

# Code of Ethics and Standards of Practice



## Inside this package you will find:

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**2** A Code of Ethics and Standards content page.

**3** Tab pages to separate the sections of this document for ease of use and future inserts and/or updates as required.

**4** A space for the Social Workers Act from [www.bclaws.ca](http://www.bclaws.ca) and the Bylaws which can be downloaded from the BCCSW website as a pdf document.

**5** A section for your practice notes.

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## Code of Ethics

- 1 A social worker shall maintain the best interest of the client as the primary professional obligation.
- 2 A social worker shall respect the intrinsic worth of the persons served in professional relationships with them.
- 3 A social worker shall carry out professional duties and obligations with integrity and objectivity.
- 4 A social worker shall have and maintain competence in the provision of social work services to a client.
- 5 A social worker shall not exploit the relationship with a client for personal benefit, gain or gratification.
- 6 A social worker shall protect the confidentiality of all professionally acquired information by disclosing such information only when required or allowed by law to do so or when clients have consented to disclosure.
- 7 A social worker who engages in another profession, occupation, affiliation or calling shall not allow these outside interests to affect the social work relationship with the client, professional judgment, independence and/or competence.
- 8 A social worker shall not provide social work services or otherwise behave in a manner that discredits the profession of social work or diminishes the public's trust in the profession.
- 9 A social worker shall promote service, program, and/or agency practices and policies that are consistent with this Code of Ethics and the Standards of Practice of the British Columbia College of Social Workers.
- 10 A social worker shall promote excellence in the profession.
- 11 A social worker shall advocate change in the best interest of the client and for the overall benefit of society.

The 1983 and the 1994 Canadian Association of Social Workers (CASW) Code of Ethics have been used with permission.

# Standards of Practice

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# Introduction

As the regulatory body for the practice of social work in British Columbia, the British Columbia College of Social Workers (the College) establishes standards of practice for social work. This is one of the key resources the Board has to assist in meeting its mandate of protecting the public interest.

## **The purposes of standards of practice are to:**

- set the minimum acceptable level of practice,
- provide guidelines for social workers to assess their own practice and develop high standards of practice,
- establish criteria for the assessment of complaints about the practice of social work, and
- inform the public about reasonable expectations of social work practice.

The College adopts general standards of practice which apply to all areas of social work, as well as standards which apply to specific fields of practice.

These written standards articulate specific aspects of generally accepted standards of practice. This is based on a body of knowledge developed and acquired through a combination of formal social work education, continuing education and academic literature, as well as experience in professional practice.

In some instances the standards of practice for specific fields may identify knowledge which is relevant for the field, in addition to knowledge necessary for basic social work practice. Specific standards of practice should be read as a whole along with the general standards of practice. In all areas of practice, social workers are expected to know and comply with the *Social Workers Act*, the Bylaws, the Code of Ethics and Standards of Practice, both general and specific. Part 6, Section 75 of the Bylaws defines misconduct and incompetence. This section of the Bylaws is included at the end of this document as it is important that all social workers understand these definitions.

No document can ever address all situations arising in practice. Fundamental to good practice is the use of professional judgment in assessing how to apply knowledge and standards to specific situations.

## Meaning of Client

Social workers provide services to a wide spectrum of clients or client systems. In the broad sense, the term “client” refers to any person or body that is the recipient of social work services. In defining the client or client system a member could ask the question: “To whom do I have an obligation in respect to the services I am providing?” In certain situations there may be more than one client or additional stakeholders. For example, in an Aboriginal community the Band Council might be an interested party, however they are not the primary client. Similarly, a client may be referred by their employer; however, it is the individual who has been referred, not the employer, who is the primary client. Also, there can be situations in which there is more than one client, different levels of clients and competing interests. It is necessary for a social worker to consider the whole client system and establish clear professional boundaries and guidelines with each part of that system. The term client can refer to an individual, a family, group, community, organization or government. In research, the client may be a participant and in education, the client may include students.

## Types of Practice

Social workers also provide a wide range of services that encompass direct and indirect practice and clinical and non-clinical interventions. Direct practice refers to professional activities on behalf of clients in which goals are reached through personal contact and immediate influence with those seeking services. Indirect practice refers to professional activities that do not involve immediate or personal contact with the client being served.<sup>1</sup> For social workers, clinical practice refers to the professional application of social work theory and methods of treatment and prevention of psychosocial dysfunction, disability or impairment, including but not limited to emotional and mental disorders.<sup>2</sup>

It is important to note that the contexts of practice may overlap. For example, a member may provide counselling (direct-clinical), information and referral (indirect-clinical) to the same client. A social worker may provide social support to clients in a social-recreational group (direct-non-clinical) or may administer a human service program (indirect-non-clinical).

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<sup>1</sup> From the Social Work Dictionary, 4<sup>th</sup> edition by Robert L. Barker, NASW Press

<sup>2</sup> From the Social Work Dictionary, 4<sup>th</sup> edition by Robert L. Barker, NASW Press

It is also important to note the various roles that social workers may be asked to perform that should not overlap. The social worker's relationship to the client and issues of confidentiality and reporting will vary depending on the nature of the social work role. Social work roles include, but are not limited to:

**Counsellor/ Therapist:** As a counsellor or therapist the social worker explores personal issues with the client, with the intent of helping them resolve difficulties and change behaviour. The social worker builds a strong relationship with the client and confidentiality is assured.

**Consultant/ Expert:** As a consultant the social worker provides information and advice to individuals, agencies, and institutions. The advice is based on the social worker's specialized knowledge or experience in a particular problem area, client population, or practice method. The consultant does not formally assess the specific client situation. The consultant/ expert is used for their knowledge and experience.

**Assessor:** In this role the social worker is contracted to conduct an impartial, objective assessment of a client situation, usually to assist the court come to a decision. The social worker must remain neutral in this role, and should not have provided previous therapeutic or counselling services to the client. For more information on social workers roles, refer to "*Standards of Practice: Child Custody and Access Assessments*".

The Standards of Practice contains eight Principles. For each Principle, Interpretations are provided as standards that guide social workers. All the Standards apply to direct, indirect, clinical and non-clinical practice, unless otherwise stated in a particular standard. In the application of these Principles to their own practice situations, it is suggested that social workers read and consider all eight Principles together as a whole. The Standards of Practice is intended to expand upon the College Code of Ethics and provides standards to guide and assess the professional behaviour of social workers and adjudicate issues of professional practice.

# Scope of Practice

The *Social Workers Act* states that “social work means the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to achieve optimum psychological and social functioning.”

Without limiting the generality of the foregoing, social work includes the following:

- a) The provision of assessment, diagnostic, treatment, counselling and evaluation services within a relationship between a social worker and client;
- b) The development, promotion, management, administration, delivery and evaluation of human service programs, including that done in collaboration with other professionals;
- c) The provision of advocacy services;
- d) The provision of professional supervision to a social worker, social work student or other supervisee;
- e) The provision of consultation services to other social workers or professionals in relation to the activities described in paragraph a) above;
- f) The development, promotion, implementation and evaluation of social policies aimed at improving social conditions and equality;
- g) The provision of services in organizing and/or mobilizing community members and/or other professionals in the promotion of social change;
- h) The conduct of research or provision of education regarding the practice of social work, as defined in paragraphs a) to g) above and i) below;
- i) Any other activities recognized by the British Columbia College of Social Workers.<sup>3</sup>

<sup>3</sup> See glossary for additional practice definitions

## **Principle 1:**

# **Relationship with Clients**

The social work relationship, as a component of professional service, is a mutual endeavour between active participants providing and using social work expertise. Clients and social workers jointly address relevant social and/or personal problems of concern to clients. The foundation of this professional orientation is the belief that clients have the right and capacity to determine and achieve their goals and objectives. The social work relationship is grounded in and draws upon theories of the social sciences and social work.

## **Interpretation**

Clients and client systems with whom social workers are involved include individuals, couples, families, groups, communities, organizations and government. The following fundamental practice principles arise from basic professional values. Registrants with the British Columbia College of Social Workers adhere to these principles in their relationships with clients.

