

**GUIDELINES FOR THE DEVELOPMENT OF  
PROFESSIONAL PRACTICE LEGISLATION**

**2009**



## TABLE OF CONTENTS

<b>PREAMBLE.....</b>	<b>3</b>
<b>INTRODUCTION TO THE GUIDE.....</b>	<b>4</b>
<b>SECTION I</b>	
<b>PREPATORY PROCESS.....</b>	<b>5</b>
DEFINITION OF SOCIAL WORK.....	5
WHY REGULATE THE PROFESSION.....	6
CODE OF ETHICS.....	7
STANDARDS OF PRACTICE.....	7
PUBLIC EDUCATION.....	8
EDUCATE THE PROFESSION.....	8
<b>SECTION II</b>	
<b>LEGISLATIVE PROCESS .....</b>	<b>9</b>
DEVELOPMENT OF LEGISLATION.....	9
ADMINISTRATION OF LEGISLATION.....	9
PROFESSIONAL QUALIFICATIONS.....	9
REVIEW/DISCIPLINARY PROCESS.....	9
STATUS OF SOCIAL WORK PRACTICE ACROSS CANADA.....	11
<b>APPENDIX A</b>	
<b>SOME EXAMPLES OF FIELDS OF PRACTICE IN SOCIAL WORK.....</b>	<b>12</b>
CHILD PROTECTION SOCIAL WORKERS.....	13
SOCIAL WORK PRACTICE IN MENTAL HEALTH.....	14
SOCIAL WORK IN HOSPITAL-BASED HEALTH CARE .....	15
SOCIAL WORK SERVICES IN COMMUNITY-BASED HEALTH CARE.....	17
SOCIAL WORK PRACTICE IN CORRECTIONS.....	19
SOCIAL WORK & PRIMARY HEALTH CARE.....	20
THE SOCIAL WORK ROLE IN PHYSICAL REHABILITATION.....	22
SOCIAL WORK PRACTICE IN SCHOOLS.....	23
SOCIAL WORK IN LONG-TERM CARE.....	25
<b>APPENDIX B</b>	
<b>SOME EXAMPLES OF SOCIAL WORK CODES OF EHTICS.....</b>	<b>27</b>

## **PREAMBLE**

The intention of this document is to provide information to social work practitioners and to assist social work organizations and/or government in the development of legislation to regulate the profession of social work in Canada or other parts of the world. Note that this document is meant to be a guide and is written in a generic manner for ease of adaptability to other contexts.

We wish to thank those who have shared their knowledge in the development of this guide.

## **INTRODUCTION TO THE GUIDE**

This guide has been developed by the Canadian Association of Social Workers (CASW) in consultation with member organizations and regulatory bodies. In the development of this guide we have drawn on the experience of those organizations, primarily in Canada, who have regulated practice or are in the midst of developing a model for regulated practice. This guidebook is divided into two sections: The Preparatory Process and the Legislative Process. Note that at times there may be some overlap in sections. Both sections were developed with the intention that some of the work would be completed simultaneously.

We suggest that you read through the entire guide and develop your own work-plan based on the needs, political climate and context in which you are working. Note that consultations are imperative throughout the process. It will be important to consult with all stakeholders, such as: practising social workers, employers, educators, the governing bodies and other professionals who will add valuable feedback in the development of a regulated practice in your area.

The creation of an advisory/steering committee is highly recommended. Members of the committee may include practitioners, educators and relevant stakeholders. The composition of the committee will vary depending on the regional needs and structures. The development of terms of reference will assist the group in its process.

## **SECTION I PREPATORY PROCESS**

### **Definition of Social Work**

The first task of the steering committee would be to agree upon a common definition of social work. Social Work is unique from other helping professions as it is concerned with people in their environments. It incorporates a holistic view in practice which includes an analysis of mental, emotional and physical health as well as social functioning. It provides an analysis of individual, family and community strengths as well as challenges and how the social system and political structure help or hinder problem solving and psycho-social development and functioning.

According to the Canadian Association of Social Workers:

Social work is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment and domestic violence.

Human rights and social justice are the philosophical underpinnings of social work practice. The uniqueness of social work practice is in the blend of particular values, knowledge and skills, including the use of relationship as the basis of all interventions and respect for the client's choice and involvement ([http://www.casw-acts.ca/socialwork/caswpresents\\_e.html](http://www.casw-acts.ca/socialwork/caswpresents_e.html)).

