Professional Ethics in Social Work—What Future?

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SUMMARY

This paper examines the ethical implications of recent changes in social work, particularly in relation to the conception of social workers as professionals guided by a code of ethics. These changes include the fragmentation of the occupation, the increasing proceduralization of the work and the growing focus on consumer rights and user participation. Some people have argued that codes of ethics are becoming increasingly irrelevant in this climate, in that they assume a unified occupational group and are based upon professionals’ definition of values without consultation with service users. On the other hand, it has also been maintained that it is ever more important to retain and strengthen codes of ethics in order to maintain professional identity and to defend the work of the profession from outside attack. This paper explores the relevance of a code of professional ethics for social work, focusing particularly on the British Association of Social Workers' code, in the context of the changing organization and practice of the work. It considers two alternative approaches: the 'new consumerism' which focuses on the worker's technical skills (rather than professional ethics) and consumer rights (as opposed to professional obligations); and a 'new radicalism' which stresses the worker's own personal or political commitment and individual moral responsibility (as opposed to an externally imposed code of professional ethics). It is concluded that the changes in social work do threaten the notion of a single set of professional ethics articulated in a code; and that, in some types of work, this model is less appropriate. However, there is still mileage in retaining and developing a code of ethics, not as an imposed set of rules developed by the professional association, but as part of a dynamic and evolving ethical tradition in social work and as a stimulus for debate and reflection on changing and contradictory values.

THE CHANGING ORGANIZATION AND PRACTICE OF SOCIAL WORK

The changes taking place in social work are part of a much broader set of changes which some have characterized as symptomatic of 'postmodernism'...
(McBeath and Webb, 1991; Chambon, 1994; Pardeck et al., 1994; Parton, 1994) relating to the crisis of confidence in the welfare state, cutbacks in public sector resources, privatization and marketization of public services, decentralization of services and budgets, the growth of a new managerialism focusing on economy, effectiveness and efficiency, and a general deprofessionalizing trend. This has led to talk of a 'crisis' in social care (Langan, 1993), the fragmentation of the occupation (Parton, 1994), and even the 'end of British social work' (Payne, 1994).

Some of the specific changes in the organization and practice of social work which are relevant to this discussion are as follows:

1. **Fragmentation**—social work is becoming increasingly fragmented as new specialisms emerge, job titles change (for example, from 'social worker' to 'care manager') and multi-disciplinary work becomes more widespread (McBeath and Webb, 1991; Langan, 1993; Simic, 1995). Recent legislation and policy relating to community care, child protection and criminal justice are reinforcing this trend away from the notion of the 'generic' social worker. This constitutes a threat to professional identity.

2. **The development of government and agency guidelines and procedures**—the new legislation and policy have also been accompanied by a massive growth in detailed sets of guidelines, procedures and checklists relating, for example, to how to conduct a risk assessment in a child protection case and how to assess needs and plan care packages (Department of Health, 1988; 1991; Howe, 1992). In addition to government guidance, each agency is developing its own codes of practice and procedures. I use the term 'proceduralization' to summarize this trend. Proceduralization can be viewed as a way of circumscribing professional autonomy and discretion.

3. **The changing role of the social worker**—the tasks social workers are increasingly having to perform relate more to resource management, assessment and monitoring than to the traditional roles of caseworker or therapist. The skills and knowledge required for the job seem to be based more on the notion of technical competence than that of professional education, as demonstrated in the recent changes in the guidelines for the Diploma in Social Work issued by the Council for Education and Training in Social Work (CCETSW, 1995; see also Dominelli, 1996). This constitutes a threat to traditional conceptions of professional education.

4. **The increasing importance of user participation**—in recent years there has been growing attention given to involving the users of services in discussions about how those services should be delivered (Biehal, 1993). The participation of individual users and carers in the decisions made about them is also being encouraged—for example, parents' and children's participation in case conferences (Bell and Sinclair, 1993; Cloke
and Davies, 1995). There is a growing emphasis on the theme of empowerment, particularly in the context of work with oppressed groups taking action themselves to work towards change (Mullender and Ward, 1991). This could also be seen as a challenge to professional expertise and the traditional distance between ‘client’ and professional.

5 The rise of ‘consumerism’—the social work ‘client’ is increasingly being called a ‘consumer’, with implications of a market-based relationship, contracts, rights to certain standards and levels of service (Tower, 1994; Aldridge, 1996). This notion of the impersonal contract challenges the idea of the worker–client relationship based on professional expertise and trust.

