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Social work ethics in India: A call for the development of indigenized ethical standards

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Abstract

In recent years, various professional associations in social work and regulatory bodies worldwide have engaged in ambitious efforts to draft and implement comprehensive ethics guidelines, standards, and education. For a variety of complex reasons, the social work profession in India has lagged behind developments in many other nations. The purpose of this article is to assess the current status of social work ethics in India, review relevant developments throughout the world, and present a blueprint to guide the development of much-needed indigenous ethical standards and education in India.

Keywords

Code of ethics, ethical standards, ethics, India, values

Social work ethics is now a fixture in social work practice and education throughout the world. Especially since the 1980s, social workers have become much more cognizant of ethical challenges in the profession, the need for conceptually based decision-making frameworks, and rigorous education and training. Today's practitioners are keenly aware of complex ethical dilemmas encountered by clinical social workers, program managers, agency administrators, community organizers, and policy specialists. Internationally, social workers face ethical challenges related to client confidentiality and privacy, informed consent, boundaries and dual relationships, conflicts of interest, paternalism, allocation of limited resources, and unethical conduct, among others (Banks, 2006; Barsky, 2010; Dolgoff et al., 2008; Goswami, 2012; Reamer, 2013c). Particularly noteworthy and challenging are the diverse values, cultural norms, and ideological perspectives social workers in different parts of the world, including India, apply to ethical challenges in the profession.

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In recent years, professional associations and social work regulatory bodies have developed ambitious and comprehensive ethical standards and education initiatives to keep pace with increasingly complicated ethical challenges. Codes of ethics, regulatory standards, and ethics curricula in various nations reflect social workers' growing understanding of the nature of ethical dilemmas, ethics concepts, and decision-making frameworks (Barsky, 2010; Reamer, 2006).

For a variety of complex reasons, the social work profession in India has lagged behind developments in many other nations where social work is prominent (Goswami, 2012). This is due in part to the fact that the social work profession in India emerged nearly 40 years after the formal inauguration of the profession in England and the United States in the late 19th century. During ancient and medieval times, assistance to vulnerable people in India was provided primarily in the form of charity and was offered by religious temples, *maths* (religious facilities where people stayed), and *dharmashalas* (places to stay that were free of charge). During the British period (approximately 1600–1947), social service activities focused primarily on social reform. During this period, Christian missionaries, especially the Serampore Mission in Bengal, were particularly influential.

In the early 20th century, in part due to Mahatma Gandhi's efforts to enhance the quality of life for members of India's lower castes, organized social services developed to address issues of urban and rural poverty, alcohol abuse, and women's well-being, among other social challenges. The Sir Dorabji Tata Graduate School of Social Work, now part of the Tata School of Social Sciences, was established in 1936 in Bombay. Between 1947 and 1956, the Delhi School of Social Work, Kashi Vidyapith, Gujarat Vidyapith, and other social work programs began (Botcha, 2012).

The purpose of this article is to review relevant developments throughout the world, assess the current status of social work ethics in India, and present a blueprint to guide the development of much-needed indigenous ethical standards and education in India.

The evolution of social work ethics

Ethical standards in social work and ethics education in the profession have developed unevenly throughout the world (Congress and Kim, 2007; Congress and McAuliffe, 2006). The most ambitious developments have been in Australia, Canada, New Zealand, the United Kingdom, and the United States. India has lagged behind.

Ethical standards in social work have evolved significantly since the profession's formal inception in the late 1800s (Reamer, 2006, 2012a). Ratified codes of ethics did not exist during the first half century of social work's existence. Although ethical norms emerged during social work's early years, it took decades for them to be codified. The earliest codes of ethics in social work were relatively simplistic, as were codes in every profession. Early codes of ethics resembled affirmations, oaths, and pledges and, in contrast to contemporary codes, did provide in-depth, comprehensive coverage of a wide range of complex ethical issues (Banks, 2003; Reamer, 2006).

Several social work organizations formulated draft codes during the early years of the profession's history – for example, the (North) American Association for Organizing Family Social Work and several chapters of the (North) American Association of Social Workers – but it was not until 1947 that the latter group, the largest organization of social workers of that era, adopted a formal code (Johnson, 1955). Shortly thereafter, in 1954, the Australian Code of Ethics was first drafted (Congress and McAuliffe, 2006).

