



Professional Boundaries in Disability Care

Nicoleta Lacramioara Jidiuc

Thesis for B.A. Degree
International Studies in Education



HÁSKÓLI ÍSLANDS
MENNTAVÍSINDASVIÐ

Professional Boundaries in Disability Care

Nicoleta Lacramioara Jidiuc

Thesis for B.A. Degree in International Studies in Education

Supervisor: prof. Kristín Lilliendahl

Faculty of Sports, Social Education and Leisure Studies

University of Iceland - School of Education

June, 2017

Professional Boundaries in Disability Care

This thesis satisfies 10 credits towards a B.A.
in International Studies in Education – Faculty of Sports, Social
Education and Leisure Studies,
University of Iceland - School of Education

© Nicoleta Lacramioara Jidiuc, 2017

This thesis may not be copied in any form without author permission.

Printed by: Nicoleta L. Jidiuc
Akureyri, 2017

Abstract

This paper attempts to determine what has been done to raise awareness of professional boundaries in disability care, and the success and failure of these efforts. In order to do this, it employs a broad review of the current base of literature. It finds that although some efforts have been made by professional organisations to raise awareness in this area, they deal predominantly with guidance about the more obvious aspects of boundary overstepping and do not focus enough on subtle ways in which boundaries can be overstepped. Some of the current frameworks that seek to raise awareness are also not implemented across a large geographical area. The academic literature about this topic is occasionally contradictory, and there is evidence that it is not widely available. Some research about professional boundaries is also out of date, raising awareness about outdated theories regarding the overstepping of these boundaries. This is particularly relevant given the fast rate at which the field of disability care is currently changing. It is clear that more could be done to spread accurate, up-to-date information about professional boundaries.

Keywords: disability care, professional boundaries, professional ethics, professional versus personal relationships, boundary overstepping.

Table of Contents

Abstract	4
Preface	6
1. Introduction	7
1.1 Thesis Background and Justification	7
1.2 Emphasis and Objectives	8
1.3 Thesis Overview	8
1.4 The "social work" syntagma.....	9
2. Professional Boundaries and Professional Ethics	9
3. Professional Boundaries – Why Are They Important?	17
4. Professional Versus Personal Relationships	21
5. Understanding Boundaries in the Social Educator-Client Relationship	24
6. Gentle Teaching and Professional Boundaries	27
7. Conclusion	31
References	34

Preface

This thesis was written solely by me, the undersigned. I have read and understand the university code of conduct (November 7, 2003, <http://www.hi.is/is/skolinn/sidareglur>) and have followed them to the best of my knowledge. I have correctly cited to all other works or previous work of my own, including, but not limited to, written works, figures, data or tables. I thank all who have worked with me and take full responsibility for any mistakes contained in this work. Signed:

Akureyri, 27.11.2016

Nicoleta L. Jidiuc

1 Introduction

1.1 Thesis Background and Justification

In the context of disability care, “professional boundaries” can be defined as restrictions of behaviour that permit a disability care provider to maintain a professional relationship with the person or people in his or her care (Bowler & Nash, 2014). The logic behind them is that they prevent discrimination and/or exploitation stemming from power imbalances (O’Leary, Tsui & Ruch, 2013). Relationships between social workers and their patients develop naturally in many cases. However, staff can occasionally breach professional boundaries, which can have negative consequences for the patients involved (Bowler & Nash, 2014). Although the lines separating caregivers from the cared-for are by no means always clear cut (Meyers, Milner, & O’Byrne, 2009), it is important to maintain a healthy professional-client relationship rather than one that is characterised by exploitation, friendship, or any other kind of non-professional motivation (Banks, 2006; Peterson, 1992).

From time to time, professionals have a tendency to exploit their relationship with their clients in order to satisfy their personal needs (Peterson, 1992). This is not always deliberate; staff members in disability care can sometimes unintentionally breach professional boundaries. Adequate discussion and education about the subject matter is an effective means of preventing this from occurring. Efforts to increase awareness of the boundaries can help staff to avoid either over- or under-involvement with clients and patients (Bowler & Nash, 2014). In order for boundaries to be respected, it is essential for professionals to have a thorough understanding of what these boundaries imply (Barsky, 2010).

Over-involvement can lead to disappointment on the part of clients when it is finally made clear to them that the professional-client relationship is exactly that and not a genuine friendship. It can result in clients attempting to push professionals further into friendship relationships (Banks, 2006), and can potentially result in an excessive sense of obligation leading staff to overwork (David, 2006). It can also lead to stress and burnout, which are factors that frequently cause disability care workers to leave the profession (Australian Government Productivity Commission, 2011). A skilled social worker should be able to engage in reciprocally rewarding collaborative relationships without becoming over-involved (Howe, 2008).

Under-involvement can negatively impact the levels of connection between the caregiver and patient. It can also result in neglect and distancing (Bowler & Nash, 2014). Since the 1990s, there has been a growing trend towards greater professional accountability within caring professions, which means that overstepping professional boundaries can be extremely harmful to the careers of those who work with the disabled, as well as to the individuals they care for (Malin, 2000).

With this in mind, we can conclude that there is an increasing need for assessing what has been done to raise awareness of professional boundaries in disability care, as the level to which an effort has been made to do this impacts issues such as staff retention, employee satisfaction, patient (client) satisfaction, and the level of care that is provided.

1.2 Emphasis and Objectives

The thesis will focus therefore on **what has been done to raise awareness of professional boundaries in disability care**, and will be centred on achieving the following objectives:

1. Provide a short review of data from the existing literature on professional boundaries in disability care that identifies the efforts that have been made to raise awareness of it.
2. Assess the successes and failures of these efforts.
3. Identify anything else that could be done to raise awareness of professional boundaries in disability care.

1.3 Thesis Overview

Now that the thesis' emphasis and objectives have been established, a detailed description of the methods that will be used and the reasons for choosing them will be provided.

Secondary data will be analysed in order to shed light upon the efforts that have been implemented to raise awareness of professional boundaries. Sources that will be examined include academic textbooks, journals, research papers, and reputable academic websites.

Firstly, the efforts that are being made to raise awareness of professional boundaries in general and their place within professional ethics will be detailed. Ways in which awareness is raised about the importance of professional boundaries will be examined after

that. Attention will be paid to looking at efforts to increase awareness of the difference between professional and personal relationships.

Next, efforts to raise awareness of professional boundaries in the social educator-client relationship will be analysed. Finally, ways in which awareness is raised of issues related to professional boundaries and Gentle Teaching will be examined. A chapter of the paper will be devoted to each of these issues.

1.4 The “social work” syntagma

Since I am going to use largely in this thesis the “social work” and “social worker” wordings, it is pertinent to briefly define the concept and to explore it in Icelandic context.

The International Association of Social Educators’ (AIEJI) study - *The profession of social education in Europe. Comparative survey* (2011) explains the concept of „social work“ and that of „social education/pedagogy“ and discuss the social education’s different names and competencies in numerous countries in Europe. „Social work“, as seen in this study, is a comprehensive concept that means „work in the social matters“ or „work within the social sphere“ and it incorporates a variety of specialized professions in many countries. „Social work“ tends to comprise social education in certain countries, but not in Iceland. In Iceland the profession of „social worker“ (félagsráðgjafi) is significantly different from that of „social educator“ (þroskaþjálfari) in that they have different competencies. The Icelandic social worker links the client to numerous agencies/institutions that are supposed to help him in different matters (health, housing, work, leisure, etc.), while the social educator provides direct help/intervention on a regular basis. However, the syntagma „social worker“ that I use in this thesis refers to both categories of professionals and beyond. It also refers to all social workers in the world, not only the Icelandic ones.

2 Professional Boundaries and Professional Ethics

Professional boundaries are an important component of professional ethics. Not all issues related to these boundaries are necessarily unethical, but many of them are (Reamer, 2003). Factors such as emotional involvement, a desire to religiously indoctrinate a client, potential

financial gain, and a desire to exploit a patient in other ways can sometimes lead to crossing these boundaries in an unethical manner (Papouli, 2014; Reamer, 2003).

