

A Code of Ethics for Community Learning and Development

Why a code of ethics?

Codes of ethics, in our field at least, are a relatively recent phenomenon. That is probably true of the professions in general, with the outstanding exception of medicine: the Hippocratic Oath goes back to the fourth century BCE, and the first modern code of ethics for medicine to 1794 (BBC, 2003). However, codes of ethics have been springing up among the professions (and other occupations too) since the 1930s, with the trend increasing over the last decade.

Scotland is not the only place where this discussion has been going on. While the Community Learning and Development (CLD) professional configuration is unique to Scotland, developments in the constituent professions (adult education, youth work and community development) have been pressing internationally since the late 1970s. This is summarised for adult education, at least in the US, by Gordon and Sork (2001), and for youth work by Sercombe (2010). Community development is of its nature more diverse and diffuse, but again, the debate has a long history (Hawley, 1969). Several codes of ethics have been developed at the agency level (Council for the Advancement of Native Development Officers, 2009; Multicultural Development Association, 2008), and Sarah Banks (2004) has covered the case for community workers in the UK. Progress has generally been a function of urgency (youth work deals with minors and has therefore been under greater pressure) and the existence and willingness of leading organisations such as the National Youth Agency or the National Youth Workers' Association of Aotearoa/New Zealand to carry a programme forward.

In CLD in Scotland, ethical concern has historically been expressed through a **values framework**, as, for example, in the current CLD Competences framework (Standards Council for Community Learning and Development, 2009). The Values Clarification movement emerged in the US as way of teaching ethics in schools in a pluralist society (Raths, Harmin, & Simon, 1966). The language of values was an attempt to create space for a variety of ethical positions, to respect the potentially differing moral orientations of each other and of people we worked with, while at the same time making it clear that ethical development was important.

The limitation of a values approach is that this framework, in principle, is not assertive. A value cannot in principle be wrong: if you value something, it is a value. It might be possible to say that a value does not fit, or work, in a given setting, that it is 'inappropriate' or 'inconsistent', but it can't really define the ethical limits of practice. Nothing in the CLD values statement prohibits even the most widely agreed unethical behaviours. Values are an important part of an ethical framework, but they can't express an agreement that some behaviours are essential, and that others are wrong.

In a profession which engages often vulnerable people, in sometimes far-reaching interventions, a document that expresses the values of CLD but also defines the limits of acceptable practice is needed. It is also clear that there is significant

agreement within the sector about the moral principles that are important in CLD practice, and a consensus about what constitutes unethical behaviour in the professional context. At the moment, the major instrument for protecting participants is the Disclosure Scotland check. As well as being narrow in scope, this excludes practitioners only after they have been convicted of a violation, and only offers protection to children and people with significant disabilities. A Code of Ethics involves a personal commitment by a practitioner to make sure that violations don't occur in the first place. Expressing our collective ethical commitment also defines who we are, articulates our identity, and provides a basis for working with other professions (Hall, 2008; Sercombe, 2010, p. 87). The values expressed in the Competences framework are an important part of our self-definition. A Code of Ethics supports and fills out the values statement expressed in the Competences.

Professionalisation

Codes of ethics have always been linked to professionalisation. There is a logic to this. Daryl Koehn (1994) argues that the professions are constituted by an ethical commitment to serve a vulnerable group of people. If that is so, then a close association between the formal statement of ethics and the formal constitution of the profession is likely. In some cases, this has been the motive for developing a code. A consortium of associations of Child and Youth Care workers in North America generated a code specifically because it was part of the professional trait list identified by Ernest Greenwood in 1957, and so would form part of the claim to professional status (Greenwood, 1957; Mattingly, 2005). A similar approach is made by Hawley for community development (Hawley, 1969).

