the offence indicate a problem in relation to fitness to practice? In most cases, serious crimes seem to be relevant, although the ecstasy example given is perhaps an exception. Drink-driving or class B drug offences might indicate a health problem; some regulatory bodies have health panels that they would refer these type of cases to in the first instance. However, the occasional recreational use of cannabis might not be particularly relevant in terms of fitness to practice. A pattern of regular minor offences would, by contrast, be more worrying. The second factor contributing to the relevance of an offence would be its effect on public confidence in the profession or the professional. In this sense, less serious crimes might be viewed in a similar way to legal but disapproved-of activity outside work.

7.6 Summary

This report should be seen only as a snapshot of views held in March 2009. The interviews were with representatives of the Professional Organisations outlined in the introduction. However, all were speaking in a fairly informal capacity. Furthermore, the interviews did not cover an identical list of questions or topics. Finally, the analysis of the interviews as outlined here was informal and reflects to some extent the agenda of the project. It would be wrong, therefore, to draw strong conclusions on the collective opinion of the Professional Organisations. For example, the fact we detected some differences of opinion on the topic of personal relationships with current clients should not be taken to mean that these differences certainly exist. However, as a snapshot it does give a reasonably good sense of how some Professional Organisations view the topic of professional boundary violation. It also gives us an idea of areas that might need further exploration and discussion. Here are some of the key points.

The term "professional boundary" is not transparent; there were at least three related senses of the term displayed: inter-professional boundaries; the boundaries of a professional's practice; and the boundary between what is acceptable and unacceptable for a professional to do both at and outside work. This last sense of the term is the closest to that intended in this project but it is not the one necessarily picked up by those hearing the term. Nonetheless, the organisations spoken to were all able to discuss the topics cited as professional boundary issues even if they might rather describe them as, say, issues of professional ethics.

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 client. 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 clients would be of concern to the Professional Organisations. 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 clients.

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. This is consequentialist because 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. The thought here is that the

behaviour is unacceptable because professionals should have integrity and this shows that he or she does not. This could be an important difference and 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 is free of course for someone to say that whether from the deontological or consequentialist point of view, legal activity outside of work is the professional's own business. You could argue that if the public's confidence is undermined then *tant pis*; they should not expect professionals to be superhuman or saintly.

Most respondents referred to their codes and guidance. Some of this touches specifically on some of the topics this project is concerned with. The material from the CHRE is an obvious example but there are others. One issue the interviews did not particularly cover was how useful such guidance is, particularly in addressing those issues in what might be termed a grey area, such as relationships with former clients. However, it is noteworthy that in one area where very clear guidance is given, the CHRE's ban on relationships with current clients, there might be some concern in implementing this ban.

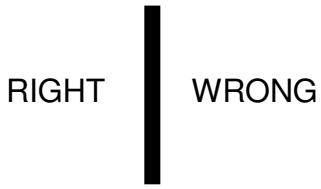
By way of conclusion, it might be useful to think of professional boundaries as a circle of two. The inner circle of boundaries concerns fitness to practice; someone who violates this circle is harming or likely to harm clients. Someone who is racist at work or a rapist outside would clearly be in this 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 and for which legislation is more difficult.

8 KEY THEMES

8.1 Wall or penumbra?

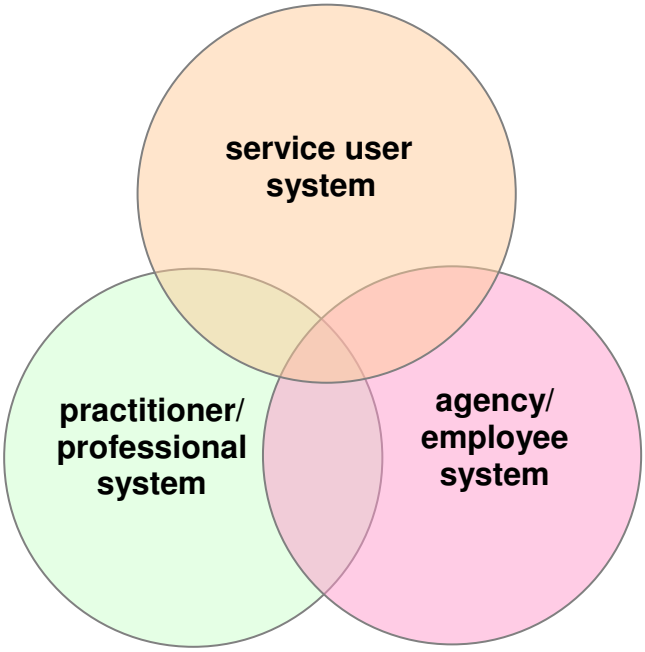
The very word 'boundary' is full of ambiguities and these are played out both in the formal literature and in the responses to the scenarios. For some, a boundary is a clear demarcation between x and y, a Berlin wall that separates two differences as markedly as possible. This point of view would be consistent with a strong viewpoint that there is right and wrong, and universal moral principles that can prescribe correct and incorrect behaviours.

figure 8.1 ***Boundary as a Wall***



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. In this framework, crossing a boundary is not necessarily a violation or 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. In contrast to the notion of the wall exemplified by the notion of a sharp distinction between right and wrong, this approach is perhaps best characterised by the idea of a penumbra, where two or more systems, or sets of interests, intersect. In this mindset, there is likely to be more than one overlapping boundary.

figure 8.2 ***Boundaries as penumbras***



8.2 Prescription and interpretation

The difference in outlook between *wall* and *penumbra* is reflected in the difficult balance between codes of practice that are on the one hand too instructive and on the other over-vague. Those individuals or agencies that see boundaries as walls 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 overlap, 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. The former is sometimes described as 'exogenous', arising from external sanction, and the latter as 'endogenous', arising from inner reflection and internalised validation.