- 1.1 Social workers and clients participate together in setting and evaluating goals. A purpose for the relationship between social workers and clients is identified. Goals for relationships between social workers and clients include the enhancement of clients' functioning and the strengthening of the capacity of clients to adapt and make changes.
- 1.2 Social workers observe, clarify and inquire about information presented to them by clients.
- 1.3 Social workers respect and facilitate self-determination in a number of ways including acting as resources for clients and encouraging them to decide which problems they want to address as well as how to address them.<sup>4</sup>
- 1.4 Although not compelled to accept clients' interpretation of problems, social workers demonstrate acceptance of each client's uniqueness.
- 1.5 Social workers are aware of their own values, attitudes and needs and how these impact on their professional relationships with clients.
- 1.6 Social workers distinguish their own needs and interests from those of their clients to ensure that, within professional relationships, clients' needs and interests remain paramount.
- 1.7 Social workers employed by organizations maintain an awareness and consideration of the purpose, mandate and function of those organizations and how these impact on and limit professional relationships with clients.
- 1.8 Social workers avoid conflicts of interest and/or dual relationships with clients or former clients.<sup>5</sup>

<sup>4</sup> Limitations to self-determination may arise from clients' incapacity for positive and constructive decision-making, from law and from agency mandate and function.

<sup>5</sup> Refer to footnotes 11&12 Principle 2 for more information on dual relationships and conflict of interest.

## Principle 2:

# Competence and Integrity

Social workers maintain competence and integrity in their practice and adhere to the standards in the College Code of Ethics and Standards of Practice.

### Interpretation: Competence

Social workers are committed to ongoing professional development and maintaining competence in their practice.

- 2.1 Social workers are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. When a client's needs fall outside the social worker's usual area of practice, the social worker informs the client of the option to be referred to another professional. If, however, the client wishes to continue the professional relationship with the social worker and have the social worker provide the service, the social worker may do so provided that:
  - a) he or she ensures that the services he or she provides are competently provided by seeking additional supervision, consultation and/or education; and
  - b) the services are not beyond the social worker's professional ability.

Recommendations for particular treatment services, referrals to other professionals or a continuation of the professional relationship are guided by the client's interests as well as the social worker's clinical judgment and knowledge.

- 2.2 Social workers remain current with emerging social work knowledge and practice relevant to their area of professional practice. Social workers demonstrate their commitment to ongoing professional development by engaging in any continuing education and continuing competence measures required by the College.
- 2.3 Social workers maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice.<sup>6</sup>

<sup>6</sup> It is the social worker's responsibility to remain knowledgeable about legislation that may govern their field of practice such as, but not limited to, the *Child, Family and Community Service Act*, the *Mental Health Act*, the *Infants Act*, the *Freedom of Information and Protection of Privacy Act*, the *Personal Information Protection Act* and the *Health Care (Consent) and Care Facility (Admission) Act*.

2.4 Social workers ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge.<sup>7,8</sup> Unless otherwise stated a written report will cover at a minimum, the following:

- a) nature of the report;
- b) sources of information;
- c) duration of the assessment process;
- d) registration and credentials of the social worker;
- e) social workers relationship to client;
- f) summary of client's history;
- g) basis of recommendations;
- h) distribution of report.

2.5 As part of maintaining competence and acquiring skills in social work, social workers engage in the process of self review and evaluation of their practice and seek consultation when appropriate.

### **Interpretation: Integrity**

Social workers are in a position of power and responsibility with respect to all clients.<sup>9</sup> This necessitates that care be taken to ensure that all clients are protected from the abuse of such power during and after the provision of professional services.

Social workers establish and maintain clear and appropriate boundaries in professional relationships for the protection of clients. Boundary violations include sexual misconduct and other misuse and abuse of the social worker's power. Non-sexual boundary violations may include emotional, physical, social and financial violations. Social workers are responsible for ensuring that appropriate boundaries are maintained in all aspects of professional relationships and exploitive situations do not occur.

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<sup>7</sup> "Evidence" refers to information tending to establish facts. For social workers, evidence can include, but is not limited to, direct observation, information collected in clinical sessions and professional meetings, collateral information, information from documents and information gathered from the use of clinical tools (e.g. questionnaires, diagnostic assessment measures, rating scales).

<sup>8</sup> The phrase "body of professional social work knowledge" relates to both theoretical and practical understanding. A body of knowledge can be attained through education, clinical experience, consultation and supervision, professional development and a review of relevant research and literature. Professional social work knowledge draws upon the knowledge base of other professions and disciplines including sociology, psychology, anthropology, medicine, law and economics as well as its own distinct body of knowledge.

<sup>9</sup> See the discussion of the term "client" in the Introduction to the Standards of Practice. While portions of Principle 2 refer separately to clients, students, employees and supervisees, the term "client" refers to any person or body that is the recipient of social work services and may include students, employees and supervisees.

- 2.6 Social workers do not engage in professional relationships that constitute a conflict of interest or in situations in which they ought reasonably to have known that the client would be at risk in any way. Social workers do not provide a professional service to the client while the social worker is in a conflict of interest.

Social workers achieve this by:

- a) evaluating professional relationships and other situations involving clients or former clients for potential conflicts of interest and seeking consultation to assist in identifying and dealing with such potential conflicts of interest;
  - b) avoiding conflicts of interest and/or dual relationships with clients or former clients, or with students, employees and supervisees that could impair members' professional judgment or increase the risk of exploitation or harm to clients<sup>10,11</sup>; and
  - c) if a conflict of interest situation does arise, declaring the conflict of interest and taking appropriate steps to address it and to eliminate the conflict.
- 2.7 Social workers do not have sexual relations with clients. (See Principle 8 Sexual Misconduct, Standard 8.2 and footnote 43.) In other professional relationships, social workers do not have sexual relations with any person where these relations, combined with the professional relationship, would create a conflict of interest.
- 2.8 Social workers do not use information obtained in the course of a professional relationship and do not use their professional position of authority to coerce, improperly influence, harass, abuse or exploit a client, former client, student, trainee, employee, colleague, research subject or volunteer.
- 2.9 Social workers do not solicit or use private or confidential information from clients to acquire, either directly or indirectly, advantage, material benefits or gratification.
- 2.10 When a complaint investigation is underway or a matter has been referred for a hearing, social workers cooperate fully with all policies and procedures of the College and conduct themselves in a manner which demonstrates respect for both the complainant and the College.<sup>12</sup>
- 2.11 Social workers do not engage in the practice of social work
- a) while under the influence of any substance, or
  - b) while suffering from illness or dysfunction which the social worker knows or ought reasonably to know impairs the social worker's ability to practice.

- 2.12 Social workers do not misrepresent professional qualifications, education, experience or affiliation. (See Principle 6 Fees and Principle 7 Advertising)
- 2.13 In the practice of social work, social workers avoid conduct which could reasonably be perceived as reflecting negatively on the profession of social work.
- 2.14 Social workers promote social justice and advocate for social change on behalf of their clients. Social workers are knowledgeable and sensitive to cultural and ethnic diversity and to forms of social injustice such as poverty, discrimination and imbalances of power that exist in the culture and that affect clients. Social workers strive to enhance the capacity of clients to address their own needs and problems in living. Social workers assist clients to access necessary information, services and resources wherever possible. Social workers promote and facilitate client participation in decision making.<sup>13</sup>
- 2.15 If there is a conflict between the College Code of Ethics and Standards of Practice and a social worker's work environment, the social worker's obligation is to the Code of Ethics and the Standards of Practice.
- 2.16 A social worker shall advocate for workplace conditions and policies that are consistent with the Code of Ethics and Standards of Practice of the British Columbia College of Social Workers. A social worker will use professional judgment in determining how to advocate. Such advocacy may take the form of documenting concerns and discussing them with a supervisor or manager, or other key persons in the organization.

