Social work ethics
Professional codes in Australia and the United States

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Throughout its history, social work has confronted ethical challenges in providing value-based practice in the human-service field. To help meet these challenges, social workers have defined guidelines for professionally and socially acceptable practitioner conduct.

Since social work has always been a value-based profession, ethical codes have long been essential to social work education and practice round the world. Countries have similarities and differences in their social work ethical codes. An analysis of the structure and content of the codes of ethics of 20 countries found a high level of congruence in relation to stated values and principles, but variation in practical guidance (Banks, 2001: 110).

The International Federation of Social Workers (IFSW), the largest social work organizational member body that includes 470,000 social workers from all continents and 80 countries round the world, has developed ethical standards for social workers. These, introduced by the IFSW in Sri Lanka in 1994 and revised in Adelaide in 1994, have been used by many countries as a guide for developing their own culturally relevant ethical codes (Banks, 2001).

This article compares and contrasts some of the significant features of the Australian and US codes of ethics. These codes have been

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developed in an Anglo-Saxon context and tradition; however, the
codes of other countries present quite different and equally valid
interpretations of social work value positions. These comparisons
have already been well documented by Banks (2001). The Australian
and US codes have been selected for comparison because of recent
revisions in two specific areas that continue to raise interpretive
questions about acceptable practice standards. These key topics,
both of which have been the subject of empirical research, are
dual relationships and confidentiality. The authors of this article
are aware that discussion of these areas reflects the cultural bias
towards individual rights that is inherent in both codes. These
topics may not receive as much attention in countries which stress
a collective approach to helping those with problems.

A concern about dual relationships may be limited to those coun-
tries in which social work is a highly developed profession, such as
Australia and the United States. Countries with a collective perspec-
tive in which there are mostly rural areas and few professional social
workers may not share the same concern about maintaining profes-
sional boundaries.

The value of confidentiality also receives much more focus in
countries with a strong Anglo-Saxon emphasis on individual rights
such as Australia and the United States. As Healy (2001) indicates,
developing countries may value a more collective approach to prob-
lem solving, by consulting extended family or village elders, rather
than protecting an individual’s right to privacy and confidentiality.

Social work values and ethics: the context of practice and
research

For the last two decades in both Australia and the United States
there has been a growing focus on social work values and ethics.
This interest is not new, however, as almost 50 years ago a US
social work educator, Muriel Pumphrey (1959), wrote about the
importance of teaching students about ethics. A recent Council on
Social Work Education (CSWE) publication (Black et al., 2002)
lists over 260 references, focused for the most part on US social
work values and ethics. Literature on social work values and ethics
has sought to define and identify ethical principles, develop ethical
decision-making models based on these principles (Congress, 2000;
Gambrill and Pruger, 1992, 1997; Loewenberg et al., 2000; Reamer,
1993; Rhodes, 1986; Steinman et al., 1998; Thyer, 1997), and explore
a multitude of context-specific ethical dilemmas (Congress, 1999; Reamer, 1998a; Rothman, 1998).

An internet review of social work ethics produced a number of articles in *Australian Social Work* on social work ethics. A special ethics edition of *Australian Social Work* in 1997, for example, included articles on ethics in practice research (Campbell, 1997; Scott, 1997), ethics and social justice (Flynn, 1997; Lane, 1997; Crimeen and Wilson, 1997) and ethical issues in relation to chemotherapy and bioethics (McGrath, 1997), predictive genetic testing (Richards and Taylor, 1997) and medical decision-making (Brown, 1997). Articles in later editions of this journal explored ethical tensions in field research (McAuliffe and Coleman, 1999), privacy and confidentiality in social work (Collingridge et al., 2001), morals, ethics and practice (Asquith and Cheers, 2001) and professional ethics (Hugman, 2003).

**Research on social work values**

Although social work values have always been considered an integral part of our profession, for many years social workers have struggled with questions about what social work values are and whether they can be studied. Values have been defined as beliefs, while ethical practice has been viewed as the application of these beliefs (Congress, 1999). In the past, various US social workers (Judah, 1979; McLeod and Meyer, 1967; Varley, 1963, 1968) attempted to study social work values. Current empirical studies on social work values, however, are limited, perhaps because of the difficulty of receiving accurate information about social work values. A social desirability bias (i.e. no one wants to report beliefs that are unethical and appear unethical) may be operative. Another challenge in studying ethical behaviour of social workers is the need to ascertain how beliefs differ from actual behaviours. Congress (1999) also raised the issue that it is not sufficient only to study professional values, but also personal, agency and client values must be identified before ethical decision-making can happen.