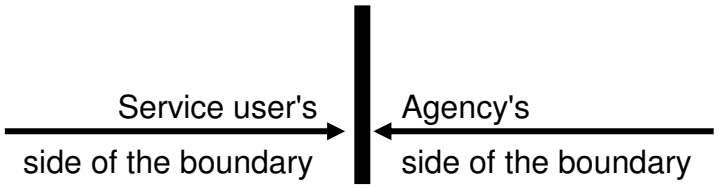
This is not an academic point. The considerable differences in practice and between agencies evident from the formal literature, the scenarios responses and to a lesser extent from the policy documents, mean that social workers and service users are potentially very vulnerable. What one agency (or particular manager) might respond to in a very lenient manner - a discussion

in supervision - another might consider worthy of an investigation leading to dismissal. A social worker who came from one agency where gift acceptance was a 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.

8.3 Distance and perspective

The notion of the *wall* is one that we can borrow to try to explain a sharp distinction in the way that professional boundaries are approached, as revealed by the scenario responses. Two perspectives were evident, in sharp contrast to one another: one was a view from the service user, the other a view from the agency.

figure 8.3 ***Reference points***



The evidence from the scenarios was that 'professional boundaries' were as likely to be seen from the agency's perspective as from the viewpoint of the service user. For instance, concerns about bringing the agency into disrepute were strongly prominent; concerns about exploitation of service users, whilst present, were not always prominent.

For those approaching the boundary dilemma from the service user's side of the boundary, the key question is *how does this scenario affect the service user?* 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 wall ask themselves, *how does this scenario affect the agency?*

This reference point is significant. Such is the degree of distance evident or inferred in some of the responses to the scenarios that there is a sense that service users are viewed by some as a kind of *client caste,* 'others' from whom professionals must be resolutely insular. This might be seen as defensive self-preservation from a hostile public (this was certainly evident from the policing literature); the pressure to build a moat in social work is perhaps driven more by a hostile press and a general consumerist approach to the professions.

Although the question was not asked, it seems clear that service users are not routinely involved in developing codes of practice or in discussions about professional boundaries and what evidence we have suggests they much prefer professionals who are able to be flexible and human (Browne and Russell, 2005; Doel and Best, 2008; Lord-Nelson *et al,* 2004). Davis (2007) presents 18 rules in developing an ethical code - ways in which members of a profession, users and external experts should be engaged in the development of codes which need to reflect real world variation and challenges. Authorship of the policy documents analysed in this research (see §6) was not always stated, but the tasks of the authors of these documents seemed similar to those of software companies - to write codes to protect their software, which expose flaws, and as more products are developed more codes are required. Similarly, it is service managers, not service users, who identify new boundary violation problems and describe them in up-dated and revised policies and codes of conduct. Are codes developed from singular or recurring situations?

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. 'Dual relationships', in which service users and professionals have more than the one service-based relationship, are subjected to the *wall* approach to boundaries rather than the *penumbras.* Indeed, in some cases a transgression could actually lead to the service user's rights being diminished, as in the respondent to Scenario #1 who noted that *'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' [ref 07§1]; *'We have a Professional Standards Policy prohibiting social interaction with clients for up to one year after the person ceases to be a client'.* [ref 05§1]

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

> *'The question 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'* [ref 18§6].

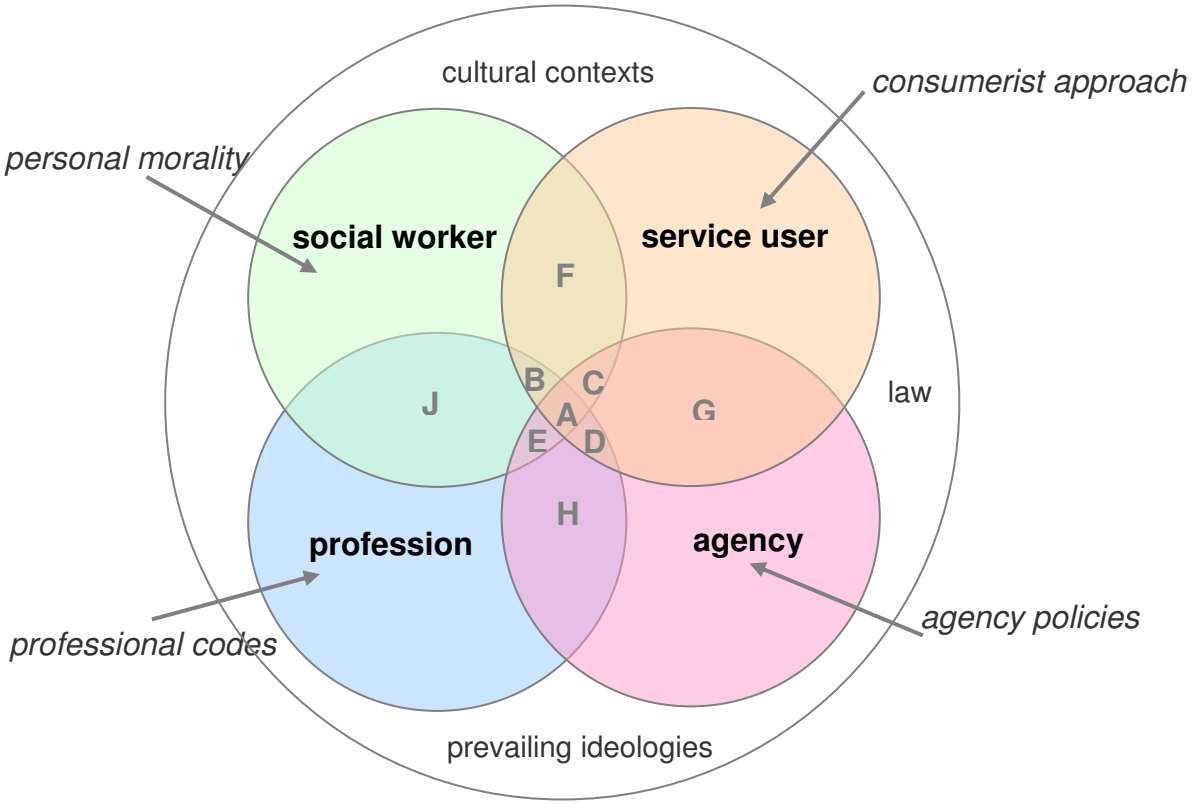
8.4 Contextual issues

If we take the *penumbras* metaphor for professional boundaries, just how elastic are the shadow areas, and is the main determinant cultural context? In the responses to the Scenarios, it was evident that there were some notable contrasts in the set of responses from the African doctors (though numbers are far too small to draw any broad conclusions) and one noted that '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]. It is difficult, then, to square the circle that respects culture yet upholds a set of professional standards. These differences are probably most pronounced if one were to consider the contrasts between collectivist and individualist societies (Rossiter *et al*, 2002) and societies that have strong religious beliefs (Dopbrowolska, 2007).