<sup>10</sup> "conflict of interest" is defined as a situation in which a member has a personal, financial or other professional interest or obligation which gives rise to a reasonable apprehension that the interest or obligation may influence the social worker in the exercise of her or his professional responsibilities. **Actual** influence is not required in order for a conflict of interest situation to exist. It is sufficient if there is a **reasonable apprehension** that there **may** be such influence.

<sup>11</sup> "Dual relationship" is defined as a situation in which the social worker, in addition to her/his professional relationship, has one or more other relationships with the client, regardless of whether this occurs prior to, during, or following the provision of professional services. A dual relationship does not necessarily constitute a conflict of interest; however, where dual relationships exist, there is a strong potential for conflict of interest and there may be an actual or perceived conflict of interest. Relationships beyond the professional one include, but are not limited to, those in which the social worker receives a service from the client, the social worker has a personal, familial or business relationship with the client, or the social worker provides therapy to students, employees or supervisees. Social workers embark on an evaluation of whether a dual relationship might impair professional judgment or increase the risk of exploitation or harm to clients.

<sup>12</sup> Social workers are cognizant of their influential position with respect to witnesses or complainants in complaint and discipline proceedings.

<sup>13</sup> Where the client is competent and able to give instruction, advocacy should be on direction of the client.

## Principle 3:

# Responsibility to Clients

Social workers ensure that professional services are provided responsibly to those persons, groups or organizations seeking their assistance.

### Interpretation:

- 3.1 Social workers provide clients with accurate and complete information regarding the extent, nature and limitations of any services available to them.
- 3.2 Social workers deliver client services and respond to client queries, concerns and/or complaints in a timely and reasonable manner.
- 3.3 Social workers do not solicit their employers' clients for private practice.<sup>14, 15</sup>
- 3.4 Social workers do not discriminate against anyone based on race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, economic status, political affiliation or national origin.<sup>16</sup>
- 3.5 Social workers assist potential clients to obtain other services if they are unable or unwilling, for appropriate reasons, to provide the requested professional help.<sup>17,18</sup>
- 3.6 Social workers inform clients of foreseeable risks as well as rights, opportunities and obligations associated with the provision of professional services.
- 3.7 In a situation where a personal relationship does occur between the social worker and a client or former client, it is the social worker, not the client or former client, who assumes full responsibility for demonstrating that the client or former client has not been exploited, coerced or manipulated, intentionally or unintentionally.

<sup>14</sup> The term "employer" also includes a person or organization with whom the social worker has an independent service contract.

<sup>15</sup> Social workers may accept referrals from their employers.

<sup>16</sup> Social workers adhere to the *British Columbia Human Rights Code* and the *Charter of Rights and Freedoms* in the provision of services.

<sup>17</sup> Appropriate reasons for refusing to provide service include but are not limited to:

- i) complying with the potential client's request for service would require the social worker to violate ethical and legal requirements including, but not limited to, the Code of Ethics, the Standards of Practice, the *Criminal Code of Canada*; the *British Columbia Human Rights Code* and/or the *Charter of Rights and Freedoms*;
- ii) complying with the potential client's request would violate the social worker's values, beliefs and traditions to the extent that the social worker would not be able to provide appropriate service. In such situations, the social worker must declare their bias, ensure that the client is informed of the alternate resources and receives appropriate, requested services from another source;
- iii) the social worker is aware of extenuating circumstances (e.g. a planned absence from the office, serious health problems, relocation of practice) that would make compliance with the potential client's request for service impossible and/or not in the potential client's best interests;
- iv) the potential client is unable or unwilling to reimburse the social worker or the social worker's employer for services rendered, wherever such reimbursement is both appropriate and required as a condition of providing service;
- v) the potential client has repeatedly, and without adequate explanation, cancelled or changed the interview or meeting time to the extent that the social worker experiences or believes that financial hardship and/or service disruption will occur; and
- vi) the potential client behaves in a threatening or abusive manner such that the social worker believes that the safety of the social worker or anyone with whom the social worker has a personal or professional relationship would be in jeopardy.

<sup>18</sup> When a client is refused further service, the client should be provided with an explanation.

- 3.8 Social workers may provide services and/or products so long as the provision of these services and/or products is relevant to the scope of practice and conform to the College standards. Social workers do not provide a service and/or product that the social worker knows or, ought reasonably to know, is not likely to benefit the client.
- 3.9 Social workers terminate professional services to clients when such services are no longer required or requested. It is professional misconduct to discontinue professional services that are needed unless:
  - a) the client requests the discontinuation,
  - b) the client withdraws from the service,
  - c) reasonable efforts are made to arrange alternative or replacement services,
  - d) the client is given a reasonable opportunity to arrange alternative or replacement services, or
  - e) continuing to provide the services would place the social worker at serious risk of harm and in the circumstances described in a), b), c) or d) the social worker makes reasonable efforts to hold a termination session with the client.
- 3.10 Social workers who anticipate the termination or interruption of service to clients notify clients promptly and arrange the termination, transfer, referral or continuation of service in accordance with clients' needs and preferences.
- 3.11 Where appropriate, social workers advocate for and/or with clients and inform clients of any action taken and its outcome. Social workers adhere to Principle 5 Confidentiality of the Standards of Practice when providing advocacy services.<sup>19</sup>
- 3.12 Social workers may provide appropriate services as a courtesy without remuneration so long as these services adhere to the College Standards of Practice and do not constitute a conflict of interest.

<sup>19</sup> "Advocacy" is defined as, "The act of directly representing or defending others; in social work, championing the rights of individuals or communities through direct intervention or through empowerment." The Social Work Dictionary 2<sup>nd</sup> edition, Robert L. Baker, 1991. See Code of Ethics number 11.

## **Principle 4:**

# **The Social Work Record**

The creation and maintenance of records by social workers is an essential component of professional practice. The process of preparation and organization of material for the record provides a means to understanding the client and planning the social work intervention. The purpose of the social work record is to document services in a recognizable form in order to ensure the continuity and equality of service, to establish accountability for and evidence of the services rendered, to enable the evaluation of service quality and to provide information to be used for research and education. Social workers ensure that records are current, accurate, contain relevant information about clients and are managed in a manner that protects client privacy, in accordance with any applicable privacy and other legislation.

### **Interpretation: Record Content and Format**

- 4.1 Recorded information conforms to accepted service or intervention standards and protocols and is in a format that facilitates the monitoring and evaluation of the effects of the service/intervention.
- 4.2 Social workers do not make statements in the record, or in reports based on the record, or issue or sign certificates, reports or other documents that the social worker knows or ought reasonably to know are false, misleading, inaccurate or otherwise improper.
- 4.3 Social workers keep systematic, dated, and legible records for each client or client system served.
- 4.4 The record reflects the service provided and the identity of the service provider. Members use the designation "RSW" or "RCSW" in documentation used in connection with their practice of social work.
- 4.5 Social workers document their own actions. Social workers do not sign records or reports authored by any other person. The exception is the co-signing of records or reports when the social worker is acting in a supervisory capacity.
- 4.6 A social worker may sign a record or report authored by another person where the social worker co-signs that record or report, together with the author,
  - a) in the social worker's capacity as a supervisor of the author of the report; or
  - b) in the social worker's capacity as an authorized signing officer of a professional corporation, where the author of the record or report is an employee, shareholder, officer or director of that professional corporation; or
  - c) in the social worker's capacity as a member of a multi-disciplinary team that participated in providing the observations and recommendations contained in the record or report, where the author of the record or report is also a member of that multi-disciplinary team.