After a half century of development, the social work profession was moving into a phase characterized by several attempts to develop consensus about the profession's core values. This was especially prominent between the late 1950s and 1970s (Levy, 1976). Significantly, it was during this period, in 1960, that the National Association of Social Workers (NASW) in the United States ratified the first prominent social work code of ethics. Fifteen years later, in 1975, the British Association of Social Workers code was introduced (Banks, 2006; Congress, 2008).

Ethical standards in social work matured significantly during a third historical period that focused on ethical theory and decision-making. Until the late 1970s, social work literature and ethical codes throughout the world focused primarily on the profession's core values and value base (Congress and Kim, 2007; Congress and McAuliffe, 2006; Reamer, 2013c). At this point, the profession underwent another significant transition in its concern about values and ethics. The 1970s saw a dramatic surge of interest in applied and professional ethics, especially in Western nations. Professions as diverse as medicine, nursing, law, business, journalism, social work, psychology, and criminal justice began to devote sustained attention to the subject. In several parts of the world, although not India, the literature on professional ethics burgeoned, as did academic coursework on the subject and continuing education. As professionals' understanding of ethical issues matured, a number of scholars and practitioners developed, for the first time, conceptually rich ethical decision-making protocols and guidelines (Banks, 2006; Barsky, 2010; Congress, 2000; Dolgoff et al., 2008; Reamer, 2006, 2013c). During this period, there was an explicit focus on the application of ethical theories to real-life ethical dilemmas encountered by professionals. Not surprisingly, codes of ethics in several nations (especially in Australia, Canada, the United Kingdom, New Zealand, and the United States) matured during this period, reflecting this expanded understanding of ethical issues. For example, in the mid-1990s, the NASW in the United States embarked on a complete overhaul of its code, first adopted in 1960 and revised in the late 1970s, in an effort to reflect the remarkable growth of new knowledge related to professional ethics. The Korean Code of Ethics, first adopted in 1982, was revised in 1992, 1999, and 2001 (Congress and Kim, 2007); the Australian Code of Ethics, first proposed in 1954, was revised in 1999 (Congress and McAuliffe, 2006); and the British Association of Social Workers Code, first adopted in 1975, was revised in 2002 (Banks, 2006). Significantly, the International Federation of Social Workers (IFSW) Code of Ethics, in conjunction with the International Association of Schools of Social Work, was adopted during this period, in 1994, and revised in 2004 and 2012. Comparable developments did not occur in India.

Social work ethics in India

The social work profession in India has not developed formal, indigenous ethical standards or a rich body of scholarship on professional ethics (Goswami, 2012; Raju and Raju, 2012), although there are nascent efforts (see, for example, the *Declaration of Ethics for Professional Social Workers in India*, developed by the Tata Institute of Social Sciences). This is not to say that social work in India does not have deep roots in the culture's longstanding values. Indeed, India has a very ancient history of thinking about ethics (Clothey, 2006). Its central concepts are embedded in R̥gveda, one of the oldest knowledge texts not only of India but of the entire world. In R̥gveda, one finds discussion of the idea of a cosmic order (*ṛta*) which stands for harmony and balance in nature and in human society.

In Indian tradition, the concept of *ṛta* underpins the idea of dharma. The term dharma entails the core ethical concepts of duty, obligation, and righteousness. Dharma represents a way of life in which ethical values are considered supreme and everyone is expected to perform his or her duty according to his or her social position and station in life. There is a keen link between dharma and longstanding social work ethics concepts.

Social work in India has also been influenced directly by the culture's embrace of core values related to the *Bhakti* movement's value of humanism and individual worth and dignity; *Sarvodaya*, which emphasizes the values of equity, justice, and empowerment of the community as a whole; and the spirit of *Swarajya*, which promotes self-governance. These too are values that resonate with traditional social work values (Tata Institute of Social Sciences, 2014). Indian social work values are replete with influences from the Vedic period, Hinduism, Buddhism, and Jainism (Clothey, 2006).