The definition of social work according to the International Federation of Social Workers is as follows:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (<http://www.ifsw.org/en/p38000208.html>).

In Canada, Social Workers work in a variety of fields of practice, some of which include; hospital social work, child protection, mental health, clinical practice, community development, management, policy development and education.

See *Appendix A* for further explanation of some of the fields of practice in which social workers are employed.

### **Why Regulate the Profession**

The primary purpose of regulation of the profession is for the protection of the public. As stated in the Association of Social Work Boards (US), *Model Social Work Act*; “It is the purpose of this act to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of social work....” (p. 4).

While many approaches to professional regulation exist nationally and internationally, currently within Canada there are two unique regulatory approaches (with some variations in different parts of the country): voluntary regulation and mandatory regulation. Mandatory regulation can only occur when there is a public social work act. Within mandatory regulation there are two different approaches: Control of Title and Control of Title & Practice.

Voluntary Regulation may or may not include a social work act however practitioners determine if they wish to be registered or not with their local association.

There are a number of benefits and challenges to regulation of the profession which include the following.

#### *Benefits:*

- Ensures accountability of practice
- Ensures minimum standards of practices
- Ensures that only qualified professionals are registered
- Ensures employers that they are hiring competent practitioners
- Provides assistance to consumers who are seeking services
- Provides consultation to clients
- Provides a code of ethics for practice
- Provides a guide to clients for expectations of good practice
- May provide guidelines for on-going professional development

*Challenges:*

- Financial Implications i.e. costs associated with disciplinary proceedings including legal fees;
- Increased membership fees to practitioners to cover administrative costs
- Increased staffing requirements for the administration of services
- How to address dual relationships, in particular in rural and remote communities
- Accountability of regulatory body

### **Code of Ethics**

A code of ethics outlines the principles and values which guide the profession. It is important for a code of ethics to be at the foundation of regulation to ensure that practitioners are providing services that are congruent with this code. The code then becomes a resource in defining both ethical and unethical practice. The code is a tool for guiding ethical decision making in the profession.

See *Appendix B* for links to various Social Work Codes of Ethics.

### **Standards of Practice**

The standards of practice are developed from the code of ethics and generally set out the minimum standards for professional practice and conduct.

For examples of Standards of Practice view the following weblinks:

- Alberta College of Social Workers (2007) *Standards of Practice*.  
[http://www.acsw.ab.ca/who\\_we\\_are/Standards\\_of\\_Practice/view](http://www.acsw.ab.ca/who_we_are/Standards_of_Practice/view)
- Canadian Association of Social Workers (2005) *Guidelines for Ethical Practice*.  
[http://www.casw-acts.ca/practice/guidelines\\_e.pdf](http://www.casw-acts.ca/practice/guidelines_e.pdf)
- Ontario College of Social Workers and Social Service Workers (2000) *Code of Ethics and Guidelines for Ethical Practice*  
<http://206.221.245.198/sections/pdf/1.6B%20code%20of%20ethics%20english.pdf>

## **Public Education**

Public education regarding regulation is an essential component of this process. The public must have an understanding of regulation; what it is and its importance for their protection. Public education should commence as soon as possible in the process of securing regulation and should be an integral part of that process.

Small group discussions with consumers provide an opportunity for sharing ideas and responding to questions and concerns. When face to face contact is not possible, tele-conference, internet access or questionnaires may be useful tools to obtain input. In addition to public education for consumers, regulators may take some responsibility in educating other professions about the role of social work.

The general public has a vested interest in regulation, and should be informed when the regulation has taken place.

## **Educate the Profession**

In the process of consultation with members of the profession there is an education component. Sharing of information, responding to questions and concerns are a vital part of the process. Social workers must be informed when regulation has taken place.

## **SECTION II**

### **Legislative Process**

#### **Development of Legislation**

By contacting your appropriate governing body, you can access information on how legislation is passed. Note that there are a series of steps that need to take place and be approved before legislation is passed which can often take years. Information about the Canadian legislative process can be found at [http://www.parl.gc.ca/compendium/web-content/c\\_g\\_legislativeprocess-e.htm](http://www.parl.gc.ca/compendium/web-content/c_g_legislativeprocess-e.htm).