- d) A DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnosis may be made by a Registered Clinical Social Worker (RCSW) and the record or report signed by that social worker. A non-clinical social worker cannot make a DSM diagnosis, but can sign a report as a member of a multidisciplinary team, when the DSM diagnosis is made and signed by a professional appropriately qualified to make the diagnosis.
- 4.7 A social worker may sign a record or report authorized by another person where the author is unable to sign the record or report due to illness, disability, absence or other good cause, provided that:
- a) the content of the record or report is within the social worker's scope of practice;
  - b) the author expressly authorizes the social worker to sign the record or report on the author's behalf or, if such authorization is not reasonably available, the social worker takes steps to ensure the currency and accuracy of the information and recommendations contained in the record or report;<sup>20</sup>
  - c) the social worker clearly indicates the capacity in which she or he is signing the record or report.<sup>21</sup>
- 4.8 Information is recorded when the event occurs or as soon as possible thereafter.
- 4.9 Social workers keep systematic, dated, legible records for each client. Social work records include any or all of the following: narrative reports (*handwritten, typed or electronic*), progress notes, checklists, correspondence, minutes, process logs, journals or appointment records, films and audio or video tapes. The tools or data used by the social worker in developing a professional opinion may or may not be included in the record. Such tools may be personal notes, memos or messages, test results, sociograms, genograms, etc. Once placed in the record, however, they become an integral part of that record. If they are kept separate from the record, the social worker observes the same standards with respect to confidentiality, security and destruction as with the social work record.

*continued overleaf...*

<sup>20</sup> Where the social worker signs the record or report with the author's express authorization, the social worker shall sign the **author's name** (in quotation marks) to the record or report, followed by the social worker's name, and a statement indicating that the social worker is signing the record or report on behalf of the author, as follows:

*[author's name]* by *[social worker's name]*, on behalf of *[author's name]*

Where such express authorization is not reasonably available and the social worker has therefore taken steps to ensure the currency and accuracy of the information and recommendations contained in the record or report, the member shall sign **his or her own name** to the record or report.

<sup>21</sup> See footnote above. By signing the report in her or his own name, the social worker is effectively endorsing the currency and accuracy of the information and recommendations in the record or report. In contrast, by signing the report in the author's name, with the author's express authorization, the social worker is not endorsing the currency and accuracy of the information and recommendations in the record or report, but is only signing on behalf of the author.

4.10 An accurate record will:

- a) document the client's situation/problem exactly and contain only information that is appropriate and useful to the understanding of the situation and the management of the case;
- b) report impartially and objectively the factors relevant to the client's situation. the record clearly distinguishes the social worker's observations and opinions from the information reported by the client;
- c) be easily understandable, avoiding vague, unclear or obscure language and symbols;
- d) identify corrections;
- e) be free of prejudice and discriminatory remarks;
- f) identify sources of data.

4.11 Information in the social work record with respect to each client includes not less than:

- a) identifying information regarding the recipient of services (individual, family, couple, group, agency, organization, community);
- b) in the case of clinical practice, identifying information includes:
  - i) name, address, telephone number, date of birth of the client(s) and
  - ii) where indicated in risk situations, name, address, and telephone number of a person to be contacted in case of emergency;
- c) in the case of non-clinical practice, identifying information includes:
  - i) name, address, telephone number of the client(s);
  - ii) name, address, telephone number(s) of the main contact person or position, if different from i); and
  - iii) sponsors, funders and accountability;
- d) the date, initiator and purpose of the social work referral;
- e) the date, initiator, purpose and, if significant, the setting of the first professional encounter with the client;
- f) where applicable, the key elements of the contract or working agreement, namely: client, contracted services, provider of services, fee, reimbursement schedule and time period for completion of services;
- g) the time period of involvement,
- h) if not specified in f);
- i) the date of completion/termination, and, if significantly different from f), an explanation for the difference;
- j) particulars of the social work process, as applicable:
  - i) the history obtained by the social worker;
  - ii) assessment, diagnosis, formulation and plan;
  - iii) treatment and other interventions, e.g. facilitation, advocacy, transfer of skills;
  - iv) outcome or results and evaluation;

- v) referrals made by the social worker;
  - vi) recommendations; and
  - vii) other services, e.g. verbal and/or written reports/briefs/analyses, research studies and/or their individual components, presentations/speeches/lectures, management related services, stakeholder consultations and professional opinions.
- k) consents, releases or authorizations pertaining to the intervention or the communication of information about the client;
  - l) fees and charges administered, if any.
- 4.12 Social workers may use a documentation-by-exception<sup>22</sup> system provided that the system permits the total record to capture the minimum content as set out in 4.11.

### **Record Maintenance:**

- 4.13 Social workers comply with the requirements regarding record retention, storage, preservation and security set out in any applicable privacy and other legislation. Social workers employed by an organization acquire and maintain a thorough understanding of the organization's policies with regard to the retention, storage, preservation and security of records. Self-employed social workers establish clear policies relating to record retention, storage, preservation and security.
- 4.14 Social workers take necessary steps to protect the confidentiality and security of paper records, faxes and electronic records and other communications.<sup>23</sup>
- 4.15 Client records, whether they are hard copy or electronic files, are kept in an area that is not accessible to persons who have no legitimate interest in the records and where the privacy of the records may be secured by lock and key.
- 4.16 An electronic system containing social work records has the following security features:
- a) In the event of a shared system, the social worker has a private access code or password that provides reasonable protection against unauthorized access;
  - b) The system maintains an audit trail that:
    - i) records the date and time of each entry of information for each client;
    - ii) indicates any changes in the recorded information; and
    - iii) preserves the original content of the recorded information when changed or updated;
  - c) The system allows for the recovery of files or otherwise provides reasonable protection against loss of, damage to, and inaccessibility of information;
  - d) The system provides for a paper print-out of the record.

<sup>22</sup> See glossary for definition

<sup>23</sup> When sending faxes that contain client information, the social worker ensures that the information is marked confidential and that the information has been received by the people for whom it was intended.

- 4.17 Social workers ensure that each client record is stored and preserved in a secure location for a period of time not less than seven years from the date of the last entry. In the case of a client who is a minor, records should be kept for not less than seven years past the age of majority of the client. Longer periods of storage time may be defined by the policies of a social worker's employing organization or by the policies of a self-employed social worker or a social worker who is responsible for complying with privacy legislation. Such policies should be developed with a view to the potential future need for the record.<sup>24</sup>
- 4.18 Self-employed social workers and social workers who are responsible for complying with privacy legislation who cease practice shall
- a) maintain their client records in accordance with standard 4.16 or
  - b) make arrangements to transfer the records to another registered social worker and make reasonable efforts to give notice to their clients of the future location of their records, unless they are required, under any applicable privacy or other legislation, to obtain their clients' consent to such transfer, in which case they obtain their clients' consent. Social workers comply with the requirements regarding transfer of records set out in any applicable privacy and other legislation. The social worker to whom such records have been transferred complies with the principles regarding retention, storage, preservation and security with respect to the transferred records.
- 4.19 Client records may be destroyed following the time frames outlined in Standard 4.16. Social workers dispose of record contents in such a way that ensures that the confidentiality of the information is not compromised.
- 4.20 When a social worker is required to submit client records to court, the social worker must take reasonable steps to retain a copy of the record and to arrange the return of the record as soon as possible.

<sup>24</sup> Examples of situations in which records may be retained for longer periods include cases such as sexual abuse, accidents involving minors and situations where litigation may be ongoing or may arise in the future.

## **Access and Correction of a Record:**

- 4.21 Social workers comply with the requirements regarding access to and correction of client information including personal information in a record as set out in applicable privacy and other legislation.<sup>25</sup> Social workers employed by an organization acquire and maintain an understanding of the organization's policies and government legislation regarding access to and correction of information in a record. Such policies pertain to access requests by the clients themselves. Self-employed social workers and social workers who are responsible for complying with privacy legislation establish clear policies regarding access to and correction of information in a record.
- 4.22 Social workers inform clients, upon request, of their policies regarding access to and correction of information in a record.
- 4.23 Social workers provide the client or her or his authorized representative<sup>26</sup> with access to the client's information contained in the record in accordance with any applicable privacy and other legislation, unless prohibited by law or the social worker is otherwise permitted to refuse access. In the absence of any applicable legislation, a social worker provides the client or her or his authorized representative with reasonable, supervised access to the client's record or such part or parts of the record as is reasonable in the circumstances. The client has the right to receive appropriate explanations by the social worker of the information about the client in the record.
- 4.24 Where a social worker is prohibited by law from providing access to information in a record or is otherwise permitted to refuse access to information in a record, the social worker complies with the requirements regarding a refusal to provide access set out in applicable privacy and other legislation. In the absence of any applicable legislation, the social worker informs the client of the reason for refusal of access and of the recourse available to the client if he or she disagrees. When the record includes information that pertains to more than one client, and providing access to a record could therefore mean disclosing confidential information about another person, a social worker provides access to information that pertains only to the individual who has requested access unless the other person(s) has consented to the disclosure of information about the person.
- 4.25 Social workers preserve the integrity of client records. If a client disagrees with the accuracy or completeness of information in a record and wishes the record amended, the social worker shall comply with the requirements of any applicable privacy and other legislation with respect to the correction of the record. In the absence of any applicable legislation, if a client disagrees with the accuracy or completeness of a record and wishes the record amended, the social worker may incorporate into the record a signed statement by the client specifying the disagreement and the client's correction. The social worker shall not obliterate any incorrect information in the record.