The notion of intersecting circles of interest led us to a more complex picture of how professional boundary issues might be conceptualised. The existence of professional codes of practice (e.g. BASW, 2002; NASW, 2008) suggests at least a fourth potential reference point, and beyond this there are the broader social, legal, political, religious and cultural influences. It would be

interesting, with more time, to explore whether boundary transgressions could be located in particular 'zones' such as those identified in figure 8.4.

figure 8.4 ***Boundary Zones***



In addition to the broader cultural, legal and ideological contexts, there is a set of issues that see the potential for transgression of a boundary as very specific to circumstance. The literature and the scenarios suggest that this casuist, or case by case, approach depends on factors specific to:

- the service user *(their life situation; power and vulnerability; consent);*
- the practitioner *(their history - is this a one-off or a recurring pattern, are they new or experienced; their intention; their response to the discovery and degree of contrition; their fitness to practice);*
- the act *(the scale of the transgression; its seriousness; the meaning/purpose of the act; its openness or illicitness);*
- the role *(has the worker wandered far from social work, which begs the question what is social work?; in work or outside work; remit and responsibilities of the agency);*

- the local culture *(local policy and working practices; subcultures); and*
- the geographical area *(rural/urban; near/far from the worker's home and work).*

8.5 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 objective professional standards (Asquith and Cheers, 2001) and that only in those cases where other strongly held moral codes are present, such as religiosity are ethical judgements otherwise significantly influenced (Landau, 1999). This must lead us to the conclusion that a professional code of ethics (and, by inference, a regulatory code of ethics) is unlikely to have as strong an impact on the behaviours of the individual professional as the creators of the code would hope for or anticipate. In other words, Zone J in figure 8.4, the area of professional socialisation, is relatively weak. This was reinforced by those responses to the scenarios in which personal opinion was more likely to figure than reference to a specific professional or regulatory code of practice - roughly half of responses, even though there was a prompt asking for reference to such documents.

Changes in role mean that the boundaries of professional remit are also changing. These changes in role threaten the idea of a single code of professional ethics, especially with the strengthening of a consumerist approach to the profession (Banks, 2004). The existence of overseeing regulators such as the CHRE, and of regulators of multiple professions, such as the HPC, might be evidence of this trend.

8.6 Sliding scales and hierarchies of principles

A strong rationale for the *wall* approach to professional boundaries is a belief that small flexibilities are the beginnings of a slippery slope (a term mentioned in two of the scenarios responses and present in the literature). The over claiming of allowance for mileage (Scenario #2) was a good example of these differences, since this was the only scenario where scale could be 'measured'. For some, even a penny over claimed was a dismissible offence (because, once crossed, this breach could lead to much more serious transgressions - i.e. larger sums of money). For the most part, responses to this scenario were robust and the motivation considered irrelevant, though some advocated a low key approach which did not evoke slippery slope concerns. For all the concern about this behaviour, only one of the 42 who responded to this scenario actually mentioned reporting the person to the professional body [ref 37], which underlines the point previously made that professional codes are not strongly etched.

We did not ask respondents to give a numerical score for the degree of seriousness with which they viewed each scenario, so any sense of moral hierarchy has to be inferred from the informants' responses. Certainly, there are hierarchies proposed in the formal literature (Lowenberg and Dolgoff, 1992), namely Protection of life; Equality; Autonomy and freedom; Least harm; Quality of life; Privacy and confidentiality; Truthfulness and full disclosure. Financial probity sits most comfortably with the lowest of Lowenberg and Dolgoff's principles, yet the mileage overclaim scenario (#2) suggested that financial probity was rated very highly and far-outweighed any sense of redistributive justice implied by the motivation for the overclaim. However, a commitment to anti-discriminatory practice (which relates to the second 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. One of the trigger phrases that evidently scared these

respondents was 'religious beliefs'; this begs the question why religious beliefs are so much more powerful than other sets of beliefs (for example, those based on politics) that they could, say, justify discrimination?

Landau and Osmo's (2003) study suggested that ethical hierarchies are dependent on specific situations, but does not give confidence that they will be followed. If it is wrong to have sexual relationship with a service user in Birmingham then surely it is wrong to have sexual relationships with a service user on the isle of Rhum, yet evidence from some of the interviews with key stakeholders (§7) indicated that there are defeasible wrongs, that there is a hierarchy of principles that kick in; on very rare occasions, therefore, this overturns what in every other circumstance would be considered not right.

Arguably, this hierarchy has parallels in agency policies and codes; these are voluntary and can only outline the parameters within which decisions should be made. Inevitably, legislation and central government guidance (such as LASSA section 7) comes to the top of the hierarchy.

8.7 Identification and investigation

The prevalence of boundary transgressions is difficult to estimate, not least because of the discrepancies in what is considered to be a transgression. 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? We have no evidence from the literature or from our research to give us a clear answer to this.

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? One informant also 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].

Of course, it is difficult to research what is not reported, but the responses to the scenarios elicited only two instances of the respondent declaring that they knew of a similar instance happening; and there were a number of 'sympathy' responses which indicated that they knew it was wrong there would be a lot of understanding, as in *'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?'* [ref 38§6].