Examples of social work acts in Canada can be viewed by visiting the websites of regulatory bodies ([http://www.casw-acts.ca/canada/regulation\\_e.html](http://www.casw-acts.ca/canada/regulation_e.html)). The following link provides the example of the Association of Social Work Board (US) legislation: <http://www.aswb.org/>.

#### **Administration of Legislation**

The ministry of Health or Social Services or a combination of both would be responsible for the social work legislation.

In the development of regulation some issues to consider include the administration of this legislation. Possible options include self-governing, governing through a provincial/territorial body, joint administration between professional association and government. Also, the structure of the regulatory body, including executive and board members, requires consideration.

#### **Professional Qualifications**

Professional qualifications will vary according to regional needs and the political climate. Items to be explored include minimum academic qualifications, years of experience, continuing education qualifications, and grandparenting provisions; to name a few. Provisions might also be considered for various kinds of social work practice.

#### **Review/Disciplinary Process**

Some matters to take into consideration in developing a disciplinary process include the following:

- i) Complaint process:  
The first point of contact for complaints against registered practitioners is typically the director of the registrar or a complaints committee. The first

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Practice Legislation* © 2009

step is to determine if the complaint falls within the jurisdiction of the regulatory body. This means that the complaint must be against a member of the regulatory body and must allege that, if true, could form the basis of an offence under the legislation, therefore contrary to the code of ethics.

ii) Alternate Dispute Resolution:

This is an intermediary process in which mediation can occur to determine if concerns can be appropriately addressed without moving forward to a hearing.

iii) Investigation Process:

After it is determined that a complaint requires further investigation, a non-partisan investigator is appointed to interview the parties and witnesses, and review any relevant documentation. Typically, the investigator's findings return to the statutory decision maker, who determines whether the complaints should proceed to the next step or be dismissed.

iv) Hearing Process:

This process can often be a lengthy one requiring significant information, exploration and deliberation. Items to consider in the development of this process and to be included in legislation are:

- power to require the attendance of witnesses at hearings
- requirements to provide notice of parties and witnesses of hearing dates, decisions, and other matters.
- format required for disciplinary decisions.
- deadlines for referring matters to hearings
- rights and obligations of witnesses in a hearing.
- rules for public or private hearings
- powers to sanction the registrant, and order the payment of costs.

v) Appeals Process:

Generally professional regulatory legislations include the right to appeal to court or to an appeals committee within the regulatory structure. Within the structure of the regulatory body, appeals can take the form of asking a decision-maker to reconsider, or in the case of more serious decisions, asking an appeals committee to overturn the result of the hearing. Appeals to a court are always available, though if a statutory appeal has not been explored first, the court may decline to hear the matter until the statutory regime has been fully exhausted.

Examples of disciplinary processes can be found by viewing the websites of various Canadian regulatory bodies.( [http://www.casw-acts.ca/canada/regulation\\_e.html](http://www.casw-acts.ca/canada/regulation_e.html) ).

### **Status of Social Work Practice across Canada**

For up to date information on the status of social work regulation across Canada please contact the social work organization in each province/territory. Contact information is available on the CASW website ([www.casw-acts.ca](http://www.casw-acts.ca)).

**APPENDIX A**  
**Some Examples of Fields of Practice in Social Work**

## **Child Protection Social Workers**

In Canada, legally mandated child protection services are provided by provincial and territorial government offices and by designated community agencies, which include Children's Aid Societies as well as First Nations, Métis and Inuit organizations.

The mandate of child welfare agencies is to work with the community to identify children who are in need of protection and to decide how best to help and protect those children. A fundamental belief is that government interference in family life should be as minimal as possible, except when parental care is below the community standard and places a child at risk of harm. The major guiding principle is always to act in the best interests of the child.

Social workers in child welfare agencies are involved with the planning and delivery of a variety of services for children and families, such as family support, residential care, advocacy, and adoptions and foster care programs, as well as child protection. The social worker's task is to understand a variety of factors related to the child, the family, and the community and to balance the child's safety and well-being with the rights and needs of a family that may be in need of help. The professional social work judgment involved in these decisions serves children and families well in the great majority of situations, a fact often lost when a case decision becomes the object of intense public and legal scrutiny. As in other professional work, it is difficult never to make a mistake, and most decisions about complex matters involve risks as well as benefits.