CORE VALUES AND A CODE OF ETHICS

In the light of such changes, there are some people who argue that it is vitally important for social work to retain a set of core values articulated in a code of ethics. At a European seminar organized by the International Federation of Social Workers (IFSW), ‘the fragmentation of the profession, and the dangers of a loss of identity’ were noted and it was recommended that:

to develop, at an European level, the values on which social work depends in our respective countries constitutes a professional obligation, articulated in the International Code of Ethics. This code is the proper expression of values which must, here and now, guide social work and social action (IFSW, 1990, p. 29).

On the other hand, it could be argued that, at a time of such fragmentation, the idea of a single code of ethics for social work in one country, let alone internationally, is impossible to retain. There needs to be a certain occupational unity for a code to be relevant. Downie and Calman (1987) argue, in relation to health care, that codes of ethics assume a consensus on values both within the professions and on the part of their public. It is doubtful whether such a consensus still exists as professions are fragmented and users are demanding that services are delivered in terms of their own values rather than those of the professions:

To the extent that the professions are now expected to work through the community rather than on it, the position of codes of ethics has shifted from the centre of professional life to the margins (Downie and Calman, 1987, p. 244).

Both of these viewpoints—that of the IFSW and that of Downie and Calman—assume that codes of ethics are expressions of the values of a profession. Much has been written about values in social work (see Timms, 1983; Horne, 1987; Shardlow, 1989; Banks, 1995) and it is not the purpose of this article to explore this literature in depth. However, it is important to
clarify what is meant by 'values' here, as the term is often used very loosely and encompasses a variety of meanings, from preferences to ideological beliefs or fundamental ethical principles (Timms, 1983). I will make the assumption for the purpose of this paper that the term 'values', as used by IFSW and by Downie and Calman, refers to general ethical principles of the sort often referred to in the literature on this subject, such as 'promoting respect for the individual', 'encouraging self-determination', 'respecting confidentiality', 'accepting the service user as he/she is', 'challenging inequality and discrimination'. These are principles relating to how the social worker regards and treats other people and can be found both in the literature relating to the values of the profession noted above (including that produced by CCETSW) and in the social work codes of ethics of the majority of countries (see Banks 1995, pp. 73–83).

It is generally assumed that the statements of values contained in codes of ethics reflect the dominant and accepted values of a profession. According to Bamford, speaking of the British Association of Social Workers' (BASW) code, 'the values underlying the code of ethics would be widely supported within social work' (Bamford, 1990, p. 46). Edgar (1994a, p. 133) argues that codes of ethics should be grounded in the ethical traditions of professional groups and rest on those traditions (which are outside the code) for their interpretation and reinterpretation. That is, a code cannot be understood in its own right, but must be located in the context of the ethical tradition of which it is a part and in relation to the purpose for which it was written. The extent to which the prevailing values of a profession may change without this being reflected in the code of ethics is discussed later, specifically in relation to the BASW code.

THE NATURE AND PURPOSE OF A CODE OF ETHICS

In considering whether there is still a role for a code of ethics in social work, it will be useful to explore briefly what a code of ethics is and what functions it performs. The adoption of a code of ethics is often regarded as one of the essential features of a 'profession'. Indeed, the British Association of Social Workers' code begins with this statement:

Social work is a professional activity. Implicit in its practice are ethical principles which prescribe the professional responsibility of the social worker. The primary objective of the Code of Ethics is to make these implicit principles explicit for the protection of clients and other members of society (BASW, 1996, p. 1).

Here the rationale for the code of ethics is explicitly linked with the status of social work as a 'profession'. The kind of argument as to why professionals in general need a code of ethics would be that they possess a particular know-
ledge and expertise which they use to help people who have need of this. The people who use their services need to be able to trust the professionals both to have sufficient expertise to do what they claim to be able to do, and not to deceive or abuse the service user. A code of ethics is a public declaration which usually includes statements that members of a profession should ensure that they have relevant and up-to-date skills, that they will not discriminate against clients or service users on grounds of sex, 'race', etc, that they should not exploit the user or employ their knowledge for inhumane purposes, and so on.

I have examined a selection of codes of ethics for social work from 15 different countries (for a more detailed discussion, see Banks, 1995, pp. 73–83). The codes usually include a statement of the values of the profession, which tend to include variations on 'respect for persons', 'user self-determination', 'the promotion of social justice' and 'professional integrity'. This is often followed by short statements of more specific principles such as confidentiality, client participation and anti-discrimination, sometimes with a brief commentary attached. Some are quite detailed and provide guidance about how to act in particular types of situation. Nevertheless, codes of two to five pages cannot and should not claim to provide guidance about how to act in all the situations social workers are likely to encounter. The code for the United States makes this quite clear:

In itself, this code does not represent a set of rules that will prescribe all the behaviors of social workers in all the complexities of professional life. Rather, it offers general principles to guide conduct, and the judicious appraisal of conduct, in situations that have ethical implications (National Association of Social Workers (NASW), 1990).