Historically, Indian social workers have relied heavily on ethical standards developed in the United States, including the NASW Code of Ethics. According to Goswami (2012),

professional social work came to India mainly from the USA, and so it borrowed heavily from American models of practice, including professional values and ethics. Efforts toward developing an indigenized knowledge base were very limited until the 1980s. There had also been no universal consensus about what would be the exact form and purpose of Code of Ethics in a heterogeneous society like India. The dilemma remains unresolved. (p. 106)

These sentiments are echoed by Botcha (2012), who concludes that

the major shortcoming of social work education in India is its inability to sufficiently indigenize its knowledge-base. The basic teaching material with respect to interventionist methods (the holy trinity of social case work, social group work and community organisation) is still primarily American. (p. 205)

To keep pace with developments elsewhere in the world, it is important for the social work profession in India to strengthen its ethical standards and ethics education. Although the social work profession in India may use prominent codes of ethics developed in other nations as a guide and point of departure, at this point in history it is essential and appropriate for Indian social workers to craft ethical standards that reflect India's unique values, culture, and ideology.

Social work codes of ethics: Diverse purposes

Social work codes of ethics exist in three different contexts that may be relevant to the development of an ethics code in India (Congress and Kim, 2007; Congress and McAuliffe, 2006; Reamer, 2006, 2012b, 2013, 2013c; Webster, 2010). First, internationally many voluntary professional social work associations have developed formal and widely adopted codes of ethics. These codes typically carry no legal authority, although the associations may insist on compliance with the code as a condition of membership.

Second, in some nations, social work ethics codes have been developed or adopted by governmental licensing boards or regulatory bodies that authorize social work practice. These ethical standards become legally enforceable once they are incorporated into licensing statutes or regulations.

Third, many private-sector human and social service agencies have adopted codes of ethics or ethical standards to which employees are bound. Here, too, some of these organizations develop their own unique ethical standards and some draw on codes of ethics developed by prominent voluntary professional associations.

Codes of ethics throughout the world serve multiple practical purposes within the social work profession. These may be relevant to the formulation of a code of ethics for Indian social workers.

Articulate social work's principal mission, values, and ethical principles

Ideally, codes of ethics offer practitioners and the public with a clear, compelling statement of social work's principal aims and moral purposes. In principle, codes of ethics provide a moral touchstone for the profession.

Offer guidance to social workers and employers in addressing ethical issues

Many contemporary social work codes of ethics, unlike earlier codes, include extensive detail regarding a wide range of ethical issues and challenges. In general, code of ethics standards offer guidance concerning three kinds of issues (Reamer, 2006, 2013c). The first includes what can be defined as

'mistakes' that social workers might make which have ethical implications. Examples include leaving confidential documents displayed in public areas in such a way that they can be read by unauthorized persons or forgetting to include important details in a client's informed consent documents. The second category includes issues associated with difficult ethical decisions – for example, whether to disclose confidential information, without client consent, to protect a third party from harm; coerce an individual into treatment; barter with low-income clients who want to exchange goods for social work services; or terminate services to a noncompliant, yet vulnerable, client. The final category includes issues relating to social worker misconduct, such as exploitation of clients, boundary violations, or fraudulent documentation in social work records.

Protect consumers from incompetent practice and delineate standards for ethical practice

The central purpose of licensing boards and regulatory boards is to protect the public from incompetent or unethical conduct by social workers. Codes of ethics and ethical standards promulgated by these bodies have, as their primary goal, public protection. Licensing and regulatory bodies use codes of ethics and ethical standards to assess whether social workers have departed from professional standards in the event that a citizen files a formal complaint.

Provide a mechanism for the social work profession to govern itself

In some countries, voluntary social work associations use codes of ethics internally to assess whether members have adhered to, or departed from, ethical standards. For example, in the United States, the NASW uses the NASW Code of Ethics to evaluate and, when necessary, adjudicate ethics complaints filed against NASW members by clients or other parties. NASW may impose sanctions (e.g. suspension, expulsion, notification of a licensing or regulatory body, restitution, and publication of findings) or require various forms of corrective action (e.g. consultation, supervision, and training).