While the CLD Code of Ethics initiative is linked to the Standards Council and the processes of development for the profession that the Council is engaged in, we would argue that this is not about CLD becoming a profession. If a profession is a relationship in which a "unilateral, unqualified pledge is made to serve a specified end for a vulnerable group of human beings" (Koehn, 1994, pp. 67-68), CLD and/or its constituent practices are already a profession, and couldn't be otherwise. In the language of the values statement, CLD serves people and communities to become empowered and self-determining. The vulnerability is around exclusion, including economic and political exclusion. A code of ethics is there to protect the integrity of this commitment, to protect the relationship which is at the core of what we do.

Often, qualification for membership of a profession involves completion of minimum (often university) training. In our field, while professional training is available, many practitioners have come into their posts via other routes. The role of volunteers, part time and sessional workers is critical. Broad swathes of practice in faith-based organisations and in the voluntary sector are carried out by such workers. Prescribed university training as a required minimum would automatically exclude most of these workers, along with a large cohort of paid practitioners who might have a university degree but not in an approved CLD qualification. However, signing up to the Code of Ethics for CLD, perhaps with some training in the ethical requirements of the Code, is a reasonable expectation of any person who wishes to get involved under a CLD mandate. It also establishes volunteers as real CLD workers, with real CLD responsibilities and commitments.

Identity

A major driver in the formulation of codes of ethics has been the struggle to achieve clarity about what CLD is and what CLD does. Helena Barwick's review of practice across Australia, New Zealand the United Kingdom (2006) identified lack of clarity as a major inhibition on the development of the practice and its wider recognition. She

recommended two things to remedy this: training... and a code of ethics. A code of ethics is as much as anything an identity statement: a collective and public declaration by a body of workers about the assumptions that form the basis of their work, and a public set of standards to which they can be held accountable.

The question of identity is important also to identify what is *not* CLD. CLD is a flexible, informal, respectful and potentially transformative engagement with people and communities, on their own terms. Participants need to know what it is they are getting when someone introduces themselves as a CLD worker. Traditions of practice have been hard won and hard fought for. They need protecting.

More broadly, a code of ethics can be the kind of foundation document around which workers organise. Organising CLD workers is difficult at the best of times, but a code of ethics can provide a kind of constitution for organising, not only for a professional association but around issue-based campaigns.

Inter-professional working

Davis (1988) argues that a clear professional identity is essential to effective interdisciplinary practice. It works if you understand clearly who you are, and what your professional mandate is, and what the other players are, and what their professional mandate is. Davis argues that this kind of security is developmental in professionals, and involves a number of levels or stages.

Unidisciplinarity: Feeling confident and competent in one's own discipline.

Intradisciplinarity: Believing that you and fellow professionals in your own discipline can make an important contribution to care.

Multidisciplinarity: Recognising that other disciplines also have important contributions to make.

Interdisciplinarity: Willing and able to work with others in the joint evaluation, planning and care of the [participant].

Transdisciplinarity: Making the commitment to teach and practice with other disciplines across traditional boundaries for the benefit of the [participant]...

(In Hewison & Sim, 1998: 311).

A key insight is that ethical interdisciplinary working depends first on unidisciplinarity: on your own confidence and clarity of purpose. If you know who you are, are confident in what you have to contribute, and know who you are there for, then a lot of the ethical problems take care of themselves. Not that it will be easy, but the issues will be clearer.

Example

It is increasingly common for youth workers to be engaged by schools to help young people who are struggling. However, differences of approach with school staff are by no means uncommon. In this instance, a youth worker engaged in a schools programme was experiencing some serious conflict with one of the school's student services staff. This finally came to a confrontation in which the youth worker was accused of being a 'loose cannon' - withholding information, discounting opinions of school staff, lack of accountability. To clear up the conflict, the youth worker and her line manager decided to sort this out...using their code of ethics. They arranged a meeting with student services staff and explained, by citing the code, the behaviour

of the youth worker and the responsibilities that this involved. In the process of the conversation, the school based staff realized that they had misjudged the worker: that the worker's behaviour was not that of some rogue element but was embedded in a different, but still coherent, professional discipline. They realized that the worker's position is to be primarily accountable to the young people in the school. The school and youth service agreed to draft a Memorandum of Understanding using the Code of Ethics as a basis.