A code of ethics, therefore, states the broad values on which a profession is based and hence creates 'the spirit and standard of ethical reflection' (Rice, 1975, p. 381). It is important to distinguish a code of ethics, which is usually quite a short statement of general ethical principles, from a code of practice, which includes much more detailed guidance about what to do in specific situations. Although some so-called 'codes of ethics' do include much more detailed guidance on, for example, how qualifications should be described, how social workers should advertise, and may also have a disciplinary function, I will use the term 'code of ethics' in the first sense of a statement of ethical principles. The extent to which such codes of ethics guide social workers and protect users is not through detailed and prescriptive rules relating to what a social worker should and should not do, but rather insofar as they function as a kind of 'professional pledge' on the part of the worker to be a certain sort of person (trustworthy, honest, skilled, respectful).

In spite of the claims made in the codes of ethics themselves that their main purpose is to guide social workers and protect clients/users, it is important to recognize that they may also fulfil all or some of a number of other functions.
For example, the adoption of a code of ethics is also about establishing the professional status of an occupational group (because a code of ethics is said to be a feature of professionalism). It may matter less what is contained in the code, or even whether its principles are followed, than that a code exists. Edgar (1994b, p. 151) discusses the code of the American police force which "conforms to the expectations of lay morality, and is yet not generally followed within the force". This is an extreme case of a code whose tenets are meaningless and which is "ironized" within the police world, but "the existence of the code, and its non-ironic interpretation by those outside the profession, are important" (Edgar, 1994b, p. 160).

Another important purpose of a code of ethics, which does require its contents to be taken literally, is that it can play a role in creating and maintaining professional identity. It affirms the fact that members of an occupational group belong to a community of people who share and are publicly committed to the same values. This is as much about internal recognition as external, and this role may be particularly important in an occupational group like social work where the variety of types of work and settings in which it is performed has always been great. The code of ethics, including the values upon which it is based, may be the one thing that is held in common. This role sees the code of ethics as a vehicle for a statement of professional values. It is obviously not the only vehicle, but may be regarded as a useful one because of the status a code can have in the mind of professionals and the public—as something universal, overriding, and which demands commitment. It has more moral force than a mere "statement of values".

THE BASW CODE OF ETHICS

The British Association of Social Workers first set up a working party to draft a code of ethics in 1971. The circumstances prevailing at that time were markedly different from those of the mid-1990s. The early 1970s was a period of optimism and expansion for social work. The new social services departments had just been formed as a result of the Seebohm Report (1968) and the idea of the generic social worker (an amalgamation of a range of specialist occupations in mental health, child welfare, etc.) was becoming a reality. There was a spirit of optimism about what social work could achieve and about the role and status of the new occupational group. In 1971, the Central Council for Education and Training in Social Work (CCETSW) was also established and the first nationally recognized professional qualification in social work was introduced. Between 1971 and 1976 the number of social workers employed more than doubled. Langan (1993, pp. 48–53) notes the growing proportion of men entering the occupation, which she takes as indicative of its developing status, and also comments that:
Seebohm and subsequent legislation establishing local authority social services departments, together with the enactment of the new law concerning children, all enhanced the professional position and authority of social workers. The social worker aspired to a similar status to that enjoyed by the medical profession in the health service, and the new framework appeared to offer this (Langan, 1993, p. 55).

It was in this climate that the code of ethics was drafted. By the time the code was adopted in 1975, cutbacks in local authority budgets were beginning and social work was coming under increasing public scrutiny after the death of Maria Colwell, a child under social work supervision, in 1973. The combination of the experience of optimism and expansion, along with threatened retrenchment and public criticism, were all factors contributing to the arguments for a code of ethics. For a code of ethics was regarded as an essential feature of a profession, and it was felt that the time was right for the newly unified occupational group to establish itself as a credible profession. This would give it more status and power to argue for the effectiveness of the work. Since a code of ethics also claims to be about protecting clients through asserting and maintaining the trustworthiness, expertise and integrity of the professional, this would be important in the light of the blow to public confidence following the Maria Colwell case.

The introduction of the code was challenged by a minority of BASW members as conservative and elitist (Bamford, 1990, pp. 45–6). Radical social workers condemned the occupation for its attempt to professionalize—a process which was seen as being more about enhancing the power, status and exclusivity of the occupational group and increasing the distance between worker and service user than genuinely protecting or empowering users. The code itself, with its emphasis on individual freedom and self-determination, underplayed the role of structural inequalities in society and the inevitability of the social worker’s role as an agent of social control. However, although the code did not reflect the values held by all social workers, it was certainly accepted by the majority of BASW members and could be said to reflect the dominant values of the time.