Protect social workers from ethics complaints and litigation

Codes of ethics also serve a preventive function. Presumably, social workers who fully understand prevailing ethical standards are less likely to engage in conduct that leads to misconduct, ethics complaints filed with licensing and regulatory bodies, and litigation.

Since the 1990s, social work codes of ethics have also been viewed as a risk-management tool used to reduce ethics-related risks in professional practice and minimize the likelihood of harm to clients and other parties. Social workers engage in high-risk behavior when they practice in a manner that is inconsistent with prevailing ethical and professional standards (Houston-Vega et al., 1997; Reamer, 2003, 2015; Strom-Gottfried, 2000, 2003). Social workers can be held accountable for negligence and ethical violations in several ways. In some nations, people who believe they have been harmed by social workers can file a negligence claim or lawsuit. Also, disgruntled parties can file formal complaints with social work organizations to which social workers belong and with licensing or regulatory bodies that govern social work practice. In exceptional circumstances, criminal charges may be filed (e.g. based on allegations of sexual misconduct or fraudulent billing of a government agency or private insurance company). Formal legal complaints against social workers are relatively rare in India.

Voluntary membership organizations typically process ethics complaints using a peer review model that includes members. The governing body may conduct a hearing during which the complainant (the person filing the complaint), the respondent (the person against whom the complaint

is filed), and witnesses have an opportunity to testify. After hearing all parties, discussing the testimony, and consulting relevant codes of ethics, the organization may impose sanctions or require various forms of corrective action.

Licensing and regulatory bodies also use formal procedures to process and review complaints against licensed social workers. Typically the procedures involve a review of the complaint, investigation, and, when warranted, a hearing conducted by a panel of colleagues that offers due process protections (some boards include public members in addition to professional colleagues). In some jurisdictions, proceedings are conducted in a court of law. These bodies can impose sanctions and requirements for corrective actions when there is evidence that a social worker violated ethical standards set forth in statutes and regulations.

Compelling ethical challenges

In contemporary social work throughout the world, social workers face wide-ranging ethical challenges. This is true in India as well, although currently India has much less scholarly literature and ethics-related protocols, standards, and conceptual frameworks to rely on than one finds in a number of other countries. Ideally, the social work community in India would develop ethical standards and guidelines related to a number of key issues and challenges.

Client rights

Especially since the 1960s, social workers throughout the world have developed a keen understanding of clients' diverse rights, many of which were established by legislation, regulation, or court ruling and which now are reflected in codes of ethics. These include rights related to confidentiality and privacy, release of information, informed consent, access to services, use of the least restrictive alternative, refusal of treatment, options for alternative services, access to records, termination of services, and grievance procedures. In India, social workers face unique challenges related to clients' rights where ethical norms may differ from traditional social work norms in Western cultures. Here are several examples, drawn from one of the author's extensive experiences as a social worker in India, involving Indian social workers' decisions to

- Release confidential information about clients' mental health or addiction to family members and employers, without clients' authorization or consent;
- Provide clinical treatment based on family members' consent rather than the client's consent;
- Permit clients to personally store and travel with their clinical records as they seek services in multiple agencies, particularly in rural communities;
- Share sensitive information with family members rather than the client (e.g. about a client's poor mental health prognosis or terminal illness).

Cultural and social diversity

One of the most significant developments in social work is the profession's increasingly substantial and nuanced grasp of diversity issues. Only in recent years have prominent ethics codes incorporated standards related to cultural competence, social diversity, discrimination, and oppression (Banks, 2006; Congress and Kim, 2007; Congress and McAuliffe, 2006; Reamer, 2006, 2013c). These standards encourage social workers to recognize that the meaning of key ethical concepts, such as privacy, self-determination, boundaries, and informed consent varies among different ethnic and cultural groups.

Social workers in India must take into consideration the nation's unique values when addressing ethical issues. The Western notion of a democratic conversation between provider and client – according to which the practitioner and client are true partners in the helping process – can be confusing in the Indian context. In India, clients commonly place social workers on the proverbial pedestal and view them as 'higher than'. In rural villages where there are nongovernmental organizations (NGOs) that provide various services, the director of the NGO is often seen by local residents as 'savior'; it is not uncommon for local people to fall and touch the professional's feet and seek blessing.