Canadian Association of Social Workers (2005)

## **Social Work Practice in Mental Health**

Many of the roles performed by social workers are common to all mental health disciplines. Work in the area of mental health provides an opportunity for social workers to practise collaboratively with allied professionals while maintaining the integrity of their knowledge and skill base. Social workers provide direct services to individuals, couples, families, and groups in the form of counselling, crisis intervention, and therapy, as well as advocacy, coordination of resources, and case management.

Social workers in mental health are also involved in the planning and delivery of a variety of services, such as building partnerships among professionals, caregivers, and families; collaborating with the community, usually with the goal of creating supportive environments for clients; advocating adequate service, treatment models, and resources; challenging and changing social policy to address issues of poverty, employment, housing, and social justice; and supporting the development of preventive programs. Prevention is a focus at many levels, including early intervention, individual and public education, advocacy, and improving access to services, resources, and information. These roles fit well into the primary health care model. Mental health settings usually encompass services in three broad areas of health care: prevention, treatment, and rehabilitation. Individual social workers may practise exclusively within one area or cross the boundaries of all three in response to diverse client, family, and community needs.

Although formal mental health services are generally delivered through the public service in Canada, voluntary or private sector agencies as well as private practitioners also play major roles in most provinces and territories. Social workers in mental health can be found in a variety of settings—large institutions, hospitals, in- and out-patient facilities, community clinics, community-based organizations, or private practice.

Since its inception, social work has focused on the social contributions to emotional well-being and mental health. As health care moves towards a “population health” approach that emphasizes the importance of social and psychological determinants of health, social workers will continue to make a significant contribution to the health care/mental health team. It is expected that the profession will play a strong leadership role in this field in the decades ahead.

Canadian Association of Social Workers (2007)

## **Social Work in Hospital-Based Health Care**

Social workers, as part of the health care team, provide assessment and appropriate interventions to aid the patient in achieving optimum recovery/rehabilitation and quality of life. This includes maximizing the benefit the patient and family receive from their medical treatments and transitioning to risk-reduced, timely discharge. Social workers often have specific expertise in areas such as general medicine, emergency work, pediatrics, geriatrics, oncology, neurology, psychiatry, and palliative and end-of-life care.

### **What Services Do Social Workers Provide?**

Social workers in health care commonly provide individual, couple, group and family counselling, crisis intervention, patient/family education, resource referral and advocacy, in inpatient and outpatient settings. Because social workers can provide both psychosocial care and other services to the patient and family, duplication of services is reduced. A mutually developed care plan for each patient/family is based on skilful psychosocial assessment. Consultation with medical and allied health professionals is implicit in developing and implementing treatment plans. Social work services can include all or some of the following:

- **Psychosocial Assessment:** screen for high-risk; determine need/eligibility for services; identify strengths/coping capacities; assess informal network of support.
- **Counselling/Psychotherapy:** assess role of emotional and social/cultural factors on health status and behaviour and provide appropriate intervention; enhance coping capacities related to feelings of loss, grief and role changes; assess and intervene related to mental health concerns such as anxiety, depression, anger management.
- **Patient/Family Education:** educate patients and families to facilitate understanding of hospital processes; increase understanding of illness/disability on relationships; and facilitate life transitions when health conditions require a modified lifestyle.
- **Resource Counselling and Discharge Planning:** identify and address barriers to discharge; locate resources; identify options and available supports; facilitate referrals and applications to government/community agencies; advocate for access to resources; coordinate referrals and/or placement plans; assist patient and family to emotionally prepare for transitions; prevent readmissions for non-medical reasons.

- Supportive Care to Outpatients: assist outpatients to identify and receive appropriate resources and supports, thus enabling increased compliance with treatment and preventing crisis or unnecessary hospital admission.
- Consultation: provide expertise/serve as a resource to interdisciplinary teams.