<sup>25</sup> Privacy legislation, such as the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act* sets out rules respecting the collection, use and disclosure of personal information and an individual's right of access to personal information. More information can be obtained from the Office of the Information and Privacy Commissioner website: [www.oipcbc.org](http://www.oipcbc.org).

<sup>26</sup> See the *Representation Agreement Act*, Section 18

## Disclosure of Information from a Record:

- 4.26 Social workers inform clients early in their relationship of any limits of client confidentiality including with respect to the client record. When clients or their authorized representatives consent in writing, social workers disclose information from the record to third parties within a reasonable time. The consent must specify:
- a) the information that is to be disclosed, for example a partial record, the entire record, or summary of the social worker's contact with the client;
  - b) the party or parties to whom the information is to be released; and
  - c) the term of validity of the consent.
- 4.27 Social workers may release information from the record to third parties without the client's consent only if disclosure is required or authorized by law or if the social worker believes, on reasonable grounds, that the disclosure is essential to the prevention of physical injury to self or others.<sup>27</sup> (See also 5.5)
- 4.28 Prior to releasing information from a record that pertains to more than one client, for example a couple, family, group, community agency, government department or other organization/business, social workers receive authorization from each individual client.
- 4.29 Social workers who are served with a formal notice or subpoena to produce client records before a court and who are of the opinion that disclosure would be detrimental to the client, should themselves, or through legal counsel, advocate for non-disclosure to the court.<sup>28</sup>
- 4.30 Social workers to whom another social worker's client records have been transferred, comply with the aforementioned standards regarding access and disclosure with respect to the transferred records.
- 4.31 Social workers comply with the requirements regarding use or disclosure of information for research or educational purposes set out in any applicable privacy and other legislation. In the absence of any applicable legislation social workers may permit client records to be used for the purpose of research or education, provided that any identifying information has been removed and clients' anonymity is protected.<sup>29</sup>

<sup>27</sup> In *Smith v. Jones* the Supreme Court stated that psychological harm may constitute serious bodily harm.

<sup>28</sup> Social workers comply with any specific requirements for disclosure of a record or other information pursuant to a summons, order, direction or similar requirement that are set out in legislation, such as the *Mental Health Act, Child, Family and Community Service Act, Health Care Consent and Care Facilities*, and *Criminal Code*.

<sup>29</sup> "Identifying information" means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

## Principle 5:

# Confidentiality

Social workers respect the privacy of clients by holding in strict confidence all information about clients. Social workers disclose such information only when required or authorized by law to do so or when clients have consented to disclosure.

## Interpretation

- 5.1 Social workers comply with any applicable privacy and other legislation.<sup>30</sup> Social workers obtain consent to the collection, use or disclosure of client information including personal information<sup>31</sup>, unless otherwise permitted or required by law
- 5.2 Social workers employed by an organization acquire and maintain a thorough understanding of the organization's policies and practices relating to the management of client information, including:
  - a) When, how and the purposes for which the organization routinely collects, uses, modifies, discloses, retains or disposes of information;
  - b) The administrative, technical and physical safeguards and practices that the organization maintains with respect to the information;
  - c) How an individual may obtain access to or request correction of a record of information about the individual; and
  - d) How to make a complaint about the organization's compliance with its policies and practices.

Self-employed social workers and social workers who are responsible for complying with privacy legislation establish clear policies and practices relating to the management of client information, including the matters identified in (a), (b), (c), and (d) above, and make information about these policies and practices readily available in accordance with any applicable privacy and other legislation.

- 5.3 Social workers shall not disclose information concerning or received from clients, subject to any exceptions contained in the following interpretation.
  - a) When social workers are employed by an agency or organization, College standards of confidentiality may conflict with the organization's policies and procedures concerning confidentiality. Where there is a conflict, College standards take precedence.
  - b) When in a review, investigation or proceeding under the *Social Workers Act* in which the professional conduct, competency or capacity of a social worker is an issue, the social worker may disclose such confidential information concerning or received from a client as is reasonably required by the social worker or the College or for the purposes of the review, investigation or proceeding, without the client's consent. Social workers do not divulge more information than is reasonably required.

*continued overleaf...*

<sup>30</sup> Includes the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*.

<sup>31</sup> "Personal Information" means information about an identifiable individual and includes personal health information

- c) When disclosure is required or authorized by law or by order of a court, social workers do not divulge more information than is necessary.
  - d) Social workers wishing to use collection agencies or legal proceedings to collect unpaid fees may release, in the context of legal proceedings, only the client's name, the contract for service, statements of accounts and any records related to billing. Social workers do not disclose more information than is reasonably required.
  - e) Social workers make reasonable efforts to inform clients of the parameters of information to be disclosed and to advise clients of the possible consequences of such disclosure.
- 5.4 In clinical practice the social worker informs the client of at least the following:
- a) who wants the information (name, title, employer and address);
  - b) why the information is desired;
  - c) how the receiving party plans to use the information;
  - d) if the receiving party may pass the information on to yet a third party without the client's consent;
  - e) exactly what information is to be disclosed;
  - f) the repercussions of giving consent or refusing permission for the disclosure;
  - g) the expiration date of the consent;
  - h) how to revoke the consent.
- 5.5 Social workers do not disclose the identity of and/or information about a person who has consulted or retained them unless:
- a) disclosure is required by law or by a court, or
  - b) the social worker has reasonable grounds to believe that the disclosure is necessary to prevent serious bodily harm to an identifiable person or group of persons, and in such circumstances, the social worker shall disclose only such information as is necessary to prevent the prospective harm.<sup>32</sup> (See also 4.26)
- 5.6 In clinical practice, social workers have clients sign completed consent forms prior to the release of information, where consent is required. A separate consent form is required to cover each authorization for disclosing client information. In urgent circumstances, a verbal consent by the client to the disclosure of information may constitute proper authorization. The social worker should document that this consent was obtained.
- 5.7 Social workers make reasonable efforts to ensure that the information disclosed is pertinent and relevant to the professional service for which clients have contracted and take reasonable steps to ensure that the information is accurate, complete and up-to-date as is necessary for the purposes of the disclosure or clearly set out the limitations, if any, on the accuracy, completeness or up-to-date character of the information.

<sup>32</sup> In *Smith v. Jones* the Supreme Court stated that psychological harm may constitute serious bodily harm.