In fact, all professionals around the table ought to be able to articulate their professional interest: to lay the cards on the table, so to speak. Hewison and Sim (1998) suggest that codes of ethics might be a useful starting point for doing that. In the sharing of codes of ethics, people should be able to articulate both what is unique to their professional position, and also what values are shared as a basis for collaborative action.

The relationship with the state

Across the Western world, there has been increasing sophistication in government techniques of control over the sector over the last twenty years, generally referred to as *managerialism*. Even third sector agencies are now effectively agents of Government, still with some scope for autonomous action, but within increasingly prescribed limits.

In this context, governments have been more and more directive about the way that CLD workers do their job. Sharing information is becoming increasingly mandatory, with real complications for the pledge of confidentiality. CLD workers have been involved in curfews and other street-clearing exercises, and processes which may be against the interests of participants, like the punitive provisions in welfare to work programmes. Those CLD workers who work directly for Local Authority or other structures of the State typically have direct obligations to comply with Government policy and, not infrequently, the personal expectations of elected representatives. These may well be in the interests of the people we work with. But equally, they may not.

Without a clear, collectively affirmed ethical position from which to argue, it is difficult for workers to refuse any line of action on the grounds that it is unethical. Workers or agencies making such a stand are left exposed as lone voices, vulnerable to retaliation or withdrawal of funding. The absence of a clear ethical position in an environment in which resourcing is 'contestable' can mean that funding will go to those agencies least inhibited by ethical constraints.

In this environment, we don't have a choice about being disciplined: it's just a question of who does it, and on what terms. A code of ethics means that we decide what standard we will hold ourselves to. Like medical practitioners, who were able to collectively refuse to supervise the death penalty in the US by invoking professional standards (Lichtenberg, 1996), a code of ethics can provide foundation for resistance to various government interventions which may be oppressive to participants or in violation of their civil rights.

Drawing the line

The core purpose of a code of ethics is to discipline practice in order to protect the relationship that we have with participants and to protect participants within that relationship. We might think that we are clear about what ethical practice is: about

what one should do, and what one should not do. However, this awareness is apparently not universal. CLD workers might generally be nice people, but our profession is not innocent. In cases on the public record, CLD workers have been implicated in serious child sexual abuse. Less public, but equally unethical behaviours such as sexual relationships with adult participants, chronic inactivity, gross laziness, or avoiding engagement with participants are also cause for concern.

Historically, we have not been good at confronting this. We tend to want to keep them quiet, lest they impact on the capacity of services to attract funding or affect our public reputation. We have not, as a profession, faced up to the fact that practices like this have happened on our watch, with our people. Are the workers involved in these practices evil people? Generally not. Sometimes, they were people who got into desperate straits through addictions of various kinds (especially gambling) or relationship breakdown. Sometimes, they just weren't thinking clearly enough, and weren't talking to their colleagues, or their colleagues either didn't know what they were up to or weren't thinking clearly enough either. Usually, unethical practice emerges millimetre by millimetre, over time.

A code of ethics draws a line in the sand, or more often, insists that a line must be drawn (wherever you decide the line is). If there is a line, you might know when you have crossed it. We are just as adept at moving the line to suit ourselves, but if we are in dialogue with our colleagues about this, there is some mutual accountability in the process, and it makes us think, slows us down a bit at least. Often, we become adept at arguing to ourselves that while an action would generally not be right, in this instance, it seems justified. An external standard gives us a kind of checklist against which to measure our actions, or a way to hear the cracking when we start to walk on thin ice.

Summary: a code of ethics can be used:

1. To protect the CLD relationship, and participants in the relationship
2. To name unethical or suspect practice
3. To guide us in new or difficult situations
4. To keep ourselves (and each other) accountable
5. To provide the basis for organisation
6. To provide a core for more detailed policy development at the agency level
7. To improve the status of the profession in the public sphere and with partner professions
8. To clarify our identity as CLD workers, and to identify what is not CLD practice
9. To defend ourselves against being co-opted into oppressive practices.