Another consideration is whether there is guidance on the nature of the investigation itself, not just what would trigger it and how wide would the investigation go? The policy documents indicated that process issues were also likely to be part of a code of conduct, so that the rules covered not just the behaviour and actions of employees but the responses of the employers. When there is concern about a possible transgression, who decides whether further action is taken? This scenario response was illustrative: *'It would be down to the agency to interpret [the code of practice]'* [ref 13§1]

Related to identification and investigation is the issue of how deep and wide the investigation might go. Would a transgression in one part of the social worker's practice suggest the possibility of transgressions elsewhere? This scenario response suggests that investigations might draw in other people and other aspects of people's lives: *'[We] would want to know a lot more about the member of staff and service user's possible use of cannabis'* [ref 28§7].

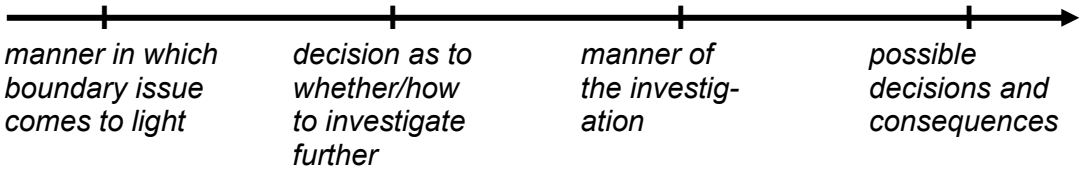
Finally, there is recognition in the literature and the scenario responses that it is important that boundary transgressions are not driven underground, which is a possibility if codes become more of a mechanism for control than

instruments to advance professional ethics (Hussey, 1996; Meulenbergs *et al*, 2004).

A sub-theme within this general theme of identification and investigation, is the notion of prevention. Many respondents to scenarios referred to the difference that prior agreement would make (for example, in #6 concerning publicity for a service user's situation); and to the need for prior screening (for example, in #3, in which a social worker at the point of appointment should be made aware of the kind of work they are likely to be engaged in and what would be considered discriminatory). Proper preparation through thorough ethical training in the social work student's educational curriculum was also highlighted.

The theme of identification and investigation suggests a more linear model than the earlier use of circles to capture the message:

figure 8.5 ***Identification and investigation over time***



8.8 Other themes

Dissonance

More in the scenario responses than in the formal literature it is possible to detect a degree of dissonance between policy and practice. How much of the concern arising from the 'penumbra' area goes unreported; conversely, how much good and effective practice is also taking place in the shadow areas, but is unreported because of fears that it will lead to sanctions from the agency? The 'out of sight, out of mind' perspective was never far from the surface in the responses, with the implication that any guidance about professional

boundaries must take care not to drive potentially transgressive behaviour further underground.

it would be *'interesting to know how many people would pretend not to know, as people generally don't want to report on other people'* [ref 38§7].

Impact of new technology

It seems that it is difficult for policies and protocols to keep up with practice. This is highlighted by the Facebook scenario (#11). The medium appears to confuse or compound the issues, but the themes raised in respect of the material world are just as applicable to the virtual one.

Training and development

A recurring theme in the scenarios is the need for potential (and some actual) transgressions to be managed through supervision. This puts considerable emphasis and responsibility both on the supervisory relationship and the ability of supervision as a mechanism to detect and work through professional boundary issues. Certainly, if agencies can encourage open learning through mistakes, there seems to be a belief (coming from the scenarios responses) that transgressions are less likely to occur, but there is no formal research concerning this that we are aware of. Those who responded as a team to the scenarios appear to have benefitted from this experience, though we cannot know whether that experience has increased their *ethical competence.*

Taking a step further back, the students who participated in the scenario responses did so as part of a professional dilemmas module. To what extent is ethics a part of the curriculum for social work students? They may study professional dilemmas, but are these related to a deeper study of ethics and does it need to be? These are far greater questions than could be answered by this research project, but one of the themes recurring in the literature and the scenario responses was the need for ethical awareness from the very beginning of the social work student's education. It is likely that, although the

GSCC codes of practice are widely used in the assessment of social work students in the UK, the depth of investigation into professional boundaries and professional dilemmas varies considerably from programme to programme. Certainly, 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).

9. DISCUSSION

The central idea of a professional boundary is that it marks a behavioural line that the person should not cross as a professional. All citizens are familiar with similar boundaries. The law is the most obvious set of boundaries; we must not murder or steal, for example. Ethics might present other boundaries not covered in law; we should not lie, or not lie for personal advantage, we should not be unfaithful and so on. In the main, professionals face these same boundaries. They are, however, given some license. Some professionals are given access to personal data or controlled drugs. Medical practitioners are permitted, in some cases, to do actions that would be seen as murder or manslaughter if done by non-professionals: for example, they might switch off life support or stop feeding a patient. It is perhaps in return for this license to practise outside the usual boundaries that professionals are expected to follow additional behavioural rules.

9.1 Fitness to practice

Some of these rules relate directly to the licence: professionals are entitled to access personal data but in return are expected to follow strict codes of confidentiality; they are entitled to perform invasive medical procedures but in return are expected to maintain competence and to obtain informed consent; they are entitled to be involved in private areas of people's lives but in return are expected not to use this involvement to initiate sexual or other personal relationships; and so on. The reason for these rules is that any violation of them is likely to harm the person using the professional services, sometimes very seriously. For that reason, they can be thought of as concerning *fitness to practice*; a professional who violates them is not fit to practice.

Not all behavioural rules relating to fitness to practice seem to concern behaviour at work. There is behaviour outside work that betrays lack of fitness to practice. A nurse who assaults someone in a racially-motivated attack would seem to betray an inability to care for patients in a multicultural

society. A doctor who has a heroin addiction would also raise concerns about his or her fitness to practice.

So this gives us a rationale for professional boundaries; they concern behaviour that either constitutes or betrays lack of fitness to practice. They are professional boundaries rather than standard ethical or legal boundaries because they do not attach to the population in general. For example, a decorator who has sex with a client does not violate legal boundaries or, perhaps, ethical ones. And the butcher who assaults someone outside work is unlikely to lose his job for doing so. There will be some controversy over what does or does not betray unfitness to practice. For example, we might wonder whether someone who steals outside work can be trusted to enter people's homes as a professional. But the general principle is clear.