Several challenging examples faced by Indian social workers involve reproductive health and family planning. For instance, one of the authors observed a program where some social workers were compensated based on the number of men they referred to family planning clinics for sterilization, a potential conflict of interest. Also, family planning social workers encountered ethical challenges when a client wanted to terminate a pregnancy solely because amniocentesis indicated that the fetus is female (Jeffery et al., 1984).

Indian social workers also face daunting ethical dilemmas related to the culture's view of homosexuality. Some practitioners struggle to reconcile social work's longstanding respect for clients' sexual orientation and traditional Indian discomfort with homosexuality (Rao and Jacob, 2012).

In addition, gratitude toward those who help is a central value in Indian culture. Interdependence is pivotal in this collectivistic culture. Although much of the relationship is focused on 'empowering' the client, there is simultaneous emphasis on interdependence as opposed to clients' self-sufficiency. Efforts to draft a code of ethics within the Indian context should take into consideration this social construction of the worker–client relationship.

Profound cultural differences among regions, castes, and religions also pose significant challenges; ethical standards in India would need to provide useful conceptual guidance while offering flexibility that is sensitive to significant intra-cultural differences. For example, belonging to an Indian caste system may prescribe one's behavior. Being part of a particular social group can determine the extent of one's willingness to engage in a therapeutic relationship. Moreover, working in a rural area as a community organizer where there are multiple marginalized groups can be challenging, especially when there is significant inter-group conflict, which can lead to challenging conflicts of interest. Furthermore, Indian social workers may encounter disagreements among different governmental agencies, NGOs, and political parties, which too can create unique conflicts of interest (Goswami, 2012).

Client self-determination and professional paternalism

The presumption in social work is that practitioners should promote and respect clients' right to self-determination. Only recently have prominent social work codes of ethics acknowledged that instances arise when social workers may have a duty to override clients' right to self-determination to protect clients from harming themselves or others. Interference with clients' right to self-determination to protect them from harming themselves raises complex issues of professional paternalism (Reamer, 1983, 2006).

The concept of client self-determination has unique meaning in India, compared with many other nations. For example, the venerated concept of client self-determination – as articulated in prominent Western social work literature – is taught in social work education programs as a core ethical standard to be followed. Yet, when Indian social workers are in the field, the collectivistic context of Indian society, which favors paternalism, often replaces or trumps the traditional meaning of self-determination (Goswami, 2012); many Indian social workers instinctively offer advice, contrary to the Western inclination to follow the client's lead and wishes (self-determination). This may happen especially with clients who are illiterate, many of whom are poor and live in rural

areas (Bhowmick, 2014). Many Indian social workers are inclined to collaborate with family elders in an effort to help a vulnerable client; for instance, family elders may eagerly solicit the social worker's opinion about 'what to do'.

Another example involves the relatively recent push for micro-loans in many Indian communities. Often these micro-loans come with high interest rates and are offered to families experiencing abject poverty (Edward and Olsen, 2006). These clients may be illiterate and unable to understand the financial calculations presented by the micro-loan officers. Social workers in these communities may be hard pressed to honor client self-determination while protecting poor and illiterate people from being exploited. A code of ethics in India would need to recognize such potential ethical dilemmas.

Confidentiality, privileged communication, and privacy

One of the most significant developments in the evolution of social work codes of ethics is the proliferation of standards pertaining to confidentiality, privileged communication, and privacy (Dickson, 1998). Today's codes of ethics pay much more attention to these issues than earlier codes, particularly with respect to issues related to: solicitation of private information from clients; disclosure of confidential information to protect clients from self-harm and protect third parties from harm; release of confidential information; disclosure of information about deceased clients; release of information to parents and guardians of minor clients; sharing of confidential information among participants in family, couples, and group counseling; disclosure of confidential information to media representatives, law enforcement officials, protective service agencies, and other social service organizations; protection of confidential written and electronic records, and information transmitted to other parties through the use of computers, email, fax machines, telephones, and other electronic technology; transfer or disposal of clients' records; protection of client confidentiality in the event of a social worker's death, disability, or employment termination; precautions to prevent discussion of confidential information in public or semi-public areas; disclosure of confidential information to third-party payers; disclosure of confidential information to consultants; disclosure of confidential information for teaching or training purposes; and protection of confidential and privileged information during legal proceedings, for example, divorce proceedings, custody disputes, criminal trials, termination-of-parental-rights proceedings, workers' compensation proceedings, and negligence lawsuits.