The limits of codes of ethics

A code of ethics generally won't tell you what to do, not most of the time anyway. No code imaginable would be able to cover the range of contexts, cultural groups, and issues that CLD workers cover even in a single day's work, and neither should it. A code needs to encourage CLD workers to think ethically through whatever situations they face, and to talk together about them, and to give them the tools to do that. It might offer some starting points, and the principles that might be important in coming to a decision, but a code mostly won't tell you the answer. So a code is no substitute for intelligent, collegial, reflective practice.

Example

A multi-service youth work agency in Perth, Western Australia, has the Code of Ethics printed on credit-card sized laminated cards which are carried by workers. When decisions are being made that have ethical implications, the team decides which of the clauses in the Code are relevant. Each team member will then be allocated to a single clause, and will put the case as though theirs is the only clause to be considered. Informed by this accumulated argument, a collective decision is made.

Codes are open to interpretation (Quixley & Doostkhah, 2007). Generally, they have been written that way: as open documents within which people from diverse ideological persuasions can nevertheless find meaning and some core agreement about what working ethically might mean in a situation. If they aren't open documents, not only do they only appeal to whatever minority shares the ideology of the writers but they also become obsolete quickly, as professional languages, cultures and ideologies change. This openness does mean that there is room for perverse interpretation: twisting the meaning of things until they bear no relation to what was intended in the document, or justifying behaviour on the basis of such a perverse interpretation.

Again, a code is an aid to ethical thinking, not a substitute for it. If a practice appears suspect but can be made to comply with the letter of a code of ethics, then either the code is written badly or the interpretation is disingenuous. Being able to justify behaviour by reference to a code doesn't necessarily make the behaviour right. This isn't taxation law we're talking about, where you can go free on a technicality.

Enforcement... and effectiveness

A great deal of debate around codes of ethics has gone into how to discipline CLD workers who transgress. The standard mechanism in the established professions is that the professional body has a disciplinary process, usually a board or committee of some kind, that receives complaints from clients and judges their legitimacy. If a complaint is upheld, a practitioner can have a range of sanctions applied, including temporary or permanent deregistration and withdrawal of their license to practice.

This is not currently the proposal that the Standards Council is putting forward. There is no establishment in law of professional registration or license to practice for CLD; and no legal backing for sanctions. Legislation could be pursued with the Scottish Government, but it would take time and would be expensive. The process of registering all current and future CLD practitioners, and the surveillance of qualifications for registration, maintenance of registration and potentially legally-binding deregistration (including appeals and court challenges) would, on the experience of Social Work colleagues, require significant staff and lots of resources. Consequently, at this point in time, there are no binding structures to ensure compliance with whatever codes of ethics might be in place.

Some commentators, such as Judith Bessant, have suggested that a code of ethics has

serious limitations unless accompanied by specific mechanisms to give it material effect. To be successful, codes need to be regulatory and enforceable by an organization that adjudicates complaints of breaches of the code. Without the backing of legislative mandating, and proper sanctions (including

the power to strike off practitioners for misconduct), the effectiveness of a code of conduct can only be minimal.

(Bessant, 2004: 28)

This might be true: it would be interesting to find out. Informal sanctions might in fact be much more powerful than official sanctions: you might be able to convince your conscience that some questionable practice is OK, but an awareness of how your colleagues will see your action if it ever got out (and someone always knows!) can be a useful check on your decision-making.

Another mechanism is the internal disciplinary processes of employing organisations. Employers do have access to disciplinary procedures, with legal backing and financial consequences: workers can be suspended, demoted or sacked. Codes of ethics can be powerful in giving agencies clarity about what behaviour is acceptable in programmes that they have responsibility for. The commitment of CLD organisations to ethical practice, including their sign-up to a Code of Ethics, is an important factor in the effectiveness of a Code of Ethics for our profession.