Abbott (1988) conducted a major study on US social workers’ values in regard to respect for basic rights, sense of social responsibility, commitment to individual freedom (social justice) and support of self-determination. More recently, Abbott (1999) studied the professional values of social workers in four different parts of the world, one of which was Australia/New Zealand. Using the four
categories listed above, she found that social workers share some common values, namely respect for basic rights and support of self-determination. Her research, however, did not support a universal sense of social responsibility or commitment to individual freedom. It is important to note, however, that the Australia/New Zealand sample of social workers, although small, demonstrated the highest commitment to all four value areas, respect for basic rights, sense of social responsibility, commitment to individual freedom (social justice) and support of self-determination compared with the other groups (North America, Asia and Europe).

Research on social work ethics
There has been ongoing debate about whether social workers use the code of ethics in their direct practice (Jayaratne et al., 1997) or administrative practice (Congress and Gummer, 1997). Congress (1992) argued that social workers are knowledgeable about the code of ethics and apply it in ethical decision-making, though Walden et al. (1990) were concerned that social workers often make quick decisions without much attention to the code of ethics. Holland and Kilpatrick (1991: 140) conducted a frequently cited qualitative study of ethical dimensions of social work practice, finding that ‘It is instructive to note that not a single respondent offered the profession’s code of ethics as a resource for helping to deal with complex ethical issues’. Kugelman (1992) also conducted a qualitative study with 20 social workers to explore the role of ethics in informing behaviour. She found that ‘the lack of a value foundation put the practitioners in an apathetic drift’ and that ‘although cited, the Code of Ethics was not used in any organised or systematic fashion’ (Kugelman, 1992: 75). A later Australian study conducted by McAuliffe (1999) found that social workers, although relatively familiar with the code of ethics, did not consider using it as a resource to assist decision-making when confronted with an ethical dilemma. The code was seen more as ‘a useful construct in laying down the basic values of the profession’ (McAuliffe, 1999: 19). Jayaratne et al. (1997) found that while social workers may be aware of major code provisions (for example, avoiding sexual contact with current clients), they are less knowledgeable of and less likely to adhere to the code’s provisions in regard to controversial issues such as non-sexual dual relationships with former clients.
A history of codes of ethics in Australia and the United States

Following the 1915 Flexner Report that questioned whether social work was a profession without a code of ethics, Mary Richmond, a US social work pioneer, is credited with authoring the first draft code of ethics. Shortly afterwards the Toledo, Ohio chapter of the American Association of Social Workers emerged as the first professional social work organization to develop a code of ethics (Congress, 1999). The National Association of Social Workers (NASW), the principal professional social work organization in the United States, first developed a code of ethics in 1960, five years after its formation. The 1960 code with its 14 abstract, idealistic statements only minimally resembles the 28 pages and 155 provisions of the current code, last amended in 1999. This code contains both ethical principles (values) and ethical standards of practice. The preface clearly states that some of the provisions are aspirational, while others are adjudicable, and gives no guidance as to how to differentiate the two areas. The by-laws of NASW mandate that code of ethics approval rests with the Delegate Assembly, a large elected representative member body of NASW, that meets every three years to approve policies and code of ethics revisions of the association.

The most recent revision of the Australian Association of Social Work code of ethics began in 1997 and the recommended revisions were ratified at the AASW Annual General Meeting in November 1999. The revision of the code was a lengthy and comprehensive process that involved a number of drafts developed in consultation with social work practitioners, employers, academics, ethicists and service users. Part of the process of review was to consult the codes of ethics of the professional associations of the United States (NASW), the United Kingdom (BASW), Canada (CASW), Ireland (IASW), New Zealand (NZASW) and the IFSW. As the NASW code of ethics had been comprehensively revised in 1996 in an effort to reflect the dramatic changes in social work practice in the light of contemporary social issues (Reamer, 1998b), some of the important changes were adopted by the AASW (e.g. the responsibilities of impaired workers). Periodic revision of ethical codes reflects literature that urges social work to look carefully at professional ethical standards and consider ways that practitioners may become more ethically aware (Abramson, 1996; Dean and Rhodes, 1992; Imre, 1989; Reamer, 1983; Rhodes, 1992).
In both Australia and the United States, professional social work associations can monitor and investigate cases of code violations. In the United States there has been an increase in adjudicated cases (Reamer, 1995; Strom-Gottfried, 1999). In Australia, anecdotal evidence shows that there has been a steady increase in the number of ethics complaints and enquiries made to state AASW branch ethics committees. However, the lack of statutory regulation of the profession makes investigation and imposition of penalties in relation to substantiated breaches of the code (governed by the AASW By-Laws on Ethics, 2004) much more difficult.