At times, ethical standards relating to confidentiality conflict with one another or with other standards in a code of ethics. For example, standards that require social workers to respect clients' privacy and confidentiality may conflict with social workers' duty to disclose confidential information, without clients' consent, in order to protect a third party from harm. These are particularly complex challenges in India, given its unique values and cultural norms related to client privacy and confidentiality that differ from those found in some other nations. For example, a social worker serving as a personnel official, labor officer, or human resources manager in a factory, which is not uncommon in India, may receive a telephone call from the family of a potential bride and ask whether a particular worker, the potential marriage partner, is of 'good character'. In an environment where arranged marriage may still predominate, many labor officers share sensitive details regarding a male employee that in Western cultures would be considered confidential. Human service professionals in India thus are caught between their duty to their client (employee) and protection of a third party (potential bride). Similar tensions between client confidentiality and protection of third parties arise when an Indian social worker serves a client who is HIV-positive and knows that the client has not disclosed this confidential information to his spouse.

Informed consent

Current ethical standards focus on informed consent requirements in a variety of circumstances, including release of confidential information, program admission, service delivery and treatment, videotaping, and audiotaping (Reamer, 1987, 2013a, 2013b). Common elements included in ethics standards focus on social workers' duty to give clients specific details about the purpose of the consent, a verbal explanation, information about clients' rights to refuse consent and withdraw consent, information about alternative treatment options, and an opportunity to ask questions about the consent process. Standards in codes of ethics typically recognize that special challenges arise when clients do not have the cognitive or legal capacity to consent, by virtue of age or impairment, or struggle with literacy.

Here, too, social workers in India face unique challenges, given the culture's understanding of the concept of informed consent. For example, when Indian clients are unable to read and write, they provide informed consent verbally and in the form of a thumbprint rather than a signature. Indian social workers must be earnest about how much of the relevant details (e.g. the purpose of the services or intervention, alternative options, and potential benefits and risks) are actually delivered to the client and family in an understandable manner (Goswami, 2012). Given widespread illiteracy in India – currently estimated to be more than 280 million adults and more than one-third of the world total (Bhowmick, 2014) – those responsible for drafting ethical standards need to consider whether some potential clients should be provided with illustrations and pictures to enhance their ability to provide true informed consent.

Furthermore, in India it is common for families to provide informed consent on behalf of clients, for example, when a family member with mental illness refuses treatment. It is also common for people who are under the influence of alcohol, and who are not competent to consent, to be admitted to a treatment facility by their family in hopes of bringing about a change.

Service delivery

Ethical standards address social workers' duty to provide service and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant experience. They also focus on social workers' obligation to provide services in substantive areas and use practice approaches and techniques that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are already competent in those practice approaches, interventions, and techniques. Challenging ethical issues arise when social workers consider using nontraditional and unorthodox interventions. What is considered appropriate service delivery in India may be considered inappropriate in other cultures.

For example, subjugation to nature is a widely embraced belief in Indian culture (Goswami, 2012; Singh, 2012). A key, and expected, element in many helping relationships is collaboration with nontraditional partners that draw on natural resources (such as astrologers). Also, Indian social workers may be expected to incorporate nontraditional interventions in their work with clients, such as religious rituals and pilgrimage trips. Moreover, in the predominant Hindu culture there are rules related to auspicious times to seek help, auspicious days to come for appointments, and times when interventions are inauspicious (Singh, 2012). Ethical standards in India must recognize these widespread cultural norms.

Also, social services in India are often provided in very crowded spaces (e.g. corridors and waiting areas) where others in close proximity can overhear sensitive and otherwise confidential conversations (Goswami, 2012). This might be seen as inappropriate in Western settings, but in India, social workers commonly find themselves offering services in settings where privacy is very limited or nonexistent.