9.2 Public confidence

Less clear, though, is a second reason often given for having professional boundaries. This is that they are needed in order to justify *public confidence.* This might be public confidence in the professional or in the profession, or the employer of the professional. Take the example of a professional who appears on a pornographic television channel. There might be no particular reason to think that this betrays unfitness to practice as, say, a social worker. However, some service users may nonetheless not wish to work with this social worker. It might be said that this professional has breached a professional boundary that is to do with public confidence in them rather than to do with their fitness to practice. These judgements are, of course, controversial.

Equally controversial would be judgements made that behaviour is unacceptable because it would *undermine confidence in the profession* itself. There is likely to be some cross-over here. The social worker and porn-star in the previous example might also be said to undermine the profession in a number of ways. In the first place, if allowed to continue to practise it would

suggest that social workers include "that sort of person". Perhaps more worryingly, allowing this social worker to continue might reinforce fantasies in some service users.

However, this analysis does suggest a way of thinking about professional boundaries with which we can make some progress. We can think of two professional boundaries, then; an inner and an outer circle. The inner circle concerns behaviour relating to fitness to practice. Someone who enters this zone is clearly of concern to the regulatory and professional bodies. The outer circle encompasses behaviour relating to public confidence. This zone is always likely to be the more controversial. We could ask what right has the public to lack confidence in someone who is fit to practice. Perhaps the outer zone should be more aspirational than regulatory; more to do with character than rules. There is, of course, a grey area between the two circles in which fitness to practice issues start to become matters of public confidence and vice versa.

figure 9.1 ***Competence and confidence***

10 CONCLUSIONS AND RECOMMENDATIONS

10.1 Conclusions

To reprise from the initial Summary (section 1), the research was designed to explore how social workers access guidance to professional boundary issues and what guidance there is for social workers in the United Kingdom. Guidance currently exists through three channels:

- research as presented in the formal literature;
- professional and regulatory codes of ethics and practice; and
- policy documents and conduct codes at agency and local levels

The research was designed to review the formal literature from a number of professions, not just social work, including the professional codes, and to provide a snapshot of the kinds of agency and organisational codes of conduct in daily use. This last objective was achieved by asking a convenience sample of professionals, managers, students and educators, including service user educators, to respond to a set of brief scenarios and to consider what guidance they would use to come to a decision. They were asked to attach copies of guidance that they had used in their deliberations. The 12 scenarios were deliberately set in the shadows, or 'penumbra', of professional practice: in other words, we avoided the obviously illegal and blatantly immoral, since these unambiguous situations are seen as less problematic and therefore less illuminating.

In addition, a series of eight interviews were held with key people in four regulatory bodies, three professional organisations and one overseeing regulatory body, in order to explore further the themes arising from the findings in the research so far.

Broadly, the findings suggest that formal research plays minimal, if any, part in the guidance that individuals and agencies use to help them determine

professional boundaries and to help avoid transgressions or violations. Not one of the 49 informants made reference to any formal research or literature, including the eight informants who were education-based (as either students or educators). Some informants, around 10%-15%, made regular reference to regulatory codes of practice, such as the GSCC code or the Scottish code of practice (SSSC, 2005) and a small number quoted specific sections from these codes. A similar, perhaps slightly larger group (15%-20%) made fairly regular reference to their agency's policy documents - code of conduct, whistleblowing, media policy, etc., depending on the scenario. There were also non-specific references to 'this would likely lead to disciplinary procedures' but with no particular cross-reference to a code of conduct or practice. As Table 5.1 indicated (see §5), clear majorities of those who responded to each scenario were solely reliant on their own sense of what was right or wrong, appropriate or inappropriate, and made their judgements with no reference to any formal guidance.

The research was also tasked with exploring what areas the guidance covers, to make a judgement about how comprehensive it is and to consider what scope it leaves for professional judgement - in other words how prescriptive it is. We found no reviews or analyses in the formal literature of the day-to-day documents that are available to social work agencies and professionals, still less how they are used to make professional boundary judgements. This research, therefore, appears to breaks new ground and relies on the examples of documents that were returned with the scenarios and on inferences made from the 504 responses to the scenarios by 49 individuals or teams.

Given the predominant tendency to rely on individual judgement and personal moral codes, it is not surprising that only 17 policy documents were returned from a total of eight agencies (see Appendix 4). However, it transpired that these documents covered a range of agencies, types of work and settings. It is impossible to know whether they are 'representative', but in the totality of their 269 pages they provided a rich source of material, especially when taken together with the 504 scenario responses.

What we would wish to highlight in this conclusion is the relative absence of grey areas in the policy documentation compared to the discussion in the scenario responses. So, the *penumbra*, so clearly the area in which guidance is really needed, is overlooked in most of the guidance. However, as is evident from this research, and resonates throughout this research report, the task of providing bullet point lists to steer professionals away from, or through, the penumbra, is near-impossible. As we stated in §6, 'All [of the documents] 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 up-dated and revised policies and codes of conduct.'

Although authorship is seldom declared, these are most definitely top-down documents written as much with the protection of the agency in mind as that of the people receiving the services.

10.2 Ethical engagement

In making a set of recommendations, then, we do not wish to be hoist by our own pétard, having declared that there is no 'magic bullet'-list to prevent breaches or transgressions of professional conduct. So, we preface the recommendations with a strong statement that the best way in which to help professionals avoid transgressions of boundaries is to provide them with opportunities for regular *ethical exercise.* Let us liken ethical fitness to physical fitness: like muscle, if ethical faculties are not regularly used and appropriately stressed, they atrophy. We have the evidence from informants' comments how invigorating the 'ethical hill climb' of considering the scenarios was, and how they served to team-build when they were used as part of a team session. 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.

Regular *engagement* with ethical issues is required if professionals are to develop the kind of fitness we have described here. It is very 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 keen.*

10.3 Recommendations for professional boundary guidance

The following recommendations are designed to help those involved in developing guidance for professional boundaries to take the necessary step from a prescriptive list of do's and don'ts to a broader strategy that helps to build an *ethically engaged* workforce. 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 is aimed at embedding considerations of professional boundary issues in the idea and daily reality of good practice.