### **How Do Social Workers Contribute to the Overall Goals of Health Care Organizations?**

Social workers have training in human behaviour, group process, teamwork, communication, negotiation and research. These skills can help further the broader goals of health care organizations through the participation of social workers in:

- *Risk Management*: ensure effective communication, through psychosocial assessment and follow-up, with the patient and family to address potential conflicts/complaints or in response to a concern to reduce dissatisfaction and/or litigation.
- *Program Development*: provide leadership and participation in program planning and evaluation within diagnostic or unit-specific teams, programs and corporate initiatives.
- *Community Linkages*: chair or participate in hospital and community committees or boards.
- *Research*: generate discipline-specific or interdisciplinary psychosocial research initiatives addressing psychosocial dimensions of illness and outcomes of interventions.
- *Teaching/Education*: initiate and participate in teaching activities by presenting at workshops, in-services, rounds or conferences; provide training to health care colleagues, students and staff in community agencies; and offer education to patients and families.

CASW thanks the Ontario Association of Social Workers for sharing its document titled *Social Work in Hospital-Based Care* (2005) to develop the above summary.

## **Social Work Services in Community-Based Health Care**

### **What Services Do Social Workers Provide?**

Based upon a bio-psycho-social assessment, social workers develop a service plan and provide cost-effective interventions to children and adults within community-based health care that complement other medical services to heighten their impact. Social work services relate to the following needs and services:

- **Adjustment to Illness/Disability:** enhancing coping capacities related to feelings of loss, grief and role change; assessing and intervening related to anxiety, depression, and/or antisocial/maladaptive behaviours; providing understanding of impact of illness/disability on family relationships; facilitating linkages with support systems.
- **Future Planning Needs:** assisting client and family to understand care needs, participate in planning decisions, and emotionally prepare for transitions.
- **Palliative Care:** assisting client, family and care team to effectively manage the in-home care support teams and understand palliative care needs and options; promoting open communication and positive coping strategies to enable effective decision-making; providing information and referral regarding community resources; following up.
- **Caregiver Distress:** facilitating identification of stressors and adaptive coping strategies; providing education and support regarding caregiver issues such as isolation and role changes; making linkages to resources.
- **Intergenerational or Family Conflict:** assessing and providing psycho-educational, therapeutic and/or other counselling to address communication problems, dysfunctional social interactions and stressful situations/behaviours (which may pre-date onset of health problem); facilitating referrals to other appropriate community services.
- **Individual Psycho-Social Issues:** assessing role of emotional and social factors on health status and behaviour (e.g., anorexia, insomnia); providing psycho-educational, therapeutic and/or other counselling to assist client to gain insight into behaviours impacting on overall well-being.
- **Abuse/Neglect:** assessing risk; informing about options for change/security; providing therapeutic counselling to reduce or eliminate risk factors to ensure safety; facilitating referrals about legal, housing, financial, and other issues.
- **Social Isolation:** assessing adequacy of existing social supports; exploring options with client and family to strengthen formal and informal supports; intervening to reduce obstacles to social interaction.

- Resource Issues: assessing client's current living situation and needs; identifying options; facilitating applications/referrals; advocating timely delivery of services and programs, especially when those are complicated or require advocacy; intervening to reduce obstacles to social interaction.
- Parenting Difficulties: promoting positive parenting strategies; promoting problem-solving (e.g. sibling rivalry, child care); facilitating effective communication between home and others involved with child (e.g. school) when parenting difficulties are compounding a child's health problems.
- Consultation/Resource to Team/Case Managers: providing advice and/or serving as a resource to members of the care team; facilitating and working collaboratively with other team members to develop a service delivery plan.
- Mental Health Complex Needs: identifying and addressing complex situations where the mental health issues are impacting negatively on family functioning, or where maladaptive behaviours present risk to client and/or family, etc.

CASW thanks the Ontario Association of Social Workers for sharing its document titled *Social Work Services in Community-Based Health Care* (2005) to develop the above summary.

## **Social Work Practice in Corrections**

A social worker's scope of practice within corrections is highly dynamic and includes intense workloads, management of sensitive information, participation on interdisciplinary teams, and building community partnerships, with opportunities to contribute to the advancement of evidence-based best practices.

Social work positions within corrections encompass a wide range of skills and specialized services, including discharge planning, case management, program delivery, individual/family/group counselling, crisis intervention, negotiation and mediation, teaching, community capacity building, and advocacy (individual and systemic). There is a tendency for social workers within the field of corrections to set priorities for services to sub-populations that require specialized care and consideration, including persons with physical or mental health challenges, developmental disabilities, or other cognitive impairments, seniors, youth, women, Aboriginal peoples, and offenders convicted of sexual or violent offences. Service delivery has to consider the increasingly adversarial, challenging, and litigious nature of the field of corrections. Services are often delivered in autonomous and isolated settings, without access to practice-specific leadership.