Boundary issues, dual relationships, and conflicts of interest

Literature on boundary issues in professional–client relationships has burgeoned in recent years, and this has influenced expanded content in ethics codes (Reamer, 2001, 2013c; Syme, 2003; Zur, 2007). Contemporary ethics codes address issues related to: sexual relationships with current and former clients; counseling former sexual partners; sexual relationships with clients' relatives or acquaintances; sexual relationships with supervisees, trainees, students, and colleagues; physical contact with clients; friendships with current and former clients; encounters with clients in public settings; attending clients' social, religious, or lifecycle events; gifts to and from clients; performing favors for clients; the delivery of services in clients' homes; financial conflicts of interest; delivery of services to two or more people who have a relationship with each other (such as couples, family members); bartering with clients for goods and services; managing relationships in small or rural communities; self-disclosure to clients; and becoming colleagues with a former client.

Social workers' management of boundary issues and dual relationships is especially complicated. In India, social workers and clients may have a much more flexible and elastic approach to boundaries and dual relationships than one finds in some other nations (Goswami, 2012; Singh, 2012). For example, when Indian social workers work with a family, they may be viewed as a member of that family. Social workers can expect to receive invitations to social, religious, and lifecycle events. Not accepting an invitation may be seen as disrespectful. Such challenges are particularly prevalent in rural Indian communities. Thus, the elastic and complex nature of boundaries in a collectivistic culture has to be addressed in a code of ethics in India; rigid ethical standards related to boundaries and dual relationships may be problematic.

Recording and documentation

Ethical and risk-management standards related to documentation have also proliferated in recent years, particularly as they pertain to assessment of clients' circumstances; planning and delivery of services; supervision; and accountability to clients, other service providers, funding agencies, utilization review staff, and courts of law (Reamer, 2005; Sidell, 2011; Wiger, 2009). Ethics standards focus on the appropriateness of content in clients' records; clients' and other parties' access to records; and storage and retention of records.

Social work documentation and case recording standards in India differ some from what one finds in other parts of the world. In many parts of India, health records are held by the client, not the health professional. When clients move from provider to provider, the records are carried by the client or family. Additionally, health insurers may require original paperwork (receipts, scanned documents, notes, prescriptions) before providing reimbursement for services. Such transfers of original health documents can compromise client privacy and confidentiality.

Supervision

Ethics standards also focus on supervision issues, especially pertaining to supervisors' competence, documentation of supervision, and dual relationships between supervisors and supervisees. These issues are particularly important when ethics complaints and lawsuits against social workers raise questions about the quality of supervision they received (Reamer, 1989).

Consultation and referral

Occasionally, ethical issues arise concerning social workers' consultation with colleagues and referral of clients to other providers. As a result, several ethics codes address social workers' duty to be clear

about when consultation with colleagues is appropriate and necessary and the procedures they should use to locate competent colleagues. Codes also address social workers' responsibility to refer clients to colleagues when they do not have the expertise or time to assist clients in need.

Dishonesty, fraud, and misrepresentation

A number of ethical standards in social work focus on social workers' duty to prevent dishonesty and fraud related to, for example, misrepresentation, documentation in case records, billing, and employment applications. Social workers in India must be particularly sensitive to these issues in light of common cultural challenges related to corruption (Charron, 2010).

Termination of services

Social workers face ethical risks when they terminate services improperly, for example, when services are terminated prematurely, against a client's wishes, or when a social worker leaves an employment setting. A number of social work ethics codes provide procedural protocols and guidelines to ensure that services are terminated ethically.

Some cultural norms in India concerning termination of services to clients are unique. For example, in many communities social workers are willing to maintain contact with clients following the termination of services, particularly to attend or participate in important lifecycle events and rituals. This practice also raises important boundary and dual relationship issues.

Practitioner impairment, misconduct, and incompetence

A significant percentage of ethics complaints are filed against social workers who meet the definition of impaired professional, that is, social workers who struggle as a result of substance abuse, mental illness, extraordinary personal stress, or financial or legal difficulties (Reamer, 1992, 2015; Strom-Gottfried, 2000, 2003). In addition, social workers sometimes encounter colleagues who are incompetent or engage in misconduct. Consequently, ethics codes include standards pertaining to social workers' duty to address their own and colleagues' impairment, incompetence, and misconduct.