Some of these boundary crossings stem from caregivers adhering to their own personal sets of values as opposed to those of the profession. This means that maintaining professional boundaries can sometimes mean balancing personal and professional codes of ethics (Reamer, 2003). Social workers should not only be self-aware of their personal ethics and standards (Rhodes, 1992), but also knowledgeable about generally agreed upon ways of avoiding unethical boundary crossing. It is important to follow a strong ethical code in order for social workers to maintain their professional identity and be capable of defending their work from outside attack (Banks, 1996).

A review of literature related to professional boundaries in social work conducted by Reamer in 2003 found that the social work literature at that time only contained a small number of in-depth discussions of the way in which professional boundaries should be established in order to observe a high standard of professional ethics. The majority of discussions focused upon exploitative relationships, only few touching subtle types of ethical misconduct that result from overstepping professional boundaries; for example, staff members giving clients their home phone numbers or engaging in inappropriate discussions related to their religious beliefs (Reamer, 2003).

Discussing religious beliefs in a manner that could be perceived as being disrespectful or intimidating is considered unethical in social work. This applies to relationships with co-workers as well, as it has the potential to interfere with their ability to carry out their professional duties. It also runs the risk of creating a hostile working environment (Reamer, 2007). Giving personal information to a client is an example of over familiarity, which is generally considered to be unethical (Bisman, 2014).

It is notable that Reamer's (2003) study was carried out some time ago. However, he has repeated these assertions more recently, suggesting that little has changed in this area. He has also indicated that there is uncertainty within the human services professions as to what constitutes contravention of the professional boundaries (Reamer, 2012). The possibility of raising awareness in this area becomes uncertain if there are no universally agreed definitions of what boundaries actually are.

The National Association of Social Workers' *Code of Ethics*, which applies to social workers in the U.S., expressly prohibits sexual contact and warns against professional and

business relationships, which are clear areas in which the potential for exploitation exists, but does not mention developing platonic friendships with clients that extend beyond professional boundaries (National Association of Social Workers, 2008). This supports the idea that further efforts need to be made in order to raise awareness of some of the subtle ways in which these boundaries can be overstepped.

A study of social workers' values and ethics conducted by Gough and Spencer (2014) found that participants ranked their personal ethical values as being almost as important as the National Association of Social Workers *Code of Ethics* when it came to ethical decision-making within their roles. This indicates that only a small minority of social workers find the guidance that it provides more useful than their own conscience when it comes to issues related to professional boundaries. Perhaps if the guidance provided was more comprehensive this would not be the case.

The guidance on professional boundaries put forward by the General Social Care Council, a major social care organisation within the U.K., also fails to address some subtle forms of boundary overstepping. It mentions boundary overstepping scenarios in which care workers engaged in inappropriate physical contact and sexual relationships with clients and their relatives, bought their children gifts and participated in recreational activities with them outside of their caring role, and shared personal information about clients. However, it makes no mention of less obvious ways in which boundaries can be overstepped, for example, by becoming overly friendly to the point of intense emotional engagement, resulting in feeling obliged to overwork with a specific client (General Social Care Council, 2009).

The idea that subtle forms of boundary overstepping receive little attention in guidance for social workers has also been brought about by Doel et al. (2009). They claim that there is practically no discussion of "grey areas" in policy documents about professional boundaries. However, they also stated that it is impossible to provide exhaustive guidance in this area, and that it is inevitable that social workers will be required to use their own judgement in the case of certain more ambiguous scenarios (Doel et al., 2009).

Cooper (2012) claims that the majority of social workers are now aware of most ways in which professional boundaries can be overstepped, which contradicts Reamer's (2012) assertions. However, he also acknowledges that social workers receive little education about professional boundaries, and that most formal qualifications do not have mandatory

components that relate to them (Cooper, 2012). This indicates that although most social workers now have at least some awareness of professional boundary issues, they are far from knowledgeable about this important subject area.

Bowler and Nash (2014) have pointed out that whilst guidance about professional boundaries is available to registered health professionals, including that which relates to sexual boundaries, there is a deficit of guidance aimed at non-qualified healthcare workers. This indicates that Reamer's (2012) findings are true, as the majority of non-qualified individuals who provide care to the disabled are likely to know that exploitative boundary is clearly not permissible, but may be unaware of subtler forms of unethical boundary overstepping.

There is evidence that there are some areas in which the current base of education lacks for qualified social workers as well. One such area is the boundaries regarding making physical contact with patients (Day & Green, 2013). It is generally held that contact that could be taken to signify a physical relationship should be avoided whenever possible by social care workers. Physical contact should be kept at the lowest possible level, and should be tailored to the culture of the client. Effort should be taken to avoid culturally inappropriate touching. Touching the lower arm and hand is acceptable and deemed to be non-sexual in its nature within the majority of cultures. Hugging should generally be avoided, as it could be viewed as a sign of deep personal attachment or something sexual. Care workers should under no circumstances initiate hugs, and should explain that they are inappropriate when they are initiated by clients (Cooper, 2012).

However, Day and Green (2013) have pointed out that there is an insufficient amount of literature, training, and education available that helps social workers to navigate the large number of ambiguities and ethical dilemmas that exist within this area. They also claimed that current codes of conduct do not adequately address the ambiguities, and that there is little research evidence that helps to clarify them. They have criticised the current base of literature for focusing too heavily upon gestures, language, eye contact, and facial expressions when addressing acceptable forms of communication, but neglecting issues related to physical contact (Day & Green, 2013). This indicates that further efforts could be made to raise awareness of the more complex aspects of boundaries related to this form of non-verbal communication.

Day and Green (2013) have put the lack of available information about professional boundaries related to physical contact down to culturally privileging the visual over other senses, and the intellect and mind over the body. They have highlighted the fact that the one book that has been written about the role of the body in social work fails to reference touch. They believe there is a lack of research concerning how physical contact is used in caring roles, which may explain the deficit of literature (Day & Green, 2013).

In 2002, Saks highlighted the fact that there was ambiguity and a great deal of disagreement about when it is justified to use physical contact when dealing with mentally ill people. Caring for the mentally ill is still an area in which there is confusion about the professional boundaries. Research by Parker (2009) indicates that those who care for the mentally ill are frequently unsure of where these boundaries lie, especially where physical contact is concerned. Caregivers have stated that additional clarification is needed in this area, and expressed concerns that they do not know how to react in situations in which a client attempts to hug them (Parker, 2009). This indicates that further awareness of the boundaries needs to be raised within this area.

Baldwin and Estey-Burtt (2012) believe that the current base of literature regarding professional boundaries in social work assumes that the concepts regarding professional relationships are unproblematic and universal, and that they do not take into consideration the life stories of the individuals in question. Wilks (2005) shares this view, and has highlighted the fact that medical professionals have been allowed to embrace more diverse approaches to ethics in which personal narratives have more of an influence in recent years. He argues that the social care would benefit from heading in the same direction (Wilks, 2005).

This suggests that there is a deficit of information regarding the way in which the life events of those who are receiving care should be factored into professional boundaries. It indicates that this is an area in which further awareness needs to be raised. It also suggests that a more malleable approach to setting boundaries should be developed in which a greater range of factors are taken into consideration. Strom-Gottfried, Thomas and Anderson (2014) have highlighted the fact that the rapid, persistent spread of online networks have created a fresh set of challenges when it comes to identifying and attempting to remain within professional boundaries. Online networking enhances both social workers' visibility and that of their clients. This brings up the possibility of clients sending "friend

requests” to their caregivers on platforms such as Facebook (Strom-Gottfried, Thomas & Anderson, 2014). A “friend request” is a request to create an online connection that enables one individual to view personal information posted by another, provides access to photos and updates, and facilitates increased levels of online interaction. Strom-Gottfried, Thomas and Anderson (2014) have argued that this demands that renewed attention is given to the code of ethics regarding professional boundaries. This indicates that insufficient awareness is currently being raised about the way in which advancements in technology have impacted this code.

Strom-Gottfried, Thomas and Anderson (2014) have recommended that web postings and handouts should be used to raise awareness of the dangers of crossing professional boundaries in social work via use of social networking platforms. However, there is no evidence that these methods have been used so far to raise awareness amongst people who care for the disabled. Strom-Gottfried, Thomas and Anderson (2014) have also recommended that policies on online networks and professional boundaries should be created collaboratively and should involve legal experts, governing bodies, professional membership organisations, and other agencies. The fact that this has been recommended suggests that it was not currently being done at the time when this paper was written.