However, even without extensive sign-up by employers, the evidence to this point seems to be that where a code of ethics is active, workers are more aware of the need to factor ethics into their decision-making, to argue with each other about ethics, and to challenge each other. They are clearer about what the profession is and what it isn't, and more assertive with employer or funding body demands that threaten to compromise their ethical position. They are more strident about the rights of participants, not less. On the ground, in those jurisdictions where a Code of Ethics has been active and well-promoted, it has not stifled ethical conversation as some critics (eg Dawson, 1994; Quixley & Doostkhah, 2007) thought that it would.

Conclusions

A code of ethics is not a guarantee of ethical practice, nor is it risk-free. If the existence of a code of ethics makes workers complacent, thinking that the ethical questions of practice are all sorted out and that they can just follow policy and obey orders and do what they have always done, that is dangerous. If a code is drafted, then left to sit idle and passive, or if workers aren't aware that it exists, we might be better off without one.

A code of ethics is a live document, able to shift with shifts in discourse and understanding but also to resist the winds of mere fashion and the pressure of outside influence. It can be a compass for a profession which is dependent on the powerful for the resources it needs to do its job, a statement of identity for a profession which has earned the right to be what it is, a defence against encroachment from those who would use its reputation to further their own interests, a check for practice in which workers have high degrees of independence and autonomy. If practitioners are trained in the kind of ethical thinking that makes the code live in their hands, if they are able to engage critically with their document, if they feel like it belongs to them, a code of ethics can be the backbone of authentic, principled CLD practice.

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A CODE OF ETHICS FOR COMMUNITY LEARNING AND DEVELOPMENT

Prologue

Community Learning and Development (CLD) is a field of professional practice constituted by the adult education, community development and youth work professions. While the constituencies they serve and their methods and contexts of practice may differ, they have in common a commitment to serving their constituents as their primary clients and to the power of informal education to transform situations, structures and individuals.

Education and learning have always been a prerequisite for democracy and citizenship. CLD seeks to extend the reach of effective democracy to those who have been excluded from participation in key social processes that shape their lives, and to widen its scope to enable their full participation in the common wealth. The following principles are informed by this core position.

1. Primary client.

The primary client (“the constituent”) of a CLD worker is the young person, adult learner, or community with whom they engage.

2. Ecology

CLD workers recognise the impact of structural and ecological forces on people. Our work is not limited to facilitating change within the individual, but extends to the social context and the natural environment in which they live.

3. Inclusion

CLD workers’ practice will be equitable, giving due regard to past discrimination and claims for redress, and promoting equality of opportunity and outcome.

4. Empowerment

CLD workers will seek to enhance constituents’ capacity for positive action by:

- making power relations open and clear
- holding those with power accountable
- building skills of decision-making and engagement
- enabling constituents’ to pursue their chosen priorities
- facilitating disengagement from the professional relationship.

We presume that constituents are competent in assessing and acting on their interests.

5. Duty of Care

CLD workers should avoid exposing their constituents to the likelihood of further harm or injury.

6. Corruption

CLD workers and CLD agencies will not advance themselves, personally, politically or professionally, at the expense of their constituents. Potential conflicts of interest will be openly declared.

7. Transparency

The engagement with the young person, adult learner or community, and the resulting relationship, will be open and truthful. The interests of other stakeholders will not be withheld from them.

8. Confidentiality

Information provided by constituents will not be used against them, nor will it be shared with others who may use it against them. Constituents should be made aware of the contextual limits to confidentiality, and their permission sought for disclosure. Until this happens, the presumption of confidentiality must apply.

9. Cooperation

CLD workers will seek to cooperate with others in order to secure the best possible outcomes for their constituents.

10. Professional Development

CLD workers have a responsibility to keep up to date with the information, resources, skills, knowledge and practices needed to meet their obligations to their constituents.

11. Self-awareness

CLD workers should be conscious of their own values and interests, be open to cultural and other difference and approach it with humility.

12. Boundaries

The CLD relationship is a professional relationship, intentionally limited to protect the constituent. We will maintain the integrity of these limits. We will not engage sexually with constituents.

13. Self-care

CLD practice should be consistent with preserving the health of CLD workers.