- 5.8 Social workers inform clients early in their relationship of the limits of confidentiality of information. In clinical practice, for example, when social work service is delivered in the context of supervision or multi-disciplinary professional teams, social workers explain to clients the need for sharing pertinent information with supervisors, allied professionals and para-professionals, administrative co-workers, social work students, volunteers and appropriate accreditation bodies.<sup>33</sup> (See also Principle 4 The Social Work Record.)
- 5.9 Social workers in indirect non-clinical practice distinguish between public and private information related to their clients. Public information, as defined below, may be disclosed in the appropriate circumstances.
- a) Public information is any information about clients and/or their activities that is readily available to the general public and the disclosure of which could not harm the client. Public information does not include personal information about an individual. When in doubt, the social worker obtains permission from the client or a duly authorized representative before disclosing or otherwise using such information.<sup>34</sup>
  - b) When working with community groups, government agencies and other organizations, the social worker keeps confidential any information about the personal lives, personalities and personal behaviour of the individuals involved.
  - c) The social worker also keeps confidential any other sensitive information about such clients, including human resources, financial, managerial, strategic and/or politically sensitive material, the disclosure of which could harm the client.
- 5.10 Social workers obtain clients' informed consent before photographing, audio or video taping or permitting third party observation of clients' activities.<sup>35</sup> Social workers comply with the requirements regarding use or disclosure of information for research or educational purposes set out in any applicable privacy and other legislation. In the absence of any applicable legislation, where case scenarios are presented for research, educational or publication purposes, client confidentiality is ensured through the alteration and disguise of identifying information. (See Standard 4.30)
- 5.11 Social workers may use public information and/or non-identifying information for research, educational and publication purposes.
- 5.12 Social workers are aware of the distinction between consultation and supervision as it pertains to sharing client information. In consultation, clients are not identified.

<sup>33</sup> Social workers in clinical or non-clinical practice anticipate circumstances which may limit confidentiality. Clear discussion of these limits and contracting for confidentiality with the team, group or community should be undertaken. Individual clients should be aware, however, that there is no legal recourse if their confidentiality is violated by another group member.

<sup>34</sup> For example, in non-clinical practice social workers should obtain the client's verbal permission before:

- a) publishing reports about their work with the client;
- b) referring to their work with the client in their advertising;
- c) speaking with media, funders, potential funders and other individuals/groups about the organization; and
- d) bringing guests, observers, or media to meetings involving the client.

<sup>35</sup> Exceptions may be allowed under law, for example, in child abuse investigations.

## Principle 6:

# Fees

When setting or administering fee schedules for services performed, social workers inform clients fully about fees, charges and collection procedures.

### Interpretation

Social workers do not charge or accept any fee which is not fully disclosed.

- 6.1 Social workers explain in advance or at the commencement of a service the basis of all charges, giving a reasonable estimate of projected fees and disbursements, pointing out any uncertainties involved, so that clients may make informed decisions with regard to using a social worker's services.<sup>36</sup>
- 6.2 Social workers discuss and renegotiate the service contract with clients when changes in the fee schedule are anticipated.
- 6.3 Social workers ensure that fee schedules clearly describe billing procedures, reasonable penalties for missed and cancelled appointments or late payment of fees, the use of collection agencies or legal proceedings to collect unpaid fees and third party fee payments.<sup>37</sup> (See Standard 5.3(d))
- 6.4 Social workers may reduce, waive or delay collecting fees in situations where there is financial hardship to clients, or they may refer clients to appropriate alternative agencies so that clients are not deprived of professional social work services.<sup>38</sup>
- 6.5 Social workers do not charge fees on the basis of material or financial benefits accruing to clients as a result of services rendered or fees which are excessive in relation to the service performed.
- 6.6 Social workers in clinical practice or in charitable or publicly funded settings do not accept or give commissions, rebates, fees, other benefits or anything of value for receiving or making a referral of a client to or from another person.
- 6.7 Social workers seek an agreement, preferably in writing, at the time of contracting for service with a client. This agreement shall deal with the provision of Standards 6.1 to 6.5 at the time of contracting for service with a client.

<sup>36</sup> These charges may be based on such factors as the amount of time and effort required and spent, the complexity of the matter and whether a special skill, expertise or service has been required and provided.

<sup>37</sup> Interest on late payments should be expressed as an annualized rate.

<sup>38</sup> Social workers are not expected to reduce their fees unless required to do so by the policy of the agency by whom they are employed. Social workers may request that the client notify the social worker immediately if any circumstances arise that may interfere with the normal payment of fees.

## Principle 7:

# Advertising

Advertising is intended to inform and educate the public about available social work services. Social workers ensure that advertisements are compatible with the standards and ethics of the social work profession.

## Interpretation

- 7.1 Social workers may advertise their services through public statements, announcements, advertising media and promotional activities provided that these:
- a) are not false or misleading, and that any factual information is verifiable;
  - b) do not bring the profession or College into disrepute;
  - c) do not compare services with other social workers;
  - d) do not include any endorsements or testimonials from current or former clients or any other persons who because of their particular circumstance are vulnerable to undue influence;<sup>39</sup>
  - e) do not display any affiliation with an organization or association in a manner that falsely implies that organization's sponsorship or certification;
  - f) do not claim uniqueness or special advantage unsupported by professional or scientific evidence;
  - g) are in keeping with standards of good taste and discretion; and
  - h) include the designation Registered Social Worker, Registered Clinical Social Worker, RSW or RCSW.
  - i) must not endorse or lend himself or herself as a social worker to the advertisement of any property, investment or services for sale or rent to the public unless such property, investment or services relate directly to the profession.

*continued overleaf...*

<sup>39</sup>Part 7, Section 69 of the Bylaws describes in detail the terms and limits of advertising and marketing.

- 7.2 Social workers may advertise fees charged for their services provided that advertised fees clearly relate to proposed services and include disclosure of possible limits, uncertainties or circumstances whereby additional fees may be charged. (See also Principle 6 Fees)
- 7.3 Social workers' education, training and experience, as well as areas of competence, professional affiliations and services are described in an honest and accurate manner.<sup>40, 41</sup>
- a) Social workers cite educational degrees only when they have been received from a university approved by the College.
  - b) Social workers may identify preferred areas of practice in which they have specialized training, extensive experience or education. Social workers may not represent themselves as specialists unless they have received a specialist certificate in areas of practice according to the standards of competence established by the College.<sup>42</sup>
  - c) Social workers do not make false, misleading or exaggerated claims of efficacy regarding past or anticipated achievements with respect to clients, scholarly pursuits or contributions to society.
  - d) Social workers correct, wherever possible, false, misleading or inaccurate information and representations made by others concerning social workers' qualifications or services.
- 7.4 Social workers do not solicit prospective clients in ways that are misleading, that disadvantage fellow social workers or that discredit the profession of social work.

<sup>40</sup> The following alternatives are acceptable forms for individual vocational designation on business cards, letterhead stationery, forms, business telephone listings, directories, signs and identification of business premises, etc.:

- a) Social workers identify themselves by using the designation "RSW" or "RCSW" following their names. Social workers may add an optional one line description of the social worker's area of limited practice; or
- b) "RSW" or "RCSW" following the highest academic degree or diploma;
- c) where a doctoral degree has been earned, either the degree or the prefix "Doctor" or "Dr.", but not both, in addition to the designations in either clauses a) or b);
- d) where the social worker is a consultant or advisor in the public or private sector, the phrase "Consultant in..." or "Advisor in...", when contained in professional materials, is used only in connection with such position and as an addition to the designation in either clauses a) or b); and
- e) where the social worker is an employee in the public or private sector, such affiliation with an accurate and appropriate indication of rank, title or nature of function may be displayed on a professional card and used only in connection with such employment in addition to the designation in clauses a) or b).

<sup>41</sup> Social workers organized within a business, partnership or corporation may use one of the following acceptable alternatives:

- a) a list of the names of the business partners, with social workers designated as in Footnote 40;
- b) a partnership title containing:
  - i) the surnames or full names of two or more actual partners; or
  - ii) where there are three or more actual partners, the surnames or full names may be used with the term "and Associate" or "and Associates" as appropriate;
- c) a partnership title as above with an individual listing of the social workers' names and acceptable vocational designations; or
- d) a business or corporation name with an individual listing of the social workers' names and acceptable vocational designations. (See also Footnote 40.)

<sup>42</sup> Part 7, Section 69, Subsection 6 (a) & (b) of Bylaws states:

Unless otherwise authorized by the Act, these bylaws, or the board, a registrant

- a) must not use the title "specialist" or any similar designation suggesting a recognized special status or accreditation on any letterhead or business card or in any other marketing; and
- b) must take all reasonable steps to discourage the use, in relation to the registrant by another person, of the title "specialist" or any similar designation suggesting a recognized special status or accreditation in any marketing.