Interestingly, there have been few significant changes to the code in the last twenty years and no significant criticisms from within BASW. According to Bamford (1990, pp. 45–6), this may reflect the fact that the code is regarded either as adequate, or as an irrelevance. It is likely that both of these interpretations are correct. Since the majority of social workers are not members of BASW, then the code may not only be an irrelevance, but many social workers are probably unaware of its existence. Those workers who are members of BASW perhaps regard the code as adequate. Relatively small changes were made to the code in 1986 and 1996 which do reflect the significant additions to the social work values in the 1980s and 1990s brought about by the development of anti-oppressive practice. For example, the section in the 1975 version which stated that the social worker "will not act..."
selectively to clients out of prejudice on the grounds of their origin, status, sex, age, belief or contribution to society' was extended in 1986 to include race, sexual orientation and disability and, in 1996, the phrase 'not act selectively towards' was replaced by 'not discriminate against' (BASW, 1996, section 10.iii). Two further clauses were added in 1986 relating to the fact that workers should not tolerate racist, sexist or otherwise discriminatory actions on the part of colleagues or others and that they should not 'deny those differences which will shape the nature of clients' needs' (BASW, 1986, section 10.iii). Similarly, in the next section relating to choices open to clients, an additional sentence was added in 1986 about client participation, which was further modified in 1996 to read 'ensuring the participation wherever possible of clients' (BASW, 1996, section 10.iv). Further clauses were also added in 1986 relating to 'ethnically and culturally appropriate' services and the promotion of diversity (BASW, 1986, section 10.x). Finally, extra sentences added in 1996 serve to stress that the primary responsibility of the worker is to those for whom they work (section 9), to strengthen the social worker's obligations to report any activities which are professionally unacceptable (section 10.iii) and to take action to collaborate with others in the interests of clients (section 10.viii).

The main changes to the code relate to some of the preoccupations of the 1980s and 1990s, using the language of the time—'discrimination', 'participation' and 'diversity'—but do not amount to a significant change of emphasis. It could be argued, therefore, that the code, although encompassing all the values current in social work, is out of line in its focus and emphasis which have not altered to reflect significant shifts in the 1980s particularly towards anti-oppressive practice. These shifts are to be found in the 1989 CCETSW statement of values as part of the requirements for the Diploma in Social Work (CCETSW, 1989), which gives equal weight to principles relating to the rights and choice of individual users as to principles relating to social workers' recognition and combating of structural oppression and discrimination. However, it is arguable whether the anti-oppressive values espoused and promoted by CCETSW in the field of education and training have permeated the practice of social work as rapidly or as widely as might have been expected or hoped for. The latest statement of values (CCETSW, 1995) demonstrates a pulling-back from this position and the term 'oppression' is not even mentioned. While there are many reasons for this retrenchment which cannot be rehearsed here, it might lead to the conclusion that the minor alterations made to the BASW code in the 1980s and 1990s, in fact, an adequate reflection of the values prevalent in social work practice at the present time.

In fact, the level of generality of the code and the kinds of ethical terminology it contains ('well-being', 'self-realisation', 'dignity', 'respect') do allow for reinterpretation and implementation of the principles according to chan-
ging circumstances. So, for example, the statement that social workers ‘will
not act selectively towards clients out of prejudice’ would have been inter-
pred and implemented differently in the 1970s than it would in the 1990s,
even though the words are the same. For example, Rice (1975, p. 382), writ-
ing as the new BASW code was about to be introduced, said he did not
want ‘to share the community of BASW with someone who exercises colour
prejudice’. In fact, the term ‘colour prejudice’ does not appear in the code,
but Rice’s interpretation would have been acceptable at that time. In the
1990s, that section of the code might be interpreted as advocating anti-
oppressive practice, although the term ‘anti-oppressive’ is not used in the
code itself. This suggests that the code does not and cannot stand alone, but
must be interpreted and implemented in the context of a dynamic social work
tradition and set of practices. It is only through being educated and practising
in this tradition that social workers know how to interpret and use the code.
It is not the code itself that defines good or ethical practice, rather it is a
reflection of what counts as good practice (see Edgar, 1994a, for a discussion
of codes and traditions).

DOES A CODE OF ETHICS HAVE A ROLE IN THE 1990s?

It is now just over twenty years since the British Association of Social
Workers introduced its code of ethics in 1975. How do the changes in the
organization and practice of social work affect the relevance and usefulness
of the code? As was stated earlier, codes of ethics seem to serve at least four
functions:

(i) guidance to practitioners about how to act;
(ii) protection of users from malpractice or abuse;
(iii) contribution to the ‘professional status’ of an occupation;
(iv) establishment and maintenance of professional identity.