Strom-Gottfried, Thomas and Anderson (2014) recommended that staff development activities should be carried out in order to ensure that emerging online network issues are adequately dealt with. They stated that sensitive supervision is needed to help social workers to navigate professional boundaries in situations in which novel online interactions arise. Once again, there is no evidence that this is currently being done, indicating that this is another method for raising awareness of professional boundaries that requires more attention when it comes to disabled care.

The ethical standards put forward by the National Association of Social Workers and Association of Social Work Boards in the U.S. suggest establishing professional boundaries for online networking sites (Daly & Mansfield, 2014). This leaves the responsibility for outlining these boundaries to individual social workers. Cooper (2012) has pointed out that many social caregivers are frequently sent on short courses that fail to adequately cover the issue of professional boundaries, and then instructed to deliver interventions that involve a high degree of knowledge of these boundaries. At the same time, the codes relating to professional boundaries are becoming increasingly complex. Many trained social caregivers

claim not to have been provided with any detailed information relating to professional boundaries (Cooper, 2012). This suggests that training is not being used as an effective means of spreading awareness about them.

However, it is notable that there are training materials available that provide a detailed account of what professional boundaries are and how to avoid overstepping them. An example is the *Professional Boundaries for Caregivers* training guide developed by the University of Wisconsin Oshkosh Centre for Career Development and Wisconsin Department of Health Services Division of Quality Assurance (2010). It describes the intricacies of the caregiver-client relationship, what constitutes a professional boundary, and various different ways that they can be overstepped, some exploitative and some far subtler. It goes into a substantial amount of detail and also gives examples. It has an entire section dedicated to touch (University of Wisconsin Oshkosh Centre for Career Development and Wisconsin Department of Health Services Division of Quality Assurance, 2010), which indicates that Day and Green's (2013) criticism of literature about professional boundaries that fails to adequately cover the area of appropriate touching does not apply in this instance.

In addition to training guides, there are also websites available that provide details of trials for social workers who have been found to have violated professional boundaries, for example the British Association of Social Workers website. The idea behind this is that the cases will provoke reflection about professional boundaries, and act as a catalyst for discussion of the many grey areas. However, it does not cover any examples in the field of disability care (British Association of Social Workers, 2009).

Bowler and Nash (2014) have created a framework specifically centred on learning disability care for facilitating one-to-one training for staff at the South Tyneside Foundation Trust, which is a government-run organisation that provides integrated care services throughout the South Tyneside region of Northern England. This framework aims to provide support in the following three areas:

- Differentiating between personal and professional relationships.
- Fully understanding professional boundaries.
- Spotting early indications of issues related to professional boundaries and embarking upon an appropriate course of action (South Tyneside Foundation Trust, n.d.).

The framework gives examples of boundary violations, includes discussions of grey areas, and details hypothetical scenarios in which boundary overstepping occurs. It is useful in planning sessions involving social workers as well as training staff (Bowler & Nash, 2014). However, it is notable that the South Tyneside Foundation Trust only operates within a relatively small geographical area. This framework could potentially be used to raise awareness of professional boundaries amongst disability care providers in other areas, but there is no evidence that it is being done so far.

There is evidence of numerous government-run health services in the U.K. providing literature outlining detailed accounts of what constitutes professional boundaries for those working in a caring institution. An example of this is the Southern Health Foundation Trust, which has described which activities it views as “boundary crossing” and which it views as “boundary violations”. It makes distinctions between the two, claiming that the former is a term used to encompass all overstepping of professional boundaries, whereas the latter specifically refers to exploitative boundary overstepping.

The guidance that the Southern Health Foundation Trust provides covers both obvious and subtle acts of boundary crossing, and also discusses grey areas. However, it is ambiguous in places, for example it claims that staff-client relationships should be emotionally intimate and meaningful without becoming overly friendly, but does not adequately define what it means by each of these terms (Hawkshaw, 2013).

In 2009, Doel et al. conducted a study aimed at identifying what has been done to raise awareness of professional boundaries. The aim was to ascertain how comprehensive the current guidance is, and how much has been left to the professional judgement of social workers. The study found that three forms of guidance were available: conduct codes and policy documents at local and agency levels, regulatory and professional codes of practice and ethics, and research presented in academic literature.

Forty-nine individuals in professions related to social work were interviewed about professional boundaries, and none made reference to academic literature or research throughout the course of the interviews. Between ten and fifteen percent referenced regulatory and professional codes of practice and ethics. Between fifteen and twenty percent referenced conduct codes and policy documents at local and agency levels. The majority of the interviewees indicated that they relied upon their own view of what constitutes overstepping professional boundaries (Doel et al, 2009).

This suggests that not enough has been done to raise awareness of professional boundaries within official guidance or academic papers. It implies that either there is a deficit of information available in these forms, or that it is not readily accessible. Doel et al. (2009) also found that no reviews are present in academic literature analysing the documents that social workers have available to them on a day-to-day basis to assess the way in which they are utilised as the basis for making judgements about professional boundaries (Doel et al, 2009). This perhaps plays a part in the lack of awareness of the professional guidance. If checks are never carried out to see how aware staff are of this guidance then it is unsurprising that awareness remains at a low level.

In addition to training sessions and professional and academic literature related to professional boundaries, Reamer (2003) has put forward the notion that social workers' understanding of these boundaries is raised via experience in their professions. He has expressed the view that they should examine potential boundary crossings that could occur with their own clients (Reamer, 2003). This indicates that awareness is raised by day-to-day involvement in disability care and careful reflection upon possible violations of professional boundaries as well as by being explicitly taught about the subject or reading up on it.

Although some training guides and other materials clearly do raise awareness of all issues related to professional boundaries, it is clear that many have a long way to go. Whilst awareness may be raised via professional experience, it is questionable whether this alone will suffice. There also needs to be a greater emphasis on creating awareness of the way in which technological developments have impacted professional boundaries, and further efforts to focus upon boundary overstepping other than that which is of an obvious exploitative nature. Ambiguity still exists regarding many areas of this subject. An effort should be made to clear up this ambiguity, as it is arguable that awareness cannot be adequately raised unless there is consensus of opinion. Greater attention should also be paid to the role of ethical narratives in decision making when it comes to issues concerning these boundaries.

3 Professional Boundaries – Why Are They Important?

After examining ways in which awareness about professional boundaries has been raised in the context of professional ethics, I am proceeding to search ways in which awareness of

the professional boundaries' importance has been raised in the disability care work. As previously stated, professional boundaries are important for ensuring that disabled individuals are not exploited (Peterson, 1992), neglected (Bowler & Nash, 2014), or disappointed because they overestimate the degree of friendship between themselves and their care workers (Banks, 2006). They also help to ensure that staff do not become over-involved (Bowler & Nash, 2014), which can lead to stress, potential burnout, and overworking (Australian Government Productivity Commission, 2011; David, 2006).

There is some discussion of why professional boundaries are important included in some of the current guidelines for social work. The National Association of Social Workers' *Code of Ethics* points out that sexual contact or relationships with the relatives of clients can cause harm to clients and place a strain upon the client-professional relationship. It also highlights the fact that engaging in sexual contact or relationships with ex clients can potentially cause harm to them, and that it can result in allegations of manipulation, coercion, and/or exploitation. The code indicates that inappropriate touching can cause harm to clients, and that accepting services and goods from them can sometimes be detrimental to the client-professional relationship and/or the wellbeing of the client.

However, the concept of "harm" is relatively vague, and the code does not go into detail about the specific harm that can be caused. It also fails to describe how overstepping boundaries can lead to over- or under-involvement, and the consequences of this. The negative impact of boundary overstepping is only described in instances of extreme, unprecedented misconduct (National Association of Social Workers Code of Ethics, 2008).

A guide to establishing professional boundaries produced by the National Association of Social Workers (2011) also states that setting professional boundaries is conducive to a sustainable career as a social worker. However, there is no mention of the negative consequences of failing to do so in terms of its detrimental impact upon the client. This makes it appear as if there is only a single downside to overstepping professional boundaries.