Many employment opportunities exist for social workers within corrections, and these include: custodial assignments; residential counsellors; case management, probation, parole, and program officers; clinical positions; research and policy development; staff training and recruitment; employee support networks (for example, Employee Assistance Programs and Critical Incident Stress Management teams); administration and management.

Most social workers employed within corrections have diverse levels of academic training and are not necessarily classified in "social work" positions. While the minimum requirement for employment in a social work position is a Bachelor of Social Work degree, a Master of Social Work degree is considered a strong asset. Registration with a provincial/territorial body is also required to ensure accountability to Standards of Practice and a Code of Ethics.

Canadian Association of Social Workers (2007)

## **Social Work & Primary Health Care**

### **What is Primary Health Care?**

The World Health Organization adopted the primary health approach as the basis for the effective delivery of health care services.

Primary health care is:

- A philosophy guiding health policy that is population focused
- A strategy for organizing health services that are integrated and needs based.
- A level of care/intervention which is delivered by a team
- A set of activities which include health promotion, prevention, early intervention, treatment and follow-up.

(The World Health Organization)

The five key principles of primary health care are:

- Public Participation
- Accessibility of services
- Appropriate Technology
- Interdisciplinary Collaboration
- Health Promotion

(The World Health Organization)

### **What is the Role of Social Work in Primary Health Care?**

There are many roles for social work in primary health care. These roles are not unique or different from the roles social workers currently assume including the following:

- Assessor, Advocate, Enabler, Advisor, Facilitator, Organizer, Mediator, Researcher, Consultant, Manager, Leader, Educator/Teacher, Counselor/Therapist, Policy Analyst, Planner, Evaluator, Supervisor, Program Developer, Community Developer
- Social work is a diverse profession working in many of the health and social sectors included in a primary health care approach. Across all of these sectors, social work has always maintained a strong “person in environment” approach to working with individuals, families, groups and communities. By working within the framework of the determinants of health, social workers make the necessary links between the physical, social, emotional and economic impacts of health.

The social work profession has a history of interdisciplinary collaboration and a commitment to the importance of early intervention, prevention and health promotion. These are all key features of primary health care.

CASW thanks the Newfoundland and Labrador Association of Social Workers for sharing its document titled *Social Work and Primary Health Care* to develop the above summary.

## **The Social Work Role in Physical Rehabilitation**

### **Purpose of Social Work in Physical Rehabilitation**

As a member of an in-patient or out-patient interdisciplinary team, the social worker facilitates the rehabilitation process to assist the patient in maximizing independence and autonomy in the various areas of his or her functioning. This process includes work with the patient, with his or her family, with the rehabilitation team, and with the community. Through assessment and interventions in the areas of psycho-social functioning and discharge planning, the social worker helps the client and the family move from a situation of uncertainty, anxiety, and dependency to one of increased confidence, hope, and autonomy.

### **Social Workers in Physical Rehabilitation:**

- Advocate on an individual and systemic level when gaps in service are identified
- Initiate, conduct, and collaborate in research projects to enhance social work practice and to contribute to the body of knowledge associated with physical rehabilitation
- Provide supervision and training to students developing their expertise in the field of physical rehabilitation
- Act as a resource to community organizations by providing education, presentations, program development, and follow-up consultation
- Maintain and develop expertise through participation in professional development activities in the hospital and community.

Canadian Association of Social Workers (2007)

## **Social Work Practice in Schools**

School social workers offer consultative support to school teams, intervention with students and families, and liaison with community agencies.

The goal of school social workers is to enhance the overall functioning and academic performance of students. School social workers work as a part of school teams in helping students to attain their academic potential.

School social workers provide the following services:

- Consultation with school administrators, teachers, school support staff, and parents
- Individual counselling and support to students
- Family counselling and support to parents
- Group counselling for students
- Parent and school staff education
- Fostering of positive relationships between parents and school
- Referral services to community agencies
- Community development programming
- Collaboration with community programs
- Other services based on the individual needs of the student

School social workers provide services to students who are experiencing difficulties within their environment that have an impact on their ability to function in school.