Some ethics codes include specific guidelines regarding social workers' duty to address and disclose collegial wrongdoing. This entails what ethicists refer to as 'whistle blowing'. Social workers' decisions about whether to disclose ethical misconduct engaged in by colleagues are especially difficult, given the potential implications for colleagues' and whistle-blowers' careers.

Administration

Only in recent years have social work codes of ethics acknowledged ethical challenges related to administration (Menzel, 2006). Ethical standards focus on resource allocation, management practices, performance evaluation and personnel practices, and social workers' commitment to employers, particularly when social workers believe that employer policies, procedures, or administrative orders interfere with their ethical practice of social work (Reamer, 2000). For example, a challenging boundary-related issue for some social work administrators in India involves the cultural expectation that they will hire family members as agency employees.

Evaluation and research

Research and evaluation have become more prominent in social work, particularly with respect to conducting needs assessments, carrying out clinical and program evaluations, and using research evidence to inform practice (Mertens and Ginsberg, 2008; Sales and Folkman, 2000). Codes of

ethics now include extensive guidelines regarding the protection of human participants in research, especially relating to issues of coercion, exploitation, informed consent, conflicts of interest, and confidentiality. These standards are particularly important in light of notorious abuse and exploitation of research and evaluation participants. Indian social workers face common challenges adhering to strict informed consent and protection-of-human-participant-in-research standards when recruiting illiterate research participants and relying on research results generated from studies conducted in Western nations.

Social welfare and social action

One of social work's distinguishing features is its explicit concern about broad social welfare, in addition to social workers' concern about individual well-being. Prominent codes of ethics include standards pertaining to global social welfare, advocacy, social and political action, allocation of resources, and preventing discrimination and exploitation. These issues are especially relevant in India. For example, Indian social workers must be sensitive to, and address, social justice issues related to India's daunting problems of poverty, homelessness, illiteracy, discrimination, and access to health and mental health services.

Social work education

Many social work education programs worldwide have strengthened ethics education in their curricula (Congress et al., 2009; Reamer, 2001). Comprehensive ethics education provides in-depth exploration of social work values; ethical dilemmas in social work; ethical decision-making frameworks and protocols; and ethics-related risk-management issues. Many social work educators focus on relevant ethical and moral theory; codes of ethics; and laws and regulations pertaining to ethical challenges in clinical social work, management and administration, social action, social policy, and research and evaluation. A key goal is enhancing students' ability to apply key concepts to ethical challenges and dilemmas they face in practice.

Furthermore, many social work licensing and regulatory bodies worldwide require ethics education as a condition of licensure. In light of the profession's growing awareness of ethical issues, social work regulators recognize the need for social workers to keep pace with new developments, for example, social workers' increasing use of digital technology to provide services (Reamer, 2012c, 2013b, 2013c).

Social workers in India must take assertive steps to strengthen ethics education (Botcha, 2012). It is particularly important for Indian social work educators to develop indigenous curricula, curricular standards, publications (textbooks, journal articles, online resources, and other educational materials); clinical intervention, community organizing, and policy practice models and methods; and human behavior theories that incorporate uniquely Indian values, concepts, and cultural norms.

Conclusion

In recent years, various professional associations in social work and regulatory bodies have engaged in ambitious efforts to draft and implement comprehensive ethics guidelines, standards, and education. It is time for the Indian social work community to engage in similar efforts. To succeed, social workers in India must conduct a comprehensive review of social work scholarship on ethics and ethical standards, survey existing codes of ethics, and develop ethical standards that are sensitive to India's unique culture and values. One of the enduring challenges for Indian social workers who become involved in the development of comprehensive ethical standards and ethics education is balancing their respect for and incorporation of Indian values with their duty to draw

on evidence-based models and methods of social work practice. In principle, values-based norms may conflict with empirical evidence of effective social work practice. In the end, development of social work scholarship and ethical standards tailored to India's culture and values, while mindful of social work's growing body of evidence-based knowledge, will enhance the quality of professional practice, social work's integrity in India, and, most importantly, strengthen social workers' ability to fulfill their mission.

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