The General Social Care Council's *Professional Boundaries Guidance for Social Workers* contains very little mention of the importance of professional boundaries. It barely even mentions the harm that can be inflicted by overstepping them (General Social Care Council, 2009). It is arguable that staff are significantly less likely to avoid overstepping

professional boundaries if they lack awareness of why they are so important. Therefore, this can be viewed as a major lapse.

Doel et al.'s (2009) findings that the majority of social workers use their own judgement over written codes and instruction about professional boundaries suggests that there is a lack of awareness about the need to follow official protocol when it comes to these boundaries. It is arguable that each individual's opinions are subjective by nature, and that it is therefore necessary for workers to defer to the literature when it comes to professional boundaries in order to avoid allowing their own personal desires and agendas to cloud their judgement. With this in mind, it appears that further efforts could be made to raise awareness in this area.

There is some guidance material available that seek to stimulate detailed discussions of why professional boundaries are important. The University of Wisconsin Oshkosh Centre for Career Development and Wisconsin Department of Health Services Division of Quality Assurance's (2010) guide to professional boundaries in care-giving professions contains a series of case studies aimed at illustrating the importance of various different professional boundaries. Each case study is named after the type of professional boundary that is involved. The boundaries that are covered are 'sharing personal information', 'keeping secrets', 'sexual attraction/relationships', 'over-involvement', 'accepting gifts/favours/tips', 'professional demeanour', 'touch', 'using nicknames/endearments', and 'not seeing behaviour as symptomatic' (University of Wisconsin Oshkosh Centre for Career Development and Wisconsin Department of Health Services Division of Quality Assurance, 2010). This is a relatively comprehensive variety of topics. The guide aims to act as a catalyst to get social workers to consider why each area is important.

However, it is notable that this guide is an exception. Attempts to find other similar guides that include detailed exercises aimed to highlighting the importance of such boundaries proved fruitless. It is clear that such guides are not a substantial source of awareness about this issue.

Numerous different academic texts have explored the importance of professional boundaries in social work professions. Strom-Gottfried, Thomas and Anderson (2014) have pointed out that they protect clients from inappropriate intrusion on the part of staff members and make sure the social workers act in clients' best interests. They have highlighted the fact that these boundaries help to safeguard against exploitation (Strom-

Gottfried, Thomas & Anderson, 2014). Gough and Spencer (2014) have pointed out that they protect both the reputation and integrity of the profession, and the clients. Reamer (2003) has also expressed the notion that professional boundaries promotes the integrity of social work.

There is even academic literature available that goes into detail about professional boundaries that is specific to disabled care. Bowler and Nash (2014) have pointed out that professional boundaries are important for protecting clients, staff, and the clients' family. They have also highlighted the fact that they help to safeguard against abuse, and ensure that caregivers work towards fulfilling the needs of their clients (Bowler & Nash, 2014).

However, given that Doel et al (2009) established that social workers pay little attention to academic literature about professional boundaries, further efforts could be made to ensure that they are aware of this literature.

Trimberger (2012) has highlighted the fact that the social work field is constantly evolving and becoming more complex. He has pointed out that this means that the nature of professional boundaries is forever changing (Trimberger, 2012). Given that academic studies centre on specific time periods and the results are not updated, this also means that their findings might provide outdated accounts of the importance of professional boundaries that might not necessarily hold true anymore. This could potentially confuse those who care for the disabled rather than contributing to their base of knowledge about this issue.

Bowler and Nash's (2014) framework for training learning disability care staff about professional boundaries contains case studies that include some discussion of why it is important not to cross professional boundaries in certain situations. However, it barely skims the topic of the overall importance of upholding professional boundaries (Bowler & Nash, 2014). As previously stated, this framework is used only in a small local area in the UK.

In conclusion, it appears that although the importance of professional boundaries is briefly mentioned in training material and guidance, it is still not discussed in depth. This only takes place in academic literature, which is not widely read by those in social work professions. This indicates that the levels of awareness in this area are somewhat deficient.

4 Professional versus Personal Relationships

Throughout the course of this chapter, efforts to raise awareness of the difference between professional and personal relationships in the disabled care field will be identified. Bowler and Nash (2014) have highlighted the ability to differentiate between these two types of relationship as being of particular importance when it comes to professional boundaries. These boundaries are put in place so that the disabled care professional do not stray too far over into personal relationships, as this can be problematic. As previously stated, it can lead to over-involvement and the myriad of detrimental issues that this can bring about (Bowler & Nash, 2014).

Bowler and Nash's (2014) training framework includes discussions of the differences between these two types of relationship in terms of behaviour, remuneration, the purpose of the relationship, the balance of power in the relationship, and the responsibility for the relationship. In terms of behaviour, professional relationships are regulated by professional standards and codes of ethics, whereas personal relationships are guided by personal beliefs and values. In personal relationships, no remuneration is required, whereas in professional relationships the caregiver is paid for providing care to the client. There is an employment contract that lays out the terms for this payment.

The purpose of a professional relationship is for the caregiver to provide care for his or her client, whereas the purpose of a personal relationship is pleasure and self-interest. The balance of power in professional relationships is weighted in favour of the caregiver, who has a greater amount of influence and authority, and also possesses privileged information regarding the client. In personal relationships, the balance of power is usually relatively equal. The responsibility for establishing and maintaining professional relationships lays solely with the caregiver, whereas in personal relationships both parties have an equal responsibility to do this (Bowler & Nash, 2014).

The examples of boundary violations that are used in Bowler and Nash's (2014) training material also shed light upon actions that can potentially blur the boundary between maintaining a professional relationship and engaging in a personal relationship with a client. These examples can act as a catalyst for discussion about where the line is drawn. It is clear that this framework is an effective tool for raising awareness of the distinction between these two types of relationship. However, once again, the fact that it is

only implemented inside a relatively small geographical area means that the degree to which it can do this is limited.

There are numerous academic texts available that explain the differences between personal and professional relationships in social care, and how they relate to professional boundaries. Burton, Toscano and Zonouzi (2012) not only discuss the differences and point out the dangers of extending too far over into a personal relationship with a client, but also provide example scenarios. This could be useful for helping social workers understand how to differentiate between the two types of relationships in real-world situations, and how they could benefit from doing so in an effective manner.

Coleman, Collins, and Jordan (2013) highlight the importance of differentiating between professional and personal boundaries in social work, and very briefly explain the difference. However, they appear to skim over this explanation. They provide guidance for discussing the topic which could act as a catalyst for raising awareness. Wilson (2008) describes the difference between professional and personal boundaries and gives some guidance on discussing them.

However, there appears to be a shortage of academic literature about this subject that is specific to disability care. A literature search using Google Scholar only revealed Bowler and Nash's (2014) paper about this topic. Given that few social workers are actually aware of academic literature about professional boundaries (Doel et al, 2009), it could be argued that this is not a pressing concern.

It is also notable that Dewane (2010) has pointed out that a great deal of ambiguity still exists about the extent to which a dual personal and professional relationship can be adopted in certain circumstances. While some believe that there should be clear separation between the two, Freud (2002, as cited in Dewane, 2010) argued that in the context of social work, this depends upon the client's mental status, vulnerability and history, and a number of factors related to whether or not the professional relationship has ended and how much time has passed since it finished if it has indeed ended. However, Dewane (2010) has criticised this stance by claiming that it seeks to justify the abandonment of objectiveness.

Dewane (2010) suggested a different set of criteria for determining whether or not it is acceptable for a social worker to enter into a personal relationship with a client. She claimed that it depends upon the extent to which there is a risk of exploitation taking place,

the degree to which objectivity will be impaired, the possible effect of one type of relationship upon the other, and the impact upon the power disparity that the personal relationship might have (Dewane, 2010). It is arguable that the fact that academics cannot even agree on the position of personal relationships in social work means that there is no universally held stance on this issue.

It is also worth noting that Rossiter (2011) has questioned whether social work is completely detached from the personal domain. She has put forward the notion that “a space not entirely of social work knowledge enables ethics before practice” (Rossiter, 2011, p. 980). This suggests that a social worker should be guided by his or her own personal beliefs to at least some extent. It is questionable whether an interaction can be considered to be entirely professional if it contains a course of action that is influenced by emotions that typically direct personal interactions. This is a source of further confusion in the literature. There appears to be a lack of agreement upon whether the professional and personal domains truly are separate when it comes to social work, or whether some blurring of the lines is required in order to have social workers effectively do their jobs.