Additional Roles School Social Workers Serve:

- Advocating on behalf of clients, schools, the community, and the social work profession in general
- Publishing materials for parents and professionals
- Offering professional development for educational and community professionals
- Writing, contributing to, and coordinating the publishing of documents for local school systems
- Liaising with government bodies of education and community and social services
- Liaising with international, national, state, and provincial school social work organizations and practitioners.

School social workers offer a unique perspective and knowledge to educators working with children, adolescents, and their families. This can assist educators in

offering the most valuable and complete education to all students to facilitate the development of students as healthy, contributing members of society.

Canadian Association of Social Workers (2006)

## Social Work in Long-Term Care

The primary mandate of social workers within long-term care is to advocate on behalf of residents and their families. Their focus is on the social and emotional impact of physical and mental impairment, preservation and enhancement of physical and social functioning, and promotion of physical and mental health towards and optimal quality of life. Emphasis is on building upon existing strengths, enhancing adaptations, and modifying risks that interfere with optimal quality of life.

Social workers play a key role by:

- Responding to enquiries and providing education to persons in the community regarding the current health care system as well as assisting clients in navigating services
- Providing psychosocial expertise in aspects of care (for example, in helping staff and resident alike to deal with the difficult issues of dying and death as well as emotions such as guilt, anger, and fear)
- Supporting, developing, or implementing innovative programs;
- Enhancing residents' care, including promoting holistic approaches, maintaining therapeutic relationships with residents and families and providing specialized individual and family counselling, engaging in resident advocacy, family support groups, family councils, and resident councils, and co-ordinating with other community services
- Promoting a positive atmosphere and attitudes and playing a leadership role in counteracting stereotyping, stigmatization, and discrimination
- Sharing responsibility for educating residents, families, and staff colleagues and for challenging the status quo when advocating on behalf of residents.

Social work services provided during the various phases of residency – pre-admission, admission, residency, and discharge, transfer, or death – are essential to the well-being of residents in long-term care and their families.

### Pre-Admission Phase

The social worker is often the first contact a resident or family will have with the facility. The prospective resident and family members are beginning the difficult task of dealing with their feelings about long-term care placement. The social worker provides a tour and information about the facility, assesses the resident's needs, and begins to establish relationships with the resident and family members that will evolve over the course of admission through to discharge.

### Admission Phase

Helping the resident and family members become familiar with the facility and its resources is essential to their future adjustment and well-being. The social worker co-ordinates the admission process for all new residents, acting as a liaison between the resident/family and any involved community agency. During the post-admission period, many residents and family members need adjustment counselling.

Intensive social work intervention may be required at this stage:

- Providing support (counselling, mediation, advocacy) to a resident and family members who are struggling with placement
- Helping families redefine their role and relationship
- Completing social history and psychosocial assessment
- Providing education to residents and family members regarding advance care directives and health care decision making
- Assisting in mediation and conflict resolution as issues arise
- Facilitating and ensuring participation of the resident and the family in the initial care conference and in care planning

### Residency Phase (ongoing care)

The social worker's role in working with residents and their families during this phase is to facilitate the resident's comfort within the new environment as he or she strives to retain identity and maintain autonomy

- Advocating planning centred on residents and their families;
- Working with the client and the team proactively to solve interpersonal or behavioural issues a resident may be experiencing
- Locating and arranging resources, utilizing the social worker's ability to understand how systems interact and what resources are available for the resident
- Mediating concerns that may arise between the resident and family or team.
- As a multidisciplinary team member, participating in ongoing care planning, involving the resident and family as much as possible.

### Discharge/Transfer/Death

The social worker facilitates the resident's return to the community or transfer to another facility where applicable. The resident and family members may also require grief counselling during the final stages of life or at death.

Canadian Association of Social Workers (2007)

Canadian Association of Social Workers (CASW)  
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## **APPENDIX B**

### **Some Examples of Social Work Codes of Ethics**

Alberta College of Social Workers Code of Ethics (1983)

[http://www.acsw.ab.ca/who\\_we\\_are/code\\_of\\_ethics?printable=1&](http://www.acsw.ab.ca/who_we_are/code_of_ethics?printable=1&)

British Association Code of Ethics. (2002)

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