## Principle 8:

# Sexual Misconduct

The influence of the helping relationship upon clients is pervasive and may endure long after the relationship has terminated. Social workers are aware of the potential for conflict of interest and abusive treatment of clients within the helping relationship. Behaviour of a sexual nature by a social worker toward a client represents an abuse of power in the helping relationship. Social workers do not engage in behaviour of a sexual nature with clients.

## Interpretation

- 8.1 Social workers are solely responsible for ensuring that sexual misconduct does not occur.
- 8.2 Social workers do not engage in the following actions with clients:
  - a) Sexual intercourse or another form of physical sexual relations between the social worker and the client;<sup>43</sup>
  - b) Touching of a sexual nature of the client by the social worker;<sup>44</sup> and
  - c) Behaviour or remarks of a sexual nature by the social worker towards the client, other than behaviour or remarks of a clinical nature appropriate to the service provided.<sup>45</sup>
- 8.3 If a social worker develops sexual feelings toward a client that could, in the social worker's judgment, put the client at risk, the social worker seeks consultation/supervision and develops an appropriate clinical plan.<sup>46</sup>
- 8.4 If a client initiates behaviour of a sexual nature, the social worker states clearly that this behaviour is inappropriate by virtue of the professional relationship.
  - a) If overtures or provocative sexual behaviour by a client toward a social worker become intrusive to the provision of professional services, the social worker may choose to terminate the relationship and may offer to assist the client to seek alternate services.

<sup>43</sup> Physical sexual relations whether or not initiated by the client, include, but are not limited to, kissing of a sexual nature, touching of breasts or genitals, genital contact and sexual intercourse.

<sup>44</sup> Touching is defined as physical contact of a sexual nature. It includes hugging, holding, patting, stroking, rubbing and any form of contact which is unnecessary to the helping process.

<sup>45</sup> Behaviour or remarks of a sexual nature include but are not limited to amorous, romantic, seductive and sexual behaviours or remarks. These may include: expressing amorous and/or romantic feelings, such as being "in love"; requests to date; inappropriate gift giving; unnecessarily arranging sessions in off-site locations, such as in restaurants or the client's or the social worker's home, or beyond normal business hours; unnecessary comments about the client's body or clothing; requesting details of sexual history or sexual preferences not pertinent to the service that is being provided; initiation by the social worker of conversations regarding the social worker's sexual problems, preferences or fantasies; the wearing of sexually suggestive clothing or adornment; displaying pornographic or other offensive material and jokes or remarks that are sexually provocative or sexually demeaning, including communication through electronic media.

Behaviour or remarks of a sexual nature do not include behaviour or remarks of a clinical nature appropriate to the service being provided.

<sup>46</sup> In such cases it may be appropriate for the social worker to seek alternative services for the client and terminate the relationship as soon as possible, in keeping with the client's interests.

- 8.5 Social workers do not provide clinical services to individuals with whom they have had a prior relationship of a sexual nature.
- 8.6 Sexual relationships between a social worker and client at the time of referral, assessment, counselling, psychotherapy, or other professional services are prohibited. In other professional relationships, social workers do not have sexual relations with any person where those relations, combined with the professional relationship, would create a conflict of interest.
- 8.7 Sexual relationships between a social worker and client to whom the social worker has provided psychotherapy and/or counselling services, are prohibited at any time following termination of the professional relationship.<sup>47, 48</sup>
- 8.8 Sexual relationships between a social worker and client to whom the social worker has provided social work services other than psychotherapy or counselling services, are prohibited for a period of two (2) years following termination of the professional relationship.<sup>47,48, 49</sup>
- 8.9 Social workers do not engage in sexual activities with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client or when such activities would compromise the appropriate professional boundaries between the social worker and client.

<sup>47</sup> "Psychotherapy services" are defined as any form of treatment for psycho-social or emotional difficulties, behavioural maladaptations and/or other problems that are assumed to be of an emotional nature, in which a social worker establishes a professional relationship with a client for the purposes of promoting positive personal growth and development.

<sup>48</sup> "Counselling services" are defined as services provided within the context of a professional relationship with a goal of assisting clients in dealing with issues in their lives by such activities as helping clients to find solutions and make choice through exploration of options, identification of strengths and needs, locating information and providing resources, and promoting a variety of coping strategies, but do not include psychotherapy services.

<sup>49</sup> Members should note that in addition to Principle 7, other provisions of the College's Standards of Practice also apply to sexual relations between College members and clients or former clients. For example, even after the expiry of the two year period referred to in Interpretation 8.8 (regarding sexual relations with former clients to whom the member provided social work or social service work services, other than psychotherapy or counseling services), sexual relations between a member and a former client will give rise to a dual relationship and create the potential for a conflict of interest. (see: Principle 2, Standards 2.6 and 2.9) Prior to engaging in sexual relations with a former client, a member must evaluate not only whether they give rise to a dual relationship and/or conflict of interest, or may contravene any other Standard or Practice of the College.

# Glossary

**Advocacy** 1. The act of directly representing or defending others. 2. Championing the rights of individuals, groups or communities through direct intervention or through empowerment. It is a basic obligation of the profession and its members. \*\*

**Assessment** The process of determining the nature, cause, progression and prognosis of a problem and the personalities and situations involved therein; the function of acquiring an understanding of a problem, what causes it, and what can be changed to minimize or resolve it. \*\*  
The identification of strengths and capacities and redefinition of problems as needs. \*\*\*\*\*

**Body of knowledge** The phrase “Body of professional social work knowledge” relates to both theoretical and practical understanding. A body of knowledge can be attained through education, clinical experience, consultation and supervision, professional development and a review of relevant research and literature. Professional social work knowledge draws upon the knowledge base of other disciplines and professions including sociology, psychology, anthropology, medicine, law and economics as well as its own distinct body of knowledge.

**Client** “Client”, in relation to a member of the College, refers to any person or body that is the recipient of, or has contracted to receive, social work services from the member, including an individual, couple, group, family, organization, government agency or community that receives (or contracts to receive) direct or indirect social work services, (as described in the scopes of practice). In social work research, the client may include a participant in that research. In social work education, the client may include a student or supervisee. Clients of members employed by an organization are considered clients of both the member and the organization. \*\*

**Competence** 1. For social workers it means: The ability to fulfill the requirements of professional practice. Competence includes possession of all relevant educational and experiential requirements, and the ability to carry out professional duties and achieve goals while adhering to the values and code of ethics of the profession. 2. Competence for social workers also includes, but is not limited to, having the capacity to understand and act reasonably. \*\*

**Confidentiality** A principle of ethics according to which the member may not disclose information about a client without the client’s consent. This information includes, but is not limited to, the identity of the client, the content of overt verbalizations or other communications with the client, professional opinions about the client, and material from records relating to or supplied by the client. \*\*

**Conflict of Interest** is defined as a situation in which a member has a personal, financial or other professional interest or obligation which gives rise to a reasonable apprehension that the interest or obligation may influence the member in the exercise of his or her professional responsibilities. **Actual** influence is not required in order for a conflict of interest situation to exist. It is sufficient if there is a **reasonable apprehension** that there **may** be such influence. One of the hallmarks of a conflict of interest situation is that a reasonable person, informed of all of the circumstances, would have a reasonable apprehension (in the sense of reasonable expectation or concern) that the interest might influence the member. The influence need not be actual but may simply be perceived. However, a mere possibility or suspicion of influence is not sufficient to give rise to a conflict of interest. The interest must be significant enough to give rise to a “reasonable apprehension” that the personal, financial or other professional interest may influence the member in the performance of his or her professional responsibilities.

*continued overleaf...*

**Counselling services** are defined as services provided within the context of a professional relationship with the goal of assisting clients in addressing issues in their lives by such activities as helping clients to find solutions and make choices through exploration of options, identification of strengths and needs, locating information and providing resources, and promoting a variety of coping strategies, but do not include psychotherapy services.

## **Diagnosis**

### **Social Work Diagnosis:**

A social work diagnosis defines that series of judgments made by a social worker based on social work knowledge and skills in regard to individuals, couples, families and groups.