Treacher (2006) posits that human beings need both a degree of separateness from others and an element of emotional connectedness. This suggests that all interactions have the detached element that professional boundaries require. If Rossiter’s (2011) assertion that social work is not detached from the personal domain holds true, then it remains ambiguous how it differs from all other areas of life.

In conclusion, although there is training material in existence that clearly outline the difference between professional and personal relationships, it is not widely available. There is academic literature available that makes this distinction relatively effectively, although it still has some deficiencies. However, such literature is only likely to be read by a small amount of social workers. It is also clear that not much of the literature specifically deals with disability care. There are also disparities in what different academics identify as the differences between these two types of relationship, and it is arguable that awareness cannot be raised about the dissimilarity if it is not clearly defined.

5 Understanding Boundaries in the Social Educator-Client Relationship

Although the historical roots of social educator work lie in educating children and youths, the profession has expanded to include disabled adults as well. It involves supporting individuals to develop both socially and in terms of their overall life skills, and demands a multidimensional approach that can include treatment, intervention, learning, and care (AIEJI, 2006). Therefore, situations in which the educator's clients are individuals with disabilities fall broadly in the category of disability care. The following chapter will explore efforts to raise awareness of the boundaries in the social educator-client relationship.

There is controversy as to precisely define what the social educator-client relationship is. Some believe that social educators and clients occupy equal statuses, whereas others hold the view that the professional authority and the knowledge possessed by social educators means that this is not the case (Frederiksen, 2010). Given that professional boundaries centre on the concept that the authority of professionals gives them a degree of power over those within their care, this creates ambiguity about the nature of such boundaries. It is arguable that consensus needs to be reached in order to raise awareness of social educators' professional boundaries without sowing the seeds of confusion.

There are two opposing theories about the social educator-client relationship; one that the social educator should have a personal relationship with clients that resembles that of his or her home life. It holds that the educator should act as a caring mother-substitute. The other theory focuses on the notion that social educators should follow professional standards and policies as opposed to following his or her emotions (Frederiksen, 2010).

Once again, this is a source of ambiguity. It raises numerous questions regarding over-involvement – one of the main ways in which professional boundaries can be crossed. The fact that there are two conflicting ideas is likely to impair the extent to which social educators understand their responsibilities in this area.

The International Association of Social Educators (AIEJI) is a major global organisation dedicated to furthering the knowledge of and protecting the interests of social educators (Frederiksen, 2008). In its conceptual framework for the professional competencies of social educators it highlights the importance of separating professional and private relations with

clients, and states that failing to do so can have detrimental consequences for the clients. However, it fails to adequately outline the difference between the two.

It is also notable that in other places the Association of Social Educators stresses the importance of maintaining a close personal relationship with clients (AIEJI, 2006). It is arguable that by poorly defining the boundaries of the social educator-client relationship and including content of this nature in its literature, the organisation does not adequately raise awareness of professional boundaries. It has not put forward a clear, actionable plan in its framework about this issue (AIEJI, 2006).

The International Association of Social Educators is an affiliate member of a network known as the European Consortium of Social Professions with Educational and Social Studies that is aimed at creating an interdisciplinary forum to facilitate the exploration of existing professional boundaries. However, this network is not specific to social educators, and includes organisations associated with other areas of social work (European Commission, n.d.). The diverse nature of social work means that there may be major differences in the nature of professional boundaries from one profession to the next. Therefore, such discussions might not necessarily be of great use to social educators.

It is also notable that the fact that the association is only an affiliate member might limit its role in such discussions. It may reduce the extent to which the European Consortium considers that the content of the forum needs to be tailored towards the exact specifications of the Association of Social Educators. This could potentially make them even less useful for raising awareness of professional boundaries in the social educator-client relationship.

In terms of education, a seven-week course known as “What We Bring to Practice” has been developed at Colombia University’s School of Social Work (Chapman et al., 2003). The course is aimed, amongst other things, at teaching people training to be social educators about professional boundaries. Pallisera, Fullana, Palaudarias and Badosa (2013) also devised a training module with a section partially dedicated to teaching social educators about professional boundaries. However, there is no evidence that these educational tools are being widely implemented.

Fredericksen (2010) conducted a study on the practice of social educators and noted that in practice there were instances in which they expressed frustration at the fact that educators’ personal relationships with their clients can sometimes lead to deviation from

the rules. This indicates that some social educators are more knowledgeable than others when it comes to the social educator-client relationship, as demonstrated by the fact that there are differences between members of staff regarding the extents to which such boundaries are overstepped. It suggests that the current efforts to raise awareness have not managed to adequately educate all social educators, and that some have been left behind.

In Iceland the debate about professional boundaries in caregiving for the disabled is not too advanced, since no Icelandic books, publications, or other materials on the subject are to be found in libraries or on the web. The subject is tangentially touched by a few Icelandic academic writers and it refers mainly to the fine line between support and control, because of the tension that can appear between one's freedom and wellbeing. According to Kristján Kristjánsson (1992), for example, respect for the client can be shown by refraining from commanding him/her, while at the same time demanding the individual to obey the rules that consider his/her welfare.

Brynhildur G. Flóvenz (2004) believes that the current Icelandic social caregiving system is too weak and hardly ensures the disabled' right to autonomy. According to her interviewees (caregivers in „sambýli“), the tension between freedom and security is quite tight, as they said that they constantly need to find out where the boundaries lie. According to the same interviewees, the staff feels this tightrope walk often very difficult, but the awareness of what can be concealed (and what not) makes them keep more to themselves and allow residents to make decisions and gain experience on their own.

The disabled people's right to a quality life claims quality staff capable of providing, while respect for the client's intimacy right requires first and foremost a moral sense (Vilhjálmur Árnason, 2003). However, regardless of the general obligation to respect the client's autonomy and intimacy, it is important to consider what values are at stake each time and to assess every situation with maximum objectivity, because the clients' well-being can be endangered sometimes by their own actions. The goal of caregiving and services must be to maximize the freedom of making decisions regarding own life, but with acceptable risks (Vilhjálmur Árnason, 2003).

The Icelandic Directorate of Health (Embættið Landlæknis) has reviewed recently the Social Educators' Code of Conduct (*Síðareglur proskapjálfa*), with its main objective being „to draw the social educator's awareness of his ethical and professional responsibilities in the daily work, as well as providing support and restraint. The essence of the profession is

respect for fundamental freedoms and faith in the ability of the individual to use their abilities to the full. The code of conduct is important in defining the profession and constitutes an element of the professional identity development.“ (Embættið Landlæknis, 2016). Its articles indicate, among other things, that social educators must guard and promote their clients’ rights, must respect human dignity and autonomy (including the freedom to make their own decisions), must have a holistic vision in mind, and bear the obligation of confidentiality. Most important, they must discuss ethical issues both with their clients and their co-workers, and seek guidance when in doubt. In article 11 we see that „different views and ethical issues should be discussed in the presence of those involved and in a straightforward and democratic way”. Article 12 states that the social educator shall never use his authority for a personal interest, to abuse or to establish sexual relationships with his client. While these directions are most welcome and extremely useful in the social educator’s work, they do not provide him with clear and detailed accounts of what is and what is not boundary trespassing.

In conclusion, it appears that attempts to raise awareness of professional boundaries in the social educator-client relationship are hindered by ambiguity regarding the precise nature of that relationship. The current base of professional guidance about this issue is lacking in detail. The literature review only uncovered a single educational framework that deals with this subject in depth, and there is no evidence that it is widely implemented. There are signs that awareness of professional boundaries is lacking amongst some social educators, demonstrating that further efforts are required in this area.

6 Gentle Teaching and Professional Boundaries

In the 1980s, intense debate arose about the philosophical, legal, moral, and ethical issues surrounding mentally disabled individuals whose behaviour is considered to be challenging, being subjected to harsh procedures in the course of their care. This led to the development of an approach to teaching these individuals that came to be considered to be the definitive non-aversive method. The approach was known as “Gentle Teaching”.