1 Define terms

There is evidence that the term 'professional boundaries' is not readily understood and can mean different things to different people. Any guidance needs to define it. In this case, the boundaries are those of an individual professional's practice at work and of their behaviour in and outside work (see §2.3).

2 Authorship

An inclusive approach to developing guidance is likely to make the guidance more practical and to reflect the daily realities. The reference group for the guidance should include people who use the services as well as professionals (individually and collectively), managers and policy makers.

3 Collective good

Policy documents are largely written at the level of individual transgression or violation, yet the successful resolution of professional

boundary issues seems to depend on balancing personal privacy, the safety of vulnerable individuals and the protection of the wider public. There should be more focus on the collective common good to balance current obsessions with defending individual interests. Service users as a group should benefit from any actions and decisions that result from boundary transgressions.

4 Personal beliefs

This research has underlined the strength of personal beliefs, both as a foundation from which professionals make their judgements about boundaries, but also as a possible source of transgression. Guidance needs to recognise the limitations of formal codes of practice and find ways of engaging with individuals' personal moral codes and belief systems.

5 Concrete scenarios

One way of engaging with personal moral codes and belief systems (Recommendation 4) is to develop brief scenarios such as those used in this research. The brevity of these scenarios enables the informant to 'colour in' with their own details, which allows them to change the circumstances so they can play with different possibilities to see how these might alter the consequences. The difference between behaviours in work and away from work, in person and in a virtual world, etc. can all be explored using scenario approaches. The GSCC should consider consultation exercises with its registrants over some of the trickier issues.

6 Strategic approaches

A code of practice or conduct is a necessary, but passive instrument. It has limitations as a tool to develop an *ethically engaged* workforce. Supervision practices that regularly focus on potential boundary issues, opportunities for group learning, and embedding ethical exercises in continuing professional development are better suited to develop awareness of professional boundaries. This needs to begin,

as it does on some courses, at the qualifying stage of social work education, so that professional boundary issues are integral to students' socialisation.

7 Openness

It is important to ensure that practitioners are not 'forced underground' and to prevent boundary issues from being hidden. If codes are seen as hostile rules that must be managed they are likely to fail in their intent. Professionals need to learn from their mistakes not to feel they have to disguise them. Moreover, boundaries should not always be seen as problematic; some service users appreciate professionals who can work positively with boundaries.

8 Process issues

The processes of identification of boundary transgressions and subsequent investigation need to be open and transparent and, wherever possible, experiences that the professionals and the agencies can learn from. Preventive measures need to be in place to try to ensure that professionals are able to rehearse problematic boundary issues.

9 Red flags

An ethically fit workforce will feel confident about identifying and reporting misconduct. Colleagues will *know how to identify* red flags - alerts - rather than consult a long list of them. Understanding the notion of a red flag and how to look out for one is likely to be more effective than trying to make an exhaustive list of possible red flag situations.

10 Review

Professional and agency codes and policies are regularly reviewed to ensure that their first focus is on the benefit to the service user and that the balance between the privacy and the protection of the service

user is constantly reviewed, and the balance between individuals and a collective good is also under review.

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 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? That a professional violation would have been prevented by an additional bullet point? Though we need more research to know *why* individuals breach professional boundaries, the findings from this research tentatively suggest that a broad strategy which develops the ethical fitness of the professional workforce is likely to be a more effective way forward.

11 REFERENCES

Alain, M. (2004) 'A measure of the propensity of Quebec police officers to denounce deviant behaviour, elements of police and organizational cultures', *Deviance et Societe,* 28.1, 3-31.

Alain, M. & Grégoire, M. (2008) 'Can ethics survive the shock of the job? Quebec's police recruits confront reality', *Policing & Society,* 18.2, 169-189.

Asquith, M. and Cheers, B. (2001), 'Morals, ethics and practice - in search of social justice', *Australian Social Work,* 54.2, 15-26.

Austin, W., Bergum, V., Nuttgens, S. and Peternelj-Taylor, C. (2006). 'A Re-Visioning of Boundaries, *Professional Helping Relationships: Exploring Other Metaphors', Ethics & Behavior*,16.2, 77-94.

Aviv, A.. Levine, J., Shelef, A., Speiser, N. and Elizur, E. (2006), 'Therapist-Patient Sexual Relations: Results of a National Survey in Israel' *Israeli Journal of Psychiatry Related Sciences*, 43.2, 119-125.

Bachmann, K.M. *et al.* (2000) 'Nurse-patient sexual contact in psychiatric hospitals', *Archives of sexual behaviour,* 29.4, 335-347.

Banks, S. (1998), 'Professional ethics in social work - what future?', *British Journal of Social Work,* 28.2, 213-231.

Banks, S. (2004), 'Professional integrity, social work and the ethics of distrust' *Social Work and Social Sciences Review,*11.2, 20-35.

Banks, S. (2006) *Ethics and Values in Social Work.* Palgrave Macmillan.

BASW (2002), 'The Code of Ethics for Social Work', Britsh Association of Social Workers, available at http://www.basw.co.uk/Default.aspx?tabid=64 *(accessed 27/3/09)*.

Baumeister, D.E. (2008) ' Review of Straight talk about professional ethics', *School Social Work Journal (Special Issue): Evaluating a community-school model of social work practice,* 32.2, 103-104.

Berkman, C.S, Turner,SG., Cooper,M., Polnerow,D. and Swartz,M. (2000), ' Sexual contact with clients: Assessment of social workers' attitudes and educational preparation', *Social Work,* 45.3, 223-235.

Boland-Prom, K. and Anderson, S.C. (2005), 'Teaching ethical decision making using dual relationship principles as a case example', *Journal of*

Social Work Education (Special Issue): Innovations in gerontological social work education, 41.3, 495-510.

Boon, K. and Turner, J. (2004) 'Ethical and professional conduct of medical students: review of current assessment measures and controversies', *Journal of Medical Ethics,* 30, 221-226.

Bowman, D. and Hughes, P. (2005) 'Emotional responses of tutors and students in problem-based learning: lessons for staff development', *Medical Education* 39, 145–153.