It could be argued that the first two functions of codes of ethics are even less
important now than they used to be since guidance to social workers and
protection of users are increasingly being dealt with through agency and gov-
ernment codes of practice which tend to prescribe detailed rules—for
example, about how confidential information should be treated, or how users’
rights to have access to their files or to complain should be implemented.
However, guidance is specific to each agency, each role (for example child
protection, mental health) or task. What is missing from this specific guidance
is the holistic approach taken by a code of ethics which states that this is the
kind of person a professional is (honest, trustworthy, etc.) and these are the
kinds of values espoused (non-discrimination, user self-determination, etc).
It could be argued that it is not necessary to have a code of ethics in order
to have a set of accepted values within an occupational group. But since
codes of ethics are a commonly accepted means of expressing values, there
is no reason to reject a code on these grounds. What is more important is to
guard against the pretensions or misinterpretations of codes that give the
impression that guidance to workers and protection of users in day-to-day
practice can be a direct and tangible achievement of a code of ethics. The
statement of values contained in the code can be used as a framework for
workers to locate and judge the more piecemeal and specific practice guide-
lines with which they are issued by their employing agencies.

Regarding the third function, there is no doubt that those who have argued
strongly in the past that social work should claim professional status, along-
side, for example, medicine and the law, would see a code of ethics as con-
tributing to that status. Yet the 'trait' theory of professionalism (which lists
a code of ethics as one of the features of a profession, along with specialist
knowledge, the exercise of autonomy over work, etc.) has been increasingly
questioned (Hugman, 1991; Koehn, 1994). Koehn argues that it is the making
of a 'public pledge' that marks out a profession. She defines a professional
as follows:

an agent who freely makes a public promise to serve persons (e.g. the sick) who are
distinguished by a specific desire for a particular good (e.g. health) and who have
come into the presence of the professional with or on the expectation that the profes-
sional will promote that particular good (Koehn, 1994, p. 59).

According to Koehn, the public pledge is the most defensible trait of profes-
sionalism and grounds a profession as morally legitimate in that it merits the
trust of clients. Could the code of ethics be regarded as a kind of public
pledge? Certainly if it were to be, then it need not cover the level of detail
that even the BASW code covers. It might look more like the Hippocratic
Oath, which is basically a declaration that the physician pledges her/himself
to be trustworthy and to do 'good'. If the BASW code is analysed, the follow-
ing can be identified as the key principles:

(i) the recognition of the value and dignity of every human being (respect
for persons);
(ii) facilitation of the self-realization of each individual with due regard to
the interests of others (user self-determination);
(iii) relief and prevention of hardship and suffering (promotion of human
welfare);
(iv) commitment to serve these purposes with integrity and skill
(professional integrity);
(v) the right- and duty to bring to the attention of those in power ways in
which the activities of government, society or agencies create or con-
tribute to hardship and suffering (social justice).
It could be argued that such a statement of general principles could form the basis of a public pledge and, as such, it is not dissimilar to the kinds of principles adopted in medicine or nursing, for example, although social justice is less dominant in the ethical codes of the health professionals. However, given that not all social workers are members of BASW and that the profession of social work is not yet registered (i.e. there is no register of qualified practitioners who can be struck off if they abuse this trust) the extent to which the BASW code of ethics can perform the function of a public pledge is doubtful at the present time. However, there is no reason in principle why it should not do so in the future and this could usefully be considered by the proposed General Social Care Council. In practice, a key difficulty with social work would be that many of its users are involuntary and the ideal of the professional promising to serve the client is not as straightforward as in other professions.

The fourth role a code of ethics can play is to generate a sense of common identity and shared values within an occupational group. This is the role particularly emphasized by the IFSW in the context of the fragmentation of social work. However, the question remains, if the occupation is so fragmented, can there be one code of ethics for all types of workers? It would have to be very general and consist of no more than a statement of broad principles. As has already been demonstrated, within the BASW code certain important key principles can be identified. Yet are these principles adequate for social work? They are very much based around the individual social worker/user relationship, with the exception of the fifth principle which is about the promotion of social justice. This hardly seems to cover the reality of the social worker’s task as a distributor of scarce resources amongst users, which might be based upon much more utilitarian principles of fairness and distributive justice. In addition, given that much social work takes place in bureaucracies, the tension between professional ethics and bureaucratic rules has always been cited as a reason why it is very difficult for a social worker to work as an autonomous moral agent, making decisions according to professional judgements based on the principles of a professional code (Rhodes, 1986, pp. 134 ff.). Arguably, bureaucratic proceduralization is increasing, with more emphasis being placed on managing resources, assessing need, and surveillance and monitoring activities. Thus, it appears that the role of the existing code of ethics in holding together members of a disparate occupational group in the current climate is debatable. This is not to say that an updated code, discussed and debated within the community of social workers (insofar as this ‘community’ exists), could not contribute to this purpose.