Gentle Teaching focuses on teaching interdependence and bonding via solidarity, respect, and, as its name suggests, gentleness. It places emphasis on the significance of unconditional valuing within the therapeutic and care giving processes. It focuses on the

premise that challenging behaviour is a means of communicating anger, discomfort, and/or distress (Jones & McCaughey, 1992).

Given the emphasis on bonding with clients, there is significant room for practitioners of Gentle Teaching to overstep the professional boundaries. Therefore, this method warrants special attention. For that reason, it will be the central focus of this chapter.

The Gentle Teaching approach places great importance on touch as a tool for demonstrating belief in an individual's value, and developing a warm relationship (Solomons, 2008). However, Hewett (2007, as cited in Solomons, 2008) identified this as a potential source of difficulties, and called for a framework to guide professional collaboration to address it on a person-by-person basis. There is no evidence that such a framework was ever developed. This means that an opportunity has been missed to raise awareness of the precise way in which strategies for touch should be formulated, creating ambiguity that could potentially lead to professional boundaries being contravened.

Gentle Teaching International, an international network of organisations related to Gentle Teaching, has provided some basic guidance about professional boundaries related to the use of touch (Gentle Teaching International, n.d.). On the Gentle Teaching International website, a sub-group known as Gentle Teaching Canada (n.d.) states that touch should not be used in instances in which it is sexual in its nature. Gentle Teaching Canada (n.d.) also warns that not all clients should be touched, stating that some people might have been subjected to sexual or physical abuse, and touching them might trigger flashbacks. It defines appropriate touching as "carefully offered embraces, pats on the back, or arms around the shoulder" (Gentle Teaching Canada, n.d.). However, this guidance is vague in its nature. What one person considers a carefully offered embrace, another individual might read sexual connotations into. Considering the prominence of Gentle Teaching International, it is arguable that it should be doing more to raise awareness of the complex distinctions between appropriate and inappropriate touching in a clearer and more precise manner.

It is also notable that the guidelines about touching provided by the Gentle Teaching Foundation, an educational body with a strong online presence offering courses on Gentle Teaching, directly contradicts those issued by Gentle Teaching International. They state that it is appropriate to attempt to touch someone who does not wish to be touched due to fear if it is done in a safe and "warm" manner (Gentle Teaching Foundation, 2013). This is

contrary to Gentle Teaching International's assertion that touching should not always be used, as it has the potential to result in flashbacks in some situations. The fact that there is conflicting information about this issue is likely to detract from the ability of caregivers to determine the professional boundaries related to touch.

The Gentle Teaching Foundation (2013 a) also provides a list of reasons why people might not want to be touched, and why caregivers might not want to touch their clients. This is also confusing. It is questionable why the organisation would include this list while at the same time stating that touching clients who do not want to be touched is acceptable. It indicates that the professional boundaries are not clearly defined, which could have an unfavourable impact on the extent to which people are aware of precise boundaries.

The Gentle Teaching Foundation (2013 a) actually goes a step beyond this and states that avoiding touching (by someone who is afraid of being touched) results in failing to be respected as a person. The logic behind this is that it does not help him or her to overcome their fears. The organisation justifies this by saying that if disabled people who display challenging behaviour can be physically restrained when it is necessary to do so then it would be a double standard to state that they cannot be touched in a gentle manner against their wishes (Gentle Teaching Foundation, 2013). Once again, this directly conflicts with the guidance provided by Gentle Teaching International.

Whereas Gentle Teaching International advised not to touch those who have been physically or sexually abused in the past (Gentle Teaching Canada, n.d.), The Gentle Teaching Foundation (2013 a) specifically states that such people can be touched. While the organisation acknowledges that other approaches involve avoiding touching someone who has been subjected to these forms of abuse, it states that Gentle Teaching focuses on the notion that "it's good to very carefully make safe and warm physical contact, so the person can experience that this kind of contact is also possible and that it is possible to trust other people" (Gentle Teaching Foundation, 2013). The organisation also says that "It may also help the person to value his/her own body more" (Gentle Teaching Foundation, 2013).

However, the Foundation does acknowledge that clients should not be touched when they feel that it is contrary to their self-image, and their self-image is believed to be realistic. In order for this exception to apply, this cannot prevent the client from accepting support when it is needed (Gentle Teaching Foundation, 2013). This guidance is somewhat vague. It does not state how to determine what the client considers to be his or her self-image. It also

fails to define what it means by “realistic”, and how a caregiver could determine whether a client’s self-image is realistic or not.

The Foundation also advises to avoid touching clients in erogenous zones (Gentle Teaching Foundation, 2013). However, it does not define what zones it classes as being erogenous. The Foundation states that touching should not be aimed at either arousing sexual feelings in the client or satisfying the sexual urges of the caregiver. It specifically states that caregivers should be certain that they are touching the client for non-sexual reasons, and that “If there is any confusion in us, we will give this confusion to the other” (Gentle Teaching Foundation, 2013). However, it does not provide any guidance regarding the appropriate course of action if such confusion does arise.

In its explanation of how to avoid sexual touching, the Gentle Teaching Foundation (2013 a) says that “We touch a person the way we would touch a good friend who needs our support or the way a parent would touch their children when they need support, even when they are grown up.” However, there is likely to be a high degree of variation in the way in which caregivers touch friends and offspring. Clearer instructions would reduce ambiguity and help raise awareness of precisely what constitutes overstepping the professional boundaries with regards to this issue and what does not.

The Gentle Teaching Foundation (2013 a) is also vague when it comes to its guidance on how to react if a client tries to touch the caregiver in a sexual manner. Its advice is that “you should get back the control, without rejecting or domineering the person. You can do this by emphasizing more on eye contact or verbal contact and so decrease the focus on the physical element of the contact. Another way is by giving more energy in the contact or intentionally evoke another energy” (Gentle Teaching Foundation, 2013). The Foundation’s assertion that the caregiver should “evoke another energy” is extremely non-specific. This might leave caregivers unsure of how to act if such an instance occurs, which could lead to accidental overstepping of boundaries.

The Gentle Teaching Foundation (2013 b) has provided a brief piece of guidance about over-involvement. It states that when clients demand too much attention, they should not be provided with it. However, no examples of situations in which this occurs are provided. There is also no attempt to define what qualifies as “excessive” with regards to such behaviour (Gentle Teaching Foundation, 2013 b).

The Foundation provides guidance as to what to do when clients overstep boundaries. It advises that the caregiver should make gentle contact with the individual and guide him to the appropriate behaviour to take (Gentle Teaching Foundation, 2013 c). However, no advice is given about what this guidance should consist of.

It is clear that much of the advice that the professional organisations related to Gentle Teaching provide is either confusing or contradictory. It raises awareness of professional boundaries, but does so in an ambiguous manner that could actually lead to them being overstepped. The guidance also covers only a small number of topics related to professional boundaries. It barely touches more subtle forms of boundary overstepping.

In terms of academic literature relating to professional boundaries in Gentle Teaching, a search using the academic search tool Google Scholar using the terms “Gentle Teaching” and “Professional Boundaries” produced no relevant results. This indicates that there is a lack of academic papers in this area. It is arguable that greater research about professional boundaries in Gentle Teaching could help to reduce some of the ambiguity that currently exists. It could also help to publicise the nature of the boundaries, and provide an additional insight into how to avoid overstepping them.

In conclusion, there is a shortage of material aimed at those who work with the disabled that deals with issues related to professional boundaries in Gentle Teaching. The only framework that was uncovered in the literature focuses solely upon the issue of touch. There is also no evidence that it is widely implemented. The guidance provided by professional organisations related to Gentle Teaching also focuses mainly on touch, and is often contradictory or ambiguous. It is clear that more could be done to raise awareness of the way in which professional boundaries are incorporated into the ideology that underpins Gentle Teaching.

7 Conclusion

One of the main themes that appeared across the totality of the literature was that not enough has been done to highlight subtle forms of boundary overstepping. This puts across the incorrect notion that it is acceptable to overstep boundaries as long as it does not constitute obvious undeniable misconduct. This could potentially lead to minor transgressions becoming part of standard practice.