Bridges, N.A. (1999) 'Psychodynamic Perspective on Therapeutic Boundaries Creative Clinical Possibilities', *The Journal of Psychotherapy Practice and Research* 8, 292–300.

British Association For Counselling And Psychotherapy (2007) *Framework for good practice in counselling and psychotherapy*, Rugby, UK.

Browne, J. and Russell, S. (2005) 'My home, your workplace: people with physical disability negotiate their sexual health without crossing professional boundaries', *Disability & Society,* 20.4, 375-388.

Castledine, G. (2003) 'Professional misconduct case studies. case 92: Seeking help and advice. Nurse in bad health who did not know who to turn to for help', *British Journal of Nursing,* 12.9, 529.

Castledine, G. (2003) 'Professional misconduct case studies. case 93: Triage nursing. Triage nurse who did not follow the protocols and forged her references', *British Journal of Nursing,* 12.10, 589.

Castledine, G. (2002) 'Professional misconduct case studies. case 61: Patient confidentiality. Nurse who disclosed to the press details about a celebrity patient', *British Journal of Nursing,* 10.22, 1446.

Catlin, D.W. & Maupin (2002) 'Ethical orientations of state police recruits and one-year experienced officers', *Journal of Criminal Justice,* 30.6, 491-498.

Clark, C. (2006), 'Against Confidentiality? Privacy, Safety and the Public Good in Professional Communications', *Journal of Social Work*, 6.2, 117-136.

Cohen, C.B., Wheeler, S.E. Scott, D.A., Edwards, B.S., Lusk, P. and the Anglican Working Group in Bioethics (2000) 'Prayer as therapy', May-June 40-47.

Conti, D. W. and Nolan, J. J. (2005) 'Policing the Platonic Cave: Ethics and Efficacy in Police Training', *Policing & Society* 15.2, 166-186.

Curtin, L. (2000) 'On being a person of integrity...or ethics and other liabilities', *The Journal of Continuing Education in Nursing;* Mar/Apr 2000; 31.2, 55-58.

Davis, M. (2007) '18 Rules for developing a code of professional ethics', *Science and Engineering Ethics* 13, 171-189.

Dietz, C. and Thompson, J. (2004), 'Rethinking Boundaries: Ethical Dilemmas in the Social Worker-Client Relationship', *Journal of Progressive Human Services,* 15.2, 1-24.

Dobrowolska, B. *et al.* (2007) 'Moral obligations of nurses based on the ICN, UK, irish and polish codes of ethics for nurses', *Nursing Ethics,* 14.2, 171-180.

Doel, M. and Best, L. (2008), *Experiencing Social Work: learning from service users,* London: Sage.

Düvell, F. and Jordan, B. (2001), '"How low can you go?" Dilemmas of social work with asylum seekers in London', *Journal of Social Work Research and Evaluation,* 2.2, 189-205.

Ekenvall, B (2002) 'Police attitudes towards fellow officers' misconduct: The Swedish case and a comparison with the USA and Croatia', *Journal of Scandinavian Studies in Criminology and Crime Prevention* 3.2, 210-232å.

Esterhuizen, P. (1996) 'Is the professional code still the cornerstone of clinical nursing practice?', *Journal of Advanced Nursing*, *23*, 25-31.

Fielding, N. (1994). 'Cop canteen culture' in T. Newburn and E. A. Stanko, (eds) *Just Boys Doing Business? Men, masculinities and crime*, Routledge.

Freeman, N.K. and Swick, K.J. (2007) 'The ethical dimensions of working with parents', 83.3, 163-169.

Garrett, T. (1986) 'Sexual contact between patients and psychologists', *The Psychologist* 11.1, 227-230.

Gastman, C. (2002**)** 'A fundamental ethical approach to nursing**:** Some proposals for ethics education', *Nursing Ethics*, 9.5, 494 - 505.

GMC (2008) 'Personal Beliefs and Medical Practice', General Medical Council available at http://www.gmc-uk.org/guidance/ethical_guidance/personal_beliefs/Personal%20Beliefs.pdf

GSCC (2002), *Codes of Practice for Social Care Workers and Employers,* London: General Social Care Council. available at: http://www.gscc.org.uk/codes/ *(accessed 27/3/09)*

GSCC (2008*) Raising Standards: Social work conduct in England,* General Social Care Council. available at: http://www.gscc.org.uk

Halter, M., Brown, H. and Stone, J. (2007), 'Sexual Boundary Violations by Health Professional - an overview of the published empirical literature', Council for Healthcare Regulatory Excellence.

Haug, I.E. (1999) 'Boundaries and the use and misuse of power and authority: ethical complexities for clergy psychotherapists', *Journal of Counseling and Development,* 77, 411- 417.

Healy, L.M. (2007), ' Universalism and cultural relativism in social work ethics', *International Social Work,* 50.1, 11-26.

Hill A.L. (2004) 'Ethical analysis in counseling: a case for narrative ethics, moral visions, and virtue ethics', *Counseling and Values* 48.2, 131-149.

Hussey, T. (1996) 'Nursing Ethics and Codes of Professional Conduct' *Nursing Ethics*, 3.30, 250-258.

Husu, J. and Tirri, K. (2001) 'Teachers' ethical choices in sociomoral settings', *Journal of Moral Education,* 30.4, 361-375.

International Association Of Group Psychotherapy (IAGP) 'Ethical principles of group leaders': www.iagp.com/publications/codeof**ethics**for**group**leaders.htm Accessed March 2009.

International Council Of Nurses (2005) 'Code of ethics for nurses' ICN.

Kabel, J.D. and Giebelhausen, P.N. (1994), 'Dual relationships and professional boundaries', *Social Work,* 39.2, 213-220.

Khele, S., Symons, C. and Wheeler, S. (2008) 'An analysis of complaints to the british association for counselling and psychotherapy, 1996-2006', *Counselling and Psychotherapy Research,* 8.2, 124-132.