However, the critique of professional codes (Downie and Calman, 1987) is concerned not only with the question of whether sustaining a distinct professional identity is possible, but also with asking whether it is desirable. It could be argued that we must accept (indeed welcome) the fragmentation and
specialization of social work and acknowledge that the fragile unity aimed for over the last 25 years has not been achieved (McBeath and Webb, 1991). In addition, with the growth of work in multi-disciplinary teams and the interchangeability of roles between professional groups (nurses as care managers, for example), distinct professional identities and loyalties may get in the way of effective collaborative working (Dalley, 1993). While this is a strong argument against the whole concept of the social worker as a member of a distinct professional group with its own code of ethics, there are also arguments for the retention of discrete identities linked to the different tasks members of a multi-disciplinary team perform. For example, in a hospital setting, it may be important that the social worker focuses on the patient’s views and choices (participation and self-determination), while the consultant may be concerned about bed space and the needs of other patients (distributive justice).

One of the other criticisms of professional codes voiced by Downie and Calman is that they focus on the values of professionals, not those of service users. This is of course inevitable, since it is not the purpose of a professional code to encompass the values of service users, although the professional values include principles relating to the participation and self-determination of users. That is, they allow for the fact that users have their own values, views, beliefs and that these should be taken into account. The argument about the relevance of codes is largely one about where the social worker’s focus and loyalty should principally lie—with the profession or the service user. The answer is, of course, both. And many ethical dilemmas and tensions in the work are precisely about balancing these loyalties and duties.

The actual and potential impact and role of a code of ethics should not be exaggerated. It is part of the professional model of social work, which is part of what social work is. Yet social work does take place in organizational settings where workers are also subject to agency and government rules and laws, where certain specific rights of users must be taken into account, and where user participation in decision-making and in the design and delivery of services is regarded as important. There are other ‘models’, apart from that of the professional guided by a code of ethics, which may be both contradictory and complementary.

**THE ‘NEW CONSUMERISM’**

An alternative to the professional model of social work is to switch the focus from the professional to the service user and adopt what might be termed a ‘new consumerist’ approach. This takes into account the growing emphasis on consumer rights and the fragmentation of the work. Taken to its extreme,
this view entails the rejection of ethics as the core of social work and a stress on technical performance.

The terminology of 'consumers' and 'customers' is becoming increasingly popular in the public service sector. This is partly a reflection of the success of the consumer rights movement, which has been campaigning to challenge the power of large bureaucracies and professionals in determining the needs of service users and methods of service delivery. This has resulted in a series of changes in policy and practice which entail making explicit the conditions under which the social work relationship takes place, clarifying users' rights, defining standards of service and how complaints can be made. Some commentators welcome the rise of 'consumerism' and see it as a genuine shift of power towards the service user (Tower, 1994). Yet it is also part of the ideology and policies of the New Right in their attempt to create markets in the public sector and to reduce the power of public service professionals. This makes the concept of the 'consumer' of a public service a confusing and contested one. According to Tower:

Fundamentally, clients of human services are consumers in the same way as are customers who acquire the services and products of a grocery store (Tower, 1994, p. 192).

A consumer model in the sense of the 'grocery store' requires rights of redress for poor quality goods and standards of service. This involves the store owner and workers being bound by certain rules and laws which the consumer has the right to invoke with the option of taking her/his custom elsewhere.

However, it is debatable whether social work users can really be regarded as consumers in the same way as customers in a store. Tower (1994) looks back to the beginnings of the consumer rights movement in the United States and lists the principles stated by the then President: the right to safety, to be informed, to be heard, and to choose. While the first three may be relatively indisputable as principles by which social work should be conducted, the 'right to choose' is more debatable. First, this ignores the control function of the social worker who may have statutory powers to impose a course of action on a service user when there is no right to choose (for example, in a mental health or child protection case). Secondly, very often in the public sector there is no choice of services, or the only choice may be that of exit—in i.e. the user accepts this service, or gets no service. Indeed as Payne puts it:

the problem for consumers of public services is usually rationing: they want a service which the public authority cannot afford or provide. This requires a justice model in which clients can appeal or an advocacy or participation model which forces better information into the decision-making processes of the public authority. A consumer model which assumes that a product or service is easily available, but has failed
through incompetence or dishonesty is not very relevant where choice is not available, however well-informed a client may be (Payne 1995, p. 181).