“Grey areas” were also frequently under-discussed. These are arguably the areas in which efforts to raise awareness are most necessarily important, given the ambiguity that exists. They represent the sources of a great deal of confusion, which needs to be eradicated in order for disabled care workers to be confident that they are fully equipped to avoid overstepping boundaries.

There is disagreement within the guidance and academic literature in numerous different areas as to what constitutes overstepping a professional boundary. This is particularly apparent when it comes to Gentle Teaching and the social educator-client relationship, as the boundaries are less clear cut. Awareness cannot be raised about the boundaries if there is no consensus about what they actually are.

When it comes to Gentle Teaching, guidance from one professional organisation is directly at odds with that of another. This applies to fundamental issues such as when to touch somebody with a history of physical or sexual abuse. This is likely to leave caregivers extremely conflicted as to where the boundaries lie. There should be one definitive set of guidelines in order to alleviate this problem.

Although there are numerous frameworks in place for raising awareness of various different issues related to professional boundaries, there are omissions within these frameworks. There is also no evidence that some of the most complete frameworks are being widely implemented. It is suggested that these frameworks become industry guidelines as opposed to small guides restricted to small geographic areas.

There are gaps in the academic literature about professional boundaries in disability care, and much of the research refers to social care in general rather than disability care. There is also evidence that few professionals in disabled care are familiar with the current base of academic literature regarding professional boundaries. It is advisable that more is done to ensure that they are exposed to these texts.

In addition to these points, there are signs that insufficient education and training about professional boundaries is provided to those learning to care for the disabled. The numerous complex ethical dilemmas involved in this area are difficult to navigate, and therefore require a high level of instruction. It does not appear that this level is currently being met.

The fact that the domain of disability care is constantly evolving also means that literature and guidance available to caregivers about professional boundaries is constantly

changing. Issues such as emerging online technologies necessitate constantly shifting rules and regulations. Much of the material that is currently on offer has not been updated recently enough.

In conclusion, it is clear that some efforts have been made by professional organisations to raise awareness of professional boundaries in disability care. However, they mostly deal with guidance about the more obvious aspects of boundary overstepping. Some of the current frameworks are also not implemented across a large geographical area.

The academic literature also contains a shortage of information about some of the more subtle forms of boundary overstepping, and is contradictory in places. There is evidence that it is not widely read by those in professions that involve caring for the disabled. Some of the research is also out of date and needs constantly updating to keep up with the changing pace of professionally boundaries.

There are signs that the training that disability caregivers receive is inadequate when it comes to professional boundaries. The guidance that is issued by different organisations is also sometimes conflicting and confusing, and has numerous omissions. This is an area in which improvements are necessary.

Finally, the fact that there is no clear consensus about a plethora of issues having to do with professional boundaries is perhaps the most pressing point. It is difficult to raise awareness of an issue if there are multiple different views on it. It makes it hard to know which perspective to promote.

The thesis' findings have been built upon by directly observing efforts by academics, caring professionals, and professional organisations to enhance awareness of professional boundaries in disability care. However, it has provided an insight into the current base of literature.

Given the importance of observing professional boundaries in terms of both client and patient welfare, it is clear that there is still a great deal of ground to cover when it comes to raising awareness. Not only more could be done to ensure that those who care for the disabled are knowledgeable about this subject, but efforts could also be made to remove the high degree of ambiguity that could cloud some caregivers' judgement. Attention should be paid to developing widely applied universal frameworks and training exercises, as the evidence suggests that academic literature is not widely read by people in professions involving caring for the disabled.

References

- AIEJI (2006). The Professional Competences of Social Educators. A Conceptual Framework
Retrieved from <http://aieji.net/wp-content/uploads/2010/12/A-conceptual-framework.pdf>
- AIEJI (2011). The profession of social education in Europe. Comparative survey
- Australian Government Productivity Commission (2011). Disability Care and Support.
Retrieved from
http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwilssfynN3PAhXLLMAKHS2rC6kQFggjMAA&url=http%3A%2F%2Fwww.pc.gov.au%2Finquiries%2Fcompleted%2Fdisability-support%2Freport%2Fdisability-support-volume2.pdf&usq=AFQjCNG_2jHTe2HLQTtp_4kyBBAAey3niw&bvm=bv.135974163,d.ZGg
- Baldwin, C. & Estey-Burt, B. (2012). Narrative and the Reconfiguration of Social Work Ethics. Narrative and the Reconfiguration of Social Work Ethics. *Narrative Works*, 2 (2). Retrieved from
<https://journals.lib.unb.ca/index.php/nw/article/view/20169/23262>
- Banks, S. (2006). *Ethics and Values in Social Work*. New York, NY: Palgrave Macmillan.
- Banks, S. (1996). Professional Ethics in Social Work— What Future? *British Journal of Social Work*, 28 (2), 213-231.
- Barksey, A. (2010). *Ethics and Values in Social Work*. Oxford, UK: Oxford University Press.
- Bisman, C. (2014). *Social Work*. New York, NY: Columbia University Press,
- Bowler, M. & Nash, P. (2014). Professional Boundaries in Learning Disability Care. *Nursing Times*, 110, 12-15.
- Brynhildur G. Flóvenz (2004). *Réttarstaða fatlaðra. Mannréttinda skrifstofa Íslands og Minningarsjóður Jóhanns Guðmundssonar*. Reykjavík: Háskólaútgáfan
- Burton, J., Toscano, T. & Zonouzi, M. (2012). *Personalisation for Social Workers*. Maidenhead, U.K.: Open University Press.
- Chapman, M. V., Oppenheim, S., Shibusawa, T., & Jackson, H. M. (2003). What we bring to practice: Teaching social work students about the use of self. *Journal of Teaching in Social Work*, 23 (3/4), 3-14.

- Coleman, H., Collins, D., & Jordan, C. (2013). *Brooks/Cole Empowerment Series: An Introduction to Family Social Work*. Belmont, CA: Cengage Learning.
- Cooper, F. (2012). *Professional Boundaries in Social Work and Social Care*. London, UK: Jessica Kingsley Publishers.
- Daly, M. & Mansfield, J. (2014). A Study of the Relevance of Social Network Sites and Ethics Involving Undergraduate Students. *Journal of Baccalaureate Social Work*, 19 (1), 83-96.
- David, C. (2006). Delivering on its promise? Better but not good enough. Retrieved from <https://researchbank.rmit.edu.au/eserv/rmit:161602/David.pdf>
- Day, R. & Green, L. (2013). To Touch or Not to Touch? Exploring the Dilemmas and Ambiguities Associated with Touch in Social Work and Social Care Settings. In M. Carey & L. Green (eds.), *Practical Social Work Ethics: Complex Dilemmas Within Applied Social Care* (pp. 83-110). Farnham, UK: Ashgate.
- Dewane, C. (2010). Respecting Boundaries. *Social Work*, 10 (1), 18.
- Doel, M., Allmark, P., Conway, P., Cowburn, M., Flynn, M., Nelson, P. & Tod, A. (2009). Professional Boundaries Research Report. Retrieved from http://cdn.basw.co.uk/upload/basw_30648-7.pdf
- Embætti Landlæknis (2016). Síðareglur þroskaþjálfara. Retrieved from <http://www.landlaeknir.is/gaedi-og-eftirlit/heilbrigdisstarfsfolk/starfsleyfi/sidareglur/item13358/>
- European Commission (n.d.). European Consortium of Social Professions with Educational and Social Studies – ECSPRESS. Retrieved from http://www.ecce-net.eu/ECCE-FH/ecsp_en.htm
- Frederiksen, J. (2010). Between Practice and Profession. Retrieved from <http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwi70sbP7rDQAhVIACAKHaNrAG8QFgghMAA&url=http%3A%2F%2Fdiggy.ruc.dk%2Fbitstream%2F1800%2F6059%2F1%2FJan%2520Frederiksen%2520-%2520Between%2520Practice%2520and%2520Profession.pdf&usg=AFQjCNGkMGRhw0yKqPTvEmVSg7j0ycDztw&bvm=bv.139250283,d.d2s>
- Frederiksen, K. (2008). International Cooperation Makes Sense. *Socialpaedagogen*, 65, 2.
- General Social Care Council (2009). Professional Boundaries: Guidance for Care Workers. Retrieved from