Dual relationships

For the first time in 1993 the NASW code of ethics included a provision on dual relationships that was further developed and expanded in 1996. Dual relationships are defined as relationships occurring when social workers relate to clients in more than one relationship, whether professional, business, personal or sexual. The primary and appropriate relationship with a client is professional. Social workers are advised to avoid dual relationships when there is a risk of exploitation or potential harm to the client, but when dual relationships are unavoidable, social workers must ‘take steps to protect clients and (take) responsibility for setting clear, appropriate, and culturally sensitive boundaries’ (NASW, 1999: 10). This provision applies not only to practitioners, but also supervisors, administrators and educators. Almost all social work practitioners (Jayaratne et al., 1997) and social work educators (Congress, 2001) concur that sexual relationships with current clients or students are unethical. The US Code of Ethics also instructs social workers to avoid dual relationships of a sexual nature with former clients, with friends and relatives of clients, and with future clients.

In addition, US social workers are advised to avoid personal and business relationships with current and former clients. Kagle and Giebelhausen (1994) suggested that even a personal non-sexual relationship with a former client can be problematic and cause harmful role reversal. Empirical studies of this provision in the NASW code of ethics, however, have indicated that both practitioners (Jayaratne et al., 1997) and educators (Congress, 2001) question whether personal non-sexual dual relationships with former clients or students should be avoided.

Social workers who believe that dual relationships with former clients should not be avoided have argued that the code’s provision
implies that once a client always a client. Yet the profession is grounded in the belief that people can grow and change (Mattison et al., 2002). Also, it has been argued that some social activities with a client such as attending a graduation or wedding may be therapeutic for the client, especially when treatment goals have included educational and/or interpersonal milestones.

Other concerns about avoiding dual relationships have been raised by rural social workers who have argued that it is impossible to avoid dual relationships with clients in a small community (Brownlee, 1996). For example, should a social worker in a small town with only one school not participate in PTA activities when her client also is in the same PTA? A more challenging question is a social worker’s participation in Alcoholics Anonymous (AA). A social worker’s participation may be crucial to continued sobriety, but in a rural area with only one AA meeting clients may also be attending the same meeting.

A more general concern has been that this code provision about dual relationships reflects an Anglo bias and that it does not support culturally sensitive practice, a major aim of current social work practice. It has been suggested that developing a personal relationship (personalismo) may be a prerequisite in developing a therapeutic relationship (Congress, 1990). Issues have also been raised in Australia about the importance of kinship ties in Aboriginal and Torres Strait Islander communities and the dilemmas that this raises for workers when negotiating personal and professional boundaries (Bennett and Zubrzycki, 2003).

In contrast to the US code of ethics, the Australian code of ethics links dual relationships with conflict of interest. When these conflicts of interest arise, Australian social workers are advised to ‘set and enforce explicit, appropriate professional boundaries to minimize the risk of conflict, exploitation and harm’ (AASW, 1999: 12). This provision applies to clients, former clients, research participants, students, supervisees and colleagues. If there is a complaint, the code states very clearly that the social workers have the responsibility of defending their behaviour.

Similar to the US code of ethics, the Australian code has provisions that specifically address sexual activities with current and former clients. The reasons why practitioners should not engage in sexual relationships with current clients are spelled out in the Australian code, namely that ‘a professional relationship invites trust and confidence in the practitioner role’ (AASW, 1999: 12). By implication a sexual relationship would violate this trust in the
practitioner. Also, a sexual relationship with a client is seen as involving ‘an unequal distribution of power or authority in the social worker’s favour’ (AASW, 1999: 12). This content seems to be based on the concept that similarly to other professions, social workers enter into fiduciary relationships with clients that are based on trust and responsibility, since clients are in more vulnerable positions (Kutchins, 1991).

In terms of sexual relationships with former clients, social workers are advised to avoid these relationships when there is potential for exploitation or harm. There is recognition that at times these relationships may be considered. In contrast to the US code that is silent about resolving these dilemmas, Australian social workers are advised to seek professional consultation when they are contemplating a sexual relationship with a former client. The AASW code of ethics has not defined a time period after which sexual relationships with former clients may be pursued, which is in contrast to the Australian Psychological Society’s code of ethics that clearly stipulates a period of two years (APS, 2005). In a similar way, the code of ethics for social workers in the United States has no statute of limitations, while the American Psychological Association (APA) requires two years (APA, 2002).

**Confidentiality and privacy**

There is little doubt that issues surrounding confidentiality and privacy are among some of the most difficult in social work practice. Defining what is meant by the term ‘confidentiality’, and just how far it should be upheld in situations where there is risk to self or others that may justify disclosure of information, is an ongoing concern. A persuasive argument has been developed by Collingridge et al. (2001) that there is a ‘persistent confusion’ between the terms ‘confidentiality’ and ‘privacy’ and that confidentiality has been mistakenly elevated to a ‘first-order ethical principle’. The authors contend that confidentiality is, in fact, a concept reliant on the more fundamental principles of privacy and respect. This argument has implications for how codes of ethics structure, place and define these related concepts. The US code of ethics puts the concept of privacy first and foremost in the 18-clause section on ‘Privacy and Confidentiality’, beginning with a clear statement that ‘social workers should respect clients’ right to privacy’, and that ‘once private information is shared, standards of confidentiality apply’ (NASW, 1999: 10). The Australian code of ethics has a seven-clause section on
'Information Privacy/Confidentiality' (AASW, 1999: 16) that fails to distinguish between the concepts, despite definitions of each included in the glossary that can be found at the end of the code. Both the United States and Australian codes locate this section under responsibilities to clients. In both codes, access to client records is dealt with in a separate section. The US code also has a specific mention of confidentiality in relation to colleagues, whereas the Australian code does not.