Kirkpatrick, W.J., Reamer, F.G. and Sykulski, M. (2006), 'Social Work Ethics Audits in Health Care Settings: A Case Study', *Health Social Work,* 31.3, 225-228.

Lamboo, T., Lasthuizen, K.; Huberts, L.W.J.C. (2008) 'How to encourage ethical behaviour' in Huberts, L.W.J.C., Maesschalck, J. and Jurkiewicz, C. L. (eds) *Ethics and integrity of governance* Edward Elgar Publishing; Northampton, MA, US.

Landau, R. (1999), 'Professional socialization, ethical judgment and decision making orientation in social work', *Journal of Social Service Research,* 125.4, 57-75.

Landau, R. and Osmo, R. (2003), 'Professional and personal hierarchies of ethical principles', *International Journal of Social Welfare,* 12.1, 42-49.

Lord Nelson, L.G., Summers, J.A. and Turnbull, A.P. (2004), 'Boundaries in family-professional relationships: Implications for Special Education', *Remedial and Special Education,* 25.3, 153-165.

Lowenberg, F.M. and Dolgoff, R. (1996), *Ethical Decisions for Social Work Practice,* Itasca, Illious: F.E.Peacock.

Lynch, T. (2003) 'Review of boundaries and boundary violations in psychoanalysis', *Journal of Nervous and Mental Disease,* 191.11, 763-764.

Mansbach, A. and Bachner, Y.G. (2009), 'Self-reported likelihood of whistleblowing by social work students' ,*Social Work Education,* 28.1, 18-28.

Martinez, R. (2000) 'A model for boundary dilemmas: ethical decision making in the patient-professional relationship', *Ethical Human Sciences and Services,* 2.1, 43-61.

Mattison, D., Jayaratne, S. and Croxton, T. (2002), ' Client or former client? Implications of ex-client definition on social work practice', *Social Work,* 47.1, 55-64.

Meulenbergs, T., Verpeet, E., Schotsmans, P. and Gastmans, C. (2004) 'Professional codes in a changing nursing context: literature review', *Journal of advanced nursing,* 46.3, 331-6.

Moran, J. (2002) 'Anti-corruption reforms in the police: current strategies and issues', *Police Journal* 75.2, 137-159.

Morris, F. S. (2002) 'Demonstrating leadership and maintaining ethical standards: A survey of Arizona municipal chiefs of police', *Dissertation Abstracts International Section A: Humanities and social Sciences;* 69, 1-A. 173.

NASW (2008), 'Code of Ethics' (revised), National Association of Social Workers. Availabe at http://www.naswdc.org/pubs/code/code.asp *(accessed 27/3/09).*

Newburn, T. & Reiner, R. (2007) 'Policing and the police' in Maguire, M., Morgan, R. and Reiner, R. (eds) *The Oxford Handbook of Criminology* (94th Edition). Oxford: Oxford University Press.

Pattison S. (2001) 'Are Nursing Codes of Practice Ethical?', *Nursing Ethics*. 8.1, 5-18.

Peternej-Taylor, C.A. and Yonge, O. (2003) 'Exploring boundaries in the nurse-client relationship: Professional roles and responsibilities', *Perspectives in Psychiatric Care,* 39.2, 55-66.

Phelan, J.E. (2007), 'Membership expulsions for ethical violations from major counseling, psychology, and social work organizations in the United States: A 10-year study', *Psychological Reports*, 101.1, 145-152.

Pipes, R.B., Holstein, J.E. and Aguirre, M.G. (2005) 'Examining the personal-professional distinction: Ethics codes and the difficulty of drawing a boundary', *The American Psychologist,* 60.4, 325-334.

Ponton, R.F. and Duba, J.D. (2009) 'The ACA code of ethics: Articulating counseling's professional covenant', *Journal of counselling and development,* 87.1, 117-121.

Pope, K.S. and Vettner V.A . (1992) 'Ethical dilemmas encountered by members of the American Psychological Association: a material survey', *The American Psychologist* 47.1, 397 – 411.

Pugh, R. (2007), ' Dual relationships: Personal and professional boundaries in rural social work', *British Journal of Social Work*, 37.8, 1406-1423.

Punch, M. (2000) 'Police corruption and its prevention', *European Journal on Criminal Policy and Research,* 8.3, 301-324.

Reamer, G. (2000), 'The social work ethics audit: a risk-management strategy', *Social Work,* 45.4, 355-366.

Reed, G.M, McLaughlin, CJ. and Newman, R.R. (2002) 'The Development and Evaluation of Guidelines for Professional Practice', *American Psychologist,* 57.12, 1041–1047.

Rossiter, A., Walsh-Bowers, R. and Prilleltensky, I. (2002), 'Ethics as a located story: A comparison of North American and Cuban clinical ethics', *Theory & Psychology*, 12.4, 533-556.

Rowe, M. (2008) *Introduction to Policing,* London: Sage

Smith, D. and Fitzpatrick, M. (1995) 'Patient -Therapist boundary issues: an integrative review of theory and research', *Professional Psychology: Research and Practice* 26.5, 499-506.

SSSC (2005), *Codes of Practice,* Scottish Social Services Council, Dundee.

Stromm-Gottfried, K. (2000) 'Ensuring ethical practice: an examination of NASW Code violations, 1986-97', *Social Work,* 45.3, 251-261.

Stromm-Gottfried, K. (2003) Understanding Adjudication: Origins, Targets, and Outcomes of Ethics Complaints', *Social Work,* 48.1, 85-94.

Stromm-Gottfried, K. and D'Aprix, A. (2006) 'Ethics for academics', *Social Work Education,* 25.3, 225-244.

Verpeet E., Dierckx de Casterle, B., Lemiengre J. and Gastmans, C. (2006) 'Belgian nurses' views on codes of ethics: development, dissemination, implementation', *Nursing Ethics* 13 (531), 45.

Verpeet, E., Meulenbergs, T. and Gastmans, C. (2003) 'Professional values and norms for nurses in Belgium' *Nursing ethics,* 10.6, 654-65.

Westmarland, L. (2001) *Gender and policing: sex power and police culture,* Cullompton: Willan Publishing.