Other features of the new consumerism are its emphasis on the technical as opposed to the ethical, and its acceptance of the fragmentation of the work. McBeath and Webb (1991) speak of individualized consumer responsiveness in the context of a postmodern social work which attempts to satisfy specific needs as and when they occur:

Postmodern social work rejects ethical ambitions and rationalises its functions to be able to provide consumer responsive services, criteria of efficiency and tighter budgetary controls (McBeath and Webb, 1991, p. 759).

Taken to its extreme, this version of postmodern social work dispenses with any notion of universal ethical principles in favour of efficiency and 'performativity'—creating maximum output for minimum input.

However, it is difficult to see how a full-blown consumerist approach can work in a state funded and controlled bureaucratic setting, especially when issues of social control are involved (such as in mental health, child protection or criminal justice work). Obviously some settings will be more amenable to this type of approach than others—such as private practice or contracted out services where the aim of the service provider is principally to meet the needs of the individual service user (for example, a residential home for older people). But, even in the latter setting, surely universal principles such as fairness in the distribution of goods and the promotion of the public good must be important? The new consumerism that has been adopted in the public sector involves a modifying of the bureaucratic rules and procedures to make them more responsive to individual needs. Yet the social worker is nevertheless very much involved in issues around how services and goods are distributed, including rationing. And these can be construed as ethical issues.

A 'NEW RADICALISM'

An alternative approach to the 'new consumerism', which also rejects the idea of an externally imposed professional ethics valid for all social workers in all circumstances, is to stress the primary importance of the social worker's personal morality. This kind of view has a long history and can be related to the idea of the social worker having a 'vocation' or calling to care for or to serve others, or to work for change in society, derived from personal or political commitment. Service users should be treated as fellow human beings—as equals—and decisions made about what actions are morally right or wrong according to the worker's personal morality, not principles and rules devised by a professional association. This kind of view encompasses a number of disparate approaches to morality including some versions of
Christianity, Marxism, feminism, communitarianism and more recently post-modernism. What they have in common is a breaking down of the barrier between the public/professional and the private/personal spheres of life and a rejection of the notion of an externally imposed, universally valid set of ethical principles. Thus, Husband (1995) advocates Bauman’s (1993) moral impulse—a personal capacity to act morally, which is the property of an individual as opposed to external ethical frameworks (such as professional ethics). Bauman (1993, p. 19) emphasizes the moral responsibility of the individual over and above the various roles people play (one of which might be ‘social worker’), each with their ethical rules. Husband argues that the moral impulse is a necessary basis for responsible social work intervention: ‘By its untrammelled innocence and generosity it is the creative core of caring’ (Husband, 1995, p. 99). This sort of view seems to entail that the relationship between social worker and user might be one of unconditional caring, in the same way as a mother cares for her child, for example. It would involve removing the distinction between private morality and public ethics. This kind of view has resonances with (although it is distinct from) the ‘ethic of care’ put forward by some feminists, based on relationships of caring between connected individuals as opposed to the externally imposed ethic of justice based on duty, universal principles and the notion of separate individuals (Gilligan, 1982; Farley, 1993; Tronto, 1993).

However, it seems hard to imagine this kind of morality operating in the public sphere and particularly in social work, as currently practised. Husband (1995, p. 99) does, in fact, acknowledge this, accepting that ‘the pure individuality of the moral impulse would render it an anarchic basis for organised systems of care in contemporary society’. I would go further and suggest that the ‘unconditional love’ that forms part of the moral impulse is neither possible nor desirable for the social worker who takes on a public role, and hence certain duties and responsibilities which are very different from personal or private morality. Insofar as volunteers and family members are increasingly providing care, then such a model may be applicable to them. Whether such a model is desirable, with its stress on the moral responsibility of family or community members to care for each other, is another matter (see Dalley, 1988).

NEW PROFESSIONALISM

If alternative models do not appear satisfactory, a third possibility is to modify and redefine the professional model, taking into account the challenges from the fragmentation of the work, the stress on consumer rights and user participation. For, in the light of these trends, to hang rigidly onto the traditional model of professionalism, with its stress on professional expertise and a distance between worker and user, no longer makes sense. In the 1980s,
BASW used the term the 'new professionalism' to describe the attempt to move away from elitist conceptions of the professional practitioner as an expert taking decisions in the best interests of users and to pay more attention to the rights of service users (Bamford, 1990, p. 57). This entailed developing policies and procedures for users to gain access to records, to make complaints, and to participate in decision-making about their cases. According to Bamford, 'there is nothing in this approach which is at variance with the practice guidelines implicit in the Code of Ethics' (Bamford, 1990, p. 57), it simply requires a reinterpretation. In other words, the traditional values still apply, although the way they are put into practice may change. For example, user participation in decision-making could be regarded as entailed by the traditional value of promoting user self-determination. The fact that the term 'professionalism' is used indicates that some notion of special expertise and education is still important. Indeed, as Bamford states:

The new professionalism does not deny the existence of that knowledge and skill but seeks to bridge the gap between worker and client, and to widen the range of choices open to the client (Bamford, 1990, p. 57).