- docs.scie-socialcareonline.org.uk/fulltext/122181.pdf
- Gentle Teaching Canada (n.d.). The Tools of Gentle Teaching. Retrieved from <http://gentleteaching.com/ca/gentle-teaching-tools/>
- Gentle Teaching Foundation (2013 b). Demand Driven Care. Retrieved from <https://www.gentleteaching.nl/gentle/index.php/en/themes/articles/demand-driven>
- Gentle Teaching Foundation (2013 c). Gentle Words. Retrieved from <https://www.gentleteaching.nl/gentle/index.php/en/themes/articles/words>
- Gentle Teaching Foundation (2013 a). Touches. Retrieved from <https://www.gentleteaching.nl/gentle/index.php/en/themes/articles/touches>
- Gentle Teaching International (n.d.). Gentle Teaching International website. Retrieved from <http://gentleteaching.com/>
- Gough, J. & Spencer, E. (2014). Ethics in Action: An Exploratory Survey of Social Worker's Ethical Decision Making and Value Conflicts. *Journal of Social Work Values and Ethics*, 11 (2), 23-40.
- Hawkshaw, R. (2013). Professional and Personal Boundaries Policy. Retrieved from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjDs6uG8-TPAhXqK8AKHVo2DpYQFggcMAA&url=http%3A%2F%2Fwww.southernhealth.nhs.uk%2FEasysiteWeb%2Fgetresource.axd%3FAssetID%3D71772%26type%3DFull%26servicetype%3DAttachment&usg=AFQjCNHF4PpFMEb_KJC_C3HMjbl2n972mg
- Howe, D. (2008). *The Emotionally Intelligent Social Worker*. New York, NY: Palgrave Macmillan.
- Hox, J. & Boije, H. (2005). Data Collection, Primary vs. Secondary. In K. Leonard (ed.), *Encyclopedia of Social Measurement* (pp. 593-599). Cambridge, MA: Elsevier Academic Press.
- Jones, R. & McCaughey, R. (1992). Gentle Teaching and Applied Behaviour Analysis: A Critical Review. *Journal of Applied Behaviour Analysis*, 25 (4), 853-867.
- Kristján Kristjánsson (1992). *Proskakostir*. Reykjavík: Rannsóknarstofnun í siðfræði.
- Malin, N. (2000). Professionalism and Boundaries of the Formal Sector. In N. Malin (ed.), *Professionalism, Boundaries and the Workplace* (pp. 7-24). Abingdon, UK: Routledge.

Meyers, S., Milner, J. & O'Bryne, P. (2009). *Assessment in Social Work*. Baskingstoke, UK: Palgrave Macmillan.

National Association of Social Workers (2008). Code of Ethics. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>

National Association of Social Workers (2011). Setting and Maintaining Professional Boundaries. Retrieved from careers.socialworkers.org/documents/Professional%20Boundaries.pdf

O'Leary, P., Tsui, M. & Ruch, G., 2013. The Boundaries of the Social Work Relationship Revisited: Towards a Connected, Inclusive and Dynamic Conceptualisation. *British Journal of Social Work*, Advance Access, 1-19. Retrieved from <http://bjsw.oxfordjournals.org/content/early/2012/01/10/bjsw.bcr181.full.pdf+html>

Papouli, E. (2014). The Development of Professional Social Work Values and Ethics in the Workplace: A Critical Incident Analysis from the Students' Perspective. Retrieved from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&ved=0ahUKewjbvujmyt3PAhXqK8AKHVo2DpYQFgg6MAU&url=http%3A%2F%2Fsro.suss.ac.uk%2F48325%2F1%2FPapouli%2C_Eleni.pdf&usg=AFQjCNHSNPRXUedYzCfhOBCR1r9AWrUvJg&bvm=bv.135974163,d.ZGg

Pallisera, M., Fullana, J., Palaudarias, J. & Badosa, M. (2013). Personal and professional development (or use of self) in social educator training. An experienced based on reflective learning. Retrieved from <http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKEwjn6eOrxKnQAhWrD8AKHdCqCPMQFggrMAE&url=http%3A%2F%2Fdugi-doc.udg.edu%2Fbitstream%2Fhandle%2F10256%2F9710%2FPersonal-professional.pdf%3Fsequence%3D3&usg=AFQjCNGcscCSxNJpv29RbwZHhpmBv9y03g&bvm=bv.138493631,d.ZGg>

Parker, P. (2009). Professional Boundaries in Social Work: A Qualitative Study. Retrieved from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&cad=rja&uact=8&ved=0ahUKEwi1uPvJ4d_PAhUqLcAKHaRUD58QFgg1MAQ&url=http%3A%2F%2Fwww.thinklocalactpersonal.org.uk%2F_assets%2FResources%2FPersonalis

- ation%2FLocalmilestones%2FProfessional_Boundaries_in_Social_Work.pdf&usg=A
FQjCNGO_YRUJqAx3WgUOVcOTZQH2Nbk-w&bvm=bv.135974163,d.bGs
- Peterson, M. (1992). *At Personal Risk: Boundary Violations in Professional-Client Relationships*. London, UK: W. W. Norton & Company.
- Reamer, F. (2007). Boundaries Among Colleagues. *Social Work Today*, 7 (4), 9-11.
- Reamer, F. (2012). *Boundary Issues and Dual Relationships in the Human Services*. New York, NY: Columbia University Press.
- Reamer, F. (2003). Boundary Issues in Social Work: Managing Dual Relationships. *Social Work*, 48 (1). 121-133.
- Rhodes, M.L. (1992). Social work challenges: The boundaries of ethics. *Families in Society. The Journal of Contemporary Human Services*, 73(1), 40-47.
- Rossiter, A. (2011). Unsettled social work: The challenge of Levinas's ethics. *British Journal of Social Work*, 41 (5), 980-995.
- Saks, E. (2002). *Refusing Care: Forced Treatment and the Rights of the Mentally Ill*. Chicago, IL: Chicago University Press.
- Solomons, S. (2008). Touch: Physical Contact and People with Severe, Profound and Multiple Learning Difficulties. Retrieved from www.riversideschool.org.uk/attachments/download.asp?file=130&type=doc
- South Tyneside Foundation Trust (n.d.). About the Trust. Retrieved from <https://www.stft.nhs.uk/about>
- Strom-Gottfried, K., Thomas, M. & Anderson, H. (2014). Social Work and Social Media: Reconciling Ethical Standards and Emerging Technologies. *Journal of Social Work Values and Ethics*, 11 (1), 54-65.
- The British Association of Social Workers (2009). A study of recommendations arising from serious case reviews 2009-2010. Retrieved from <https://www.basw.co.uk/resource/?id=17>
- Treacher, A. (2006) Something in the air: Otherness, recognition and ethics. *Journal of Social Work Practice*, 20 (1) , 27-37.
- Trimberger, G. (2012). An Exploration of the Development of Professional Boundaries. *Journal of Social Work Values and Ethics*, 9 (2), 68-75.
- University of Portsmouth (2012). Advantages & Disadvantages of Analysing Written Documents for the Purposes of Research. Retrieved from

http://compass.port.ac.uk/UoP/file/ef9dd79a-2a94-4795-be23-f75eb40c8a11/1/Documentary+and+Content+Analysis_IMSLRN.zip/page_04.htm

University of Wisconsin Oshkosh Centre for Career Development and Wisconsin Department of Health Services Division of Quality Assurance (2010). Professional Boundaries for Caregivers. Retrieved from

http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwia4fHoueDPAhVsIMAKHTMiDYIQFggnMAI&url=http%3A%2F%2Fwww.uwosh.edu%2Fccdet%2Fcaregiver%2FDocuments%2FKeys%2FProfBoundariesCaregivers_ParticipantGuide.pdf&usg=AFQjCNHpFOOqrWPH1E7cQaYMJiSubSWeYA&bvm=bv.135974163,d.d24

Vilhjálmur Árnason (2003). *Siðfræði lífs og dauða*. Reykjavík: Siðfræðistofnun og Háskólaútgáfan

Wilks, T. (2005). Social work and narrative ethics. *British Journal of Social Work*, 35 (8), 1249-1264.

Wilson, K. (2008). *Social Work*. Harlow, UK: Pearson Education.