These judgments:

- (a) serve as the basis of actions to be taken or not taken in a case for which the social worker has assumed professional responsibility and
- (b) are based on the Social Work Code of Ethics and Standards of Practice. Such judgments and the procedures and actions leading from them are matters for which the social worker expects to be accountable.

### **DSM Diagnosis:**

In some settings, primarily health/mental health settings, "diagnosis" means determining and identifying a specific mental, emotional disorder or condition based in whole or in part on the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association. A mental health diagnosis as recognized by the DSM can only be made by a Registered Clinical Social Worker (RCSW).

**Disbursements Money** paid out by or on behalf of a client for charges or expenses (other than the member's professional fees) relating to professional services provided by a member to the client. Disbursements may include, but are not limited to, charges for facsimile transmissions, photocopies, long distance telephone calls, etc.\*

**Documentation by exception** Recording only those behaviours which do not occur routinely. The member records situations or behaviours that are out of keeping with the client's usual behaviour or circumstance.\*\*\*\*

**Dual relationship** is defined as a situation in which a College member, in addition to his/her professional relationship, has one or more other relationships with the client, regardless of whether this occurs prior to, during, or following the provision of professional services. A dual relationship does not necessarily constitute a conflict of interest; however, where dual relationships exist, there is a strong potential for conflict of interest and there may be an actual or perceived conflict of interest. Relationships beyond the professional one include, but are not limited to, those in which the College member receives a service from the client, the College member has a personal, familial or business relationship with the client, or the College member provides therapy to students, employees or supervisees.

**Dysfunction** A disorder or condition, either physical or intellectual, which could impair or call into question the ability of a social worker or social service worker to provide objective professional assessments and interventions in the course of their practice.

**Efficacy** The capacity to help the client achieve, in a reasonable time period, the goals of a given intervention.\*\*

**Evidence** refers to information tending to establish facts. For College members, evidence can include, but is not limited to: direct observation; information collected in clinical sessions; collateral information; information from documents and information gathered from the use of clinical tools. (e.g. diagnostic assessment measures, rating scales).

**Formal notice** A written statement concerning a fact that is communicated to the affected person, giving that person an awareness of the fact.\*

**Genogram** A pictorial diagram outlining the relationships, patterns, structure and composition of a family's members over several generations in order to recognize and understand past influences on current behavior patterns. \*\*

**Intervention** 1. Coming between groups of people, events, planning activities, or an individual's internal conflicts. 2. In social work, the term is analogous to the physician's term "treatment". Many social workers prefer using "intervention" because it includes "treatment" and also encompasses the other activities social work members use to solve or prevent problems or achieve goals for social betterment. These could include psychotherapy, advocacy, mediation, social planning, community organization, finding and developing resources. \*\*

**Physical sexual relations** whether or not initiated by the client, include, but are not limited to, kissing of a sexual nature, touching of breasts or genitals, genital contact and sexual intercourse.

**Professional corporation** In relation to the practice of social work by one or more College members, "professional corporation" means a body corporate with share capital incorporated under the *Business Corporations Act*, [SBC 2002], c. 57 for the purpose of practicing social work.

**Psychosocial** of or involving the influence of social factors or human interactive behavior; it recognizes the complex interdependence of individual psychology, cultural and social/interpersonal context.

**Psychotherapy services** are defined as any form of treatment for psycho-social or emotional difficulties, behavioural maladaptations and/or other problems that are assumed to be of an emotional nature, in which a social worker establishes a professional relationship with a client for the purposes of promoting positive personal growth and development.

**RSW** Registered Social Worker. A member of the College who holds a certificate of registration.

**RCSW** Registered Clinical Social Worker.

A member of the College who holds a certificate of clinical registration.

**Self-determination** An ethical principle that recognizes the rights and needs of clients to be free to make their own choices and decisions. Inherent in the principle is the requirement for the member to help the client know what the resources and choices are and what the potential consequences of selecting any one of them may be. \*\*

**Sociogram** A diagram or graphic presentation used by group workers and other professionals to display how members of the group feel about one another and how they tend to align themselves with some and against other members of the group or organization.

**Subpoena** A legal document requiring a person to attend before a court or a tribunal, or at an out-of-court examination, to be examined as a witness in a legal proceeding. \*

**Touching** as included in Principle 8 Sexual Misconduct, is defined as physical contact of a sexual nature. It includes hugging, holding, patting, stroking, rubbing and any form of contact which is unnecessary to the helping process.

\* *Black's Law Dictionary, Fifth Edition*, Henry Campbell Black et al, 1979

\*\* *The Social Work Dictionary, 4th Edition*, Robert L. Barker, 1999

\*\*\* *Client Rights in Psychotherapy and Counselling, A Handbook of Client Rights and Therapist Responsibility*, Susan Beamish, Michelle Melanson and Marilyn Oladimeji, 1998

\*\*\*\* *Ontario Association of Social Workers, Guidelines for Social Work Record-Keeping*, 1999

\*\*\*\*\* *The Strengths Perspective in Social Work*, Dennis Saleebey, 1992

## Inspections, Inquiries and Discipline

### Misconduct and incompetence defined

#### Section 75 for the purpose of these bylaws and the Act

- (1) “**misconduct**” includes
- a) Conviction for a criminal offence, the nature of which is relevant to the registered social worker’s suitability to practice social work or which may reasonably be expected to bring the profession of social work into disrepute; or
  - b) Contravening, while engaged in the practice of social work, an act or regulation or rule made under any act designed to protect the health of the public; or
  - c) Conduct considered by the board to be contrary to the best interests of the individuals, groups, or communities served; or
  - d) Engaging in the practice of social work while the ability to do so is impaired by alcohol, a drug, illness or other dysfunction; or
  - e) Giving information concerning a client or any professional services performed for a client to any other person without the consent of the client, unless required to do so by law; or
  - f) Failure to provide within a reasonable time and without cause, any report requested by a client, or an authorized agent of the client, in respect of services performed; or
  - g) Charging a fee that is excessive in relation to the services performed; or
  - h) Charging a fee for services not performed; or
  - i) Providing an unnecessary service; or
  - j) Receiving or conferring a rebate, fee or other benefit by reason of the referral of a client from or to another person; or
  - k) Failure to properly supervise a person who provides a service and who is under the professional responsibility of the registered social worker; or
  - l) Failure to comply with the Act of these bylaws; or
  - m) Using a term, title, listening or designation other than one authorized under the Act or another Act; or
  - n) Failure to reply within 30 days to any written request for information from the board or its members, officers, employees, or agents; or
  - o) Misrepresentation in applying for registration or renewal as a registered social worker; or
  - p) Permitting, counselling or assisting any person who is not a registered social worker to represent himself or herself as a registered social worker; or
  - q) Announcing or holding out that the registered social worker has special qualifications that are not possessed by the registered social worker; or
  - r) Making a record or signing or issuing a certificate, report, account or similar document that the registered social worker know or ought to know is false, misleading or otherwise improper; or
  - s) Publishing, displaying, disturbing, using or listening or permitting, directly or indirectly, the publication, display, distribution, use or listing of any advertisement related to the practice of social work that, is false or misleading to prospective clients, makes claims or special skills that are not supported by the education or training of the registered social worker, or discredits the profession of social work; or

- t) Committing an act of sexual misconduct; or*
- u) Failing to comply with an agreement pursuant to section 30 of the Act previously enforced and failing to comply with any undertaking, consent order or mediated settlement pursuant to these Act; or*
- v) Any other conduct which the discipline committee considers could reasonably be expected to bring the profession of social work into disrepute; or*
- w) Any other failure to comply with the code of ethics or standards of practice as approved by the board from time to time.*

(2) ***“incompetence” means***

- a) A lack of knowledge, skill or judgment, or disregard for the welfare of a client of the public of such nature or extent as to demonstrate that the registrant is unfit to carry out one or more of the responsibilities of a registrant; or*
- b) A failure to comply with standards of practice established by the board from time to time.*