The 'new professionalism' still focuses on the values of the professional, but takes more account of service users' own perspectives of their situations. It entails interpreting and implementing the code of ethics in the context of the 1990s. However, if this project is to succeed, it requires the code to be critically discussed and to be explicitly acknowledged as being part of the evolving ethical tradition of social work in a way that it is not at present. Indeed, Edgar (1994a, pp. 133–4) criticizes both the BASW and NASW (United States) codes for failing to make the relationship of the code and the tradition explicit:

A profession will be underpinned by its own traditions and it is precisely the ethical tradition to which a code should appeal in order to ground its interpretation and reinterpretation. The NASW and BASW codes corrupt this relationship by diverting their grounding to the professional associations.

Edgar uses the concept of a narrative tradition derived from Ricoeur (1984) which he summarizes as follows:

A tradition serves to ground, through historical transmission, that which is acceptable and therefore meaningful in a given narrative form. Traditions accrue from the sedimentation of the configurational grammar of a narrative (such that certain ways of narrating a story, including ways of articulating characters and plot, are passed as givens, from one generation to the next). But traditions also facilitate innovation (Edgar, 1994a, p. 133).

Codes must be constantly discussed, debated, interpreted and reinterpreted. If this happens, a code of ethics can be a focus for the renewal of an ethical tradition. According to Edgar (1994a, p. 134), unless a code can be so formulated as to allow genuine criticism, 'it remains the pure sedimentation
of a tradition, and as such contributes to the reproduction of the existing politics of the profession'.

CONCLUSION

It could be argued that these different models—professionalism, consumerism and radicalism—can be applied to a greater or lesser degree in different settings and circumstances. For example, the professional model makes a lot of sense in a one-to-one voluntary counselling relationship in private practice. No one else is present or has access to the records. So professional trust is important. The fact that a counsellor might have a code of ethics displayed suggests that the counsellor is accountable to the service user and to the profession, is trustworthy, will not exploit the user, and will maintain confidentiality, for example. In the context of a large local authority social services department, which is playing a variety of roles including surveillance and rationing of resources, then some kind of bureaucratic system of rules and procedures is essential. Here, the kind of new consumerist approach which clearly delineates users' rights of redress and entitlement to certain standards of services, and which emphasizes the importance of treating each individual's needs separately, is important as a counterweight to the power and impersonality of the bureaucracy. It may be a more honest approach, in a sense, to treat the user as a kind of 'consumer' than as a fellow citizen or friend, in this context. On the other hand, if a practitioner is working for advocacy, campaigning or certain sorts of community work projects then the agency controls may be less. It may be easier to adopt a more 'radical' approach, to blur the distinction between public and private values, between worker and user/participant, and to work with locally/community-defined sets of values. It could be argued that new consumerist and radical approaches may have something to offer, and may be chosen as one of a range of approaches by social workers working in different settings. But they do not adequately encapsulate the whole of social work practice any more than the professional model does.

To suggest that different 'moralities' may apply in different contexts and settings could in itself be seen as indicating the end of a universal professional ethics and of social work as a unitary enterprise. Is this something we readily wish to give up? Is it still possible to hold on to the notion of the social worker as a professional guided by a code of ethics? The value of the code of ethics is that it is one obvious way of enabling us to retain the notion of the reflective and informed practitioner; someone who is trustworthy and who does not need detailed rulebooks and guidelines. The code of ethics puts the rights and interests of the service user (as defined by the profession) first, before those of the employing agency or the individual worker. It may be
important to hold on to this, not so much because of the fragmentation of the occupational group, but because the growth of proceduralization, agency rules and codes of practice is increasing the danger of the social worker becoming nothing more than a technician or official. This suggests that it is important that the code of ethics for social work is re-evaluated and debated within the community of social workers as a whole (rather than just the BASW membership). If a General Social Care Council with a register of qualified practitioners is established, this will (however artificially) legally create an occupational membership—although it will be broader than just social work. Since the creation of a General Council is currently being seriously explored, this is an appropriate time for a broad discussion of the role and content of a code of ethics for social work. Although the threats to the unity of the profession are great, and the changes in the organization and practice of the work are quite far-reaching, these trends also present a stimulus and an opportunity for consolidating and developing the ethical tradition in social work. A time of fragmentation may be precisely the time when it becomes clearer which aspects of the work are common and which different.

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