A range of issues fall under the ambit of confidentiality clauses, the primary difference between the US and Australian codes being the inclusion in the more comprehensive US code of a number of practice-specific possibilities. These include the discussion of confidential information in public or semi-public areas (e.g. hallways, elevators); protection of clients when responding to the media; precautions in relation to electronic or computer technology (fax, email, answering machine); disclosure of information to third-party payers (not as relevant in the Australian context); protection of client information in the event of the social worker’s incapacitation or death; and the protection of confidentiality of deceased clients. While the Australian code of ethics does not mention these specific issues, it could be argued that they are covered under more general inclusions.

There are essentially seven issues that have been covered in both the US and Australian codes in some detail, and these relate to:

1. obtaining informed consent from clients about the use of information divulged by them, and from whom information may be requested;
2. informing clients of the limits of confidentiality;
3. circumstances under which information may be divulged in the absence of consent;
4. consent for recording or observation;
5. agreements about confidentiality when working with two or more people;
6. preserving anonymity when using client information for education or research purposes; and
7. secure storage and disposal of records.

There is a high level of consensus between the two codes in relation to these issues of primary importance. In some cases, the US code is more specific in expectations, and gives clear guidance on what social workers could request in a particular situation. In the case of clients’ records (that could cause harm) being subpoenaed,
for example, the US code suggests that ‘social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection’ (NASW, 1999: 11). Another example of the US code going a step further than the Australian code is in the discussion of confidentiality with families or groups, where the statement is made that ‘social workers should inform participants in family, couples, or group counselling that social workers cannot guarantee that all participants will honour such agreements’ (NASW, 1999: 11). While the Australian code does not have the same level of instructive detail and guidance in the clauses, comprehensive definitions and responsibilities are provided in the Guidelines for Ethical Decision-making (Section 5) and the Glossary of Terms at the end of the code. Furthermore, these sections provide references to relevant legislation (e.g. the Commonwealth Privacy Act, 1988) and legal precedents that are useful in assisting social workers to understand concepts such as ‘duty to warn’ and ‘informed consent’. The US code includes parts of this information in a more general sense in the introductory ‘Purpose of the NASW Code of Ethics’ (NASW, 1999: 2–4).

Finally, the Australian code has a consistent theme running through all sections in the encouragement to social workers to engage in consultation with other professionals, particularly if involved in the assessment of risk. Consultation is viewed as an ethical responsibility, and is highlighted in several sections of the code. In the US code, consultation is mentioned in the introduction, again providing guidance in recommendations of who could be consulted, i.e. ‘agency-based or social work organizations ethics committee, a regulatory body, knowledgeable colleagues, supervisors or legal counsel’ (NASW, 1999: 3). A study conducted by one of the authors found that social workers often fail to consult in situations of ethical conflict for fear of being judged by supervisors, managers or more senior colleagues as incompetent, lacking in knowledge, unprofessional or indecisive. It was more common for social workers to consult colleagues who they felt had a shared value base (and who often worked in other agencies), rather than supervisors or managers in the workplace in which the ethical issue was being played out. External private supervision was also preferred over internal line-management supervision for reasons of objectivity and the ability to get a clearer focus from an outside perspective (McAuliffe, 2000).
Conclusions

Social work literature over the last two decades reflects increased attention to a discussion of ethical dilemmas and decision-making. In the midst of the ongoing discussions about the relevance of universal values, the applicability of ethical codes and the best pathways through dilemma mazes, social workers need to address continually the importance of ethical practice. Social workers frequently must revise and update ethical practice standards and codes in accordance with new knowledge and emerging practice issues. Social work must, for example, stay abreast of new developments in technology, and acknowledge the complexity of practice issues in the context of cultural and social diversity. Code revision is also particularly important in the current time period characterized by increasing litigation, risk management and clients’ rights to make complaints about unethical conduct. Such complaints must be managed in a social justice framework, and practice standards must be sufficiently clear so that social workers receive guidance about the boundaries between appropriate and inappropriate professional conduct.

This article has compared and contrasted two key sections of the codes of ethics of the United States and Australia. Continual critique and review of these respective codes, as well as those from other countries, help to maintain social work’s value-based mission in the midst of contemporary economic and global challenges.

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